

BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI.

JANUARY, 1936

No. 1

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM

8 P. M.

JANUARY 14

- Congenital Diaphragmatic Hernia, case report.....
Dr. W. A. Niethammer
- Vasomotor RhinitisDr. T. H. Duerfeldt
- Evolution of Blood Transfusion, with Demonstration of
Improved TechnicDr. W. W. Mattson

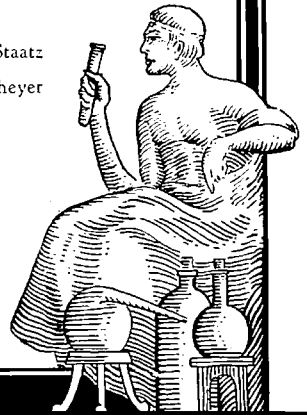
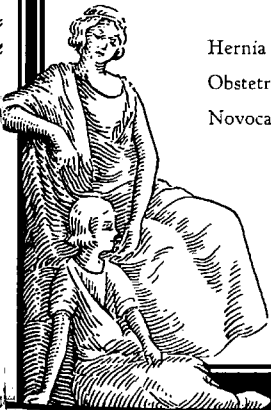
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JANUARY 28

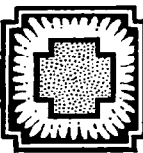
- Hernia Repair with Fascia StripsDr. K. S. Staats
- Obstetrics in General PracticeDr. F. L. Scheyer
- Novocain Anesthesia in Obstetrics, a moving picture

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EDITORIAL

Some one has said, "He who loses wealth loses little, if he loses health he has lost a great deal, but when he loses his spirit he has lost all."

Among the perils of philanthropy is the danger that the recipients will lose that spirit of self-reliance and responsibility which is the foundation upon which true manhood is built.

With the development of the present system of medical relief there is an increasing number of people seeking medical care and a corresponding increase in the demands for more and more service. Those with chronic illness, who need nothing except simple hygienic care, wish to go from doctor to doctor in search for some panacea. Those with trivial afflictions are quick to seek the doctor's care, while the hypochondriacs are only too ready to bring their complaints. Requests for trusses, braces, eyeglasses and such appliances are growing in number.

This is the natural reaction to all forms of free medical service, whether given by the state, insurance companies or by medical service bureaus.

We will always have the worthy poor with us, but we also have the worthless, the lazy, the shiftless and incompetent. Then too, are those dishonest ones, who seek to obtain pecuniary advantage by accepting charity to which they are not entitled.

Society knows its duty toward the worthy poor and is willing to do its best to help the unfortunates, who by sickness, loss of work or other circumstances are not able to care for themselves. The present system of relief was intended to help the people of this group, but in its application there has not been evolved any suitable method by which the good are separated from the bad. In some cases it seems as though a premium were put on laziness and dishonesty. The times are certainly better. Large numbers of employees have returned to work in private enterprises and a large number given employment by the Federal government. In spite of this there is very little reduction in the ranks of those ap-

The officers of the Pierce County Medical Society, the staff of the Bulletin and its editor, extend to all our readers greetings and wishes for the best throughout this New Year. The year past has given to our country an increased prosperity of which we have all enjoyed some part. The future looks bright and holds promise of further progress. May the coming days give abundance of well-being, bring you more happiness and contentment and time deal kindly with you and with yours.

plying for relief. We are led to the thought that perhaps over-zealous social workers are going out of their way to increase the number of applicants. During these past few years of non-employment for many, there has been a much larger number of people who have continued to have work and who have carried on and sustained the burden of support of those less fortunate. Aside from these unemployed who are on relief and those who continued at their occupations, is the large group of those who are not eligible for jobs, or not able to obtain them and still by strict economy and self-sacrifice have been able to sustain themselves without the help of others. To this latter group is due a great deal of sympathy and no small amount of admiration and praise. The doctor can do his part in helping them to retain their spirit of independence and self-reliance by making their way easier, by a reduction in fees to suit their conditions and a liberal extension of credit.

In the management of the relief program it is to be hoped that with more experience some solution will be found to correct the problem of unemployment and to bring these people back to a position where they are able to maintain themselves and their families with self-respect.

The Pierce County Medical Society has engaged in the experiment of furnishing medical care to those on relief, under the plan of free choice of physicians. This is purely an experiment and it depends upon the doctors themselves whether this plan is or is not successful. If the individual doctor will regard his position as one of serious responsibility, if he will refrain from making unnecessary visits in trivial cases, if he will use care and discrimination in the prescribing of drugs, and in the amount of expensive laboratory work

and other means of diagnosis and above all if he is strictly scrupulous in rendering his bills, this method may be a success.

Otherwise the costs will be excessive and the plan a failure. A chain is no stronger than its weakest link. The misconduct of a very few doctors can spoil the honest efforts of the rest. If the plan of group action with free choice of physicians is not successful it will show the world that medicine is not able to manage its own affairs or to govern the conduct of its members with the result that the management will be taken away from the doctors and put into the hands of the politicians.

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THE ETHICS OF CREDIT

Since the advent of the depression a great amount has been written and said about credit and its abuses. Usually these pronouncements take the form of refusing credit to anyone who has not previously met his obligations in full. While it is perfectly true that credit should not usually be extended to persons who have not proved by past performance an ability to meet new obligations when due, still the problem for the medical and dental professions is that these are precisely the cases in which new credit is asked for. In other words, it is only when people cannot meet their obligations that they ask for additional credit.

It is in this that medical credit differs from the ordinary commercial credit. When a person applies for additional credit in a department store, the store, before granting the new credit, determines whether old accounts have been met when due and **WHETHER THE PRESENT INDEBTEDNESS OF THE APPLICANT WILL PREVENT HIM FROM MEETING THE NEW OBLIGATION.** If the credit manager decides that the applicant's debts are too great for him to safely take on new burdens, the credit is refused.

The decision is never made on ethical grounds. The merchandising trade is not concerned with the ethical question whether the debtor has a right to incur new obligations, but simply whether the new obligations can be collected. It is a mere matter of salesmanship; the idea is to sell the goods to anyone from whom payment can be obtained. The limiting of credit is thus nothing but self-defense.

With the professions the situation is reversed. The doctor frequently cannot simply refuse credit. It is more often necessary to extend further credit even when it is known that the debtor is not likely to meet the obligation. The rule of salesmanship cannot be easily applied. In practice the applicants for medical credit may be grouped into two classes:

1. Those who ask for credit because they do not intend to pay for the service.

2. Those who ask for credit because they cannot pay for the service.

It is not always possible for the doctor to distinguish between these two types of patient. In the first place, both types usually think that they intend to meet their obligations, and would be offended if it were suggested that they did not intend to do so. In the second place, the majority of the poor pay patients are poor pay because they do not make an intelligent effort to budget for past due bills. In other words, they may mean to pay but they never quite succeed in doing so.

So it is that with medical credit the decision as to further extensions has to be made on a different basis. But it does not need to mean that abuses must be tolerated. It would be unethical to refuse to render services in all cases when they could not be paid for in cash, but anyone, even the doctor, has the right to protect himself against deliberate fraud. It is not necessary to become the victim of every easy-virtued dead-beat, simply in order to avoid doing an injustice to a worthy patient.

But to practice good credit control in professional offices it must be remembered that medical accounts are different from commercial accounts in another respect; they are generally thought of as being due after all the other bills are paid. Even when collection agencies demand payment of medical bills they are sometimes met with the remark that "The bill is not yet due." What is needed is knowledge of the patient's exact credit status, what he **CAN** pay, how he **DOES** pay, and what he should be expected to do.

To accomplish this purpose it is necessary to know about the status of his other medical and dental obligations, and **TO HAVE IT KNOWN THAT HE IS INCURRING A NEW ONE**, in order that proper steps can be taken in case the patient then goes to other places and attempts to load himself up with a mass of bills which he can never pay.

In summary, credit will be either the friend or the enemy of the professions and credit cannot be determined on an individualistic, non-cooperative basis. To control it, joint effort is absolutely indispensable.



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MEDICAL PROGRESS IN 1935

Dr. Albert E. Goldstein, Sinai Hospital, Baltimore, describes in the December issue of *Journal of Urology*, a new procedure in surgery of polycystic kidneys. Following excision of the cysts, nephrostomy and nephropexy, a temporary nephrocutaneous fistulous tract is established, permitting subsequent puncture of reformed cysts with a needle and syringe.

In *American Journal of Obstetrics and Gynecology* for October, Dr. F. L. Adair and others of the University of Chicago, tell of a new and potent ergot derivative, ergotocin. The authors report that they observed little or no alteration in blood pressure and urinary output following its use, that it is potent in minimal doses by various methods of administration, that it does not deteriorate rapidly and that it is constant in its action. Ergotocin is the active principle of ergot in crystalline form.

"Treatment of *Trichomonas Vaginitis* with Concentrated Salt Solution," by Dr. Lazar Rosenthal and others, of Israel Zion Hospital, Brooklyn, offers a simple and inexpensive method of treatment which is said to give definite and prompt relief, preventing recurrences in most cases. This is reported in the *Journal of the American Medical Association* for July 13.

In the *Journal of the American Medical Association* for May 4, Dr. Frank R. Ober, of Boston, presents a new theory relating to the cause of lame backs and a new treatment of this frequently encountered condition. Dr. Ober considers contracted fascia lata a common cause of lame back and describes stretching exercises to relieve the contracture and an operation upon the fascia in cases in which sciatica is present.

Dr. A. A. Zierold, of Minneapolis, gives in *Surgery, Gynecology & Obstetrics* for December, an account of a new method of reduc-

tion of dislocations at the shoulder joint. Different steps in the maneuver are shown by plates and the author states that he has had great success in its use.

In the same magazine Dr. B. H. Moore of Chicago, describes a new operative procedure for brachial birth palsy. The operation is an attempt to restore the balance between the anterior and posterior portions of the deltoid, and Dr. Moore reports only one complete failure in his series.

A new treatment of psoriasis with an organic sulphur compound, used intravenously, is described in *New England Journal of Medicine* for August 22 by Dr. F. M. Thurmon of Boston. The author reports splendid results in a series of cases.

An operation to furnish a new blood supply to the heart muscle in angina pectoris is described by Dr. C. S. Beck, in *Surgery, Gynecology & Obstetrics*, for September, 1935. While Beck maintains that this is purely pioneer work and regrets the publicity given to it, yet the results obtained in his small series of cases are of great interest.

"How is your doctor son getting along in his practice?"

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ranged the tea and hostesses were Mesdames Raymond D. MacRae, Charles McCreery, Sydney MacLean, J. B. McNerthney, Frank R. Maddison, William Monroe, William A. Moore and Roy Morse.

The Woman's Auxiliary to the Indiana State Medical Association is distributing a folder called "Telling the Public About the Doctor," from which the following paragraphs are quoted:

The average time consumed by a doctor in study, preparation and unproductive practice is around twelve years. These unproductive years and the actual money spent total from \$15,000 to \$35,000, depending on the individual, and sources of education.

Neighbors and friends are priceless possessions, and should be so regarded—but when it comes to treating yourself in case of illness, the advice of a neighbor or friend is not the safest plan. They mean well, of course, and simple little ailments and accidents about the house can often be treated casually with home remedies from the medicine chest.

However, when there is anything the matter with you, to experiment with yourself or treat your case with "hearsay," may be very expensive and dangerous.

There are many underlying causes for outward symptoms, discernible only to a Physician, after careful examination and analysis. Disease detected and treated in its first stages is so much easier to cure, and is less expensive to you physically and financially. Don't experiment on yourself!

You want to prolong your years of usefulness, and live to your fullest, don't you? Then take care of your health. Have a regular yearly physical examination—follow out the Doctor's suggestions about diet, rest, exercise, and any little necessary physical attention. This will take little of your time or money, but what a tremendous amount of new energy, new life—longer, fuller, and richer life good health in abundance can give you.

Mrs. C. P. Gammon opened her beautiful home at 2706 North Junett Street, Thursday afternoon, January 9, for the regular meeting and program of the Woman's Auxiliary to the Pierce County Medical Society. The brief business session began at 2 p. m., with Mrs. W. Weldon Pascoe, president of the Auxiliary, presiding. The paper of the day was given by Mrs. Edwin W. Janes, who discussed Medical History and Progress in Germany, the fifth of a series of papers covering the medical knowledge of the world. Mrs. Donald Dilts, Tacoma soprano, was heard in a group of German Lieder.

Following out the German idea, the coffee hour followed, with decorations of the dining room and the coffee table in authentic German fashion. Mrs. Darcy M. Dayton ar-

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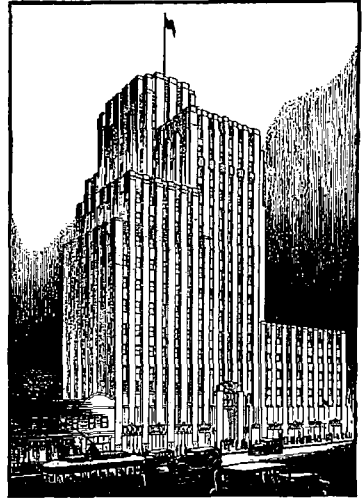
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NEWS ITEMS

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Dr. and Mrs. J. A. Kebo had as their guest during the holidays their young daughter, Miss Helen, who is a student at the Dominican Convent of San Rafael in San Rafael, California.

✓ ✓ ✓

Dr. W. H. Goering is enroute to St. Louis, where he will attend the meeting of the American Academy of Orthopedics.

✓ ✓ ✓

Dr. and Mrs. A. E. Hillis, with Miss Georgia, spent Christmas with relatives in Missoula.

✓ ✓ ✓

Dr. and Mrs. David H. Johnson and family have returned from the Middle West, where they spent the holidays with relatives.

✓ ✓ ✓

Information is desired by the State Department of Education, Division of Vocational Rehabilitation, concerning individuals who have some disability which prevents them from

working and who, through training, might become self-supporting. Doctors knowing of suitable cases are requested to communicate with Mr. E. M. Oliver at the office of the County Superintendent of Schools.

✓ ✓ ✓

Dr. L. E. C. Joers has moved into the Medical Arts Building.

✓ ✓ ✓

Drs. F. R. Maddison and T. H. Duerfeldt attended the Seminar in Internal Medicine at Seattle General Hospital on December 26, 27 and 28, at which Dr. William Dock, Associate Professor of Medicine at Stanford University was the speaker

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Dr. Barnard Harrington, Roentgenologist, has just returned from a Christmas vacation spent in and around Hollywood.

Dr. Benjamin T. Terry, Pathologist, is back at work from three weeks spent in Rochester, Minnesota, and Birmingham, Alabama.

Another new class has been fully accepted into the School of Nursing with the Capping Exercises, January 3rd. Twenty-five new students were capped at this time, culminating four months of intensive preliminary work.

We wish at this time to thank the doctors who so generously contributed to the Student Nurses Christmas Fund. We appreciate not only the gift but also the spirit that prompted it.

It was a sorrow Christmas Day to have Mrs. Sabra Schug, widow of Dr. Frederick Schug and friend of the hospital pass away. We feel deeply the loss of one who was so interested in the Tacoma General Hospital.

Many doctors have recently completed charts in the Record Room. Thank you for your cooperation!

The Tacoma General Hospital wishes each and every member of the Pierce County Medical Society a happy, successful and prosperous 1936!

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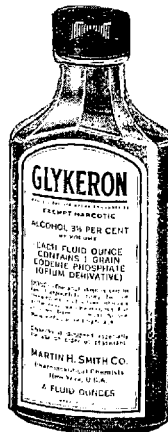
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 Aplastic and Other Primary Anemias.....

Dr. L. W. Baskin

Review of Recent Literature on Kidney DiseaseDr. F. R. Maddison



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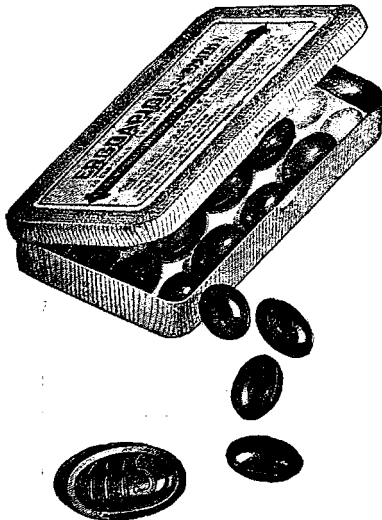
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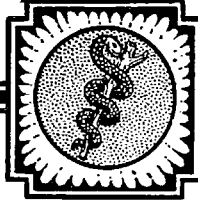
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OF THE
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VOL. VI.

FEBRUARY, 1936

No. 2

PROGRAMS

MEDICAL ARTS BUILDING AUDITORIUM
8 P. M.

FEBRUARY 11

A survey of the condition of the Physicians' & Dentists'
Business Bureau, by Busch & Webb, Certified Public Accountants.
Joint meeting of the Medical and Dental Societies.

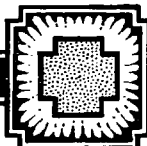
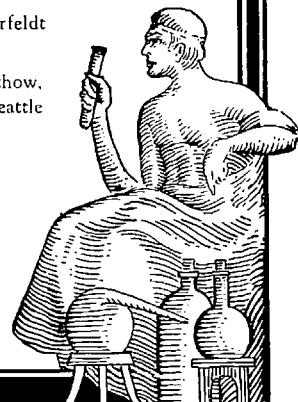
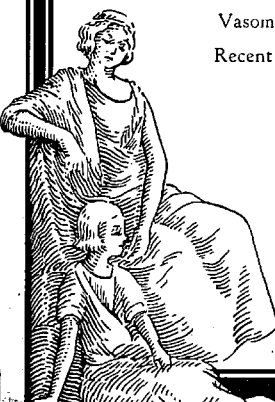
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FEBRUARY 25

Vasomotor Rhinitis.....Dr. Treacy H. Duerfeldt
Recent Advances in our knowledge of the Sympathetic
Nervous System.....Dr. Paul G. Flothow,
Seattle

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EDITORIAL

With the opening of the Medical Arts Building the Pierce County Medical Society established its headquarters. The idea was to unite and correlate all the activities of the society in one center. According to this plan the library, the auditorium and the business offices are in close connection. In addition to the old established Medical and Surgical Bureau, there was inaugurated a Business

Bureau with a day and night doctors' telephone exchange, a nurses' registry, a credit department and a service for the collection of doctors' and dentists' bills.

This organization has been in operation for the past five years and in the opinion of many has been of great service to its members. In every organization there is a rather small group of members who take a most active part. They fill the offices, serve on committees and do most of the work. Their actions and their purposes are subject to the criticism of all the members. This is right and as it should be. They have accepted a responsibility and are answerable to their fellow members for results. Of late there has been considerable criticism directed especially toward the business bureau. There has been much talk regarding the large amount of money made by the manager, of his neglect of his duties, of the money wasted in unnecessary overhead expenses, of lack of judgment in the conduct of the business and about spending the funds of the doctors on economic research. Some criticism has been constructive and some complaints justified, but a part has been merely talk, without a proper knowledge of the facts.

Taking cognizance of this evident unrest and lack of confidence, the board of directors engaged the firm of Busch and Webb, Public Accountants, to go over the books, investigate the various activities in which the bureau is interested, and make an unbiased report concerning the past conduct of the business, its financial standing and the outlook for the future. They were also instructed to advise if the present method was correct and if not, to give their judgment as to any change in the financial policy or administration of its affairs.

The accountants have made their report which is available to all who wish to read it. Below are some of their conclusions:

"We might say in the beginning that our investigation indicates that we can reach but one conclusion, that your present financial situation is due to lack of a proper financial set-up of your Bureau when organized and in

part to lack of full support by the profession as a whole.

"The original \$5.00 fee was far from sufficient to cover expenditures for equipment, supplies, and working capital. Inasmuch as your Bureau was organized when we were well along in the depression, it is not reasonable to assume that your Bureau, or any other average business in most any line, could operate at a profit during its first year, and no provision was made to cover a loss for that period. We might add here, that of the number of corporations and institutions in various lines which we handle through our office, those not showing a substantial loss in ratio to a decreased business were negligible.

"Inasmuch as the Bureau was without fixed or working capital, and due to slowness of some doctors and dentists in promptly paying their dues and charges, funds for the operation and increase in fixed and operating assets can only be obtained from advances from members or withholding balances due them on collections.

"MANAGEMENT. While the need for a daily full time supervision by the manager may be questioned by some, we are of the opinion that an office handling such a multiplicity of detailed information, much of it confidential, and requiring judgment in business actions, must have one in charge of greater ability than could be expected of the average office help.

"The question arises as to the operation of the collection department alone. We are of the opinion this could be done, and in all probability be self supporting, providing of course, you have the full co-operation of the two professions, but you would then be getting away from the general ideas for which the Bureau was organized. All of the activities, insofar as expense is concerned, are more or less interlocking, and employees can fill in on each to advantage. It would seem to us that the members are getting considerable benefit from the credit files, exchange, etc., if used to full advantage. We are wondering just what a mercantile establishment would do without a credit department, and do a hit and

miss business. There is a question in our mind if the profession generally is using this department to best advantage."

Their report states that the bureau lost money at the start, as it was necessary to buy equipment and establish headquarters with no capital to work with. Since 1933 to date the business has paid its expenses but has not been able to make up the original deficit.

The report shows that the doctors and dentists are not doing their part in trying to make a success of their own business. A membership of 62 doctors and 29 dentists is a poor showing.

A great deal of dissatisfaction is caused by a delay of three or four months in paying the members the money collected on their accounts. This is caused in part by the members not paying what they owe to the bureau. A substantial increase in membership and a prompt payment of their dues by the members would help greatly to correct this situation.

Every doctor and dentist should look upon this institution as an auxiliary to his office. He should avail himself of the telephone exchange service. He should consult the credit department and he should give the collection department a chance to show what it can do to help him. By the use of this collection department he can salve the feelings of his patients by pointing out that this department has merely taken over the collection of his accounts as he has not time himself or proper help to do this work, thus leaving a better impression than by sending his accounts to the commercial collecting agencies.

By giving the bureau his active support and co-operation, the doctor and dentist will not only be helping the professional standing of all but he will derive a substantial benefit himself.

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THE BUSINESS BUREAU

STATEMENT OF COLLECTION RESULTS

During the nearly five years which the Bureau collection department has been in operation, there has been a constant effort to improve the collection technique. The study of this problem has taken three directions:

1. To cut the cost of collecting accounts,
2. To collect more money with less trouble,
3. To retain the good-will of the patient.

During the first year of operations the volume of business was not sufficient to pay expenses and a deficit was incurred. This deficit was the result of trying to improve the ethics of the collection business without adequate support. Along with the efforts of the first year it was soon discovered that the largest loss to members was in the class of patient which made a practice of shopping for medical and dental care. These people would go from office to office, running up bills which never could be collected.

Nothing that the collection department could do would ever prevent this abuse, and the bureau soon learned that the loss to members from this source was greater than from all the others combined. Accordingly, plans were perfected for a credit department to keep track of these delinquents and to prevent further abuses of the two professions.

Since the date of opening of the credit de-

partment, there has been a constant increase in the amounts of money collected each month, and for the four years of operation the bureau has been able to perfect a collection technique which gets results and pays for itself. There has been a steady increase in accounts collected, and in January, 1936, the month just past, a new high record for collections was reached with a total collected of \$3,054.00. When it is realized that the collections of the month of February, 1933, the last month prior to the opening of the credit department, were \$870.00, it is plain that the new system is working.

Furthermore, the actual cost of making these collections, which was high at first, is now on the decrease. This is due to better methods and to increased co-operation from members. The operation of the collection service is now on a profitable basis, and the total collected is more than ever before. In short, the years of development were not wasted and the business bureau is emerging from the depression on a profitable basis with a well-organized credit and collection department.

The two remaining problems are:

1. More prompt remittances to members;
2. More effective use of the credit department by members.

The first of these problems is beginning to solve itself. The recent changes in the collection department methods and personnel have

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already resulted in a record collection month and a decrease in the deficit. This advantage will be passed on to members in the form of more prompt remittances. As the cost of operating the collection department is now lower than for many months, and as the department since the change has increased its total collected per month, it may be expected that the deficit will continue to decrease.

The second problem, use of the credit department, still depends on the members. Last month 45% of the accounts assigned for collection were for persons who already owed uncollectible accounts to two or more members. The value of these accounts, which will be lost to members because the people who owe them cannot be made to pay, is greater than the total cost of operating the bureau for the month.

The operating expense of the bureau is insignificant when compared to the loss which

results each month from uncollectible accounts for people who systematically purchase medical and dental services from a succession of doctors in rotation, and then boast about the fact that we are unable to catch them. In the five years of operation, the bureau has recorded uncollectible accounts to the total value of \$370,000. It is no more necessary to permit this abuse than it is to give away services to people who can well afford to pay for them, and with intelligent cooperation, the bureau credit department can be a bulwark against this practice.

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Mrs. A. W. Howe will open her home at 2902 North 27th St., Thursday afternoon, February 13, for the monthly tea and meeting of the Woman's Auxiliary to the Pierce County Medical Society. The program will begin at 2 p. m. and will include a talk on Contributions of the United States to Medical Knowledge by Mrs. Edwin Yoder. Mrs. W. R. Taylor will sing songs by American composers and will be accompanied by Mrs. Vienna Neal Case. Mrs. W. B. Penney will preside at the short business session, taking the place of Mrs. W. Weldon Pascoe, the president, who is away on a trip. A group of the Auxiliary membership will act as hostesses.

Women of the Auxiliary and their husbands enjoyed a reception given Sunday, February 2, at the home of Dr. and Mrs. H. J. Whitacre to compliment Mrs. Rogers N. Herbert, national president of the Auxiliary, who was a visitor in the Northwest. In the receiving line with Mrs. Herbert were Mrs. Otis F. Lamson of Seattle, national vice president, Mrs. John B. Blair, Olympia, state president, Mrs. D. H. Bell, state vice president, Mrs. Penney, acting president of the local Auxiliary, and Mrs. Whitacre.

Assisting with arrangements for the tea and reception were the past presidents of the Auxiliary, Mrs. E. L. Carlsen, Mrs. Edgar Dodds, Mrs. Ralph Schaeffer, Mrs. Bell and Mrs. Whitacre, with members of the Executive Board, Mesdames Penney, George Stalter, Raymond Morse, J. A. Keho, John Steele,

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Visitors were present from Seattle, Everett, and Olympia.

Health Education

First, last and always, the chief reason for the existence of the Women's Auxiliary is to keep abreast of the times, so to speak, to be interested in medical (scientific) progress and to be interested in the health of the community in which we live because we want to be worth while citizens and do our bit in our small way of making the world a better and a more healthful place in which to live. Therefore, our first duty through the program of the Women's Auxiliary is to become self-educated along health lines. It is only by means of self-education that we may hope to become an ally to the medical profession and at the same time serve the best interests of the public.

The Woman's Auxiliary, through its very fine work in health education, is taking its place among organizations of women the

county over. Its members are being asked to take key positions on health committees in various lay organizations, these organizations feeling that the doctor's wife by her membership in the Woman's Auxiliary and her close touch with the doctors is a valuable worker in their organizations. And so it behooves every doctor's wife to become an active and interested member in the Woman's Auxiliary, learning the sources from which to obtain scientific information concerning health education.

MRS. V. E. HOLCOMBE,

Chairman of Program (Health Education),
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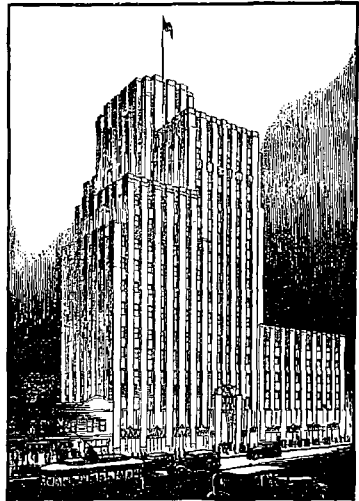
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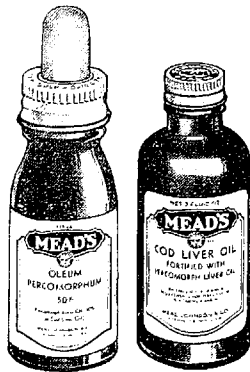
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NEWS ITEMS

Several members of the medical fraternity are away on winter vacations. Dr. and Mrs. Weldon Pascoe are spending several weeks in Mexico City, Dr. and Mrs. E. D. Warren have just sailed for Honolulu, Dr. and Mrs. Walter Cameron are in Los Angeles and Dr. and Mrs. Charles Pascoe are on a cruise through the Panama Canal.

Among those who attended the Silver Anniversary of the Seattle Surgical Club were Drs. Dodds, Schaeffer, Niethammer, Whitacre, Kohl, Gullikson, Brown, Hanson, Kunz, Charles McCreery, Hicks and Hermann.

Doctor: "I am afraid I made a mistake in filling out a death certificate today."

Wife: "How was that?"

Doctor: "I believe I signed my name on the line where it says 'Cause of death.'"

TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet on February 18 at 6 P. M., at the Walker Hotel. The following program will be presented:

- The Leucemias -----Dr. G. M. Steele
- Lymphocytosis and Diseases of the Spleen and Reticulo-endothelial System -----
Dr. J. F. Griggs, Jr.
- Review of Recent Literature on Gastro-intestinal Disease -----Dr. J. R. Turner

Instructor: "What would you do if a patient came into your office with a pain in the abdomen?"

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Theme song for the surgeons: "The Sawing is Ended, but the Malady Lingers On."

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No doubt most of the doctors have seen the new showcase for the "Senior Supply" in the Tacoma General Hospital Reception Room. This store is conducted by the Senior Class as a benefit for the Tacoma Orthopedic Birthday Club, and now has quite a complete stock of candy, cigarettes, cosmetics, magazines, etc.

We are happy to announce that Miss Regina Hamilton is our new Obstetrical Supervisor. She is a graduate of the University of Iowa Hospital School of Nursing and prior to coming here was a supervisor there.

The next preliminary class will enter February 4th to begin their four months probationary period.

February 7th an Orthopedic Clinic will be held at the Tacoma General Hospital for children 14 to 21 years of age as a part of the Rehabilitation Program for Crippled Children under the Social Securities Act. The doctors in charge will be Dr. H. Wyckoff of Seattle and Dr. H. Allison of Tacoma, with Miss Marion of the State Department of Health, Child Welfare Division, who has charge of the state work with crippled children, also in attendance. Children are expected from Pierce, Thurston, Grays Harbor and Mason Counties.

A change has been made in the Record Room so that Miss Carol Penney is now Record Librarian, and Mrs. Jewel Drake continues as Medical Statistician.

The attendance at the last Medical and Tumor Clinics was so good that it seems that the colored cards, placed in the message aperture of the Doctor's Register the day before the clinics as a reminder, are more successful than the cards used previously.

We are looking forward to the new Doctor's Register to be installed in Surgery shortly. This will be controlled by the master register located at the switchboard, and will automatically flash when the surgeon registers in.

"What are the chances of my recovering, doctor?"

"One hundred per cent. Medical records show that nine out of every ten die of the disease you have. Yours is the tenth case I've treated. Others all died. You're bound to get well. Statistics are statistics."

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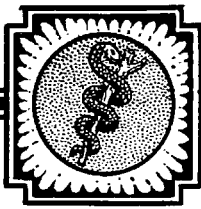
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

Vol. VI

MARCH, 1936

No. 3

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM
8 P. M.

MARCH 10

Etiology, Prognosis and Treatment of Hypertension

Dr. A. H. Buis

X-Ray Diagnosis of Pulmonary Tuberculosis in Children

Dr. C. R. Fishel

Montgomery-Simpson Suspension of the Uterus, a moving picture
Posterior Colporrhaphy, a moving picture

• • •

MARCH 24

Syphilis in Tacoma During the Last 12 Years...*Dr. S. M. Creswell*

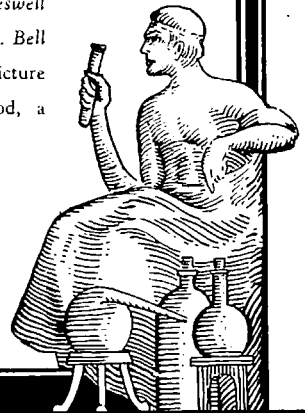
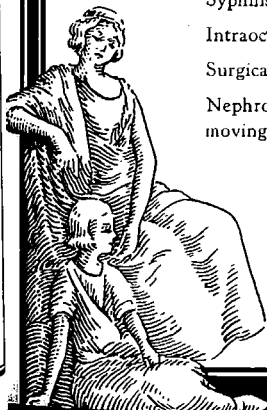
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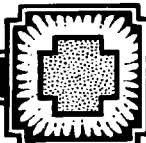
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ment and conduct of the bureau, and some directed at the manager in person.

Briefly they have consisted of the following:

1. Criticism of the activities in which the bureau is engaged.
2. Criticism of the efficiency of the bureau management.
3. Criticism of the interests and activities of the bureau manager.
4. Criticism of the use of bureau funds.

The matter is of the utmost importance because the circulation of unfounded rumors is the principal cause of our business and financial problems. Although this criticism has in several instances been admitted to be the result of misinformation and personal prejudice, it has the effect of truth and serves to seriously curtail the usefulness of the bureau.

PART I. The Facts About the Recent Criticism.

Criticism of the activities in which the bureau and its manager are engaged has arisen from the rumor that the work of the Foundation for Social Research in Medical Care has been carried on in the bureau office and with bureau funds. The facts are that the research laboratory is not in the bureau office but on the sixth floor of the Medical Arts Building, where it has been located for the past two years.

Not one cent of bureau money has been given, loaned or used in the research work.

On the contrary, the Foundation has paid to the bureau for supplies, equipment rental and telephone service the sum of \$1286.22, mostly profit, since the services which were sold to the Foundation were the regular services of the bureau and did not involve any additional overhead expense.

The Foundation staff is separate from the bureau staff, is paid from other than bureau funds, receives no aid from the bureau, and the only point of overlap is the fact that both are under the same supervision. The Foundation has always had a full staff of supervisors on its own payroll and the supervisory function which has been exercised by the manager and trustees of the bureau has been for the purpose of preserving the interest of the medi-

**MANAGER'S REPORT TO THE
MEMBERS OF THE BUSI-
NESS BUREAU**

The following report consists of two parts, a statement of the financial condition and operation results of the bureau, and a report of recent criticisms which have been directed at the bureau.

The criticisms which have been made have been of two sorts, some directed at the manage-

cal and dental professions. Some of the studies which the Foundation has made have been of considerable financial value to the bureau.

The only other activities which the bureau staff has been engaged in have been those for which the bureau was incorporated. These are:

1. Emergency telephone exchange
2. Credit reporting service
3. Collection of past due accounts for members
4. Nurses' registry
5. Cooperation with the Tacoma Better Business Bureau in matters affecting the professions.
6. Assistance given to the Tacoma Health Council and supervision of its publicity section under the direction of the medical society committee.
7. Miscellaneous services sold to members and to the society.

All of these functions are provided for in the incorporation of the bureau and there are no others. Bureau funds are used only for the operation of the bureau business.

With reference to the activities of the bureau staff and the time for which the bureau pays, the staff works a normal week of forty hours. Every employee works this number of hours on bureau business, including the manager. It is, however, usual for practically all employees to work from three to fifteen hours of overtime per week for which no salary is received. In addition, arrangements have been made by which the bureau receives the services of from one to five business college graduates at a time for a period of six weeks as a post graduate course. No payment is made for this service, which enables the staff of the bureau to handle peak loads of work without delay or extra expense.

Summary of Part I.

The revenue lost to the bureau through these rumors and other non-co-operation is more than enough to liquidate its obligations and restore it to a cash basis. Whenever a member of either profession makes an un-

founded reflection of this sort upon the conduct of the bureau the result is that every member is directly and personally injured financially because the whole purpose of the bureau depends upon cooperation, which is destroyed by that means.

PART II. Business Report

The bureau operates without capital. This arises from the fact that when the bureau was organized, no capital was available. Notwithstanding this serious handicap, the bureau has been able to carry on through the depression without increasing the deficit incurred in organization. As any effort to obtain operating capital now would necessitate a request for assistance from members, it is undesirable to attempt to raise capital unless it is necessary for the conduct of the business. After careful study, the trustees have concluded that this is not necessary for the following reasons:

The rates and charges are adequate if the service is used.

The cost of doing business depends on volume and can be met within the reasonable limits of potential volume.

The bureau is now earning a profit and has been doing so since April, 1935. During this period there have been certain unusual

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conditions which have caused a reduction in net revenue as follows:

The lumber and shipping strike	\$400.00
Expense of solicitation for new accounts	300.00
The business survey and analysis	150.00
Net loss in revenue for these causes	\$850.00

Notwithstanding these factors, there has been a profit of \$109.63.

For the month of January just past the profit was \$273.13. As January is a less than average month, it is reasonable to expect that this favorable balance will continue.

Beginning in February there will be a net reduction in revenue from the medical bureau of \$36.00 per month. There are no other losses in recent months. The net gains in monthly revenue are:

	per month
Hearst Exchange service	\$20.00
Tuberculosis League increase	\$13.00
Reduction in salary expense	\$90.00
Net gain, per month	\$123.00
Net gain after loss of medical bureau	\$87.00

The reduction in the collection department personnel has not caused a loss in collections. The total collections per month have increased and in January reached a new high total of \$3054.

In view of the above fact it is anticipated that on the present basis the bureau will be able to earn and apply on the deficit an average per month of approximately \$200.00.

The bureau owes money to members on collections to the amount of	\$ 2,970.23
The total amount borrowed is	3,527.61
Current expense obligations are	620.95

The total obligations of the bureau are	\$ 7,415.28
Against this, members owe the bureau	1,444.46
Other non-liquid assets amount to	2,830.29
The credit files are valued at	1,500.00

The collection department has notes and judgments totaling approximately \$190,000 of which \$71,213 are paying regularly and regarded as very good. Commission on this item amounts to \$24,000.00

Not including good-will, going value or other collection accounts, the total assets are \$29,774.75

On this basis the net worth of the bureau as a result of five years effort without capital is \$22,359.47. It should be noted that due to very conservative business methods the notes and judgments are not carried on the balance sheet as assets.

The financial showing of the bureau in the last five years has been accomplished in spite of the bank holiday of 1933 in which more than half of the collection agencies in the country were forced to close, according to the report of the American Association of Collection Agencies, and in spite of the fact that 17% of our local population and nearly 50% of our debtors were on relief.

Notwithstanding, the most serious problem of the bureau today is the fact that the mem-

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bers do not avail themselves of its services. It is felt by the trustees that this is due in part to late remittances. As a matter of fact the question of late remittances has been grossly exaggerated. The bureau has collected for members slightly more than \$100,000.00. Remittances now due amount to \$2970.00, less than three percent of the amount collected. On the other hand there has been saved to members an average of 13% on commissions which amount to \$13,000.00. Furthermore, the commission rates are based on the age of the account, and members can reduce these rates still further if they wish by more prompt assignment of accounts for collection. Of the \$2970.00 now due to members, only \$1663.46 is more than one month old, an amount equal to 1.7% of the total collected.

Failure to use the collection department to the full extent and the contrary use of other agencies, in addition to encouraging the other agencies has deprived the bureau of approximately \$600 per month in commissions which could be applied to the deficit.

But by far the most serious loss from failure to use the bureau services is suffered by the members themselves. The bureau has returned to members as uncollectible accounts an average per year of \$60,000.00. Of this amount, slightly more than 70% WERE ON THE BUREAU RECORDS AS UNCOLLECTIBLE AT THE TIME THE SERVICE WAS RENDERED. This means that use of the bureau credit service could have earned

a large part of this sum for members without extra expense and without denying medical care to any worthy person.

Summary

The principal problem of the bureau arises from inertia, disinterest, prejudice, rumor and non-use by members.

Late remittances are much magnified by gossip.

Operations have been well within income for many months.

Assets are well in excess of liabilities.

The individual member can save considerable money by use of the bureau services.

Support of competitors deprives the bureau of income and postpones the day of reduced rates and prompt payments.

The necessity of soliciting members for business is a considerable expense which could be saved and applied on the deficit.

A co-operative organization is just what its members make it and nothing more. Costs depend on use and can be reduced by use. The future collections of the professions in Tacoma depend on credit control, which is defeated at great loss by competition and indifference and which can be profitably perfected by use and use alone.

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TACOMA

Dr. George Corydon Wagner

By *Dr. William G. Cameron*

With the death of Dr. Wagner the Pierce County Medical Society loses one of its oldest and most beloved members.

Dr. Wagner was a pioneer of this city, as well as a pioneer in modern medicine. Graduating from McGill University in 1881, a student under Osler during his life time, he saw medicine develop from an empirical, theorizing practice into the modern science of experimentation and research.

In his early years he had a large surgical and general practice, which he was compelled to give up some twenty years ago on account of ill health. At that time treatment by light rays was just coming into use. With characteristic foresight, he took this new method of treatment for his own use, retired to his home for rest and in a short time was restored to health. Being convinced of the efficacy of light treatments, he devoted the rest of his life to the study of this subject. He was one of the first American physicians to give his time wholly to light therapy. His writings and his inventions of appliances for use in treatment have been a notable contribution to the knowledge of the action of light rays upon the human body.

Some six years ago he had an attack of hemiplegia. In a few weeks he was again at work in his office, getting about with the aid of a cane with much physical discomfort, but taking care of his patients. Later he fell in his garage and suffered a fracture of his hip. Again he went to bed in a corner of his office and in a few short weeks resumed his practice. Lying on his bed with his leg suspended in a fracture apparatus, he would receive his patients, take their histories, make his diagnosis and direct his office nurse as she carried out the prescribed treatment.

His practice embraced many of the poor, some of whom were not able to pay carfare to get to his home. These he cheerfully supplied with money, so they might continue to come for treatment.

Dr. Wagner practiced medicine for fifty-five years. That is a long time to have the privilege of serving humanity. Of a kindly and cheerful disposition, he gave of himself freely and fully. Throughout his long years of practice he exhibited that indefatigable spirit which would not be conquered by any adversity. From his own sick bed he ministered to the poor and afflicted and not only gave them bodily healing, but comfort and strength of the spirit.

Such a life was not lived in vain and has not died. Its example lives on and shines forth as an exposition of courage and faith and an inspiration to those who are left to carry on.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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The seventh of a series of "national teas," sponsored this year by the Woman's Auxiliary to the Pierce County Medical Society, will be held Thursday, March 12, at the home of Mrs. Ralph Schaeffer, 405 North 7th St.

The short business meeting will be at 2 p. m., with Mrs. Weldon Pascoe, Auxiliary president, presiding.

The day's program, arranged by Mrs. A. E. Hillis, will be of exceptional interest. Mrs. H. J. Lenz, of Seattle, will be the speaker and will talk on "Medicine Men in China," drawing on personal observations and experiences during a long stay in China. Songs in the Chinese manner will be sung by Mrs. Darrell Running. A group of Auxiliary members will act as hostesses for the tea hour and decorations of the Schaeffer home will be in the Chinese motif.

Dear Members:

Often I receive letters from presidents asking me for suggestions on how to interest the members in the Auxiliary. "The women are so indifferent," they write.

I have wondered what new thought I could bring that would infuse interest and enthusiasm to the individual member of a local auxiliary. So I turned to my correspondence and reread some of the letters that I received from members who are interested. I am going to pass some of the thoughts along, hoping that they will engender the thrill and enthusiasm to the readers that they do to me.

In Washington State the chairman of Public Relations for King County furnished speakers for sixty programs, which included subjects on dental, mental and social hygiene. The Pierce County Auxiliary have sponsored a pure food and drug exhibit before groups, have given seventy-two health programs and have presented health programs to three thousand high school girls at different times.

The Missouri State Auxiliary is sponsoring the Essay Contest among high school and rural school children again this year.

Down in Georgia where the splendid mother welfare program sponsored by the Auxiliary has achieved such fine results, we find the Advisory Committee of the Georgia Medical Association meeting with the Executive Board of the Woman's Auxiliary in the office of the state board of health. Georgia also observed "Doctor's Day" last March 30, the anniversary of the day on which Dr. Crawford W. Long, of Georgia, first used anesthesia in surgery. Programs devoted to the study of past struggles and sacrifices and the accomplishments which have promoted human happiness and defended human life were given. Radio broadcasts were given, the graves of doctors and doctors' wives were decorated with flowers, flowers were sent to the offices of doctors and many banquets and receptions were held in honor of doctors in various parts of the state. For this year's work the state chairman sent out letters to lay organizations all over the state calling attention to the fact that the organized doctors' wives were willing and ready to assist them with programs and other health work and listing the A. M. A. literature that was available for distribution.

Mrs. D. N. Bulford, chairman of Public Relations for Pennsylvania and a member of the national committee, is writing a series of articles on health for the *American Jewish Outlook*. In copying the list of books to read for pleasure and review which the national chairman sent out as a part of the year's program, she added "A Mind That Found Itself," by Clifford Beers.

Pennsylvania continues to lead in regional health institutes, and this is certainly an interesting and educational work.

Mrs. Rollo K. Packard, president of the Chicago Auxiliary, is secretary of the Cancer Research Committee of the Chicago Woman's Club. This year, as in the past, the committee has arranged a series of lectures on cancer, its history, its treatment and its cure. The lectures are given by physicians.

My space is gone. Have I given you something to think about which perhaps will stimulate you, as an Auxiliary member, to greater interest and endeavor? I shall be pleased if I have.

MRS. DAVID S. LONG, *Chairman,*
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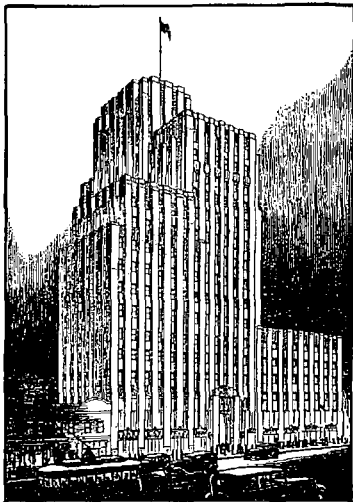
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OLEUM PERCOMORPHUM, or Percomorph Liver Oil, is the achievement of an intensive, 10-year investigation conducted in the research laboratories of Mead Johnson & Company to find a natural oil more potent in vitamins A and D than cod liver oil and less expensive to the patient.

The U. S. Pharmacopoeia (IX, 1916, and X, 1925) recognized cod liver oil as the oil from the livers of fishes of the family *Gadidae*. There being some 50 species in this family, in addition to the type species, *Gadus Morhua*, our first studies were directed at the examination of the more important species classed as cod. It occurred to us that somewhere in nature there might exist a species, or a family, or an order of fish, the liver oil of which would make possible a mixture comparable with Oleum Morrhuae but higher in vitamin potency.

The study was then directed to other species. By 1927 we had quantitatively compared the antiricketic value of oils from 15 species of fish and 11 other oils and fats. This was the most extensive survey of vitamin D sources reported up to that time. Outstanding in this list was puffer fish liver oil with a vitamin potency 15 times that of cod liver oil. Puffer fish were not available in commercial amounts, but the fact that one species of fish yielded so high a vitamin store provided great stimulus to investigators.

We discovered that the potency of fish liver oils increases with the leanness of the livers. With this revelation, we began a survey of all available commercial fish, as well as of rarer species. Collectors were sent to distant continents and to the islands of the Pacific and Atlantic oceans. From ports which never before knew cold storage we arranged to obtain refrigerated livers for our experiments. This ichthyological survey was interrupted (1928) at the time we introduced activated ergosterol.

In 1929 the Norwegian investigator, Schmidt-Neilsen, reported halibut liver oil to be superior to cod in vitamin A. Upon investigating, we felt then, as we do now, that while halibut liver oil marked a distinct advance it left much to be

desired since it was perforce an expensive source of vitamin D. Hence it came to be used chiefly to supply vitamin A as a vehicle for viosterol.

Continuing the search for fish liver oils, by 1934 our laboratory staff had made thousands of bioassays of oils from more than 100 species to determine their vitamin characteristics. The results, reported in scientific journals in January and April 1935, were the culmination of a search literally of the seven seas.

With cumulative data on more than 100 species, it became evident that the fish belonging to the order known as *Percomorphi* differ from others in possessing, almost without exception, phenomenal concentrations of vitamins A and D. Thus we find liver oils which contain 50, 100, 500, and even 1,000 times as much vitamin A or vitamin D as average cod liver oil!

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The resultant product is Mead's Oleum Percomorphum, 50%, which is 100 times cod liver oil* in both vitamins A and D. By a further dilution we obtain Mead's Cod Liver Oil Fortified With Percomorph Liver Oil, 10 times as potent as cod liver oil* in both vitamins A and D. Their respective potencies are 60,000 vitamin A units, 8,500 vitamin D units; and 6,000 vitamin A units, 850 vitamin D units (U.S.P.) per gram.

Just as Oleum Morrhuae is a mixture of the liver oils of various cod species (cf. U.S.P. XI, 1935, p. 261) so Mead's Oleum Percomorphum is a mixture of the liver oils of various percomorph species.** The significant difference is that the improved product is 100 times as potent* in both vitamins A and D.

Mead's Oleum Percomorphum, 50%, is available in 10-drop capsules; 25 in a box; and in 10 cc. and 50 cc. bottles. Mead's Cod Liver Oil Fortified With Percomorph Liver Oil is available in 3 oz. and 16 oz. bottles.

*U.S.P. XI Minimum Standard.

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TACOMA GENERAL HOSPITAL

The Orthopedic Clinic held at the Hospital February 7th, under the Child Welfare Division of the State Department of Health, was a great success. There were sixty-six children in attendance and the examining doctors—Dr. Wyckoff of Seattle and Dr. Allison—were kept busy all day long.

✓ ✓ ✓

Miss Beatrice Blakestad, Supervisor on III North and also Pediatric Supervisor, has handed in her resignation, effective April 1st, and is planning on returning to her home state, Iowa. We are indeed sorry to have Miss Blakestad leave us and know that the doctors will feel the same. She has been such an efficient supervisor on this busy surgical and pediatric floor that it will be difficult to fill her place.

✓ ✓ ✓

Mr. C. J. Cummings, Administrator; Miss Gibson, Director of Nurses, and Miss Suther-

ling, Educational Director, attended the meeting of hospital executives held February 18th in Seattle to consider establishing a requirement that all entering students in schools of nursing present advanced credits above high school before acceptance. No definite date has as yet been set, but there is a growing need felt for such pre-professional training. We are happy to announce that Miss Rhoda MacKenzie, R. N., M. S., is now on the Faculty of the College of Puget Sound and will have charge of students taking this pre-professional college work.

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TACOMA SURGICAL CLUB

The 1936 meeting of the Tacoma Surgical Club will be held on April 11. The guest speaker will be Dr. H. L. Beye, Professor of Surgery, University of Iowa College of Medicine.

✓ ✓ ✓

TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet on the 17th at the Walker Hotel, at 6 p. m. The program is as follows:

Lymphocytosis. Diseases of the Spleen and Reticuloendothelial System -----
 Dr. J. F. Griggs, Jr.
 Granulocytosis and Agranulocytosis -----
 Dr. A. H. Buis
 Mononucleosis and Other Changes to Leukocytes ----- Dr. S. M. Creswell

✓ ✓ ✓

NEWS ITEMS

Dr. and Mrs. W. G. Cameron are leaving shortly for an extended European trip.

Dr. V. E. Crowe has returned from Benton Harbor, Michigan, where he was called by the illness of his father.

Dr. and Mrs. J. A. Kebo were in California for several days recently, going down to visit their daughter Helen, a student at the Dominican Convent of San Rafael.

Guests at the W. W. Mattson home recently were Dr. Alfred Adson of Rochester and Dr. and Mrs. George Swift, of Seattle.

Dr. and Mrs. T. B. Murphy are at home after a month's trip to Mexico City.

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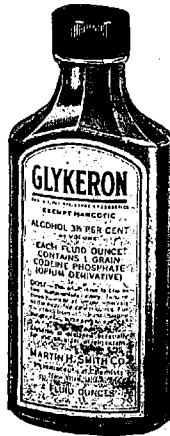
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It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

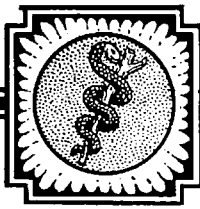
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI

APRIL, 1936

No. 4

P R O G R A M S

VETERAN'S HOSPITAL, AMERICAN LAKE

APRIL 14, 8:00 P. M.

Chemotherapy for the Psychoses.....Dr. C. L. Whitmire

Intracranial Hydronamics.....Dr. Norman C. Mace

Arterial Thrombosis—Report of a Case.....Dr. C. A. Hunsaker

• • •

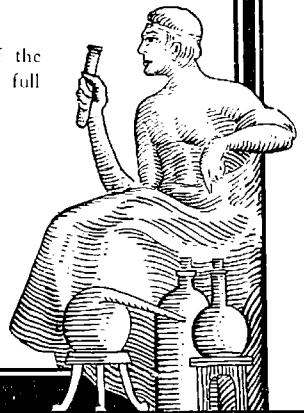
MEDICAL ARTS BUILDING

APRIL 28, 8:00 P. M.

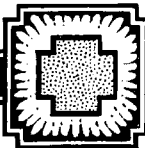
Open meeting devoted to an attempt to settle some of the problems of the Medical Bureau and contract practice. A full attendance is requested.

Auditorium Telephone BRoadway 3166

TACOMA, WASHINGTON



ING HUMANITY



THROUGH SCIENCE

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disturbing incidents in the field of medical economics and some excitement has been generated by these disturbances. This is particularly true in the outside world of politics and business. Here again, there is evident a tendency to excitement, a tendency towards a belief that a crisis is approaching. Perhaps this is merely the way in which we are seeing things at present. The world of reality, outside, is after all more or less permanent, constant, and its changes, if any, are very slow.

Reading manuscripts of 100 years ago, of 50 years ago, of 5 years ago, one is struck by the exciting temper shown. The feeling is that the fatal hour has struck. History is replete with incidents of this sort. But the fatal hour never quite strikes.

Certainly there is danger ahead; danger not from the slow movement outside, but from the excitement which it generates within us. In this excitement we are liable to the temptation to change our present spectacles, our point of view. We are liable to let our perspective be disturbed by the shoutings of alarmists or salesmen of Utopias, crying their wares in the streets and the press.

Perhaps the safest course to follow is to cling tenaciously to our firm hold on our traditions and past experiences. To do this it is perhaps desirable to recognize first that our surest anchor is the unity of our professional traditions.

Let us view with alarm not the changes in the social world progressing at a geological rate but rather the tendencies within the ranks to separate us, to fly us into this direction and that. It is in this separatist tendency that our real danger lies. Certainly it cannot be claimed that unity makes right but it does make security.

Until we have developed a clear cut course, one which any of us might invent but to which all of us can assent, our only safe course around the dangerous curves ahead lies in riding with the ship.

CAUTION, CURVES AHEAD

Each generation, as it comes into adult life, looks out upon the world through its own spectacles, sometimes rose colored and sometimes blue. It is an easy thing to see whatever one may wish through these spectacles for the thing one really wishes is, after all, in the spectacles themselves.

During recent months there have been some

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THE BUSINESS BUREAU

THE SHOPPING HABIT

One cannot judge the merits of a collection agency by its results on one or two accounts any more than the merits of a doctor can be judged on the basis of one or two cases. In spite of everything that can be done, people will die. Nor can a collection agency be judged by the sales prospectus delivered by its agents any more than a physician can be judged by the assurances he gives to his patients.

Because of the fact that the collection business is technical and even complicated, doctors do not always find it convenient to keep fully posted on the merits of one collection agency or another. Failure to know with certainty exactly how to judge the value of a collection agency makes them an easy prey to all solicitors. In this they are less fortunate than the merchant whose credit department generally knows infallibly what the facts are about collection agencies. In this field, salesmanship is as dangerous as it is in the practice of medicine or dentistry and as unreliable.

There are, however, a few simple facts which may be stated without fear of contradiction and which can serve as a guide.

1. All collection companies fall into one of two classes:

- a. Profit making organizations.
- b. Organizations for rendering service.

2. The same collection methods are open and available to all collectors with one exception. The exception is, that a single individual or one or two individuals find it

difficult or nearly impossible to carry out all the routine procedure required by good collection agencies. Large organizations accomplish this more satisfactorily. This is why the larger agencies seldom go out of business.

3. Collection agencies organized to make money know from experience that they can make it best by devoting their attention to the promising accounts. Agencies organized to render service know that the client is served best by giving equal attention to all of his accounts. This is less profitable to the agency but far better for the client.

4. Clients are sometimes told by salesmen that their agency has better tracing facilities or legal facilities than other agencies. This is nearly always false. The facts are that nearly all the larger agencies have the same facilities. Some of these are as follows:

- a. Affiliations with National Associations.
- b. Affiliation with the Commercial Law League.
- c. Affiliation with the Association of Bond-

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hot applications of Antiphlogistine are of undoubted aid in effecting a reduction of inflammation and congestion in the pharyngeal and laryngeal tissues.

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ed Attorneys.

- d. Affiliation with the Pacific Coast Association of Collection Agencies.
- e. Outside personal call department with full time solicitors making personal calls.
- f. Telephone directories arranged according to street address.
- h. Street directories showing the occupants of each house.
- i. At least six years of city directories and telephone directories for Tacoma and other Washington cities.
- j. Membership in the Retail Credit Men's Association.

The three largest collection agencies, including the Bureau have all of these facilities. In addition to these the Bureau has the following facilities:

- a. The Credit Department listing condi-

tional sales contracts, new addresses, suits, probates, divorces, marriages, mortgages, etc.

- b. Membership in both commercial rating bureaus.
- c. A Credit File of 90,000 cards.

"A Dollar Given to One Collector Is a Dollar Taken Away From Another."



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ASSOCIATION

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GLYKERON

A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

GLYKERON is an ethical product in origin, in development and distribution. It deserves your full confidence.



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WOMAN'S AUXILIARY

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Mrs. H. B. Allison	

A Canadian motif in decoration of the dining room and tea table was planned by Mrs. Darcy Dayton, who arranged that part of the program. Assistant hostesses were Mesdames John Steele, George Stalter, Karl Staatz, Frederick Scheyer, Alfred Schultz, Darrell Running and J. B. Robertson.

It is essential that the members of the Auxiliary should inform themselves concerning current questions respecting the relations of the physician and the layman. There is no question more pressing today than that of socialized medicine, and I recommend to every Auxiliary member a thorough study of the question.

It behooves each and every one to become familiar not only with the laws of his own state in regard to medicine but also with all proposed national legislation that would directly touch the lives of the people if enacted. It is our responsibility to bear in mind always the public relations function of the Auxiliary, i. e., to bring about a better understanding between the medical profession and the public; this requires a thorough understanding of the current views on the subject and a never-ending effort at self-education.

MRS. ROGERS N. HERBERT, *President,*
Woman's Auxiliary to American
Medical Association.

Members of the Woman's Auxiliary to the Pierce County Medical Society enjoyed the eighth in a series of "national teas," given this year for the Society members, when they assembled Thursday, April 9, at the home of Mrs. Edwin Janes for a "Canadian tea" and program. The business session, at 2 p. m. found Mrs. W. Weldon Pascoe presiding and Mrs. A. E. Hillis, chairman of the program committee, presented as the afternoon's speaker, Mrs. Burton Brown, who talked on "Canada and Canadian Contributions to Medical Knowledge and Practice." Mrs. Howard Gregory sang modern English songs.

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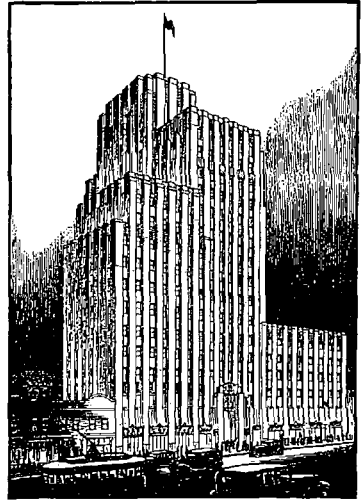
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is filled Promptly, Reasonably,
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MEAD'S OLEUM PERCOMORPHUM

Welcomed By Physicians

Rich in Natural Vitamins A and D

Mead's Oleum Percomorphum makes it possible to prescribe natural vitamins A and D in the same ratio as they occur in cod liver oils*—but in drops dosage rather than in teaspoonfuls. Consisting of equal volumes of percomorph liver oil and cod liver oil, this product is so potent that it can be given in 1/100 the dosage of cod liver oil.* Each gram supplies not less than 60,000 vitamin A units and 8,500 vitamin D units (U. S. P).

Convenient to Prescribe

Realizing that physicians are accustomed to the decimal system, we have blended Mead's Oleum Percomorphum to a potency 100 times that of U. S. P. cod liver oil, which has a vitamin A content of 600 units and a vitamin D content of 85 units. For physicians who prefer cod liver oil we have also prepared Mead's Cod Liver Oil Fortified With Percomorph Liver Oil (5% percomorph liver oil) having a vitamin content 10 times cod liver oil.* Thus the physician can conveniently prescribe vitamins A and D in any required dosage, in convenient ratio to an acceptable standard cod liver oil.

Greater Economy per Dose

The pioneer work done by Mead Johnson & Company in improving the quality of cod liver oil is too well known to need reiteration. The accompanying chart, however, shows how successfully we have striven, all through the depression, to reduce the cost of vitamins A and D to the patient. All factors concerned in the production and marketing of Mead's Oleum Percomorphum are under our control. We are hopeful that by wholehearted endorsement of these new Mead products, the medical profession will make it possible for us, during the next few years, to make the patient's "vitamin penny" stretch still further.



Date Introduced

MEAD'S VITAMINS A-D PRODUCTS, APPROXIMATE COST TO PATIENT, 1000 D UNITS

1924	MEAD'S COD LIVER OIL (old)	2.31 CENTS
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1935	MEAD'S OLEUM PERCOMORPHUM	0.83 CENTS

Mead's Oleum Percomorphum, 50%, is available in 10-drop capsules, 25 in a box; and in 10 and 50 cc. bottles. Mead's Cod Liver Oil Fortified With Percomorph Liver Oil is available in 3 and 16 oz. bottles.

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Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.
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Pierce County Medical Society

Medical Arts Bldg.

TACOMA -- WASHINGTON

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TACOMA GENERAL HOSPITAL

Dr. Fred Jenner Hodges, Professor and Director of the Department of Radiology at the University of Michigan, was a guest at the Hospital on March 29th and 30th.

It was found necessary a couple of weeks ago to open Second North, the floor that has been closed for several years. The doctors

have seemed pleased to again have patients on this unit.

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Largest Doll Hospital in the Northwest
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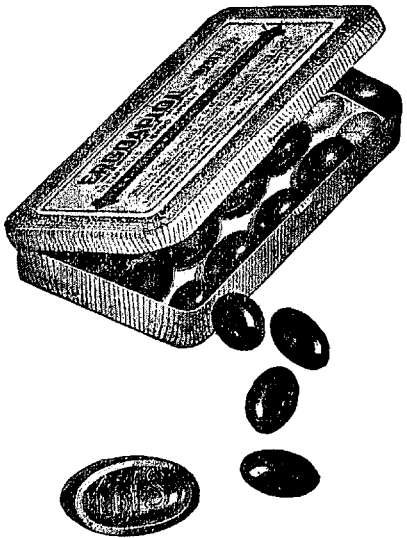
Science, Doctors or Medicine have not found a way to avoid patronizing morticians. When you need their services see the

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Formula and descriptive literature on request.

A GOOD PRESCRIPTION

Physicians throughout the world prescribe ERGOAPIOL (Smith) in the treatment of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia.

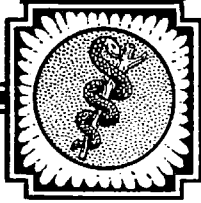
ERGOAPIOL provides symptomatic benefit by stabilizing uterine tone, regulating innervation and controlling bleeding when present. By its corrective action on perverted menstrual function, it simplifies local gynecological treatment. Valuable in obstetrics during the third stage.

Our ethical protective mark MHS embossed on the inside of each capsule, visible only when capsule is cut in half at seam, affords the physician a ready means of determining whether his prescription has been correctly filled.

Dosage: One to two capsules three or four times a day, preferably after meals with a glass of milk or water.

Supplied only in packages of twenty capsules each

MARTIN H. SMITH CO. ··· 150 LAFAYETTE ST. ··· NEW YORK CITY



BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI

MAY, 1936

No. 5

P R O G R A M S

MEDICAL ARTS BUILDING

May 12, 8:15 P. M.

A Plan to Control Venereal Disease—Dr. W. Ray Jones, Seattle
Chairman, Social Hygiene Committee
Washington State Medical Association

Relations of the Department of Labor and Industries
and the Medical Profession—Dr. E. W. Steele,
Medical Adviser, Department of Labor
and Industries, Olympia.

Election of Officers for the coming year.

• • •

TACOMA COUNTRY AND GOLF CLUB

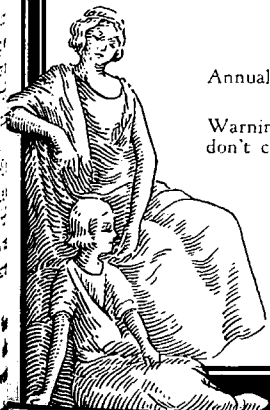
MAY 26, 7:00 P. M.

Annual Dinner of the Medical Society, featuring the famous
team of Drs. Dudley and Woodward of Seattle.

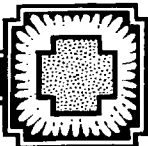
Warning—If your abdominal incision has not completely healed,
don't come, because you'll surely burst it open again, laughing.

Auditorium Telephone BRoadway 3166

TACOMA, WASHINGTON



SAVING HUMANITY



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TOWARD A PROGRAM OF ADEQUATE MEDICAL SERVICE FOR THE TOTAL COMMUNITY

A summary of the studies of the Foundation for Social Research in Medical Care.

During the last three years the Foundation for Social Research in Medical Care has been engaged in a study of medical service to the indigent and low income families. Throughout

the work which has been done two principles have been foremost in the minds of those who have been carrying on the study. These principles are:

1. Private practice has been the best method yet devised for rendering medical service. Unless a better method is found, any programs which are inimical to the existence of private practice are contrary to the interest of the medical profession and the public.

2. No program can succeed unless it meets both the medical and social needs of the total population, at the same time providing adequate remuneration and protection to the traditional values of the private practitioner.

As the result of its studies on the subject of medical service for the low income family, the Foundation for Social Research in Medical Care has now completed five reports under the following heads:

1. A social and economic study of the families making use of the Pierce County Hospital.

2. A study of medical service rendered to the clients of the State Department of Public Welfare.

3. A study of the characteristics and trends of contract practice in Tacoma, 1931-1935.

4. A study of the payment of medical charges under private practice.

5. European and American health insurance systems.

These five studies are believed to cover the total field of the low income and the indigent families. They were made with the purpose of discovering the extent to which the existing medical facilities met the needs of the population and to devise a method for improving the existing service if such a need was shown.

The conclusion of these studies may be summarized under two headings:

1. The extent to which medical services meet the medical and social needs of the community.

2. Administrative difficulties of the existing systems which render them objectionable to the medical profession.

These conclusions show a certain uniformity. The conditions which were discovered

appear to point the way to a more satisfactory program.

In order that these conclusions may be understood in relationship to the total problem, it is desirable to consider the possibilities which are open. These may be briefly stated as follows:

1. The continuation of the status quo.
2. The expansion of contract practice.
3. The elimination of contract practice.
4. The abandonment of private practice.
5. The adaptation of private practice.

THE FUNDAMENTALS OF A PROGRAM

A review of the conclusions cited above shows the possibility of establishing a set of fundamental principles which would be a necessary basis for a successful program. These fundamental principles may be summed up as follows:

1. Lay control of the treatment of the sick has proved inadequate and the decision as to who shall receive medical care and the amounts and kinds of such care must in all cases rest in the hands of the medical profession.

2. The individual medical practitioner is unable to estimate the ability of the patient to pay for medical care, resulting in charges which cannot be met and which inhibit the purchase of further service. The purchase of medical care cannot be separated from other economic necessities and will be inhibited whenever other needs dictate. As a consequence the determination of the individual's ability to meet medical costs must take into account other economic and social forces. Of families whose incomes are

such as will permit the free purchase of medical service, many fail in this respect through dishonesty or incompetence. The determination of the ability to meet the cost of medical service is a technical question, the answer to which depends upon complex information and differs in each individual case.

3. The existence of an organization of the kind required to make social diagnosis will lead to exploitation and profiteering unless it is absolutely under the control of the medical profession. Efforts to make one rule fit all the issues have failed because of the complexity of the central problem. It is impossible to deal with the problem by offering only one solution. Families of every income and every type have individual points of difference requiring social diagnosis.

4. The medical profession meets social issues more successfully when its members submit themselves to the decisions of qualified committees. It must be recognized that the individual practitioner cannot always be aware of the social problems which his practice creates. There is therefore need of adequate professional control of the individual practitioner to prevent abuses arising from misunderstanding.

5. The failure of previous efforts has been caused in part by their impromptu and extemporaneous nature. Continued study and research is required in order to adjust the program to the conditions which are encountered.



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THE BUSINESS BUREAU

ELECTION OF TRUSTEES

Election of Trustees of the Physicians' and Dentists' Business Bureau will be held on May 12. Nominees are as follows: Dr. H. J. Whitacre, Dr. W. D. Read, Dr. T. K. Bowles, Dr. J. A. LaGasa, Dr. W. H. Ludwig, Dr. S. M. MacLean and Dr. W. B. McCreery. Three are to be elected for a one-year term.

THE PAYMENT OF MEDICAL CHARGES UNDER PRIVATE PRACTICE

Summary of a three-year study of unpaid medical and dental accounts.

There is a direct association between income and promptness in meeting medical bills. Families with delinquent medical accounts appear largely in the lower income levels. Families meeting medical costs promptly are found more often in the higher income levels. When the family income is examined with relation to the number of persons which it is required to support, the conclusion is the same. It may be said that the present method of rendering medical service under private practice results in unpaid charges on the part of families in all income levels but more particularly for those in the lower levels of annual income. When income is studied over a period of years in order to eliminate a chance result, the conclusion is only emphasized.

Examining the circumstances which surround the unpaid and past due medical bill, it is found that these bills are but an inseparable part of a larger economic scheme. Families with delinquent medical bills are on the average deficient in other ways. The percent of equity in the home which they enjoy is less than that for more well-to-do families. The enjoyment of comforts and freedom from burdening economics is denied them.

While the income per member of the family does not materially affect the percent of equity in the home it has a considerable effect upon the payment of medical charges. Many of these families cannot now meet the costs of food and shelter without embarrassment, and

cannot meet the costs of medical care. It may be said that under the present system the purchase of medical service is in competition with the payment for food and shelter in the lower income levels, and the general tendency is to regard these latter as the prior responsibility.

There is little difference between families with past due medical bills, current medical bills, and the general population with respect to the order in which obligations are met when some are deferred. Hence when the necessary costs of the home cannot be paid, it is futile to expect that the cost of medical care will be met.

Of the families who have not met their medical obligations, 90% give as their reason for this failure an insufficient income. On the other hand, many of the families who cannot or do not meet the cost of their medical requirements are found in the higher income levels, and some are found at the top.

It is clear that the mere possession of money is not a guarantee that the costs of medical service will be met. What is effective in meeting medical bills is not only the ability to meet them in terms of dollars of income, but the intention to pay them when due. This intention is not uniformly present, and the possibility of inculcating it seems remote when it is realized that the same problem exists for all economic phenomena.

Even when the means of payment are at hand, they are likely to be dissipated before they reach the creditor. Families with past

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due medical bills are found to make more purchases by conditional sale, and it can be concluded that these families will make purchases of necessities or luxuries by conditional sale in accordance with their ability to do so without regard to present or past due medical indebtedness.

Illness is found to fall with indifference upon the whole population. Regardless of the amounts of income for a family the costs of illness change only very slightly, but those families whose illness in the past has been excessive and whose medical bills are largely unpaid are principally those whose future cost of illness will also be the largest. The inability to purchase and pay for medical care in the past did not secure for these families average medical costs less than would be expected for the average of the total population.

Families with unpaid medical bills had somewhat more cases of illness per family than the average total population for all income levels. The conclusion is that the burden of illness is not tempered to the income or the economic station of its host, but falls more or less alike on all and heaviest upon the family which has already incurred an unpaid obligation for previous illness.

The number of unmet medical needs influences the payment of medical bills and the reverse. As the number of unmet needs increases, the unpaid percent of previously incurred medical bills is also found to be larger. The unmet needs which loom so large in this study are in reality the public concept of inadequate medical service. Real or imagined, these unmet needs are the basis for the future attitude toward medical services. When it is realized that these needs are more common in families having past due medical

bills, and that they are also associated with low income, their significance is apparent.

When unmet medical needs arise in families in the lower income levels, the purchase of medical care is inhibited by the necessity of making other purchases. It might be assumed at first glance that this is merely the result of human weakness in the management of the family budget, but the evidence shows that there is a high correlation between unmet needs, unpaid medical bills, low income, and the practice of economies in the home.

In addition, it seems certain that regardless of whether the family owes current or past due obligations, the probability of its receiving medical services when there is an illness is much greater for families of higher income. The conclusion is that the medical needs which the population believes to exist are not all met under the present system, and cannot be, as the means of payment are not available or will not voluntarily be used for that purpose.

What seems fundamental in the circumstances revealed by the study is that the population upon which illness falls is made up of the indigent unemployed, the industrial employee, the low-income family both honest and dishonest, competent and incompetent, and finally the wealthy. The latter seem to be the only ones always able to meet the full cost of medical care without burden.

What has been learned from the study toward a solution seems to be that the issue cannot be escaped. Health insurance is merely the unconsidered and hasty consequence of this dilemma.

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RADIO PROGRAM

On Thursday, May 14, at 8:15 P. M., a dramatization of an episode from the life of Louis Pasteur will be broadcast over KVI under the auspices of the Auxiliary. Introduction will be by Mrs. E. F. Dodds, Radio Chairman.

Mrs. Lock Riehl is in charge of the dramatization and the characters presented will be Pasteur, his assistant, little Joseph Meister, and the boy's mother.

Mrs. W. Weldon Pascoe, president of the Woman's Auxiliary to the Pierce County Medical Society, will open her home at Steilacoom Lake, Thursday, May 14, for the concluding tea and meeting of this year's

Auxiliary program. Following the business session, which will begin at 2 p. m., the program, featuring a paper by Mrs. S. M. Creswell, on "France's Contribution to Medical Science," and French piano scores by Mrs. Karl Weiss will be given. Decorations will follow the French idea and for the tea hour, Mrs. Pascoe will be assisted by a group of Auxiliary members.

The year, just closing, marks one of the most successful in Auxiliary history. Monthly teas, beginning with the September session, brought out an average attendance of over fifty members. The program, arranged by Mrs. A. E. Hillis and her committee, centered on the contributions of different nations to the medical knowledge of the world, and the Ancient World, Austria, Japan, England, Germany, China, France, Canada and the United States were the topics of inspiring papers. Music of the different countries represented added to the pleasure of the sessions.

Mrs. C. F. Engels, chairman, Mrs. J. R. Turner and Mrs. D. C. Dayton headed the hostess committee, arranging for the exquisite decorations, the beautiful tables and refreshments for the monthly teas.

The Public Relations Committee, headed by Mrs. J. W. Gullikson, during the year arranged for 45 talks on medical topics and had eight speakers in the field for conferences and addresses. This committee also secured several approved medical books for the Public Library. The Radio Committee, under direction of Mrs. Edgar Dodds, sponsored several broadcasts and kept the public informed on the national broadcasts of the American Medical Association.

The Hygeia Committee, with Mrs. J. Arnason Johnson as its chairman, secured 118 subscriptions for Hygeia, a record for the state. The Legislative Committee, of which Mrs. William Ludwig is chairman, works only when called upon by the Pierce County Medical Society, and is now planning a campaign against the dangerous Initiative 109 and other obnoxious legislation which is being proposed. The committee meets with and co-operates with the Pierce County Medical Society Legislative Committee.

The Membership Committee, with Mrs. C. G. Trimble as chairman, has contacted the physicians' wives and built the membership of the Auxiliary to encouraging proportions. Mrs. James H. Egan, chairman of the Publicity Committee, and her co-workers have secured publicity in daily papers and Bulletin and assisted with state and national publicity. Mrs. Karl Staatz and the Telephone Committee have done an excellent work in keeping the membership informed of the activities of the Auxiliary and in getting the members out for the various Auxiliary events.

This year it will be Tacoma's turn to sponsor a luncheon for Auxiliaries of Western Washington and the event is planned for Wednesday, May 27, at the Country Club. Mrs.

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John Blair, of Vancouver, State President, will attend and invitations have been extended Auxiliary officers and members of Seattle, Olympia, Everett, Centralia and other cities. Mrs. W. Weldon Pascoe is acting as chairman for the luncheon; Mrs. Daniel H. Bell, past president and state vice president, is in charge of invitations; Mrs. Charles Pascoe, luncheon arrangements; Mrs. A. E. Hillis, program; Mrs. D. C. Dayton, decorations and tables, and Mrs. James H. Egan, publicity.

AUXILIARY MEMBERSHIP

1. Why am I invited to be a member of the auxiliary of my county?
2. Why is there such an organization?
3. What will my duties and obligation be?
4. What will it mean to the Auxiliary and to me if I become a member?

Briefly, the answers are:

1. You are invited because you are eligible through your husband's or another's (father or brother in some states) affiliation with his local medical society and in accordance with the constitution and by-laws of your county, state and national auxiliaries.

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2. There is a national Auxiliary because the House of Delegates of the American Medical Association approved such an organization in 1922; state and county auxiliaries exist because of consent of their medical societies.

These auxiliaries have been organized to serve, that is, to be an aid or auxiliary to their medical units by:

(a) working under the leadership and direction of their advisory committees.

(b) Extending the aims of the medical profession to other organizations through work on health education, public relations, *Hygeia* and legislative information, as advised and outlined for the Auxiliary.

(c) Assisting in entertainments and conventions of their societies.

(d) Promoting acquaintance among doctors' families, so fellowship may increase.

(e) Doing such work as may be approved or requested, from time to time, by their medical societies.

3. The duties and obligations are: to pay dues, to attend meetings so as to become in-

formed about Auxiliary objectives and projects and how to fulfill them and be active, as far as convenient, in those committees working with the public which serve the medical profession and the public.

4. It will mean that health leadership is kept where it belongs, with the medical profession; that legislative enactments in health are controlled by the medical profession and not by the laity.

1 1 1

TACOMA GENERAL HOSPITAL

Graduation exercises this year are to be held at 8 o'clock, May 13, at the First Baptist Church. A class of twenty-two nurses will receive their pins and diplomas.

We wish to extend an invitation to all the members of the Pierce County Medical Society and their families to attend the graduation and the reception following in the Nurses' Home, J Street between Third and Fourth.

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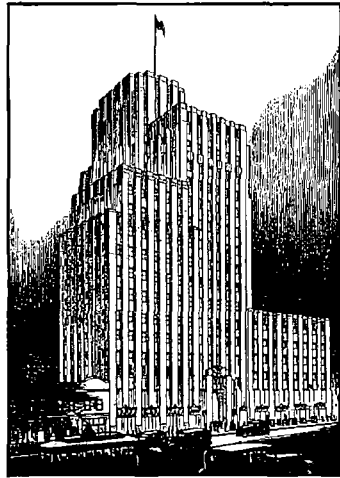
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NEWS ITEMS

Dr. W. B. Penney attended the meeting of the American Tuberculosis Association in New Orleans last month.

Dr. R. E. McPhail is attending the meeting of the American Association for Thoracic Surgery, at Rochester, Minnesota.

The recent meeting of the Tacoma Surgical Club was very successful, with an attendance of 135 doctors, including men from Oregon and British Columbia.

Dr. L. H. Hopkins has just returned from an eastern trip, having spent some time with his brother, Harry Hopkins, in Washington, and his sister in New York.

The Pacific Northwest Medical Association holds its next meeting in Portland on July 8 to 11.

TACOMA INTERNISTS' SOCIETY

The next meeting of the Internists' Society will be held at 6:30 p. m. at the Walker Hotel. The program will be as follows:
 Hemorrhagic Conditions.....Dr. E. W. Janes
 Polycythemia. The Relation of Diet and Blood Clotting.....Dr. L. A. Hopkins
 Lymphocytosis.....Dr. J. F. Griggs, Jr.
 Review of Recent Literature on Pharmacology.....Dr. W. B. Penney

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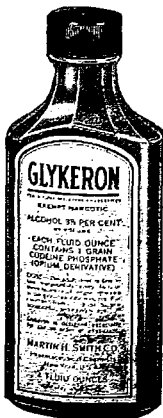
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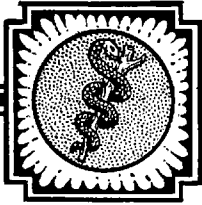
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI

SEPTEMBER, 1936

No. 6

P R O G R A M S

HOTEL WINTHROP

September 8

DINNER AT 6:30 P. M.

Recognition and Management of Post-operative Complications
as Viewed by the Internist-----Dr. Gordon E. Hein,
Professor of Medicine,
University of California.

Remarks on this paper opened by Dr. W. B. Penney
Practical Surgery of the Large Bowel and Rectum
(Illustrated)-----Dr. George K. Rhodes,
Professor of Surgery,
University of California

Remarks on this paper opened by Dr. H. J. Whitacre

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MEDICAL ARTS BUILDING

September 22, 8 P. M.

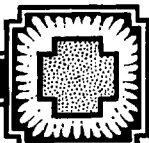
This evening will be given over to business that has accumulated during the summer months and to reports of our delegates to the Washington State Medical Association meeting at Yakima.

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YOU AND YOUR BULLETIN

With the advent of better business conditions the Bulletin Advertising Committee is making strenuous efforts to interest new advertisers. In this issue we have several firms who have never used our space before: Thomas Mooney, Cigars; Washington Hardware Com-

pany; Commercial Garage; Hy Mandles, Clothing; Suiter & Erickson, Tires; Washington Hand Laundry.

These firms, as well as our old advertisers, many of whom have been with us from the beginning, expect some returns from their expenditure. It is a matter of dollars and cents. "Love and affection" don't enter into it at all. IF WE WANT THEIR ADVERTISING WE MUST GIVE THEM OUR BUSINESS. It is as simple as that!

Many of you have commented upon the decrease in size of the Bulletin. Where we formerly had as many as 24 pages, for the last year or more we have had to cut down to 12 pages. This has been because our revenue from advertising has dropped off, due to dissatisfaction of advertisers.

Since the Bulletin began publication we have SECURED and LOST AGAIN advertising totaling more than \$700.00 a year. The people who gave us those ads believed that they would get business through them. They did NOT get the business and they discontinued the ads. If we had that \$700.00 a year BACK AGAIN we could have a bulletin more than twice the size of our present one.

Surely a county society the size of ours should have a bulletin. No one will dispute that. Such a publication must be worth while, for every medical society of any pretensions in the country has one, many of them much better than ours.

Members of the Pierce County Medical Society, their families and office staffs comprise quite a large group. Let us all keep these facts in mind; Advertisers make the Bulletin possible and in order to keep them we must show them immediate and tangible returns from their outlay. CONSIDER BULLETIN ADVERTISERS WHENEVER YOU BUY ANYTHING AND TELL THEM YOU SAW THEIR ADS IN THE BULLETIN!

The responsibility is yours! The Advertising Committee GETS the ads. It is up to you to KEEP them!

THE BUSINESS BUREAU

SUCCESS STORY

This is a story in the style of the American Magazine, of the success of a cooperative venture between doctors.

The Business Bureau was organized in 1931. It had no capital. It had a small volume of business, and a small overhead. Then the depression came. The volume of business was not sufficient to carry the overhead. In a few months doctors discovered that it is difficult to operate businesses in depression times.

Immediately the staff began to hear rumors that the condition of the Bureau was not sound. These rumors were helped along by competitors who enjoyed giving doctors confidential information about the deplorable management of their Bureau.

The depression made the collection of accounts extremely difficult, so that the remittances to doctors were small. Sometimes doctors did not realize that the collections were small because of business conditions, and when competitors criticized the Bureau, they sometimes received a willing attention.

The theory of success of cooperatives is that a high standard of performance must be set up in the very beginning, and the policy of the organization must never deviate from this standard, no matter how dark things may look. All cooperatives have the same experience in one respect, namely, that they have to go through a period in which the members of the cooperative are suspicious of the management, doubtful of its success, jealous of each other and unappreciative of the results attained.

Like all success stories, this one is brief. Due to the consistent courage of the trustees of the Bureau, and the steadfast adherence to high standards, success is beginning to arrive. The Bureau manages collections for members, furnishes credit information and conducts daily negotiations with the clientele of approximately fifteen thousand debtors. In five years it has been uniformly considerate and courteous, careful to avoid criticism and fair and honest in its collection methods, having always at heart the interest of both the client, and the patient.

During the last eighteen months, the defi-

cit has been very greatly reduced at an average rate of more than \$100.00 per month, standards have been maintained, additional features of service have been added, late remittances have been reduced steadily and the cost of operating the business has decreased in proportion to the total business done.

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During the depression years, it was discovered that service to members could be improved by maintaining a contact-man to keep in touch with the individual physician members and their collection problems. This service has been extended and broadened, and its cost underwritten so it is now beginning to show a profit to the Bureau and to the members.

As the collection totals of other agencies have dropped, the collections of the Bureau have increased so that the average monthly collections are now approximately 250 per cent of the average collections of two years ago. In this point is contained the secret of this success story, namely that doctor's cooperatives can succeed on a high ethical standard in competition with commercial enterprise, delivering a superior quality of service and making a satisfactory return on the money invested and the work performed.

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With September comes the season when many of you will be writing papers for coming meetings or for publication. Already material for this purpose has been asked for and again your attention is called to the service which your library can render in this regard. With the passing of each year our collection has grown. The more noteworthy of the new books have been purchased as funds would allow and our periodical list includes all the important medical and surgical journals as well as at least one in each of the specialties. On the rare occasions when our own resources have been inadequate we have been able to obtain what was required through inter-library loan. Special thanks are due to the Seattle Medical Library for its prompt and courteous co-operation.

Last year, for the September issue of the Bulletin, your librarian summarized various articles on the technic of writing a medical paper. So many of you seemed to find this of value that we are printing it again for the benefit of those who will be writing papers this year, in the hope that it will again be found useful.

The opening paragraph is important, for if a speaker can gain the interest and attention of his hearers with his first words half the battle is won. Don't begin by apologizing to your audience. If your paper is carelessly prepared they will find it out for themselves.

As a preliminary to presenting his own conclusions it is well for a speaker to consult the literature. An effective beginning for a speech is a paragraph giving a brief summary of the historical background, followed by a resume of the observations and opinions of others. If a paper is to be published it should, of course, have a bibliography indicating the source of information, but it is a mistake to give too much time in a speech to references to other writers. A speaker who does this tires his audience before he comes to his own material, and thereby loses his hold on them. Be sparing of quotations.

When the material is assembled an outline should be prepared, in which will be listed in logical order all the points to be discussed. All speeches are divided into three parts—the introduction, the body and the conclusion.

The introduction sets forth the purpose of the paper or the work being discussed; the body sets forth in detail the procedure followed, the facts determined and the deductions drawn from the facts; the conclusion is a resume of the work accomplished or a summary of the major ideas of the paper.

After the outline has been prepared it is a good plan to write all the pertinent facts under each division of the outline. On rewriting from the first draft, much duplication and unnecessary material will be found. Be brief, but do not sacrifice essential points. Prepare as long a paper as you like, but go over it again and again and condense it as much as possible. If your paper is so long that you have to hurry to deliver it within the time limit, you will tire your audience and they will miss the most impressive points. If your delivery is too rapid your hearers will not have time to formulate their own ideas and the opportunity for discussion will be lost. Brevity, conciseness and elimination of unnecessary details are desirable. Prolixity and branching off into irrelevant subjects are high crimes in scientific literature.

After the paper is condensed as much as possible, still another revision for the purpose of correcting English, construction and paragraphing is desirable. Use plain, simple English and strive for simplicity and sincerity. See that your sentences flow smoothly. Avoid repetition of words.

A medical paper should be free of prejudiced opinion and unconfirmed observation. Scientific data of unquestionable worth are the only evidence upon which one may base an opinion or a conclusion. Be temperate and avoid heat in speaking of controversial subjects.

A paper should always be read aloud, at home, until the delivery is fluent. You should be so familiar with it that you can look at the audience frequently. Note whether you come within the time limit for your speech. If you exceed the limit, cut again.

To summarize: make your paper a concise and orderly presentation of properly evaluated facts, couched in simple English, delivered with sincerity and conviction, and your audience will be with you to the end.

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THE DOCTOR'S WIFE

Two important items that make for the success of a physician are omitted from the curriculum of medical schools. One pertains to the training in medical economics, in the business side of medicine, something that the young doctor learns, if at all, painfully throughout the years. The other deals with the domestic, or distaff, side of the practice of medicine. True enough, the medical student will find negative advice from a source least expected, from the life of Osler, who taught by example (and word) that the ambitious doctor would do well to remain a bachelor for many years, unencumbered by the anchorage of a wife and an establishment, until such time as his mark is amply made.

Not all men are suited to the profession, though they work at it for a long time; not all wives are suited for the equally arduous task of being a doctor's wife. There are elaborate duties and responsibilities and attitudes for the training in which no school of matrimony has ever been proposed, save the school of trial and error. The profession of being a doctor's wife—how it has varied with the times! And if the family doctor is passing

(but this is more a catch-phrase than a fact) what of the family doctor's wife? And what of the wife of the specialist, or the full time clinical teacher, or the institution doctor, or the country doctor, or the public health physician? For there are as many types of doctors' wives as there are doctors!

Hers is no easy task. She can often make or break her doctor husband, and where she cannot help, at least she can refrain from hindering. The following quotation from Dickens should be engraved on the hearts of all wives of doctors:

"We are not rich in the bank, but we have always prospered and we have quite enough. I never walk out with my husband but I hear the people bless him. I never go into a house of any degree but I hear his praises or see them in grateful eyes. I never lie down at night but I know that in the course of that day he has alleviated pain and soothed some fellow-creature in time of need. I know that from the beds of those who were past recovery thanks have often gone up, in the last hour, for his patient administration. Is not this to be rich?"

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Members of the American Medical Association who graduated from recognized medical schools are eligible to apply for Fellowship.

To qualify as a Fellow, a member in good standing is required to make formal application for Fellowship and to subscribe for *The Journal*. Applications must be approved by the Judicial Council. Fellowship dues and subscription to *The Journal* are both included in the one annual payment of \$7.00, which is the cost of *The Journal* to subscribers who are not Fellows.

None but Fellows are eligible for election as officers; none but Fellows may serve as mem-

bers of the House of Delegates; none but Fellows may register at the annual sessions of the Association or participate in the work of its scientific sections.

MEMBERS of state medical associations pay dues to those bodies, but they pay nothing to the American Medical Association. FELLOWS pay dues and subscription to *The Journal* in the sum of \$7.00 a year, which has nothing to do with county or state dues.

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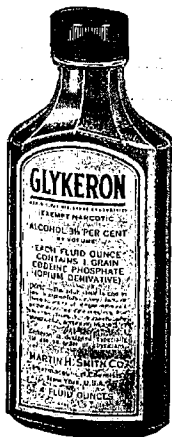
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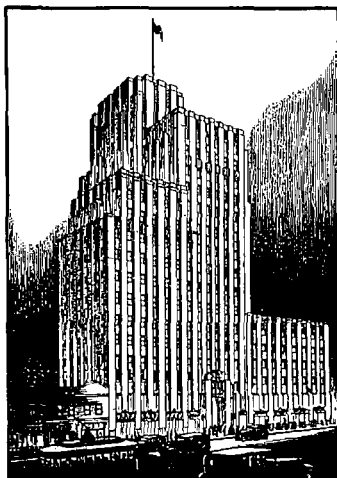
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DIARRHEA

“the commonest ailment of infants in the summer months”

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1935)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

In cases of malnutrition, and indigestion in infancy, the stools soon become normal in appearance, improves rapidly, and the stools prescribed. By this I refer to proper use of the sugars are intelligently prescribed. When there is a tendency to over-reports of dextrin and maltose. When there is a tendency to over-reports of dextrin and maltose. When there is a tendency to over-reports of dextrin and maltose. —M. Ladd: *Further experience with infantile diarrhea, and the diets used in its management*, Arch. Pediat. 33:501-512, July, 1916.

In diarrhea, “Carbohydrates, in the form of dextri-maltose, well cooked cereals or rice, usually can be handled without trouble.” —B. B. Jones: *A discussion of some of the commoner forms of infantile diarrhea, and the diets used in its management*, Arch. Pediat. 33:513-518, July, 1916.

“Dextri-maltose is a very excellent carbohydrate. It is made up of maltose, a disaccharide which in turn is broken up into two molecules of glucose—a sugar that is not as readily fermentable as levulose and galactose—and dextrin, a partially hydrolyzed starch. Because of the dextrin, there is less fermentation and we can therefore give larger amounts of this carbohydrate without fear of any tendency of fermentative diarrhea.” —A. Capper: *Facts and fads in infant feeding*, West. J. Surg. 47:1-8, 1919.

SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea “is still a problem of the foremost importance, producing a number of deaths each year. . . .” Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13:803, 1923), “There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms.”

“Maltose is more easily absorbed than cane or milk sugar, by changing the carbohydrate to me may prevent a deficient supply of sugar.” —W. J. Pearson: *When sugar causes diarrhoea one can change the form of it. Mead's Dextrin-maltose in small doses is more quickly absorbed and so superior to castor (laxative) sugar. Lactose is expensive and seems not to be better than castor sugar.* —H. B. Gladstone: *Infant Feeding and Nutrition*, William Heinemann, Ltd., London, 1928, pp. 11, 79.

In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve, carbohydrates may be added. This should be the one that is most easily assimilated, so dextri-maltose is the carbohydrate of choice.” —W. H. McCaslan: *Summer diarrheas in infants and young children*, Alabama 1:278-282, 1919.

“If there is an improvement in the carbohydrate added should be the most easily assimilated. Dextri-maltose is therefore the carbohydrate of choice.” —Summer diarrheas in the young, *International Pediatrics*, 9:111-112, 1922.

“The condition in which dextri-maltose is particularly indicated is in acute attacks of vomiting, diarrhea and fever. It seems to be more rapid and recurrence less likely to take place if dextri-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid.” —In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element giving cane sugar a place of value, and dextri-maltose a decidedly prominent place, particularly in acute and difficult cases.” —W. J. Hoskins: *Present tendencies in infant feeding*, Indianapolis, M. J. July, 1914.

“In the treatment of diarrhea, ‘The sugar is added gradually as can be used, preferably dextrin and maltose.’ —H. E. Small: *Diarrhoea in bottle-fed infants*, J. Maine M. A. 12:164-168, Jan. 1922.

“A gradual transition to a whole milk or one and one-half to two ounces of whole milk to every pound of body weight, is reached. This also amounts to five to seven per cent. of dextri-maltose.” —R. A. Strong: *Summer diarrheas in infancy and early childhood*, Arch. Pediat. 29:235-236, April, 1912.

“It should be noted that a percentage of lactose may cause diarrhea. It is a matter of degree, but the percentage of sugar required it is better to replace it by dextri-maltose, such as Mead's Nos. 1 and 2, where the maltose is only slightly in excess of the dextrins, thus diminishing the possibility of excessive fermentation.” —W. J. Pearson: *Common practices in infant feeding*, Post-Graduate Med. J. 6:38, 1930; *abst. Brit. J. Child. Dis.* 28:168-169, April-June, 1931.

“That group of organisms thrive on and low in sugar (the food which is necessary to accomplish this purpose. In our series of cases, we found that it was necessary to use the casein calcium for from 5-8 days; we used DeSanctis and L. V. Poider: *The value of calcium caseinate milk in fermentative diarrhea*, Arch. Pediat. 33:235-236, April, 1916.

Just as DEXTRI-MALTOSE is a carbohydrate modifier of choice, so is CASEC (calcium caseinate) an accepted protein modifier. Casec is of special value for (1) colic and loose green stools in breast-fed infants, (2) fermentative diarrhea in bottle-fed infants, (3) prematures, (4) marasmus, (5) celiac disease.

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NEWS ITEMS

Dr. and Mrs. E. G. Warren are receiving congratulations on the arrival of a little son on August 30.

Dr. and Mrs. D. H. Bell have returned from a journey of several months, during which they visited the Scandinavian countries, Holland, Belgium and Russia.

Among Tacoma doctors and their families who have been away during the summer are Dr. and Mrs. C. C. Leaverton and children, who visited Dr. Leaverton's family in Texas, and Dr. and Mrs. J. W. Gullikson, who spent their vacation in Yellowstone and Glacier National Parks.

WOES OF A DOCTOR

"Oh, Doctor, please to come at once,
The baby's going to choke."

"Father will shortly bleed to death"

Or, "Mom can hardly get her breath,
We think she's had a stroke."

"Uncle complains of awful pains,"
Or, "Albert's neck is broke."

I dash around from place to place;
I answer every call;

I find the baby very fit;
True, Father's nose did bleed a bit
From a quite trifling fall,

But otherwise I realize
There's nothing wrong at all.

Yet when I fail to go at once,
As one day I may fail,
'Twill be that day the Fates decide
That Mom does cross the Great Divide,
That Father hits the trail,
That Baby chokes, that Uncle croaks,
And Albert kicks the pail.

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We have passed through a great depression. (We say passed, because it is our opinion that economic conditions have improved.) During those trying times everyone felt the lash of adversity; no one was spared. It is to the everlasting glory of medicine that the doctor carried on as usual. In the face of poverty and want the health of the nation was kept at a high level.

The charity of the medical profession never can be measured in terms of dollars and cents, and much of the payment for services rendered must come in the form of gratitude. It is for this reason we quote the following eulogy which appeared in the Schullsburg *Pick and Gad*:

"My nomination for the man who deserves the title 'The Forgotten Man' is your doctor. Just think it over. When you have something the matter with you you rush to him and your eloquence in describing your symptoms would put a congressman to shame. You are absolutely sure that he never has come in contact with anything quite so bad before, and your anxiety is unlimited.

"The doctor listens to all this patiently, takes you in hand and turns you loose again feeling fine. Then he sends you a bill and you tear your hair out because he has charged you so much when, in reality, he has given you a very fair price. If he laid you out and told you that you were going to die, you would not hesitate to give him everything you possess for another month of life; but when he fixes you up without telling you this, it is a different story. He reaches out and pulls thousands from between the grim jaws of

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death; he brings your children into the world and instructs you as to their best care; he gives you confidence with a few words and makes your mind work for you instead of against you. In short, he is a pretty wonderful guy, yet how many of us think about him when we're feeling good? Hats off to 'The Forgotten Man'."

This neither tickled our vanity nor increased our ego, but it did warm the "cockles of our heart."

Bulletin of the Berks Co. (Pa.) Medical Society.

THE LITTLE SQUIRT

"Are you a doctor?" asked a young lady, stepping into a drug store.

"Naw," replied the youth behind the white counter, "I'm just the fizzician."

A doctor has found a man with three lungs and two galls. My, what a politician he would make!

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THE AVERAGE PATIENT

The average patient sends for a doctor in haste and repays him at leisure.

The average patient is apt to estimate a physician's ability by the amount of atmosphere he displaces.

The average patient likes to be humbugged. Any old fad will do so long as it has a new name.

The average patient is willing to pay ten times as much for cutting off his leg as for saving it whole to him.

The average patient, when nearly well of a sickness, will take a bottle of Rotgut's Relief, or a box of Poopendik's Pills, and to these he will give all the glory, and "the doctor be d—d."

The average patient believes that the os humerus is the funny bone and that the seat of all the finer emotions is in the heart, but he thinks he knows more than the doctor, if he could only express himself.

The average patient has just enough of

medical learning to misquote. Best tell him simply that he is sick and that you can make him well, perhaps, if he takes the medicines according to directions.

—Denver Medical Times.

1 1 1

Doctor: "You are badly in need of change."

Patient: "I'll say I am, but I guess I can raise your fee."

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Second l. g.: "We take from him, too!"

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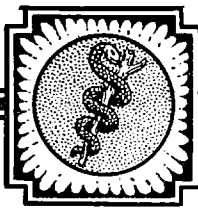
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VOL. VI

OCTOBER, 1936

No. 7

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OCTOBER 13

Staphylococcus Toxoid.....Dr. C. E. Dolman
Professor of Bacteriology,
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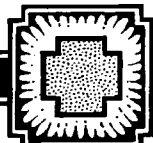
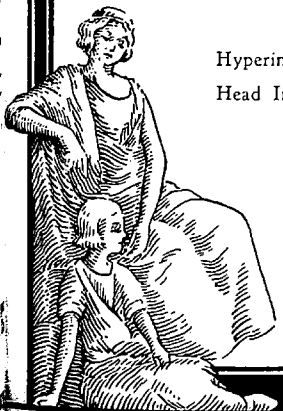
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OCTOBER 27

Hyperinsulinism, with Report of a Case....Dr. S. F. Herrmann
Head Injuries.....Dr. L. J. Hunt

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It often happens that people that should be most interested in matters important to themselves are often the most ignorant of them and therefore it may be interesting to briefly review the history and progress of this exhibit.

Prior to 1935 it was not uncommon for anyone attending the Puyallup Fair to see crowds of people standing in open-mouthed wonderment listening to the health talks by quacks and barkers upon the virtues of, for instance, "Crazy Water Crystals," "Radium Water," "Alka-Seltzer," "Chinese Herbs" and many other "Cure-alls;" also, the mysteries of aches and pains in all parts of the body were explained by platform and radio experts in unethical dentistry. People listened and came back. The Tacoma Public Health Council, observing this condition, approached the fair management and were surprised at the enthusiasm with which they were received. They were informed that they would be encouraged and backed in any plan that would give enlightenment and education about scientific medicine and along health lines. The management was so anxious to cooperate that they informed the council that if a proper educational exhibit would be put on they would bar anything from the grounds that had any semblance of quackery, and they have kept their word.

Last year the first Public Health Exhibit was shown. Approximately five thousand people saw moving pictures on health subjects. Thousands stopped at the different booths and listened to talks on "State Public Health," "Prevention of Cancer," "Prevention of T. B.," "Mental Hygiene," "Social Hygiene," "Prevention of Blindness," "Prevention of Deafness," "Public Health Nursing," "Proper Dental Care," "Orthopedic Care," "Dietetics," "The Importance of X-Ray in Diagnosis," "Importance of the Laboratories" and "The Use of Hospitals."

The Public Health exhibit at the Western Washington Fair for the second year was a success. It was such an outstanding feature and received so much favorable praise and comment that its presence in future years is bound to be demanded.

At the close of the Fair, the Fair management, school teachers and civic leaders were so pleased with the interest shown that it was decided to keep as much of the exhibit

as possible together and have it exhibited in the different schools throughout the city. This was done and much favorable comment received. This fall a still better exhibit was taken over to Yakima and shown at the State Medical Society meeting, also at the State Fair in Yakima.

Safety and the prevention of accidents was especially stressed this year and many thousands passed through the building, and a great deal of interest was shown. New and better moving pictures along health lines were exhibited.

About 30,000 pieces of dependable literature were distributed. Dozens of children were asked why they were taking so much literature and without exception they stated that their teacher had asked them to get this literature for use in their school. Many school principals and teachers from outlying towns asked for advice as to how they could get material for their schools. Some wanted to borrow the exhibit. The A. M. A. has asked for photographs of the exhibit.

In this age of the sex novel and physical culture magazines, people are more anxious

than ever to know something about the human machine. The progress in scientific farming, rabbit breeding and the burning of coal surely should not be more stressed than the progress made in scientific medicine and people are as anxious to know about one as they are to know about the other. As people usually get what they want, the Public Health Exhibit at the Western Washington Fair as an established feature is here to stay and that means that it will grow. It also means that more members of the medical fraternity must and will become more interested in it.

Let us all get together and begin at once to prepare for making next year's Public Health Exhibit bigger and better than ever.

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THE BUSINESS BUREAU

CHANGING CONDITIONS IN CREDIT AND COLLECTIONS

One of the important results of the depression has been the complete reorganization of the credit and collection business. Prior to 1930, the common procedure was to sell goods on credit, without much effort to determine the capacity of the buyer to pay. Collections could usually be made and the profit was great enough to allow for the small margin of loss which occurred through failure to collect. After 1930, when the profit disappeared, it became necessary to avoid collection losses. This was done by careful credit supervision, selling only to people who were able to pay the purchase price.

As the depression deepened, more and more stringent credit regulations were placed in effect. After awhile it became apparent that business would come to a standstill if no one were permitted to buy except those who were easily able to pay the price.

Hence it was that the credit and collection business underwent a transformation. A large part of the population were, at that time, on relief. These people had to buy necessities through the regular channels of trade, and their condition was such that the usual credit procedure would not operate. Their ability to pay could not be determined, and they could not be forced to pay in the event of their unwillingness to do so.

The new collection and credit policy was initiated by the large retail stores. These stores began to study the paying ability of their customers. They began to keep accurate records of the customer's paying habits, and the type of purchases which he made. Service departments were set up to assist the customer in making intelligent purchases and in budgeting successfully for the payment for these purchases.

This feature soon expanded into a combined credit, collection and welfare service,

in which the seller undertook to supply the needs of the buyer, on terms which could be met by the buyer and then to cooperate with the buyer in managing a budget so that the costs of the purchases could be comfortably met.

Since 1933, and the advent of the first CWA program, this policy has become more firmly entrenched in routine business procedure, as every month goes by. It is now a recognized part of the merchandising business.

The significant thing about this development for the medical and dental profession, is that the public has now come to expect this type of service, and is growing accustomed to cooperating with stores in the selection of, and payment for the necessities of life. The result has been that the normal budget of the average family provides for this development, but leaves little over for unexpected emergencies.

Hence it is that the unexpected cost of illness is not provided for and must be deferred. Prepayment budgeting does not meet this issue because of the fact that when the monthly payments are entirely voluntary and left to the discretion of the buyer, they are omitted from the family budget, because of the pressure of other obligations.

In order to compete with other channels of industry for a share in the debtor's dollar, it is necessary to take an active part in the management of the debtor's budget, thus placing professional accounts on a par with other accounts.

The cause of failure of voluntary health insurance schemes in Europe and America, lies simply in the fact that people do not save money for illness even on a monthly budget plan, unless some effort is made to induce them to do so. It is clear that since the depression, welfare service, credit control, collection methods and budgetary assistance to persons of modest means can not be separated without destroying, at least in part, the capacity of the patient to meet the cost of medical care.



LIBRARY



HOURS 11:00 A. M. TO 3:30 P. M.

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It is a pleasure to list below some recent accessions:

- Christopher: A Textbook of Surgery.
 Bohler: Treatment of Fractures.
 Speed: Fractures and Dislocations.
 Graham: Surgical Diseases of the Chest.
 Hansel: Allergy of the Nose and Paranasal Sinuses.
 Wolf: Endocrines in Modern Practice.
 Berens: The Eye and Its Diseases.
 Imperatori: Diseases of the Nose and Throat.
 Berglund: The Kidney and Its Diseases.
 Emerson: The Nervous Patient.
 Jelliffe & White: Diseases of the Nervous System.
 Sadler: The Theory and Practice of Psychiatry.
 Kuntz: The Autonomic Nervous System.
 Bridges: Dietetics for the Clinician.
 Barborka: Treatment by Diet.
 Kovacs: Electrotherapy and Light Therapy.
 DuBois: Basal Metabolism in Health and Disease.
 Reh fuss: Medical Treatment of Gallbladder Disease.
 Levine: Clinical Heart Disease.
 McBride: Disability Evaluation.
 Collected Papers of the Mayo Clinic, 1935.
 New and Non-official Remedies, 1936.
 American Medical Directory, 1936.

To print a list of those who have presented books and periodicals to the library during the last few months would be to print a godly share of the roster of the Pierce County Medical Society. Your librarian wants you to know that these gifts are of real use, either as a part of our duplicate collection or for exchange with other libraries.

During the summer Mrs. George C. Wagner allowed us to make selections from Dr. Wagner's library. In addition to the books on light therapy and other subjects acquired

through her generosity, there were several delightful volumes of a nature that the medical library never has money to buy, but which are a distinct addition to our collection, such as Four Thousand Years of Pharmacy, by LaWall, Eminent Chemists of our Time, by Harrow, Science & Immortality and The Old Humanities and the New by Osler and, best of all, Bryan's Papyrus Ebers.

BROMIDE INTOXICATION

In the century since bromides were discovered their use has become widespread. A survey of the literature shows that from time to time reports of bromide poisoning have been made and many authorities say that it is much more common than is generally believed. The first reported case was in the family of an English apothecary in the late eighties, the whole family developing a toxic psychosis after using salt cellars which a servant had inadvertently filled from the barrel of sodium bromide, which stood next to the barrel of sodium chloride. Those who are interested in this condition will find the following articles in the medical library:

Bromide intoxication, W. D. S. Cross; Canadian Medical Association Journal 35:283-289, September, 1936.

Coma due to bromide intoxication, F. J. Lancaster; Journal of the American Medical Association 106:1383-1384, April 18, 1936.

Symptomatic psychoses with bromide intoxication, P. W. Preu; New England Journal of Medicine 214:56-62, January 9, 1935.

Bromide intoxication, T. S. Claiborne; *ibid.* 212:1214-1216, June 27, 1935.

Treatment of bromide intoxication, O. E. Toenhart; Wisconsin Medical Journal 34:901-903, December, 1935.

Bromide intoxication, E. H. Hashinger; Journal of the Kansas Medical Society 36:183-189, May, 1935.

Bromide intoxication, C. P. Ryland, Jr.; Virginia Medical Monthly 61:292-296, August, 1934.

Bromide psychosis, M. Levin; Annals of Internal Medicine 7:708-714, December, 1933.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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A tea was given by the Woman's Auxiliary to the Pierce County Medical Society Thursday afternoon, October 8, at the home of Mrs. John W. Gullikson, 621 North Ninth. Mrs. W. B. Penney presided over the business session which began at 2 P. M.

Following the business session Mr. Axel Oxholm addressed the group and Mrs. W. W. Newschwander sang the following program of songs: "The Night Wind" by Farley, "Japanese Love Song" by Brahe and "In Autumn" by Pearl Curran. She was accompanied by Mrs. Frank Worden.

For the tea hour Mrs. H. G. Willard was hostess, assisted by the following Auxiliary members: Mesdames I. A. Drues, T. H. Duerfeldt, James Egan, C. F. Engels, C. R. Fishel, A. M. Flynn, C. P. Gammon, W. H. Goering, C. E. Gray, H. F. Griffin, E. W. Hanson, H. J. Hards, S. F. Herrmann, A. E. Hillis, L. A. Hopkins and A. W. Howe.

In lauding the pioneer doctor an early poet wrote:

*Here was a man whose love for men was real;
Here was a man who practiced his ideal
Of service, though conditions oft were trying;
Upon his God-given strength and skill relying;
Whose work his fellow-pioneers could bless—
A homely hero—nothing more nor less.*

And to this well-deserved tribute might be added:

*And just as brave was she, the patient one,
Whose work at home was never, never done;
Who waited through long hours for his return;
Who set the signal lamp each night to burn;
Who shared with him his burdens and his strife—*

A heroine in truth was she—The Doctor's wife!

—Texas State Journal of Medicine.

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NEWS ITEMS

Dr. Paul E. Tramp, of Audobon, Iowa (M. D. University of Iowa, 1935) who finished his internship at the Tacoma General Hospital, is now associated with Dr. M. T. Nelsen, with offices in the Medical Arts Building.

Dr. and Mrs. W. G. Cameron are at home after several months in Europe and in eastern cities.

Dr. C. G. Trimble moved into the Medical Arts Building this summer. Dr. Somers Sleep, who has been a resident at the Pierce County Hospital, is associated with Dr. Trimble.

Dr. W. E. Lewis, of Pueblo, Colorado, who received his M. D. from Rush Medical College in October, 1933 and interned at Illinois Central, Children's Memorial and City Contagious in Chicago, has since May been a resident physician at the Northern Pacific

Hospital with Drs. Moosey and Anderson.

Dr. John M. Havlina left for New York last week, where he will spend three months in postgraduate study at the Polyclinic Medical School and Hospital. Dr. H. B. Thompson, of Kirkston, Minnesota (M. D. University of Oregon, 1935) who finished his internship at Tacoma General Hospital, is now carrying Dr. Havlina's practice until the first of January.

Make it a point to remind your patients of the new series of A. M. A. broadcasts which will be heard over KOMO each Tuesday at 2 P. M., beginning with October 13. The series given last year was very successful in presenting, through its entertainment value, a great amount of much-needed health information in the form of a "sugar-coated pill" and doctors can and should do all they can to popularize the broadcasts.

Two new advertisers have joined us this month—Totem Stores and California Florists. Don't forget them or our other advertisers when you need "what they have."

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M. D., Baylor University, 1936.
- Frank A. Majka, of Tacoma;
M. D., University of Oregon, 1936.
- Richard E. Morton, of Terre Haute, Indiana;
M. D., University of Indiana, 1936.
- Chris C. Reynolds, of Ft. Scott, Kansas;
M. D., Northwestern University, 1936.

SAINT JOSEPH'S HOSPITAL

- Benjamin W. Vitou, of Portland, Oregon;
M. D., Creighton University, 1936.
- Martin Richard Waldron, of Elizabeth, New Jersey;
M. D. Georgetown University Medical School, 1936.
- J. Weldon Thomas, of San Diego, California;
M. D. Georgetown University Medical School, 1936.

PIERCE COUNTY HOSPITAL

- Leo Schnieder, of Portland, Oregon;
M. D., University of Oregon, 1935.
- Frank Edel, of DuQuessne, Illinois;
M. D., University of Illinois, 1935.
- Carl Scheyer, of Moscow, Idaho;
M. D., University of Louisville, 1936.
- Bruce W. Mulligan, of Boulder, Montana;
M. D., Northwestern University, 1936.

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WHAT'S THE DOPE?

The Legislative Committee is frequently asked this question, so a few words of enlightenment may not be amiss here.

In the coming election we have three objectives. First, "Cammie." We want every doctor and every doctor's wife to talk the election of Dr. Cameron to the State Legislature from the Twenty-sixth District. This includes all of Tacoma north of Division Avenue, from the waterfront to Sprague, then out west along North Ninth Street. It also includes Gig Harbor, Eatonville, Roy and territory in between. During October, talk to your patients and your friends, get at least twenty of them to pledge their votes for Dr. Cameron. Not only that, get them to vote for Cameron *only*, for the legislature in this district. There will be four candidates, two Republicans and two Democrats. By voting for Cameron and *none of the others*, it will be the same as two for our man. On top of this, we ask the doctors to supply the Legislative Committee with names of patients and friends in this district, to whom we can send a note, in the doctor's name, asking support for Dr. Cameron. Remember, he is going to speak for *you* and work for *you* in the next legislature. He has been drafted for this job and he deserves our assistance. So get the office girl busy *now* getting out a list of names for us. Call Main 4474 when it is ready.

In the Twenty-fifth District, embracing Sumner, Puyallup, Orting and some of Tacoma lying across the bay, Hyada Park, and Northeast Tacoma, we are supporting Mr. R. G. Fryar, a druggist of Sumner, for the State Senate.

In the Twenty-eighth District, for the legislature, we are backing Mr. Eugene Dashiell. This district is bounded by South Ninth, from the water-front to Tacoma Avenue, then south along Tacoma Avenue and Park Avenue to South Sixty-fourth Street, then east to the city limits. The campaign in this district is being handled by the doctors who

live in it, the chairman being Dr. Eugene Hanson, the other members being Drs. Buis, Morse, Trimble and Brown. We wish the same cooperation in Mr. Fryar's and Mr. Dashiell's districts as outlined for Dr. Cameron.

For Governor, we simply remind you that the present incumbent has been a much better friend of the medical profession than his predecessor. All of the foregoing is based on just one thing, not political prejudice, not personal likes or dislikes, but for the betterment of public health and, incidentally, our interests. We have no axes to grind, we have no legislation to enact, so in soliciting support, you may do so with these assurances to your friends. Your committee has made the above selections after a careful study of the situation. Now it's up to you. If you can and will help, thank you very much. If you can't or won't, at least don't grumble.

The Legislative Committee.

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TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet at 6 P. M. on October 20th at the Tacoma Hotel. The program is as follows:
Diphtheria and Vincent's Angina

Dr. T. H. Duerfeldt

Review of Recent Literature on Syphilis

Dr. S. M. Creswell

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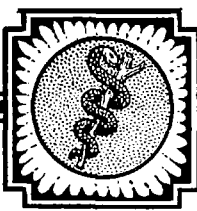
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI

NOVEMBER, 1936

No. 8

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM

8 P. M.

NOVEMBER 10

Value of Iodine in Disease of the Thyroid

Dr. W. A. Niethammer

Pyelitis of Pregnancy, with Sequelae.....Dr. A. B. Heaton

• • •

NOVEMBER 24

7:50 P. M.

Moving Picture of Oxygen Administration

Linde Air Products Co.

Amebiasis.....Dr. George Miller,

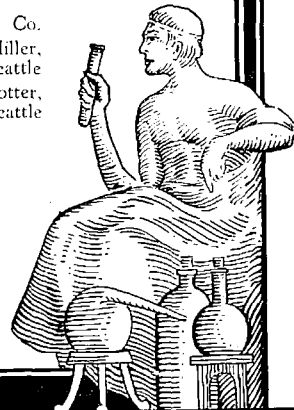
Seattle

The Adreno-Cortical Syndrome.....Dr. Eugene B. Potter,

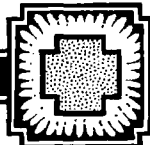
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 { Dr. T. H. Duerfeldt

*The tumult and the shouting dies—
 The captains and the kings depart—*

In a circus ring atmosphere of noise and confusion the great political parties held their conventions. With carefully arranged ballyhoo and planned demonstrations for favorite candidates the nominations for office were made. In the ensuing months the American people have suffered through another major political campaign. The air has been filled with countless words. The presses have worked overtime in printing praise for one side and condemnation of the other. There have been accusations and incriminations. Each party has pointed with pride to its glorious achievements and has viewed with alarm the possibilities of success of its opponents. Distortion of facts and figures, innuendos and aspersions on character, unfortunately, have not been missing. By slogans, catch words, ridicule and derision a great appeal has been made to the emotions and not very much to the intellect. In spite of all the frenzy and excitement, there is an undercurrent of serious thought which makes itself manifest at the polls.

This is all according to tradition. It is the good old American way. It seems that political questions must be fought out and settled in a wave of emotional excitement.

We can be thankful that here in America we manifest this tendency by indulging in plenty of hokum instead of arraying ourselves in uniforms or funny shirts and dividing into armed camps, as is so often done in other countries.

The campaign is over. As good citizens we accept the verdict. Certain men have been elected to office. They now represent no one political party or special group, but the entire people. As such they are entitled to the respect of all.

Now that the shouting is over and we turn our attention to the more prosaic matters of life, we are apt to become so engrossed in our own affairs that we pay little if any

attention to the policies and conduct of those elected to office.

It should be the duty of the doctor, as well as a benefit to himself, to take an active interest and part in the political affairs of his city, county, state and nation. Not merely at election time, but throughout the year, he should be concerned with the selection of suitable men as workers and committeemen in all the parties. He should carefully watch the trend of political thought and action, for political action is but the expression of some economic desire.

If the business and professional men of the country pursue their present course and continue to leave the conduct of political affairs and the selection of candidates for office to special groups, minority interests and self-seeking individuals they cannot expect to have representation of their views or to receive the benefits of a good and just government.

"There's a man who's always giving women something to talk about."

"A scandalmonger, eh?"

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THE BUSINESS BUREAU

UNCOLLECTIBLE ACCOUNTS

During the month of November the Bureau will report to members to the effect that approximately two thousand accounts turned in for collection are considered uncollectible. These accounts will be placed in the active file, to be worked whenever new information makes it appear that collection is possible. These accounts are checked over regularly with all sources of information, and every effort will be made to collect them some time in the future. They are being withdrawn from the active files because there is no chance of making a collection upon them in the near future.

Most of the accounts in this list cover services rendered to people who have not paid their previous medical bills and who have incurred other obligations since their names were first turned in to the bureau. Almost all of them have been able at one time to pay and have failed to do so.

Doctors will wonder why the Bureau has not collected these accounts. The facts are that the State laws make it impossible to collect accounts from persons whose personal property and income is less than the minimum legal exemption. This means that accounts cannot be forced when the weekly income of the head of the family is less than \$20.00. People whose incomes fall below this level are perfectly free to purchase medical care without paying for it.

It is a disappointing experience to the staff of the Bureau to see new charges coming in for collection against debtors who have large balances of long standing which have proved to be uncollectible, yet this is the almost daily occurrence. It is recognized that at long as these people realize that they do not have to pay for medical care, no amount of collection effort will induce them to assume their obligations.

Once more it is apparent that the medical profession can secure fair treatment from such

people only by careful credit investigation of doubtful clients before these obligations are allowed to occur.

The Bureau does not now and has not at any time recommended that poor people should be refused medical care, but merely that people are not entitled to receive prolonged medical care free of charge when they are able to pay for it. Although many of the debtors in the files of the Bureau cannot pay the full cost of the care they received, nearly all of them could have paid something on the account if they had had an honest intention to do so. In order to illustrate the importance of this point, it may be said that the avoidable loss per annum on medical accounts in Tacoma which is caused by bad credit is enough to pay the entire operating costs of the Medical Arts Building for one year.

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GERIATRICS

The physician of today is being called upon more frequently than ever before to treat disease in the aged, since a greater proportion of the population is now surviving to the Biblical three score years and ten. The literature offers numerous articles dealing with the problems peculiar to disease in the old and its treatment.

Crile, of Cleveland, writes on "Surgery of the aged" in *Surgical Clinics of North America* for August. He calls attention to the special importance of preoperative care in surgery in the old and advises hospitalization for a sufficient time to allow the patient to become accustomed to his environment. The author recommends a fluid intake during this period of 3000 cc. daily, glucose solution, administered intravenously, blood transfusion in poor risks or anemic patients and study of kidney function. He prefers local anesthesia whenever possible and advocates the maintenance of body temperature during the operation by means of diathermy. Postoperatively, he believes that treatment of the usual complications in the old—pneumonia, kidney failure and heart failure—should be begun even before the conditions arise and that the patient should be placed in an oxygen tent immediately after the operation, that transfusion should be given if the blood pressure is low or if anemia is present and that the fluid intake and output should be watched with special care.

Pepper, of the University of Pennsylvania, offers an article on "Notes in the field of geriatrics" in the *July Medical Clinics of North America*, in which he points out that disease in old age differs in many ways from disease in other periods of life in symptomatology, prognosis and treatment and that the senile organism fails to react to disease in the usual way, pain, fever and other common

symptoms often being absent. Care in the use of drugs is advised, as they are absorbed slowly and cumulative action is common. The author feels that much harm is often done by trying to change long standing habits in an aged patient and regards as inexcusable the attitude that the minor disabilities of old age are inevitable and to be borne in silence and that acute illnesses are "the beginning of the end."

In addition to the above, your library offers the following:

Treatment of senile vaginitis with estrogenic hormones. A. Jacoby; *American Journal of Obstetrics & Gynecology* 31:654-656, April, 1936.

The very aged prostatic, F. P. Twinem; *Journal of Urology* 35:349-352, March, 1936.

The senile diabetic, F. H. Kilgore; *Texas State Journal of Medicine* 31:258-262, August, 1935.

Surgical care of the aged, J. J. Morton; *American Journal of Surgery* 30:92-108, October, 1935.

Hyperthyroidism in the aged, H. M. Clute; *Annals of Surgery* 101:1181-1189, May, 1935.

Trauma and the aged patient, J. J. Moorhead; *American Journal of Surgery* 26: 82-87, October, 1934.

Acute appendicitis in the aged, C. B. Wood; *American Journal of Surgery* 26:321-325, November, 1934.

Management of diseases of the aged, D. Firth; *Lancet* 2:827-828, October 15, 1934.

Surgery in the aged, F. W. Bailey; *American Journal of Surgery* 24:487-500, May, 1934.

The senile patient, L. F. Barker; *Annals of Internal Medicine* 6:1125-1135, March, 1935.

Major surgery in the aged, C. D. Lockwood; *Surgical Clinics of North America* 13: 105-111, February, 1933.

Geriatrics, J. R. Hamilton; *Virginia Medical Monthly* 59:153-157, June, 1932.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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The next meeting of the Auxiliary will be in the auditorium in the Medical Arts Building on November 12. Following the business session, Miss Margaret Donley will speak on "What is Mental Hygiene?" and Mrs. Lock C. Richl will read a paper on "Play Reading."

The constitution of the Woman's Auxiliary to the Washington State Medical Association was changed on September 2 to provide for a President Elect. This will be most advantageous, since the incoming President will be better prepared to take up her work than those in the past. She will have decided upon her state chairmen of committees, so that the Auxiliary will not have the two months loss in work as heretofore.

During October I visited all the county auxiliaries in Washington, because I want to know the county officers with whom I shall work during the year. I hope that more enthusiasm has been aroused and that more work will be accomplished, because I gave my program personally at the beginning of the year.

I am stressing the fact that the Auxiliary is a service organization for the Public Rela-

tions Committee of the Medical Society and stands ready to do whatever the society may ask of it. Our program this year is health education and the promotion of Hygeia to the utmost.

I made two visits in September—Pierce County and Kitsap County. The first week in October I went into Eastern Washington to Chelan, Yakima, Walla Walla Valley and Spokane County Auxiliaries. Every meeting was in charge of the Legislative Chairman, working with the Medical Society, showing that members are awake to that situation. On October 13 Cowlitz and Clark Counties held a joint legislative meeting and on October 14 I met with Klickitat Auxiliary. On October 19 King County Auxiliary held a membership tea at the home of Mrs. Alex Peacock, at which I was an honored guest. On October 21 Grays Harbor held its regular luncheon and meeting at the home of the President, Mrs. Randolph, in Aberdeen. October 26 and 27 I met with Skagit and Snohomish Counties, the latter holding its membership tea at the home of the State Auxiliary Treasurer, Mrs. Chauncey B. Jones. My last visit was November 2, to Whatcom County Auxiliary.

Wherever the Medical Society met at the same time as the Auxiliary a joint dinner was held before the respective meetings. Otherwise, I was honored at luncheons. Everywhere I was impressed by the splendid women in the Auxiliary. They are alert and enthusiastic and I feel sure they will make a success of the work this year.

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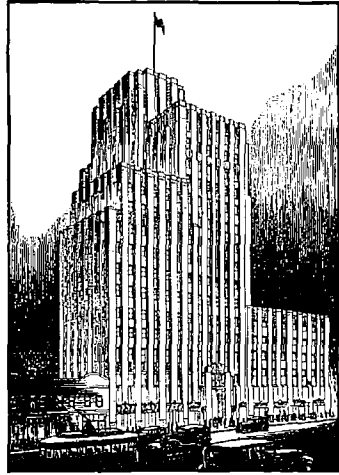
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Pittsburgh.....	1031		
Salt Lake City.....	349		
Cleveland.....	780		
Washington.....	291		

It is noteworthy that even a nonindustrial city such as Washington has so high an atmospheric pollution, due mainly to smoke from residences and office buildings. This vast amount of soot and dust cuts off light. Shrader, Coblenz, and Korff, for instance, found that the amount of ultraviolet light in Baltimore was half that 10 miles from the center of the city.¹ Under such circumstances, to rely on winter sunbaths for the treatment of rickets may prove ineffective.

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*U.S.P. Minimum Standard, ¹U.S. Public Health Bulletin No. 224.

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NEWS ITEMS

Dr. and Mrs. C. R. McCreery were in San Francisco for the Grand Opera season, going on later to Los Angeles. They are expected home about the 15th of the month.

Mrs. W. B. Penney has just returned from a visit to the Middle West.

Dr. S. M. Creswell's name was recently added to the list of doctors who own their homes. He says he bought in self-defense.

It has been rumored that Dr. J. R. Turner has purchased a lot in town. We wonder if apartment life has become so dull that he intends to build or whether he just wants some place to work in a garden.

On Monday, October 26, Drs. Creswell, Steele, Duerfeldt and Smith applied the Mantoux test to over 1200 Stadium High School students in about two and a half hours. Mr.

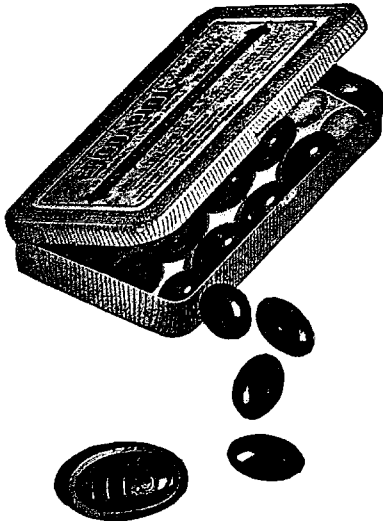
Perkins had worked out a perfect plan for handling this large group smoothly. Dr. John E. Nelson, of Seattle, who heads our State Medical Association work in tuberculosis, came over to Tacoma to find out who made the error in reporting this to him and left full of praise for the way the work had been handled. It is stated that the reactors are being referred to their own physicians as fast as possible.

Dr. S. M. Poindexter has moved from Puyallup to Boise, Idaho.

Dr. G. C. Kohl, of Sumner, attended the 1936 Session of the American College of Surgeons in Philadelphia on October 19-23. He later made a tour of important eastern hospitals and medical centers.

Dr. W. A. Niethammer has been elected to fellowship in the American College of Surgeons.

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Dr. M. T. Nelsen attended the meeting of the Interstate Post Graduate Association in St. Paul on October 12-16.

Dr. J. F. Steele is away on a hunting trip in Eastern Washington.

Dr. R. C. Schaeffer has returned from an eastern trip which included attendance at the meeting of the American College of Surgeons.

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Review of Recent Literature on Non-
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Every year the legislature is in session numerous bills come up for consideration which have to do directly or indirectly with the health of the people. In the past much legislation has resulted in that which is not in their best interests, owing to the fact that those entrusted with making the laws were not fully informed on the subject. This has been perhaps more the fault of a reticent medical profession than of the lawmakers themselves.

To accomplish the best result the doctor must exercise his prerogative as a citizen and

offer freely his specialized knowledge. We have nothing to ask that affects ourselves personally more than it does any other section of the population. A basic science law, for instance, cannot affect the status of the medical or dental professions. They must all meet the requirements of any basic science law standard as it obtains in other states. So for them its enactment is immaterial. Its passing, however, would raise the standard of all the various cults who may be consulted by sick persons.

Know your candidates for public office. Meet them personally and keep in constant touch with them. See that they are fully informed regarding the merits or faults of any proposed legislation. All this is in the interests of public health and a higher standard of medical care.

—Journal of the Michigan State Medical Society.

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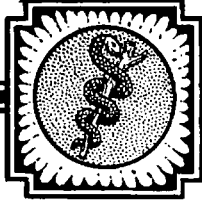
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. VI

DECEMBER, 1936

No. 9

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM

8 P. M.

DECEMBER 8

Pyelitis of Pregnancy, with Sequelae.....Dr. A. B. Heaton
Hyperplastic Tuberculosis of the Colon.....Dr. Jesse W. Read
Entertainment of physicians at the nurses' home,
Tacoma General Hospital, following the meeting.

• • •

DECEMBER 22

This will be a social meeting, but one of marked importance, as members will vote on the adoption of new constitution and by-laws to conform with the new state constitution and by-laws. It is very important that all members be present.

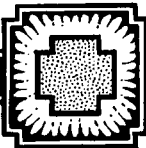
Entertainment and a Dutch lunch will conclude the evening.

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Travellers returning from Europe in former years, upon arriving at New York have had their ear suddenly smitten by a veritable bedlam of noise. The raucous calling of newsboys, the roaring of the elevated railways, the clanging of street car gongs and the honking of auto horns created such a confusion of sound that a sojourn of a day or two was necessary before one was not acutely conscious of the racket. Today as a result of the campaign against noise the conditions are greatly changed. The elevated railways are still noisy, but many of the surface street car lines have been abandoned. Those that still operate are restricted in the use of the gong. The newsboys are more quiet and the unnecessary use of automobile horns has been greatly reduced.

In Germany it is forbidden by law to sound an automobile horn except when necessary. It is used only as a danger signal to prevent accidents, as an overtaking and passing signal on the open road and as a warning in blind curves. These regulations are adopted not only as health measures but as a means of promoting safe driving. The driver must protect pedestrians at street crossings and other automobiles at intersections. Instead of giving a loud blast of the horn, which often confuses the street crosser, and the breezing by at twenty-five or thirty miles an hour, he is compelled to slow down as much as is needed until his way is clear.

The lazy driver who is too tired to get out of his car and ring the door bell when calling for some friend, and instead leans on the button and fills the atmosphere with sound to the annoyance of all the neighbors, is not tolerated. Neither is the impatient one who draws up behind a line of vehicles which are stopped for some reason and tries to blast his way through with his horn. They and others who use their horns in an offensive way are promptly arrested and fined.

In England similar rules are in effect, and it is interesting and instructing to drive through the dense traffic of London for hours and never hear the toot of a horn.

In most parts of our own country it is vastly different. In small towns with comparatively little traffic there is a constant sounding of auto signals, which is a confusion rather than an aid in safe driving.

Modern life is one of motion. Our eyes are subject to the glare from shiny pavements,

the glazed fronts of buildings and shimmering reflections on all sides. The almost incessant passing of street cars, busses and automobiles, with an ever-changing panorama, has a further tiring effect upon the eyes.

As physicians we do not need to be told of the injurious effect this association and eye-strain exerts upon the human nervous system. This ever-present motion of sight and sound cannot help but create a feeling of tenseness and irritation, with a loss of resistance power and nervous tire.

The state highway laws are being codified and will be submitted to the next legislature. In the framing of such legislation the medical profession of the state should take its part.

It should present its views on the elimination of unnecessary noise as a measure of health and as an aid to safe driving. It should concern itself with the visual acuity, the sense of hearing and the physical condition of the drivers and it should be deeply interested in the study of the cause of automobile accidents and their prevention.

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**PROPOSED AMENDMENTS TO
BY-LAWS OF PIERCE COUNTY
MEDICAL SOCIETY**

ARTICLE IV, SECTION 1, shall be amended to read as follows:

The incoming president, on taking his chair, shall appoint standing committees as follows:

A Committee on Program and Scientific Work.

A Committee on Public Health and Legislation.

A Committee on Press and Public Information.

A Committee on Membership.

A Committee on Library.

A Committee on Malpractice.

Section 8 shall be added to Article IV, as follows:

The Committee on Malpractice shall consist of three members.

(a) It shall at all times be subject to the dictates of and shall co-operate in every way with the Board of Governors of the Defense Fund.

(b) It shall function in conjunction with the District Governor of the Defense Fund.

(c) Its chief function shall be to assist in every way possible, when requested by the District Governor or defendant member of the Defense Fund, in investigations, consultations and preparations for defense of Fund members of its county or district society.

(d) It shall investigate and record all the essential data concerning malpractice litigation in its respective county society, prepare a synopsis of each case and forward it

(Continued on Page 10)

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THE BUSINESS BUREAU

SIMPLIFIED ECONOMICS

The time was, not so long ago, when the financial aspects of the practice of medicine were an individual matter between the doctor and the patient. In those days, employment was fairly regular, population of the cities was smaller, the average income was steady, and the simple life was the rule. Financial crises, unemployment, strikes and other evidences of economic unrest were rare. When the patient was ill he went to his doctor, who prescribed for him or treated him. If a bill was presented for the service rendered it was paid in due course or not, according to the integrity of the patient. The question whether it could be paid was usually a simple one. The patient either had means or he didn't; either way, it was a more or less permanent condition with him.

Many believe, or perhaps hope, that the economic relationship between the doctor and the patient is still simple, but the evidence seems to point the other way. The modern economic world is known principally for its uncertainties, in that there is no security and no assurance to the majority of the people that their incomes will be regular and even from month to month. Consequently, they cannot purchase medical care or any other commodity and budget securely and certainly for future payment.

The precariousness of the economic situation is well exemplified by the strike which is in progress at present. Even before this strike was called large numbers of working people stopped making payments on old accounts. When pressed they replied that they "knew a strike was coming and they were saving their money." As the number of strik-

ing workers increased the feeling of unrest increased with it and presently business conditions suffered a very severe set-back.

But at the same time, these striking workers and all of the others whom the strike threw out of employment needs must eat, and so there was accumulated not only many old bills but a host of new ones. The result will be that many months will be required to liquidate the effects of the strike and although the medical profession had nothing to do with bringing about this strike its effects will long be felt in the payment of medical charges.

What was once a simple relationship between doctor and patient might still be so but for the fact that the economic system of this industrial age has drawn into itself every transaction of whatsoever nature that involves the payment of money. American business, quick to realize this fact, has organized itself to take advantage of conditions as they are found. Business men are operating on a principle that the prize goes to him who is prepared to receive it. What the fate of the medical dollar will be only the medical profession can decide.

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CHRISTMAS BOOKS FOR DOCTORS

Those who are in need of suggestions as to gifts for doctor friends may find help in this list of books:

The outstanding book of the year, probably, among those having a medical background, is "An American Doctor's Odyssey," by Victor Heiser. Dr. Heiser has spent his entire life in public health work in the tropics and his accounts of his efforts to eradicate plague, leprosy, smallpox and hookworm make a book that is as delightful reading as the most exacting could wish. Humanitarian to a degree, the author indulges in no sentimentality and some of the incidents he relates are intensely amusing. The publishers are W. W. Norton & Co., Inc., New York, and the price is \$3.50.

Another book which is meeting with much favor is Harvey Cushing's "From a Surgeon's Journal," published by Little, Brown & Co., Boston, price \$5.00. Dr. Cushing's war diary forms the basis of this book, which is written in the author's own delightful style and which is fascinating reading.

One of the most widely-read books of the day is "Old Jules," by Mari Sandoz. This is the story of a young Swiss medical student, Jules Sandoz, who came to America following a disagreement with his parents in the early 80's, settling in Nebraska. Sandoz practiced medicine, fought the cattle men and was known as the "Burbank of Nebraska" on account of his work in propagating fruits that would thrive in the climate. The author, Sandoz's daughter, was awarded the Atlantic non-fiction prize for the book in 1935. It is published by Little, Brown & Co., Boston.

Utilizing his vast knowledge of physiology, biology and medicine in a survey of "Man, the Unknown," Alexis Carrell has given us a book that well repays the time spent in reading it, in spite of the strong flavor of mysticism that pervades portions of it. Harper & Brother, New York, are the publishers and the price is \$3.50.

Ralph M. Major's "Disease and Destiny" points out the connection between disease

and history and stresses the value of laboratory research, animal experimentation, necropsy and preventive medicine. The book is published by D. Appleton-Century Co., New York, and it is priced at \$3.50.

Worth reading because it is both inspirational and informative is "Surgery, Queen of the Arts and Other Papers and Addresses," by William D. Haggard, published by W. B. Saunders Co., Philadelphia, \$5.50. This is a collection of papers read by the author before various medical groups and includes articles on medical history and scientific medicine.

"Outposts of Science," by Bernard Jaffe, deals largely with heredity in cancer and work in the vitamins and endocrinology. Simon & Shuster, New York, are the publishers and the price is \$3.75.

In "The Medicine Man of the American Indian and His Cultural Background" William T. Corlett offers a beautifully printed and illustrated book which should be of great interest to those who like to wander in historical by-paths. It is published by Charles C. Thomas Co., Springfield, Ill. and priced at \$5.00.

Those who like fiction with a medical flavor will like "The Doctor," by Mary Roberts Rinehart. Not only is this a good story, well told, but the critical medical reader will detect no discrepancies such as are usually found in books of this type, since the author's experience as a nurse and her association with her doctor husband enable her to give an authentic background to her story. It is published by Farrar & Rinehart, New York, and sells for \$2.00.

"The Story of Medicine in the Middle Ages," by David Riesman, published by P. B. Hoeber, New York, \$5.00, would surely be valued as a gift by anyone who likes to indulge in the fascinating pastime of contrasting our present medical attainments with those of so comparatively recent a time as medieval days.

Pre-eminent in its field is Garrison's "History of Medicine," which has just been issued in a new edition by W. B. Saunders Co., of Philadelphia, priced at \$12.00.

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3rd Vice President.....	Mrs. J. N. Alley
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Recording Secretary.....	Mrs. J. H. Egan
Corresponding Secretary.....	Mrs. B. A. Brown
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WHAT PRICE ADVERTISING?

The code of ethics of the American Medical Association forbids advertising by its members. This code of ethics, formulated and adhered to by the Doctors themselves, consequently limits the medical information the public receives.

On the other hand, the quacks, cultists, eye sight specialists, etc., use every means of newspaper and radio advertising to inform the public of their miraculous cures. Such propaganda hammered into the consciousness of people can hardly fail to mold public opinion on matters of health and medical legislation.

How can such misinformation be counteracted? This can only be accomplished by the spread of scientific and authentic facts concerning diseases, their prevention and cure.

Hygeia, the Health Magazine of the A. M. A., is the only scientific magazine which brings to its readers the history of medical progress, the rules of healthful living, and urges the advisability of securing medical attention when symptoms of disease are present.

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Where Hygeia is read, immunization and vaccination of children meets with little opposition. As a means of health education subscriptions to Hygeia given to schools, organizations, friends and relations play an important part.

Two Hygeia subscriptions may now be secured for the price of one. Doctors this month are given Hygeia for half price through the Medical Auxiliary Committee.

Make this a Hygeia Christmas!

Mrs. John Arnason Johnson,
Pierce County Hygeia Chairman.

Members of the Hygeia Committee are:
Mrs. John Arnason Johnson, Chairman,
Mrs. George H. Smith
Mrs. F. C. Willson
Mrs. A. H. Buis
Mrs. R. C. Morse
Mrs. Ivan Balabanoff

Outstanding among Auxiliary meetings was that of November 12, held in the Medical Arts Auditorium. Mrs. Lock C. Riehl, dramatic reader, gave excerpts from Shaw's "Saint Joan" and Miss Margaret Donley, of Seattle, Secretary of the Washington State Mental Hygiene Society, spoke on "What is Mental Hygiene?"

The December meeting will be held on the 8th at 8 P. M., in the Recreation Room at the Tacoma General Hospital. A Christmas flavor will pervade the affair, with Dickens' "Christmas Carol" given by Mr. Salem Nourse, of the Little Theatre, followed by Christmas songs sung by Mesdames Hanson and Scheyer. Refreshments will be served and Auxiliary members will be joined by their husbands for a social hour.

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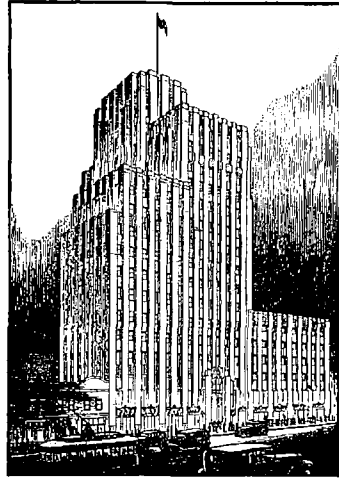
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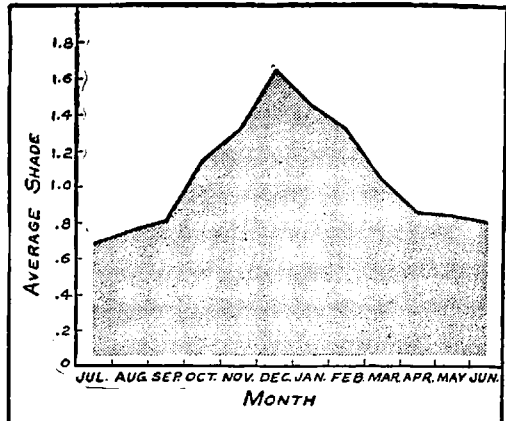
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WEATHER FORECAST— HEAVY SMOKEFALL

SMOKE exerts a definite influence on the weather at this season by reducing the amount of sunlight. Beginning in September there is a steady rise in atmospheric pollution until in December it becomes double that of midsummer, according to a recent report of a two-year study made by the U. S. Public Health Service in ten of the largest American cities, representing a population of millions. One of the most surprising findings was that there is no decrease in the dust content of the air either during or after a rain.



Average atmospheric pollution in 10 large American cities, 1931-1933. It is probable that conditions are similar in many smaller cities especially where soft coal is used and wind velocity is low.

Winter Sunlight an Unreliable Antiricketic

Atmospheric pollution is but one of many forces militating against the therapeutic effects of ultraviolet rays in winter. Others, to name only a few, are cloudiness, precipitation, and clothing. In winter, moreover, it is often impracticable to give sunbaths to infants during the very time they are most susceptible to rickets—the first six months of life.

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NEWS ITEMS

Dr. and Mrs. W. B. McCreery are visiting in New York City.

Mrs. Henrietta S. Palmer, of the Washington Minor Hospital, is away on a vacation trip which includes California, the Panama Canal and Cuba. She expects to return shortly after the first of the year.

Drs. S. E. Light and B. F. Bruenner attended the meeting of the Pacific Northwest Dermatological Association in Portland on November 19.

Dr. and Mrs. C. D. Hunter are spending several weeks in Los Angeles.

Dr. and Mrs. S. M. MacLean have sold their house and plan to move into an apartment. The home of Dr. and Mrs. Eugene Hanson has also been sold, the family, however, continuing to live in the house for the present. Another move in the near future will be that of Dr. and Mrs. F. R. Maddison,

who will shortly be moving into their new residence adjoining the E. W. Janes home on Madrona Way.

Dr. A. N. Seal, formerly of the U. S. Tacoma Hospital, has been elected a member of the Pierce County Medical Society. Dr. Seal is doing post graduate work at Columbia and expects to enter private practice in Tacoma next year.

Dr. C. V. Lundvick has been elected president of the Gyro Club.

Dr. and Mrs. C. H. Kinnear spent Thanksgiving with their daughter in Port Angeles.

Dr. L. A. Hopkins has been observed of late driving a brand new Plymouth car.

New advertisers this month include the Buckley-King Company, pioneer funeral directors and the Johnson-Cox Company, printers. You are requested to detach the list of our advertisers which you will find in the center of the bulletin and paste it in your telephone book, so that you can give these people first consideration when you are in need of the goods and services which they have to offer.

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PROPOSED AMENDMENTS TO BY-LAWS OF PIERCE COUNTY MEDICAL SOCIETY

(Continued from Page 3)

within thirty days after its conclusions, signed by all the members of the committee, to the Secretary-Treasurer of the state society. This report shall be placed on file in the statistical index of the Defense Fund.

(e) It shall elect one of its members as chairman and shall forward the chairman's name to the Secretary-Treasurer of the Washington State Medical Association.

(f) Correspondence with each county committee through the office of the Secretary-Treasurer and (or) the Board of Governors shall thereafter be with the designated county committee chairman.

(g) It shall function as the "Expert Medical Testimony Committee" of its county society. Whenever expert medical testimony shall have been given by a member in good standing in his local medical society adverse to accepted non-controversial medical subjects, a full report of the same with notations of improper testimony, shall be forwarded to the Secretary-Treasurer of the State Associa-

tion. With the approval of the Board of Governors, in writing, moneys of the Defense Fund may be expended to obtain a transcript of the testimony.

(h) In an effort to meet and reduce malpractice racketeering, it shall be considered desirable that the county Malpractice Committee of the Washington State Medical Association shall offer assistance to any licensed physician in developing defense in malpractice litigation, whether or not he is a member of the State Association or Defense Fund.

ARTICLE V, SECTION 1 shall be amended to read as follows:

The annual dues shall be \$30.00 for members practicing in the city of Tacoma and \$17.50 for those practicing outside of the city, and shall be payable on January first of each year and if not so paid before the

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first of May following, the member shall be held suspended from this society and in the State Association and his name shall be placed on the list of non-affiliating physicians in the report to the State Association for that year and shall so remain until such disability is removed. Members elected on or after August 1 of each year shall pay one-half of the annual dues.

SECTION 5 shall be amended to read as follows:

The membership dues apertaining to all active members practicing in the city of Tacoma shall vary from the amount specified in Section 1 as follows:

(a) Graduates in medicine granted membership within five years following the completion of their internships shall pay dues amounting to \$15.00 per first year of active practice, \$20.00 per second year, \$25.00 per third year and regular dues thereafter.

(b) Omit.

(c) To read (b) All members affected by these sections shall retain active membership in the Washington State Medical Association and in the American Medical As-

sociation, as well as in the local Pierce County Medical Society.

(d) To read (c) Library funds shall not be deducted from any dues lower in amount than \$20.00 except as specified in Section 4 of the article.

(e) To read (d) The Board of Trustees at their discretion can at any meeting make adjustments in specific and individual dues as extenuating personal conditions demand.

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TACOMA INTERNISTS' SOCIETY

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Tacoma Hotel 6 P. M.

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Dr. R. E. McPhail

Review of Recent Literature on Skin

Diseases-----Dr. S. E. Light

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