

BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II

JANUARY, 1932

No. 1

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
RHODES MEDICAL ARTS BUILDING AUDITORIUM

8:15 P. M.

TUESDAY, JANUARY 12

Asthma as an Allergic Disease.....
Dr. T. H. Duerfeldt

Chronic Prostatitis.....Dr. Clyde Magill



TUESDAY, JANUARY 26

Meeting given over to the

Eye, Ear, Nose & Throat Society

Tracheotomy.....Dr. A. W. Howe

Diseases in the Pituitary Area.....
Dr. Walter C. Cameron

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1931—1932

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EDITORIAL

With this issue The Bulletin begins its second year of publication.

It has been enlarged to sixteen pages, giving additional space for news and short abstracts and case reports.

The circulation has been increased and The Bulletin is now sent to the doctors throughout Southwest Washington, in addition to those in our more immediate vicinity.

It is the hope that The Bulletin may be a medium to bring all the doctors in this section of the state into a closer relationship, and be an aid in strengthening the bonds of friendship as well as in stimulating an active interest in all matters pertaining to medicine, its study and its practice.

To those in neighboring towns not

members of the Society, the Pierce County Medical Society extends a cordial invitation to attend its meetings and take part in its discussions, and to take advantage of the opportunities presented at the staff conferences and clinics of the hospitals and the sessions of the various medical specialty groups.

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As we go into the New Year it is well to look back in retrospect over the year past and view our efforts in the light of experience, to see if they have been worth while.

Most prominent among the events influencing medical progress the past year is, first, the opening of the new Rhodes Medical Arts Building. This has made possible the housing of the medical library in a permanent home, where our books are kept in pleasant, well-appointed surroundings, with an efficient librarian in charge. The erection of this building also gave to the society a permanent home, with offices and reading rooms and a well-equipped auditorium for meetings, second to none in the country.

Early in the year the Physicians and Dentists Business Bureau was started and has day by day increased its usefulness to the members. It is doing excellent work in collecting accounts and the day and night telephone service has been of great value.

The Pierce County Nurses' Association maintain headquarters with the Bureau, as do also the Public Health League, Tuberculosis Society and Social Hygiene Society. These latter maintain reading rooms which are well supplied with literature and are well patronized by the general public.

Recently an Arbitration Committee has been appointed to help settle differences which may arise between patient and doctor, when there is a

Continued on Page 10



LIBRARY



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

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BLANCHE L. DEWITT, Librarian

SAW LOST—Party borrowing one-man crosscut saw from Iron News will do a favor by returning it to this office. **WE WANT TO USE THAT SAW.** It has been gone two or three years, so if you have a saw in your possession whose ownership you do not know, give it to us and have a clear conscience as long as you live.

: : :

The above, taken from "Tonics and Sedatives," reminds us of our own plight. "Fractures & Dislocations," by Wilson & Cochrane, and the 1921 edition of "Nostrums & Quackery" have been borrowed from the library during the librarian's absence. **WE WANT TO USE THOSE BOOKS,** so if you have a book in your possession bearing the Pierce County Medical Library stamp "give it to us and have a clear conscience as long as you live."

: : :

If you desire to keep abreast of the literature on any particular subject, your librarian will notify you when articles on this subject appear. It is impossible for a doctor to read everything that appears in this day of multiplicity of medical journals, and it is one of the functions of a medical library to supply him with the things in which he is especially interested and save him the necessity of going through material outside his line.

: : :

A useful little publication has been coming to us lately—"The Health Examiner," published by the Greater New York Committee on Health Ex-

amination. We have on hand in the library a supply of the forms for periodic health examinations furnished by the American Medical Association and a manual of suggestions for the conduct of the examination.

: : :

Come in and brush up on your French and German. Two French and two German journals now adorn our table, the last addition being *Zentralblatt für Chirurgie*, which Dr. Herrmann is generously giving to the library.

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We have just received several new chapters for Lewis' *Practice of Surgery*, including "Diaphragmatic Hernia," by Hedblom, "Orthopedics of the Spine," by Baer and Lenhard, "Surgery of the Biliary System," by Judd, and "Infections of the Urethra," by McKay.

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If you wish to look up information regarding a medical college, ask to see our file of medical college catalogs, which contains the current issues of most of the colleges in the country.

: : :

We receive medical society bulletins by exchange from societies in all parts of the country, and members often find these of interest, as they frequently contain news items or other mention of acquaintances in other cities.

: : :

On our bulletin board you will find the programs of meetings of the King County Medical Society and of the operative clinics of the Seattle hospitals.

TACOMA DISTRICT DENTAL SOCIETY

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The next meeting of the Tacoma District Dental Society will be held in the auditorium in the Rhodes Medical Arts Building on Tuesday, January 19, at 7:30 p. m. Dr. W. H. Frisbie, of Yelm, will give a paper on "The Dual Function of Deciduous Teeth." Dental health talks will be given by members of the Cameron Club.

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What a gay time the old boys and girls used to have in the so-called "gay nineties!" This fact was dramatically personified by a group of artists from our own society at the

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PRESCRIPTIONS

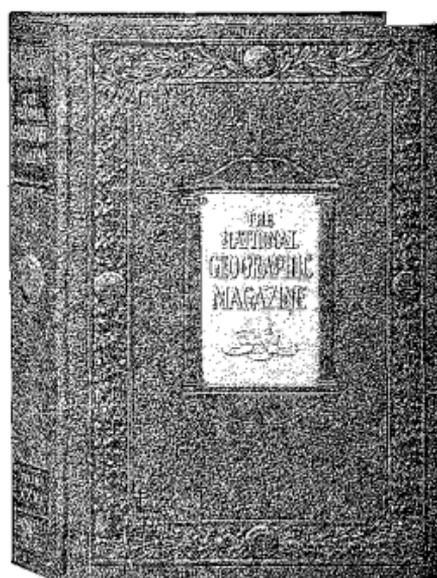
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last meeting of the Tacoma District Dental Society. Those who witnessed the spectacle will never forget it, and those who were not there will suffer from their failure to see it.

The histrionic ability of Edith Weinhart, Vivian Sherman, Katherine Churchill, Marjorie Hatfield, "Hersch" Monzingo, Rudy Veith, and "Willy" Taylor, and their inimitable stage presence certainly put several well-known actors and actresses to shame.

The "Tacoma Dental College," its inception and a story of its life were ably told by Dr. J. M. Meyer and Dr. W. E. Burkhart. Short talks were also given by Dr. Burton E. Lemley, Dr. George B. Doerrler and Dr. Hiram DePuy. In all, a very enjoyable evening, was the verdict of those privileged to listen in on the program.



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**Minutes of the Regular Meeting
of the Pierce County
Medical Society
December 8, 1931**

The meeting was called to order at 8:15 p. m. by Dr. Schaeffer.

The scientific program was given over to a symposium on diabetes. Dr. W. B. Penney gave the first discussion, covering in a general way the changes in treatment, especially in regard to diet, during the last ten years.

Dr. F. R. Maddison talked on "Newer Developments in Diabetes," calling special attention to the work being done with cholesterol.

Dr. J. R. Turner spoke of "Prognosis and Ultimate Results," calling attention to the almost universal arteriosclerosis in older people.

Dr. D. H. Johnson discussed "Diabetes in Obstetrics," Dr. W. C. Cameron "Ocular Conditions in Diabetes" and Dr. W. W. Mattson "Surgery in the Diabetic."

Miss Helen Wilcox, of the Public Health League, who was present, gave a talk on what we might expect from the next legislature.

Mr. John Schlarb called attention to the Collection Department of the Business Bureau.

The application of Dr. Edwin C. Muir was read.

**Minutes of the Regular Meeting
of the Pierce County
Medical Society
December 22, 1931**

The meeting opened with a case report by Dr. C. V. Lundvick, who showed a case of fracture of the right zygomatic bone, with dislocation. Results were excellent after open reduction.

The program was given by the Tacoma Urological Society, of which Dr. Clyde Magill is president. The paper of the evening was one on "Hematuria" by Dr. C. F. Engels, illustrated with many lantern slides. Dr. Engels presented an excellent paper, thoroughly covering the different conditions which produce hematuria, and made a plea for prompt urological examination in all such cases. Dr. Charles Pascoe opened the discussion, touching briefly on case reports, illustrated with X-ray films. Dr. Ross presented three post-mortem pathological specimens, in which the leading symptom had been hematuria. Dr. Argue also discussed the paper.

Dr. Edwin C. Muir was elected to membership in the society.

Dr. W. G. Cameron, editor of the *Bulletin*, asked the members for more news items for the *Bulletin*.

The application of Dr. D. C. Bowman, of the Northern Pacific Hospital, for membership in the society, was read.

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NOTICE

A request has been received from the Parent-Teachers Association for a list of speakers who are willing to deliver talks before their meetings.

We feel that this is an excellent opportunity to present the cause of scientific medicine to the mothers, fathers and teachers of the school children of the city.

Remembering that you are representing the Pierce County Medical Society, try, as much as possible, to present only those subjects in which the medical profession present a united front. The talks should be fifteen minutes in length.

Leave your name and the subjects of talks with the librarian, at once. Please be prompt.

S. M. MacLean, M. D.,
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DIABETES IN UNCOMPLICATED CASES

By W. B. PENNEY, M. D.

I believe that the old notion of food is much too common in today's treatment of diabetes. Many cases seen during the last three years were under the impression that they were getting modern diabetic treatment by presenting themselves at a doctor's office once a day for a shot of insulin, receiving from five to thirty units at a dose. These patients were nearly all under the impression that their dose of insulin gave them license to eat how, when and where they pleased. None of them were consistently sugar free and very few had received any definite instructions in regard to food values.

It is believed that physicians who are willing to treat diabetic patients should become familiar with the few simple principles underlying the accepted treatment of these cases. We must take into account the patient's habits, likes and dislikes, the condition of his general health and the amount of work that he must do to make a living. If the patient is a child we must provide for growth, as well as heat and energy. If underweight, we must provide enough food to rebuild to the normal. If overweight, we should plan for and insist on a gradual reduction. The nearer we can come to the regular habits of the patient in regard to eating and living the more easily will we gain control of the diabetic condition. It has been observed that usually a diabetic regime for one member of a family soon means an improved dietetic household.

The patient should learn to understand every move we make and so be able to intelligently supervise his own diet. Ten years ago the ordinary instruction to a diabetic patient was to eliminate all sugars, bread and heavy starchy vegetables from his diet, but

he was usually allowed to eat all the milk, meat and nuts desired. This does not at all fit our modern understanding, and in considering a modern diet we should keep in mind that all sugars and starches are burned up as carbohydrate or glucose, furnishing heat and energy, and if in excess may be stored in the tissues as fat; that the protein food is the repair material and is needed only in limited amounts, about one gram per kilo in adults being a generous amount; that 58% of the protein food is used and burned as carbohydrate; that the value of carbohydrate and protein food in calories is four per gram, and of fat, which is the greatest energy and heat producer, nine calories per gram. Also remember that the fat can only be safely used with sufficient carbohydrate to burn it all up; that 10% of the fat and 58% of the protein, plus the total amount of carbohydrate, gives us the total sugar value in any given diet.

The proportion of carbohydrate and fat that should be administered is largely determined by the needs of the individual patient. A few years ago it was considered that about one gram of carbohydrate to two and a half of fat was the right proportion. At the present time much higher carbohydrate diets are being used and the diets may run from one gram of carbohydrate to one of fat and often two grams of carbohydrate to one of

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fat. This makes a diet much more to the liking of the average American and adds greatly to the happiness and comfort of the patient. Of even greater importance in these higher carbohydrate diets is the elimination of the danger of acidosis. Insulin is given as needed to take care of the carbohydrates so that sugar is not wasted in the urine and insulin reactions do not occur.

If possible, all patients should go to the hospital for starting treatment. One week usually suffices. This hospital treatment is essential for the study of the patient, and for intensive training in food and insulin technic, making and using diets, etc. The basic diet is determined for a given case and is given for about two days. Then, if needed, insulin is started, in proportion of one unit to each two or three grams of glucose passed in the urine in a twenty-four hour specimen. The average patient is sugar-free on the fourth day.

The basic diet is estimated about as follows: a conference is held with the patient in regard to his likes and dislikes and a list of foods desired and those disliked given to the patient with the formula for the meals. The three meals are divided as best suits the individual. We usually start the patient on the diet that we expect will be a basic one for that individual and only change quantitatively as needed because of loss of weight or gain

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above that determined on. The quantity of food given at each meal is easily changed without changing the caloric value by using either more bulky or more concentrated foods, as the case may be. Tobacco is not forbidden unless there is some special reason. Coffee and tea are allowed freely. Water is allowed as desired. No gluten flour is used because of its high protein content and unpalatability.

An average case of diabetes weighing 150 pounds (68 kilo.) and doing average work in an office, with ordinary exercise, would be given about thirty calories of food per kilo. This would equal 2040 calories per day, divided about as follows: carbohydrates, 150 grams, protein 70 grams, fat 129 grams, a total of 2041 calories per day. This allows an appetizing and satisfactory diet and practically insures a patient from danger of acidosis and frees him from the fear of coma, providing he keeps his urine sugar-free, which he can easily do by the use of sufficient insulin.

Children need relatively more protein than adults, from three to four grams per kilo of weight for young children. They also need more carbohydrates, especially in children under five years of age. In these younger children four or five grams of carbohydrate to one of fat seems to be about right. This allows the use of a liberal amount of milk and fruit so essential for the growing child. These young children often demand from fifty to sixty calories per kilo per day. They must have enough food to keep them growing normally. Fruits and vegetables should be used freely, a liberal amount of both at every meal.

It will eliminate the need of laxatives if sufficient of the bulky vegetables are in the diet.

The fruits and vegetables all contain minerals that tend to an alkaline reaction of the acid base balance. Meats and cereals produce an acid balance. Because of these observations I believe bread and cereals should be held at a minimum, especially in adults. Milk is good. It is an alkalinizer and can be used in all diets as far as possible without increasing the protein above the desired amount. I believe at least one pint should be worked into the adult diet and a quart into the child's diet each day.

The diabetic need no longer fear to be treated, and he is often pleasantly surprised at the delicious and liberal meals that he is allowed. In fact, it is rare for a diabetic on such a diet to desire to return to his old restricted, no starch, no sugar diet.



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EDITORIAL

Continued from Page 2

question concerning the proper fee for services or a complaint of neglect or incompetent medical attention.

The Women's Auxiliary of The Pierce County Medical Society has been organized and their work will be of great value in spreading the gospel of good health.

Information on medical subjects and public health is given by talks to the various service clubs and parent-teacher associations, and is being broadcast each Wednesday at 4 p. m. over station KVI.

At no time have the programs of the society been of more interest. The scientific papers have been prepared with care and presented in an instructive manner. Medical economics and kindred subjects have been studied and are under constant investigation.

The work in the various special groups and the conferences and clinics at the hospitals have been well conducted and have been of great value in giving the whole profession the opportunity to increase in knowledge in medicine.

Better than all is a spirit of mutual help and friendliness, a desire of each to do his part to make things better for the whole. On a solid foundation of past achievements, the medical profession faces the New Year with confidence and with a determination to press forward, and carry on its work to greater and higher attainments.

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MEDICAL ECONOMICS

By H. J. WHITACRE

Publication No. 12 of the Committee on the Costs of Medical Care presents "A Survey of the Medical Facilities of San Joaquin County, California, No. 1, 1929."

San Joaquin County has a population of 100,000 persons of whom 42 per cent were living in rural and 58 per cent in urban districts. Stockton is the county seat and medical center.

Under private practitioners are included 79 physicians, 66 dentists, 148 private duty nurses and 50 "other practitioners" who include osteopaths, chiropractors, chiropodists, midwives, Christian Science "healers," and a naturopath. There are three tax-supported hospitals. Public health is administered by the San Joaquin County Local Health District

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which has a full time personnel consisting of a full time health officer, one full time assistant and 34 others.

The total cost for the prevention and care of illness was \$3,609,063—\$36.09 per capita. Of this total, approximately 24 per cent was paid to physicians, 16 per cent to dentists, 24 per cent to hospitals, and 19 per cent to drug stores. The cost of public health activities was about 3 per cent of the total.

For physicians, the average gross income of general practitioners was \$8,766, of partial specialists \$13,111, and of complete specialists \$15,929. The net incomes averaged \$5,689, \$7,994 and \$11,178 respectively. The average overhead was 36 per cent.

The average net income of dentists was \$4,875. The overhead cost of the dentist was 44.2 per cent of the gross receipts.

An analysis of drug store sales showed that 21 per cent of the total was for prescriptions, 37 per cent for patent medicines, 20 per cent for home remedies and 22 per cent for other medical supplies. A study of prescriptions compounded in 1909, 1919 and 1929 showed three marked changes which have occurred in recent years: (a) the simplification of prescriptions with respect to the number of ingredients; (b) the more frequent use of proprietary remedies; and (c) an increase of cost—the price

has nearly doubled in the past twenty years.

A very interesting and instructive chapter on "The New Country Doctor" is included in this publication. The conclusion is drawn from a study of the practice of medicine in this rural county that a new country doctor and a new rural practice have evolved. The practice of one doctor is described and it is stated that "The new country doctor does not suffer by comparison with either the old country practitioner or the new city specialist. He is a product of the modern school of medicine, and, while the quality of his service is at least equal to that of his predecessor, his own satisfaction in supplying the service is probably greater. In spite of the new country doctor's demand that he receive fair payment for services rendered, he is held in esteem as high as that accorded the old country doctor. This esteem is based not only on the fact that he generously renders free service when necessary but also that he renders good service.

"This new country doctor has rigid office hours, collects over 90 per cent of his accounts and, according to his own statement, refers less than 10 per cent of his patients to other physicians for special service. His gross annual income is well in excess of \$10,000."

The conclusion is drawn that a

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study of the practice of this new country doctor presents "evidence that the physician who is trained to provide medical care of good quality—and does provide it—may be just as successful and as content and individual in a rural as in an urban setting."

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WASHINGTON STATE MEDICAL ASSOCIATION

The trustees of the Washington State Medical Association met in Tacoma on December 6 for the transaction of business. At this time the application of W. L. Robinson for reinstatement to membership in the Spokane Medical Society was heard and the action of the Spokane Medical Society was sustained.

A proposal that the state association call a public health conference in February, 1932, was adopted.

An exhaustive report of the work done by the "Committee on Economic Study" was presented by Dr. A. H. Peacock and it was decided to employ an expert actuary for the collection of insurance facts. Dr. Pat Gallagher is leading the study along insurance lines.

There was general satisfaction with the progress made thus far in the study of economic problems.

It was decided to use one session of the annual meeting for the presentation of scientific subjects by booth demonstration somewhat after the plan now practiced by the American Medical Association.

There is a very good prospect of securing Dr. Ray Lyman Wilbur, Secretary of the Interior, as one of the guest speakers on economics for the annual meeting in September, 1932.

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PERSONAL

Dr. H. J. Warner, Medical Director in the United States Public Health Service, was a recent guest at the home of Dr. and Mrs. John N. Alley.

Dr. H. J. Whitacre was installed as President of the Tacoma Chamber of Commerce at its meeting of December 28.

Dr. W. B. VanVechten has returned from a few weeks' trip to California.

The Pierce County Medical Society has recently received Vol. I, No. 1 of the New Mexico Health Officer, of which our old friend and colleague, Dr. J. P. Kane, is editor. Dr. Kane's characteristic style is evident throughout this interesting little publication, and the Pierce County Medical Society extends to him greetings and best wishes for the New Year.

Dr. R. A. Morse is back in his office after a vacation in California.

Drs. Horace J. Whitacre, Millard T. Nelsen and Charles McCreery attended the North Pacific Surgical Association meeting, held at Vancouver, B. C., December 4 and 5. Dr. McCreery presented a paper on "Observations on the Cervix."

Dr. A. W. Howe returned to Tacoma December 28, after a week's visit with his family and relatives at St. Paul, Minnesota, and Hudson, Wisconsin.

Dr. H. Y. Bell, of Centralia, was a recent visitor in Tacoma.

Dr. George Swift and Dr. Paul G. Flothow, of Seattle, were at the Northern Pacific Hospital early last month.

Dr. J. B. Robertson has moved to the Fidelity Building.

Dr. Charles D. Hunter and family have returned from a three weeks' visit in California.

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TACOMA GENERAL HOSPITAL

On Wednesday afternoon of December 23, the children who are patients of the Orthopedic Clinic of the Tacoma General Hospital were entertained by a Christmas program given in one of the Hospital class rooms. The program was given in part by the children and in part by outside talent. In the preparation of the baskets of fruit, nuts, candy and toys, of which each child attending received one, and in the transportation of the children to and from the hospital for the occasion, as well as in the entertainment itself, the Hospital was assisted by the Kiwanis Club, the Tacoma Orthopedic Association, the Associated Alumni of University Women and representatives of the Junior League. Twenty-three children were present as guests of the Hospital.

The monthly staff program for the evening of January 5 is to be presented by the Tacoma Anatomical-Pathological Society. It will be devoted to a critical review of cases of unusual interest with a demonstration of pertinent pathological findings, both gross and microscopic.

This same group of young physicians has been invited to assist the Tacoma Surgical Club with its annual all-day program to be presented in May of 1932.

Dr. A. L. Hart returned December 10 from St. Louis, where he attended the annual meeting of the Radiological Society of North America which met in that city the week of November 30.

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TACOMA ANATOMICAL and PATHOLOGICAL CLUB

The Tacoma Anatomical and Pathological Club was given a wonderful demonstration of the intricate blood supply to cerebral centers by Dr. Mace of the Veterans' Hospital staff, at its meeting on December 17, 1931.

This was followed by demonstrations on neck, shoulder and spine dissection by Drs. Klaaren, Niethammer and Goering.

Dr. Edward A. Rich likewise gave a short announcement enlisting the club's aid in the spring demonstration for the Tacoma Surgical Club.

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SURGICAL CLUB

The Tacoma Surgical Club met on December 21. The program consisted of a paper, "Observation on the Cervix," by Dr. Charles McCreery, and a literature review by Dr. E. C. Yoder. Much of the evening was spent in discussion of plans for the annual open scientific meeting. The general topic of "Surgical Advance" was agreed upon for this meeting. Dr. Rich reported that Dr. Ravdin, of Philadelphia, has consented to be the guest speaker of the day. The date of this meeting was set as May 7. A very interesting program is planned, the exact details of which will be worked out later.

S. F. Herrmann, Secy.

: : : : :

OUR PROGRAMS

The Program Committee is grateful for the co-operation it has received. We have had interesting meetings. Papers have been well prepared and the speakers have so organized their material that a definite time schedule could be followed. There have been instructive short case-reports, but not so many of these as we had hoped for. We wish to remind you that we are anxious to have more such reports. We think that the programs put on by the various specialized clubs have been especially worth while. Our scientific programs reflect the quality of work that is being done in Tacoma and Pierce County.

We have been wondering how we could bring in a little variation, and have hit upon a plan. It seems to your committee that one difficulty

with every doctor who has been scientifically trained is that he is apt to leave the exact sciences too far behind in his efforts to become more practical. He even stops reading literature that is other than clinical. Would it not be desirable to keep in touch with the advances in the fundamental sciences? We can not all be research men but we would all be more apt to do creative and productive work if we were able to think in terms of fundamentals. The glib-tongued detail man from a pharmaceutical house plays for too large a role in the "scientific" training of the average doctor. Your committee feels that there will always be a plenty of practical clinical material in the programs so we are expecting to inject a bit of fundamental science, such as we were all exposed to before studying medicine.

We are very fortunate in Tacoma to have in our midst a scientific educational institution, the College of Puget Sound. We should cultivate it and support it. Our job is not only to heal the sick but to spread sound scientific health information. This institution, with our help, can be a very potent ally in the struggle against ignorance and quackery, and in order to promote a bond of interest between this college and our medical society, as well as for our own edification, we are asking various sci-

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entists on the faculty to appear on our programs. We find them very gracious and willing to try to give us condensed surveys of the progress in the various sciences since we went to college. There will be talks on progress in chemistry, physics, psychology, and biologic knowledge of heredity. These talks will be interspersed with the usual material for our society programs. They will probably begin in February. Meanwhile let us all do a little fundamental reading and thinking and prepare to give them an enthusiastic audience.

S. F. Herrmann, M. D.,
Chairman, Program Comm.

: : : : :

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of the

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and

Tacoma District Dental Society

VOL. II

FEBRUARY, 1932

No. 2

THE COUNTY MEDICAL SOCIETY

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PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
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8:15 P. M.

TUESDAY, FEBRUARY 9

Modern Methods of Treatment in Eclampsia...

Dr. Scott S. Jones

Discussion..... Dr. P. C. Kyle

The Structure of the Atom.... Prof. G. F. Henry,
of the Department of Chemistry
College of Puget Sound



TUESDAY, FEBRUARY 23

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of the Tacoma Surgical Club

Review of Recent Surgical Literature.....

Dr. W. B. McCreery

Traumatic Surgery of the Extremities.....

Dr. R. C. Schaeffer

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EDITORIAL

Self-appointed critics of medical practice have repeated the assertion that only paupers and the wealthy receive competent medical care so often that the unthinking are apt to accept it as a truism.

The answer to this misstatement is that it is untrue. The wage earner of limited means has had proper medical care at a moderate cost in the past and is still receiving it.

Indeed, in these times of lowered earning ability and unemployment, the medical profession is doing its share, if not more than its share, in giving aid to those in need. The doctors are responding cheerfully to all

requests and are giving service with no expectation of monetary rewards or with a hope of deferred payments in a rather dim future.

In this regard the following remarks by Dr. E. Starr Judd, President of the A. M. A., are very pertinent:

"It has been interesting to observe the reaction of the medical profession during these distressing economic times. I think that I am correct in saying that the members of the medical profession have complained less about conditions than any other business or professional group, and I think the reason for this is that the medical men of the country have been just as busy as ever. The work has not decreased. It has been said that 'some people know just what is wrong with this country, and others are working.' The situation seems to be general throughout the country, and all physicians are in about the same situation: occupied as usual, but receiving very little monetary compensation for their efforts. Patients are being cared for in charity hospitals and sometimes under difficult circumstances, but nevertheless they are being cared for, and the physicians as a rule are keeping their practice in order. As good times return, they are bound to profit by the work done at this time.

"I wonder if the activities of the medical profession during the last few years may not be an answer to the much discussed subject of the high cost of medical care. These times show how elastic this cost can be made. Furthermore, they show that the sick will be taken care of at all times. The cost of medical care would seem to be entirely within the patient's control."

LIBRARY

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BLANCHE L. DEWITT, Librarian

The Library Committee has just purchased a book that is going to be very useful to doctors who are called upon to testify in court cases—"Accidental Injuries," by Dr. H. H. Kessler, of Newark, N. J., an orthopedist, who has had wide experience in matters pertaining to industrial diseases and workmen's compensation. It contains chapters on Medical Aspects of Workmen's Compensation Laws, Schedules of Specific Injuries, End-results of Trauma, Traumatic Neuroses and Occupational Disease.

A notable addition to our History Section is "History of Medicine in the United States," by Dr. Francis R. Packard, editor of *Annals of Medical History*. This is in two volumes and covers the history of early colonial epidemics, medical legislation, hospitals and medical schools, gives the history of the medical departments of the army and navy and devotes the concluding chapters to foreign influences in American medicine, notable events in American medicine and surgery and the beginnings of specialism in America.

Another book that is going to be useful is "Practical Physiological Chemistry," by Philip B. Hawk, M. S., Ph. D., President of the Food Research Laboratories, New York, and Olaf Bergeim, M. S., Ph. D., of the University of Illinois.

Dr. Light, who has been so generous to us with his French and German periodicals, has given us "Radiography," A Manual of X-ray Technique, Interpretation and Therapy," by Enfield, "Skull Fractures," by Stewart and "Normal Bones and Joints," by Cohn.

Are you interested in any of the

following articles? Your library has them:

Internal Medicine

Diabetes insipidus treated by pituitary posterior lobe extract applied intranasally, by H. L. Blumgaard, M. D., Boston; *Medical Clinics of North America*, January, 1932, page 895.

Gastrointestinal diseases and food allergy, by J. S. Smul, M. D., New York; *Medical Journal & Record*, January 20, 1932, page 80.

Etiology, prognosis and treatment of auricular fibrillation, by W. D. Stroud, M. D., Philadelphia; *American Journal of the Medical Sciences*, January, 1932, page 48.

Surgery

Sympathetic ganglionectomy and trunk resection in arthritis, by M. S. Henderson, M. D., and A. W. Adson, M. D., Rochester, Minn.; *Journal of Bone & Joint Surgery*, January, 1932, page 47.

Nerve suture and muscle repair, by Edmund Horgan, M. D., Washington, D. C.; *Annals of Surgery*, January, 1932, page 93.

Urology

The therapeutic use of sterile mineral oil in the bladder, by B. E. Greenberg, M. D., Boston; *New England Journal of Medicine*, January 21, 1932, page 122.

Transplantation of ureters, by Waltman Walters, M. D., Rochester, Minn.; *American Journal of Surgery*, January, 1932, page 15.

The clinical management of horseshoe kidney, by R. Gutierrez, M. D., F. A. C. S., New York; *American Journal of Surgery*, December, 1931, page 657.

TACOMA DISTRICT DENTAL SOCIETY

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DENTAL SOCIETY PROGRAM

The Tacoma District Dental Society will hold its February meeting on the 16th at 7:30 P. M., in the Rhodes Medical Arts Auditorium.

Dr. Lloyd M. Macemore, of Olympia, will give a paper on "Pyorrhea and the General Dentist."

Dr. Burton E. Lemley, of Tacoma, will speak on "Periodontoclasia."

Dr. Archibald W. Howe, of Tacoma, will give a short talk on "The Antrum," and will also give a travelogue, "Motion Pictures in the Hills."

FRANK RIST BAKER, D. M. D.
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There's plenty of angles to this repression business. We had to let our dental assistants go, but, I see by the papers, Dr. Carl Johnson married his; and anyway two can live as cheap as one or sump'n. Horse feathers!

The Cameron Club had a ladies' night at their January meeting and invited the Dental Assistants Society. Besides the ladies, we had steaks and speeches. Drs. Fowler, Abernathy, Murphy and McCarthy made the speeches, Winthrop made the steaks and the ladies ate them both. Dr. Fewell shot the breeze, Dr. Monzigo wisecracked, and no one spilled his coffee. Dr. Lawrence Hanson is in the East having "Specialist" painted on his shingle. There

is nothing so refreshing as the sublime optimism of youth.

You can't beat the Irish. The McCarthy baby, after a lot of "tough breaks", is now breezing along pretty on the way to success.

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{Signed} Your New York correspondent, Walter, who had a tip on the bank failure and who still believes in Santa Claus.

—:—:—:—:

The Tacoma Dental Assistants' Society is taking a course in First Aid work under Mr. W. H. Harker. This class meets every Monday evening at 8 o'clock, in room 1113, Washington Building.

—:—:—:—:

We must not forget to mention the well prepared paper by Dr. W. H. Frisbie, of Yelm, delivered before the Tacoma District Dental Society on the evening of January 19, 1932. This paper was one given by Dr. Frisbie before the Parent-Teacher groups of his locality. To attempt to discuss his paper would be impractical, but the evidence showed that Bill shoots straight from the shoulder no matter who may be his audience.

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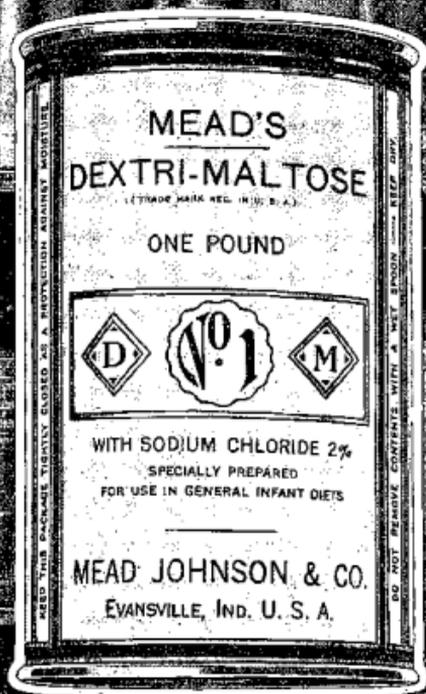
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FUNDAMENTALS

By G. A. WISLICENUS, M. D.

I

Super-Individualism

It is gratifying to observe, in the profession, an awakening of interest in fundamentals.

As constituted today scientific medicine is top-heavy. An enormous, ever increasing mass of detail knowledge is being piled up upon a somewhat obsolete, shifting and therefore unsafe foundation. Materialism, which had ruled supreme during the last 60 years, has lost its dictatorial powers. The pendulum begins to swing back towards the other extreme: spiritualistic mysticism. If this movement goes on unchecked, we soon will find ourselves in a situation as between the devil and the deep blue sea. Let us look for a way out of this calamity somewhere on a middle line.

Let us take stock, first.

At the bottom of every science is a certain problematic fact. For Chemistry it is "Matter," for Physics "Energy," for Biology it is "Life," and for Medicine "Disease."

Disease is a manifestation of Life. Where no Life, there no disease. On the other hand: wherever is Life, there is occasion for disease.

Our concept of Disease cannot be more correct than is our concept of Life. Upon an erroneous conception of Life we cannot build a correct conception of Disease. Therefore, when scrutinizing Disease, at rock bottom we find the problem of Life.

What do we know, fundamentally, about Life?

(1) We know that all Life that we know lives on the surface of this earth. We are fond of speculating about Life beyond the confines of this earth, but we have no knowledge of such ultra-telluric Life:

(2) We know that all Life that lives on the surface of this earth is

plasmatic in nature; i. e., that it is inseparably connected with what we used to call Protoplasma, but more conveniently may be called Plasma. Where Plasma, there Life; where no Plasma, there no Life. Plasma and Life are one and the same thing, as far as our positive knowledge goes.

Plasmatic Life which lives on the surface of this earth manifests itself in Men, Animals, Plants and Unicellulars or Microplasts. Beyond and outside of these four groups we do not know of any Life. Nor are there any definite lines of demarcation between these four groups.

(3) We know that Plasmatic Life which lives on the surface of this earth and which includes Men, Animals, Plants and Microplasts has a history. This history, however, still is controversial. Most scientists, today, subscribe to the theory of Evolution.

This theory, in its present form, contains three fundamental errors:

Firstly, the term Evolution is erroneously applied to all cosmic change, instead of being reserved for plasmatic Life. Cosmic change is not Evolution; it is just change and ever change again. Evolution is change, too; but of a kind all of its own. It is progressive change, change towards a state of perfection, a change with value increased, and is in evidence nowhere except in the realm of Life.

Secondly, as far as Life is concerned, Evolution is confounded with Growth: as if it would necessarily proceed from small and even smallest to big and bigger. Life in its difficult evolution was forced, time and again, to sacrifice size and weight, using contraction, retrenchment, concentration, differentiation, refinement, "organization," as means of progress, as the only way, often enough, out of pre-

carious situations, caused by periods of unchecked growth. Evolution does not necessarily proceed from small to bigger size and volume, but rather from coarse to finer organization, from low to higher efficiency, from less to greater perfection.

Thirdly, Evolution, unnecessarily and erroneously, has been identified with Materialism. Since Physics and Chemistry have discarded orthodox materialism, there is no reason why Biology should not deliver Life and Evolution from this bondage.

(4) Plasmatic Life manifests itself both individually and super-individually.

Medical science, trailing behind Biology, so far, has held to the popular conception of Life, which is distinctly individualistic. Super-individual Life, up to the present day, has not received the recognition it deserves. Instances of super-individual Life are: family Life; tribal, national, racial Life; also: married Life, community Life, city Life, colonial Life, social Life, etc. Furthermore: the Life of Mankind as a Whole, Animal Life, Plant Life, Wild Life; finally: Plasmatic Life as a Whole, with its four provinces: Men, Animals, Plants, Microplasts.

What is the actual relationship between individual and super-individual Life?

According to the popular view, the Individual is the elementary Life-unit.

Biology has substituted the cell (the individual cell) for the (individual) organism as elementary life unit. But this, obviously, is a change in range or scale only, not in principle, which latter remains distinctly individualistic. According to this individualistic conception, the super-individual life units are composed of, are aggregations of, individual "lives," i. e., "elementary" individual life units.

BUT IS THAT REALLY SO? For instance: Is the family composed of parents and children? Are the children added from without? Are they not rather brought forth from within the family?

In this case, of family and children, super-individual Life, certainly, is primary, individual Life secondary.

The same relationship prevails throughout the scale of super-individual life units: Tribes bring forth families and individuals; Nations bring forth tribes, families and individuals; Races bring forth nations, tribes, families and individuals; Mankind brings forth races, nations, tribes, families and individuals; and finally: Plasmatic Life has brought forth mankind, as the last and so far the highest offshoot of its common stem, and brings forth, within mankind, races, nations, tribes, families and individuals.

Of course, there is such a thing as aggregation of individual lives in the formation of families, tribes, etc., also aggregation of lower super-individual

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units in the formation of the higher ones, but it is easy to see that a much more important factor in the processes of plasmatic Life, than aggregation, is the PRODUCTION OF THE LOWER UNITS BY THE HIGHER ONES.

Visualizing Life in this new light: the Individual as a secondary product of primary super-individual Life, and a scale of super-individual units upwards from the family to the **WHOLE BODY OF PLASMATIC LIFE**, which embraces everything that lives, everything that ever has lived and everything that ever will live on the surface of the earth, we can tackle, once more, and with greater promise of results, the apparently insoluble question of the **ORIGIN OF LIFE**:

"Has Life started as a plurality of primary individuals, which aggregate (to form secondary congregations, communities, states, etc., i. e., secondary Onenesses), or has Life perhaps started as **ONE BODY** (i. e., primary Oneness) breaking up, or dividing, into secondary pluralities?"

In a second article this question will be discussed and important conclusions, affecting Medicine, will be drawn.

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VITAMINS, THEIR RELATIONSHIP TO THERAPY AND DISEASE

By A. H. BUIS, M. D.

Twenty years ago Funk called attention to a group of indispensable complexes, and gave them the name of Vitamins.

Since that time steady progress has been made, until today, the group has been divided into the following classifications, (1) A, Anti-infective, (2) B¹ or F, Anti-neuritic, (3) B² or G, Anti-pellagic, (4) C, Anti-scorbutic, (5) D, or Anti-rachitic, and (6) E, Anti-sterilic, the latter as yet having been proven of little value.

Vitamin A, Anti-infective

This is a fat-soluble vitamin, essential for growth and well being at all ages. Its highest content is found in the liver oils, and in the carotenoids of plants. The body has the power of storing this vitamin to a considerable extent for future needs. An abundant supply of it in early life undoubtedly safeguards the body against later infection, as well as providing for present needs.

The most striking pathology found in animals that have a vitamin A deficiency is a keratinization of the epithelium of the respiratory, gastro-intestinal and urinary tracts, the eye and para ocular glands. This keratinization interferes with the blood supply to the tissues, thus lowering the tissues' resistance to infection.

The most important symptoms of illness in vitamin A deficiency, are loss of weight, loss of appetite, diarrhea, colitis and death. Next in importance to these are those of an

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acute respiratory infection. Experimental work done in selected groups of puerperal septicemia has proven of great value in lowering the mortality rate, and today it is advisable that pregnant women be given cod liver oil during the last month of pregnancy.

Vitamin B¹, Anti-Neuritic or F

This is a water soluble, heat labile vitamin, found chiefly in the germs of grain and brewers' yeast. The body has a limited capacity for storage of this vitamin, and symptoms of its deficiency develop rapidly. Cogwell has shown that these symptoms develop much more rapidly when the animal is given large quantities of fluid.

The symptoms of a vitamin B¹ deficiency are loss of weight, anorexia, fretfulness, rigidity, followed later by paralysis, lymphopenia and anemia. The most common disease attributed to a vitamin B¹ deficiency is Beri-beri or polyneuritis.

Jonata, in his work with vitamin B¹, has found it to have a marked hypoglycemic action, and that it in-

creased in intensity with a ratio of the glyceimic index.

Vitamin B², as yet, is in an experimental stage, in so far that its relationship to pellagra has not been definitely established.

Vitamin C, Anti-scorbutic

This also is a water soluble vitamin which is found in raw fruits and vegetables. The body has a limited capacity for this vitamin. Vitamin C contains traces of iron, phosphates and sulphur. It appears necessary for normal growth and for protection of tooth decay.

The first symptom of illness is a soreness and bleeding of gums, loosening of teeth and a fragility of the bones.

Experimentation has proven a definite relationship between vitamin C deficiency and scurvy.

Toverud, in 1923, found that nor-

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mal orthodontian was largely substituted by osteodentin in the teeth of guinea pigs fed a vitamin deficient diet. This process has its beginning with hemorrhages of the gums.

Regarding pyorrhea, many authorities think that avitaminosis C has a direct relationship, while others can determine no direct relationship between the two.

Vitamin D, Anti-rachitic

This is a fat soluble vitamin which is produced by irradiation of activatable ergosterol, and is given today in the form of Viosterol. Steenbock in 1924 showed that it had a physiological influence on the calcium phosphorous metabolism. It causes an increased absorption of calcium from the gastro intestinal tract, and if this absorption occurs at a time when the body needs these results an increased disposition of calcium is found in the trabecula. The body has power of storing this vitamin to a certain extent.

Symptomatology:

The patient shows enlargement of lymph glands, protruding of abdomen, spleen enlarged and firm, flabbiness and softness of skeletal muscles, epiphyseal enlargement, especially of wrist, knees and ankles. (In children.)

Experimental Work:

Vitamin D today has been used as a panacea for all ailments. It has

been substituted to a great extent for cod liver oil, much to the discredit of its fundamental purposes. Returning to the physiological action, that of a calcium phosphorous metabolism, it can readily be seen that its use is indicated in those diseases where a calcium deficiency is present. The diseases in which this deficiency occurs are first, Rickets, second, Tetany, third, Osteomalacia.

Rickets

Green and Moore, of Portland, in their studies with infants found that large doses of vitamin D, given in form of Viosterol, had a marked beneficial result in clearing up the bone findings of rickets. Hess, of New York, also states that in his cases of rickets, vitamin D has been a specific. The list of other authors who report similar results are too long to enumerate. Therefore I can safely say that the value of vitamin D has been proven as much a specific for rickets as insulin for diabetes. In giving Viosterol let us keep it within its limits and give when indicated. Viosterol cannot take the place of cod liver oil alone, because it does not contain the all-important vitamin A.

Tetany

Tetany, as we know, is another disease in which the calcium phosphorous metabolism is impaired; therefore it would seem that vitamin D would be indicated. Broughen, of Vancouver, reports four cases of para-

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thyroid tetany, following sub-total thyroidectomy as relieved by administration of Viosterol. Similar results are reported in cases of spasmophilia and cases of parathyroid deficiency.

Osteomalacia

Osteomalacia, another disease of calcium phosphorus metabolism, as reported by one author, gave relief of symptoms and disappearance of roentogram findings. Bacelli reports that the growth of adeno-carcinoma in mice is inhibited by administration of Viosterol, but his report is again offset by other observers who found opposite or no definite results. Consequently let us not, as yet, assume that carcinoma is of definite vitamin deficiency until more elaborate work has been done.

Is Viosterol Administration Without Danger?

Thatcher, of Edinburgh, reports the death of an 18 months old infant

from Hypervitaminosis D. This child had been given four teaspoonsful of Viosterol emulsion daily during the summer months. German investigations report similar results in both experimental animals and human patients. In the experimental animals they found beginning calcium deposits in the vascular system. Investigations in our country have been able to produce a hypercalceunia in infants when excessive doses of Viosterol were given as a prophylactic. Thatcher warns that non-rachitic babies are more susceptible than are those with florid rickets. He also states that there is no evidence that it is better than cod liver oil for routine management. When giving Viosterol as a prophylactic we should always be on guard for the cardinal symptom of hypercalceunia, namely a decided failure of appetite.

Dosage of Viosterol—(100 D)

Premature infants—15 drops.

Curative—15 to 20 drops.

Severe and adults—20 drops and over.

Conclusions:

1. That we have a definite value in vitamins.
2. That vitamin A has a definite therapeutic value in promoting growth and increases the body's resistance to bacterial invasion.
3. That vitamin B has been proven as a specific for polyneuritis.
4. That vitamin C is a specific for scurvy.
5. That vitamin D has a definite action of stabilizing calcium phosphorus metabolism, and must not be used without care.
6. That the lack of vitamins plays an important role in causing certain diseases, and that they have a definite place in our therapeutics for the cure of the aforementioned diseases.

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Tacoma, Washington,
January 14, 1932.

Pierce County Medical Society
107 Medical Arts Building
Tacoma, Washington.

Gentlemen:

It is with a great deal of pleasure that I respond to your letter of January 13. The Tacoma Better Business Bureau has operated successfully for the past twelve years and has assisted the medical profession in hundreds of instances. Lack of space forbids my mentioning all of these occasions but I can tell you of a few that occurred in the past year.

This Bureau has individually assisted a great many doctors with their investments in securities, suit clubs, and suit rackets; magazine solicitation, charity solicitation, picture enlargements, etc. All that however, is in the past and we have been extremely grateful for the opportunity of serving the medical profession individually. For the profession we have exerted strenuous effort in combating those who prey on the gullible with worthless or harmful medicines. Obesity cures and fat removers have been singled out for an exceptionally aggressive campaign.

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in connection with those quacks who offer to cure all your ills. For the doctors individually, there is no limit to the service that they may obtain from us through their membership in the Pierce County Medical Society.

We are not a collection agency, but we have information which can help the doctor in selecting a responsible concern to give his bad accounts to. We have available in our files information concerning more than five thousand different firms and individuals located throughout the United States. The doctor may have had relations with these people or may wish to have. We stand ready to assist him at all times in case of difficulty or ignorance concerning these institutions. If the firm or individual that he is inquiring about is not listed in our files, we are affiliated with fifty-two other Better Business Bureaus throughout the United States

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who are organized to perform the same service in that community that we do in Tacoma and Southwest Washington.

Generally speaking the Bureau welcomes complaints of the following nature for investigation and whatever action is deemed advisable:

Complaints involving false, deceptive, or misleading advertising of any and all kinds.

Complaints involving misrepresentation, or false and misleading verbal statements regarding merchandise or financial offerings.

Complaints about defective or damaged merchandise where the merchandise was sold as first quality goods and it is evident that such defects or damage was present before delivery to the complainant.

Complaints about transactions in which certain merchandise is seen and selected and other merchandise delivered.

The Bureau will furnish information on any merchandise or financial scheme in its files. If we do not have the desired information at hand, we

can possibly secure it from our numerous contacts. The Bureau will furnish reports on financial offerings. If we do not happen to have a report on a particular offering a special investigation will be made and a report furnished.

In outline, without mentioning what we cannot do, it is impossible for us to define our limits to our mutual understanding. All we can say in order to make certain that the fullest service is rendered is that if the Pierce County Medical Society or any of its individual members has a complaint and is uncertain whether we can handle it or not—ask us. We will be glad to help you where we can.

Wishing you a happy and prosperous New Year, I am

Cordially yours,

Ralph W. Hansen,
Manager.

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PERSONAL

Dr. H. G. Miller, of Port Townsend, attended our society meeting on January 12.

Dr. A. E. Hillis, the retiring President of the Puget Sound Academy of Ophthalmology and Oto-laryngology, entertained the members of the Academy at a dinner at the Tacoma Hotel on January 19. Fifty members were present. The guest speaker of the evening was Dr. Ivan Glenn Campbell, of Vancouver, B. C., who spoke on "Sympathectomy in Retinitis Pigmentosa."

Dr. C. I. Drummond, of Gig Harbor, has been appointed Regional Examiner for the Veterans' Bureau for that section.

Dr. Harry Rubin, head of the Veterans' Hospital at American Lake for several years, has been transferred to Waco, Texas. His successor, Dr. George R. Stalter, of Washington,

D. C., has arrived and taken charge of the hospital.

Dr. Grant S. Hicks is spending several weeks in California.

Don't forget our Bulletin advertisers. Patronize them whenever you can and tell them you saw their ads in the Bulletin.

—:—:—:

PIERCE COUNTY NURSES' ASSOCIATION

The Pierce County Nurses' Association, District No. 3, held its February meeting on Monday, February 1, in the Auditorium in the Rhodes Medical Arts Building. Rev. J. Franklin Haas, President of the Rotary Club, who talked on "The Personality of the Nurse," was the speaker of the evening.

A survey has been made of the income of a representative group of private duty nurses for eleven months of 1931. The average was so low that it was deemed necessary to establish a Benefit Fund for those in need and insufficiently employed. The fund is being built up by employed nurses, those who are able to contribute giving a definite amount monthly.

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Nurses whose records show the lowest average amount of work are being called to the County Hospital and given one week's work at a time, working according to the routine schedule of the hospital and paid by the established Nurses' Benefit Fund. Three nurses have worked since the fund was established January 4, 1932.

—:—:—:

PACIFIC NORTHWEST MEDICAL ASSOCIATION

The meeting of the Pacific Northwest Medical Association will be held at the Davenport Hotel, Spokane, on June 27, 28 and 29, 1932. Speakers will be Dr. Henry C. Bazett, Dr. Samuel R. Cunningham, Dr. H. Gideon Wells, Dr. William J. Kerr, Dr. Philip H. Kreuzer, Dr. Charles B. Wright, Dr. Temple S. Fay, Dr. Henry E. Michelson and Dr. Richard T. Atkins. Committee of Arrangements, Dr. F. G. Sprowl and Dr. C. W. Countryman.

WOMEN'S AUXILIARY

On January 18 the Official Board and Social Committee of the Pierce County Medical Society Auxiliary gave a tea at the home of Mrs. R. C. Schaeffer, its president. Mrs. William A. Monroe had charge of arrangements.

The guests, totaling a hundred and fifty, were received by Auxiliary officers and the Social Committee. Tea was served at a beautifully appointed table by Mrs. J. B. Mc Nerthey and Mrs. W. G. Cameron, assisted by Marjorie Mitchell, Mary Louise Monroe and Margaret Ann Schaeffer, daughters of members.

The Auxiliary now has eighty members.

A meeting of county representatives will be held at the home of Mrs. H. J. Whitacre in Tacoma on February 17, with the hope of forming a state organization. Mrs. Whitacre, General Chairman, is planning a luncheon to compliment the visiting women, and will preside at the meeting.

Mrs. W. B. Penney,
Recording Secretary.

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TACOMA UROLOGICAL SOCIETY

The Tacoma Urological Society met in the office of Dr. C. F. Engels on the evening of January 19.

The paper of the evening, "Prostatic Abscess," was read by Dr. H. S. Argue. The paper was discussed by Dr. Charles Pascoe, Dr. C. F. Engels and Dr. C. H. Doe.

Dr. Pascoe and Dr. Engels showed a number of pyelograms.

W. L. Ross, M. D., Secy.

—:—:—:

TACOMA INTERNISTS' SOCIETY

The regular meeting of the Tacoma Internists' Society was held at the Tacoma Hotel on January 19 at 6:30 P. M.

Dr. Dale L. Martin spoke on "New Bacteriological and Serological Developments."

S. M. Creswell, M. D.,
Secretary.

—:—:—:

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COMMUNICABLE DISEASES

December, 1931

Diphtheria	5
Scarlet fever	9
Smallpox	2
Whooping cough	9
Chickenpox	66
Mumps	12
Measles	6
Poliomyelitis	1
Cerebrospinal meningitis	1

—:—:—:

STUDY CLUB & HOSPITAL MEETINGS

Tacoma Urological Society.....	Feb. 16
Tacoma Internists' Society.....	Feb. 16
Tacoma Anatomical & Pathological Society	(Feb. 18 Mar. 3)
Tacoma General Hospital	
Monthly staff meeting.....	Mar. 1
Thursday morning clinic.....	(Feb. 11 Feb. 18 Feb. 25 Mar. 3)
St. Joseph's Hospital	
Clinical meeting	Mar. 7
County Hospital	
Staff meeting	Feb. 26

BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II.

MARCH, 1932

No. 3

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
RHODES MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

TUESDAY, MARCH 8

The Epidemiology of Scarlet Fever.....

Dr. S. M. Creswell

Demonstrations of Physical Activities of Electrons

R. S. Seward, Ph. D.

Professor of Physics, College of Puget Sound



TUESDAY, MARCH 22

By special invitation we meet at Mountain View Sanatorium for dinner and a scientific program. Dinner at 6:30 P. M.

PROGRAM

Diagnosis of Suspected Pulmonary Tuberculosis

Dr. Howard Hull, Elma

Discussion

Dr. J. F. Steele

Thoracoplasty in Pulmonary Tuberculosis

Dr. Ross E. McPhail

Discussion

Dr. W. B. Penney

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TACOMA, WASHINGTON

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RESERVE SATURDAY,

MAY 7th

By E. A. Rich, M. D.

The Tacoma Surgical Club is dividing its membership into small groups that will appear at various county and special medical society meetings during March and April to announce the details of the Meeting in Tacoma on May 7th.

This is the third annual session of the Club. In 1930 the day was devoted to "The Sympathetic Nervous System;" in 1931 the general subject was "Traumatic Surgery," and in 1932 the day will be devoted to

"SURGICAL ADVANCES."

The object of the day of intensive study will be to review the newer phases of general and special surgical practices. The program in full will

be given space in this Bulletin in next month's issue.

The program has been made possible by the acceptance of an invitation given to Dr. I. S. Ravdin of Philadelphia to be guest speaker. Dr. Ravdin is the J. William White Professor of Research Surgery of the University of Pennsylvania. He has been recently most interested in the functions of the liver and gall bladder as well as Water Metabolism and will discuss at this meeting his newer findings as the results of his research.

The climax of Dr. Ravdin's visit to this western meeting will be his address on "The Surgery of the Future," which will be the main feature of the evening banquet at the Union Club.

The morning session will be held in the Tacoma General Hospital under the direction largely of the Anatomic Society. In various booths will be displayed many ingenious dissections illustrative of common surgical fields and operations. Other booths will exhibit interesting radiographic, pathological and orthopedic cases recently appearing in hospital practice.

The medical profession is invited to attend this entire program and the Medical Society is hereby urged to take advantage of the meeting. The date is Saturday, May 7, 1932.



The general practitioner may increase his usefulness by:

1. Continued study: (a) through medical journals; (b) attendance on medical meetings; and (c) periods of post graduate study.
2. Co-operating in measures designed to promote public health.
3. Maintaining a well equipped office.
4. Being thorough in his work.
5. Recognizing his limitations.
6. Insisting on proper settlement for services rendered.

—Int. Jour. Med. and Surgery

LIBRARY

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

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BLANCHE L. DEWITT, Librarian

Our supply of the earlier issues of the Bulletin is about exhausted, and as we have had several inquiries from bulletins in other places for back numbers it would be appreciated if anyone who has any of these older numbers would give them to the library. The library of the Kings County Medical Society, New York, has asked us for Volume 1 complete, but we are unable to supply all the issues.

Dr. W. B. McCreery has given us several of the earlier volumes of *Annals of Surgery*, which we are very glad to have, as they complete our file from 1902 to date. Issues of *North-west Medicine* prior to 1914 would also be gratefully received.

We have been asked several times for May's "Diseases of the Eye." The library now has the last edition of this book.

"Infections of the Kidney," by Campbell, which has been asked for by several of the urologists, has just been received.

In spite of the well-known "repression" (or perhaps because of it!) the library continues to supply our members with considerable reading matter, and the remark "Just what I wanted," which is heard with some frequency, is music in the librarian's ears. With the passing of each year the scope of our facilities has increased and the occasions upon which we are unable to supply adequate material on any subject are extremely rare. The more important of the new books and about seventy bound volumes of periodicals are added each year.

Subjects looked up recently include: Leukoplakia buccalis, rheumatic heart disease, cholesteremia, erythema nodosum, agranulocytic angina, stricture

of esophagus, traumatic neurasthenia, elephantiasis, dermatographia, entameba histolytica, hydrarthrosis, cutaneous neuroses, compensation in eye injuries, Hunner's ulcer, hypopituitarism, the physiology of exercise, retrobulbar neuritis, conjunctivitis, nephroptosis, osteitis fibrosa cystica, pulmonary infarct and migraine.

The last issue of *Surgery, Gynecology & Obstetrics* contains the proceedings of the twenty-first annual Clinical Congress of the American College of Surgeons at New York, in October, 1931. Papers by many well-known men are given. Of particular interest is the report of the Conference on Industrial Medicine & Traumatic Surgery.

Perhaps some of these articles will be of interest:

Eye, Ear, Nose & Throat

Orbital cellulitis and abscess secondary to sinusitis, by H. C. Ballenger, M. D., Chicago, *Illinois-Medical Journal*, February, 1932, page 128.

Radium Treatment of Inoperable Diseased Tonsils, With a New Method of Radon Implantation, by J. Coleman Scal, M. D., New York; *New York State Journal of Medicine*, February 15, 1932, page 198.

Pediatrics

Congenital Cysts and Fistulae of the Neck, Herbert Willy Meyer, M. D., New York; *Annals of Surgery*, January, 1932, page 1; continued February, 1932, page 226.

Acute Upper Respiratory Infection in Children, S. A. Cohen, M. D., New York; *Medical Journal & Record*, January 20, 1932, page 64; continued February 3, 1932, page 117.

TACOMA DISTRICT DENTAL SOCIETY

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The Midwinter Clinic of the Tacoma District Dental Society will be held on the fourteenth floor of the Rhodes Medical Arts Building on March 5, 1932.

The program is as follows:

Operative Section—Complete Gold Foil Operations by Dr. O. T. Olson, Dr. J. Kiefer, Dr. L. W. Zeck, Dr. J. Pederson.

Porcelain Section — Table Clinic, Inlay Section, Dr. W. H. Hagen.

Table Clinic, Producing Color as in the Mouth, Dr. J. E. Argue.

Prosthetic Section—Table Clinics: Roach Design, Dr. T. W. Trosper;

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Pyorrhea — Operative Case, Dr. Roy Donaldson.

Restorations—Table Clinics: Dr. W. C. Gamble, Dr. Frank Morse, Dr. Harry Smith.

Surgery—Removal of Lower Anterior—The Hammer Technic, Dr. F. M. Dean.

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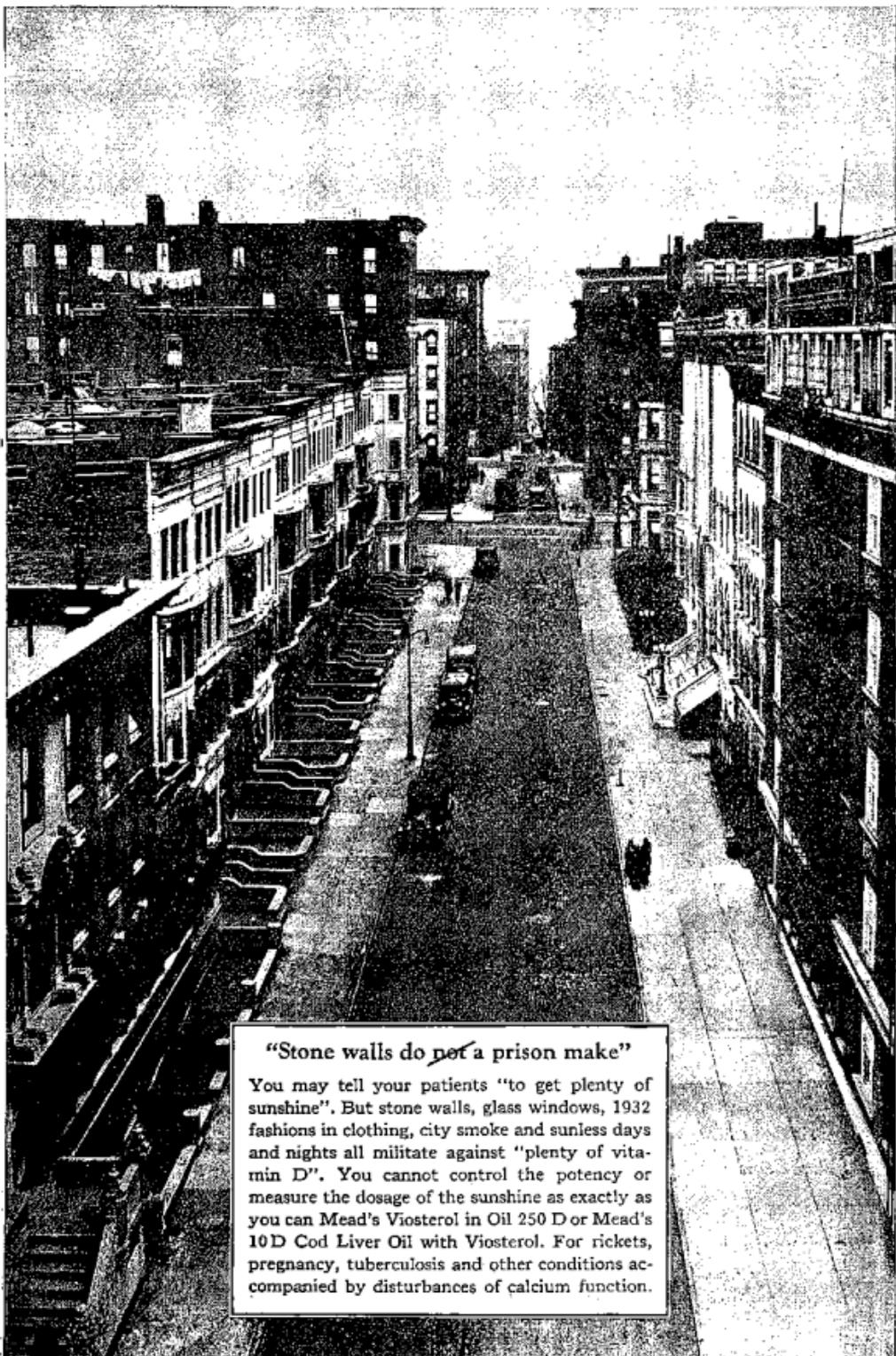
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IN MEMORIAM

Joseph F. Griggs, M. D.

Joseph F. Griggs, Doctor of Medicine, died Tuesday morning, February 9, 1932, at 1:40, less than twenty-four hours after a head injury resulting from a fall at his home.

Dr. Griggs was born in Pittsburgh, Pennsylvania, on August 27, 1871. He was graduated from the University of Pittsburgh in 1892 with the degree of Bachelor of Arts, later receiving his Master's degree from the same institution. In 1895 he received his degree in medicine and surgery from the University of Pennsylvania. Later he interned at the Presbyterian Hospital of Philadelphia, and the Children's Seashore Hospital at Atlantic City. He practiced medicine in and near Pittsburgh for four years.

In 1901 he married Alice Emily Van Gorder, of Pittsburgh, and then went to Pekin, China, where for four years Dr. Griggs was in charge of the hospital of the Presbyterian mission. It was there that their two eldest children were born. Dr. Griggs came to Tacoma in 1906, developing a large practice, specializing in obstetrics and general internal medicine, and he had come to be recognized as an authority on respiratory diseases.

He was a member of the Pierce County and Washington State Medical Societies, American Medical Association and Tacoma Internists' Society, and was an honored member of the staffs of St. Joseph's and Tacoma General Hospitals, as well as belonging to many organizations of a civic nature. For many years he had taken an active part in the work of the Pierce County Tuberculosis League and had served as its president. His religious affiliation was the Immanuel Presbyterian Church, where he was a consistent worshiper and worker.

Dr. Griggs held an enviable place in the hearts of the physicians of Tacoma and Washington. He was always true

to his ideals and through his constancy in friendship and meticulous observation of the highest interpretation of medical ethics he endeared himself to his associates in a measure far beyond that generally attained. It may well be said of him that he had the ill will of no one and the Profession of Medicine was elevated to a higher plane through his life—a life whose influence death does not end.

Surviving relatives include his wife, Mrs. Alice Griggs, three daughters, Mrs. Henry Sorg Frank, Harriet Rebecca Griggs, now with Linguan University of Canton, China, and Alice Emily Griggs, student of the University of Washington, and three sons, Joseph F. Griggs, Jr., in Michigan University, David Thurston Griggs, and Philip Lewis Griggs, living at the home. A sister, Miss Martha Buchanan Griggs, at present living in Seattle, also survives. There are two grandchildren in China.

WHEREAS death has suddenly taken from us in the person of Dr. Joseph F. Griggs, not only an esteemed member and past president of the Pierce County Medical Society, but a Christian gentleman, beloved by his associates, and

WHEREAS this society through its keen feeling of great loss can more fully appreciate the sorrow brought to the bereaved home, a sorrow which prompts our sincerest sympathy,

BE IT THEREFORE RESOLVED that this sketch of the life of Dr. Griggs and these resolutions be spread upon the minutes of the Pierce County Medical Society and a copy be sent to Mrs. Alice Griggs.

(Signed) Edwin W. Janes,
V. E. Crowe,
W. W. Mattson,
Committee.

Resolutions adopted at the meeting of the Pierce County Medical Society February 23, 1932.

Minutes of the Regular Meeting of the Pierce County Medical Society; February 9, 1932.

The regular meeting of the Pierce County Medical Society was held on February 9, 1932, Dr. R. C. Schaeffer, presiding. Minutes of the previous meeting read and approved.

Dr. E. F. Dodds presented a case report of a dislocation of the fifth lumbar vertebra which was successfully replaced by repeated manipulation.

Dr. Scott S. Jones read a paper on "Modern Methods in the Treatment of Eclampsia." Dr. Jones reviewed the different methods of handling eclampsia and stated that at present there was no method accepted by all authorities. He felt that it was advisable to individualize each case and as a general thing favored non-surgical methods. He had found the use of morphine, glucose and magnesium sulphate most valuable. The paper was discussed by Drs. P. C. Kyle, D. H. Johnson, T. H. Duerfeldt, W. C. Cameron and F. C. Willson.

A paper on "The Structure of the Atom" was given by Prof. G. F. Henry, of the College of Puget Sound. Prof. Henry elucidated by the use of charts the modern conception of the atom and explained the physics and chemistry of changing from one element to another. The paper was discussed by Drs. Hart and Herrmann.

Dr. E. A. Layton was elected a member of the society.

The application of Dr. George R. Stalter, medical officer in charge of Veterans' Hospital No. 94, American Lake, was accepted.

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Minutes of the Regular Meeting of the Pierce County Medical Society, February 23, 1932.

The regular meeting of the Pierce County Medical Society was held in the auditorium in the Rhodes Medical Arts Building on February 23, 1932, Dr. R. C. Schaeffer presiding.

Resolutions of regret upon the death of Dr. Joseph F. Griggs were read and adopted by the society.

The application of Dr. Dale L. Martin was read.

The meeting was then turned over to the Tacoma Surgical Club, Dr. H. S. Argue, presiding.

Dr. W. B. McCreery gave a review of recent surgical literature, with outlines of several articles of particular interest in the late periodicals. Discussion was by Dr. E. A. Rich.

Dr. Ralph C. Schaeffer read a paper on "Traumatic Surgery of the Extremities." This paper dealt particularly with soft tissue injuries and discussed measures for combating shock and hemorrhage, wound irrigation and debridement in fresh wounds, repair of tendons and nerves and compound fractures. Discussion was by Dr. E. C. Yoder.

The meeting concluded with a moving picture film on "Traumatic Surgery," furnished by the Davis & Geck Company.

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ECONOMIC BACKGROUND OF BUSINESS BUREAUS

By JOHN SCHLARB, JR.

The current depression, together with the rising cost of medical care and the decreasing ability of the general public to meet this obligation, has brought into the forefront of your attention the need for adequate economic organization to meet and cope with these problems. Such organizations are best provided by the doctors themselves through their own business bureaus.

Professional business bureaus may be described and classified under three general headings, which headings are the types of service which they are designed to render:

- (1) The protection of the physicians' and dentists' material interests.
- (2) The improvement of conditions which govern professional standards and the public's understanding of them.
- (3) Public relations and public education.

In connection with the general problem of medical and dental economics, there is a growing misunderstanding among the lay public concerning what is referred to erroneously as "medical monopolies and trusts." It is the ultimate purpose of professional business bureaus to sub-

stitute for these undesirable terms the words "Economic Efficiency."

In attempting to assist professional men in the protection of their material interests, one of the most difficult problems to be encountered at once arises from the wide tradition of long standing of both professions concerning professional etiquette. The extremely personal relationship between the doctor and the patient, together with the intangibility of the service rendered and the lack of opportunity for the professional man to select his patient on the basis of credit risk, and the unbusinesslike nature of the average patient, have joined together to produce the waiting habit in the payment of professional accounts. This situation can only be met by a well organized and efficiently operated business bureau owned and supervised directly by the medical and dental professions.

This organization must have satisfactory credit information for the citizens of the community which it serves, an efficient collection organization, a working arrangement with the medical and dental societies enabling it to co-operate between physicians and dentists, and the local nurses' organization through some satisfactory medium such as a professional telephone exchange.

Because of the rather unfortunate condition of professional accounts today, a very elaborate collection or-

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ganization is required. The bureau at Tacoma includes a tracing department, a staff of outside collectors, an office staff for the preparation of letters and notices and clerical work, and a highly co-ordinated arrangement with the telephone exchange permitting constant telephone supervision of all debtors. The Tacoma bureau has been able to secure an extremely low collection cost by the co-ordination of the telephone and collection departments permitting operators of the telephone exchange to conduct a large part of the clerical work of the collection department.

Through the affiliation of the bureau with the county medical and dental societies, which arrangement is announced on the letterhead of the bureau, collection letters written to patients concerning past due account have been 70 per cent effective in securing interviews concerning these accounts.

The ultimate goal of a well organized business bureau is not, however, the collection of past due accounts. It is the establishment of a recognized center of medical and dental econom-

ic relations with the public through which an improved public understanding can be obtained, and by means of which the general public may be educated to regard its obligations to these professions as a sacred trust which represents the cost of life and health.

With the co-operation of all the members of the medical and dental professions, these business bureaus may become not an agency for collection of past due account, but the official business representative of the profession at large whose duty it becomes to examine the conditions under which accounts become past due. To correct these conditions by furnishing and maintaining adequate credit information by an active and systematic contact each month with all delinquent patients, securing thereby a reputation for prompt justice and fair arbitration leading in the end to an improved public understanding and the elimination of unsatisfactory credit conditions and deferred payments.

The bureau at Tacoma is well on the road to the attaining of these objectives, and has clearly demonstrated the possibility of a combination of the ideal and practical and the operation of the economic phase of professional practice.

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THE LAW AS AN OBSTACLE TO JUSTICE

A very large number of the accounts which have been assigned to the Business Bureau for collection in recent months have been accompanied by a statement from the doctors that suit should be brought forthwith. In more than three-fourths of these cases, the debtor was suit proof, which means that, although suit could be brought and judgment obtained, collection could not be effected because of the great disparity in legal procedure between obtaining judgment and obtaining payment.

It may be that the following resume from the Laws of the State of Washington may be of value in determining whether legal action may successfully be brought to collect an account.

1. We have in this state what is known as a state insolvency act, or assignment for the benefit of creditors, which permits any debtor to make an assignment to any third party of all his assets (even though he may have none) less his exemptions, to be sold and the proceeds divided equally among his creditors. By doing this (and paying an attorney \$25.00 or so) he discharges all his indebtedness whatsoever. The United States Supreme Court has sanctioned it and it still remains as

a part of our law even though it is not used.

2. In this state we have what is known as a community property law. In other words, when two persons inter-marry, they form a third person—the community—which is not liable under the law for the indebtedness of either of the other parties before marriage.

3. (a) ASSIGNMENT OF WAGES—Regardless of how much a man makes, it is now possible for him to assign his wages to some third party (who may thereafter repay it to him) thereby defeating the possibility of garnishment so as to divert some of his money due his creditors.

(b) With the co-operation of his employer, the debtor may draw his wages daily and thereby avoid any possibility of ever having any amount coming to him.

4. EXEMPTION OF PROPERTY: The exemptions of property allowed a debtor are numerous and generous. Briefly, they consist of the following:

(1) Homestead of the value of \$2,000.00.

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(3) \$500.00 worth of furniture.

(4) Two cows and their calves, five swine, two stands of bees, thirty-six domestic fowls, and provisions and fuel for the maintenance of the household for six months, etc. In case the debtor has none of the foregoing, he may claim *IN LIEU* thereof anything else of the value of \$250.00, be it an automobile, a piano, or \$250.00 in the bank. (THIS LAW WAS ORIGINALLY A TERRITORIAL LAW AND HAS BEEN RECORDIFIED AT DIFFERENT TIMES DATING BACK AS FAR AS 1854, 1869, 1879, 1881, 1883, and 1886.

(5) In addition to the foregoing, there is allowed to a farmer his horses and grain and farming implements not to exceed \$500.00; to a physician his library up to \$500.00, etc.

5. STATUTE OF LIMITATIONS—Open accounts outlaw in three years, written contracts in six years. A judgment outlaws in six years and becomes absolutely dead and cannot be revived. Other states have much more favorable legislation in this respect. Only eight other states of our union are as low as ours in this respect.

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TACOMA GENERAL HOSPITAL

In striving to secure a higher standard of education for young women entering the nursing profession, the Tacoma General Hospital has entered into an agreement with the College of Puget Sound, whereby a student may take a five year course in Nursing. This course leads to a certificate of Nursing from the Hospital and a degree of Bachelor of Science from the College.

In addition to this course, affiliation has been made whereby those students not included in the five year course may benefit from the College by having two basic classes, Chemistry and Psychology, given by the College. Students interested in Nursing Education from the College are taking a class in History of Nursing at the Hospital. This contact, it is anticipated, will stimulate the interest of students to ob-

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tain a broader scientific background in Nursing Education.

Miss Margaret Paetznick is the new Obstetrical Supervisor of the Tacoma General Hospital. Miss Paetznick is a graduate of the University of Minnesota and has completed a post-graduate course at the Chicago Lying-in Hospital.



PIERCE COUNTY NURSES' ASSOCIATION

The Pierce County Nurses' Association, District No. 3, will hold its March meeting on March 7, 1932, at 8 P. M. in the auditorium in the Rhodes Medical Arts Building.

Mrs. Julius P. Jaeger, of the College of Puget Sound, will give a review of the life and works of Don Byrne, with readings from his books.



TACOMA SURGICAL CLUB

The Tacoma Surgical Club met for a short business session on Tuesday, February 23, preliminary to putting on its regular scientific program before the Pierce County Medical Society.

Further plans for the annual open meeting on May 7 were discussed. The program at that time will be built around the general topic of "Surgical Advance," with Dr. I. S. Ravdin, of Philadelphia, Professor of Research Surgery at the University of Pennsylvania, as chief speaker. Anatomical

and clinico-pathological demonstrations are planned for the morning, a series of scientific papers for the afternoon, with a banquet in the evening. Dr. Ravdin has announced his evening topic as "Surgery of the Future."

After the business meeting the following scientific program was presented:

Review of Recent Surgical literature ----- Dr. W. B. McCreery
Traumatic Surgery of the Extremities ----- Dr. R. C. Schaeffer
Davis & Geck Movie Film of Traumatic Surgery of the Extrimities
S. F. Herrmann, Sec'y.

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ST. JOSEPH'S HOSPITAL

The next clinical meeting at St. Joseph's Hospital will be held on Mar. 7, at 8 P. M.

Dr. H. S. Argue will give a paper on "The Polycystic Kidney," with case report.

Dr. H. G. Willard will report a case of multiple abscess of the kidney.

Dr. C. C. Leaverton will read a paper on "Renal Calculus with Pyelitis of Both Kidneys."

Dr. G. E. Griffith will read a paper on "Pan Sinusitis with Pulmonary Symptoms."

**PACIFIC NORTHWEST
MEDICAL ASSOCIATION**

The meeting of the Pacific Northwest Medical Association will be held in Spokane on June 27, 28 and 29, 1932. Speakers will be Drs. Henry C. Bazett, Samuel R. Cunningham, H. Gideon Wells, William J. Kerr, Philip H. Kreuzscher, Charles B. Wright, Temple S. Fay, Henry E. Michelson and R. T. Atkins. Meetings will be held at the Davenport

Hotel. Committee of Arrangements: Drs. F. G. Sprowl and C. W. Courtneyman.

**PERSONALS**

Dr. H. G. Willard was elected president of Grinnell College Alumni of Puget Sound at a meeting held in Seattle on February 22.

Dr. H. J. Whitacre and Dr. S. M. Creswell were on the program at the meeting of public health officers held in Seattle last month.

Dr. Grant S. Hicks is back in his office after several weeks spent in California.

The degree of Doctor of Science was conferred upon Dr. H. J. Whitacre at the Founder's Day exercises at the College of Puget Sound on February 19.

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4. Fill out death certificates accurately and completely. These may be used as evidence with serious consequences.

5. Do not have an autopsy performed without a permit signed by the nearest relative.

6. Avoid careless and ill-founded opinions, particularly in regard to the results obtained by other physicians.

7. Defer pushing collections on a dissatisfied patient who may bring suit rather than pay his bill.

8. Make friends with your patients by your honesty and fairness towards them, for the everyday patients make up your jury and their friendliness to you means their friendliness to the profession.

9. Carry adequate protective insurance.

Malpractice suits are always more common in times of depression. Therefore place these nine rules under your desk glass and read them over periodically. — *Medical Society Reporter, Scranton, Pa.*

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The Doctors

I like to talk with business men, with
bankers and with clerks,
And I can spend a pleasant hour
with any man who works,
I like to talk with lawyers, and with
artists now and then,
But still I think I'm fondest of a cer-
tain class of men.
I think, although with any man I'm
glad to share a jest,
The doctors are the ones I really like
to talk to best.

The doctors have so much to tell I
want to know about,
I like to hear the surgeons talk of
what they've taken out;
The brains and lungs that day remov-
ed from women and from men
And all the marvelous things they've
done to make them well again.
It may be I am strange in this, but I
can sit all day
And listen to the wondrous words a
doctor has to say.

When comes my doctor in to me to
sit beside my bed,
Although I've called him in to work,
I hope he'll talk instead.
I like to hear the things he knows.
the things he's done and seen,
For I am curious about this flesh and
blood machine.
And though he is a busy man, I make
him earn his fee
By getting him to sit and talk an
hour or two with me.

Now bankers talk of money, and
your artists talk of art,
And there's a sort of wisdom in the
knowledge they impart,
But doctors talk of life and death,
the cause and cure of pain
And there's a fascination in their
speech that I can't explain.
I like to talk with doctors, and I hold
their friendship great
But I hope they'll never say to me:
"I guess we'll operate!"
—Edgar A. Guest

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For other details of the Mead Johnson Vitamin A Clinical Research pages 14 and 15, in Journal of the Award, see special announcement, A. M. A., January 30, 1932.

STUDY CLUB & HOSPITAL STAFF MEETINGS

- Tacoma Surgical Club.....Mar. 28
Tacoma Urological Society...Mar. 15
Tacoma Internists' Society...Mar. 15
Tacoma Anatomical & Pathological
SocietyMar. 3 & 17
Tacoma General Hospital
Monthly Staff MeetingApr. 5
Thursday Morning Clinic
Mar. 10-17-24-31
St. Joseph's Hospital
Clinical MeetingMar. 7
County Hospital
Staff MeetingMar. 25

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Erysipelas	1
Scarlet Fever	11
Measles	13
Whooping Cough	2
Chickenpox	31
Mumps	8
Diphtheria	2
Typhoid Fever	1
Smallpox	2

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of the

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and

Tacoma District Dental Society

VOL. II

APRIL, 1932

No. 4

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
RHODES MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

TUESDAY, APRIL 12

Symposium on Chronic Atrophic Arthritis
Modern Conceptions of Chronic Atrophic
Arthritis.....Dr. Edward A. Rich

Allergic Influences in Arthritis.....
Dr. T. H. Duerfeldt

What Can Be Expected in the Treatment of
Chronic Atrophic Arthritis?.....
Dr. William H. Goering

Infections of the Hand.....
Dr. David Metheny, Seattle

Election of Nominating Committees



TUESDAY, APRIL 26

Psychology of Childhood.....
Dr. R. D. Sinclair, Ph. D., Professor of Psy-
chology, College of Puget Sound

Mental Tests in Childhood.....Dr. H. T. Clay

Auditorium Telephone Broadway 3166

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EDITORIAL

On March 24, 1882, Robert Koch announced to the world his discovery of the tubercle bacillus. In commemoration of this event the anti-tuberculosis societies of the world are beginning a year's intensive educational campaign to trace each case of tuberculosis to its source.

Robert Koch was born in 1843 at Klauthal, Hanover, and received his medical degree at Gottingen in 1866.

Medical thought had come through the ancient veil of mystery, of belief in disease as a dispensation of Providence and a reliance on charms and amulets, to view disease in a more rational manner. The theories of foul air, miasmas, odors and humors and the idea of spontaneous generation were quite generally supported, but

these views were being more and more brought into question.

The publication of Darwin's Origin of the Species challenged the prevalent thought of scientific men and introduced a new conception in the biological view of morphology and physiology, and later Virchow's cellular pathology fixed the foundation for the study of disease on a firm and enduring basis.

Pasteur had done his great work on fermentation and silk worm disease and was now engaged in a study of germs in relation to disease.

The microscope was being used by the more advanced investigators and protozoa and bacteria had been seen by several workers, but their nature was not understood. Koch was fortunate that he studied under Jacob Henle, one of the greatest teachers of anatomy and histology of all time, whose enthusiasm for painstaking investigation probably instilled in his pupil his great zeal for orderly thought and scientific observation. Henle had early advanced the theory that the origin of disease was to be found in some animal contagion and this teaching undoubtedly influenced Koch's later work.

After serving in the Franco-Prussian war he was district physician at Wollstein. Here he was engaged in an ordinary country practice but continued his studies with the microscope at every opportunity; and with that genius which is the capacity for taking infinite pains he worked out the life history and sporulation of the anthrax bacillus. He proved that the bacillus was the cause of the disease and that pure cultures could be grown outside the body through several generations and then could cause disease in other animals.

Soon after, he published his method of fixing and drying bacterial films on cover slips, his methods of staining

(Continued on page 10)

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The next meeting of the Tacoma District Dental Society will be held on Tuesday, April 19, in the auditorium in the Rhodes Medical Arts Building. Dr. F. R. Baker will give a clinic on "Treatment of Children's Teeth by the Methods of Dr. Charles A. Sweet," Dr. T. W. Hammond will present a table clinic and paper on "Articulation," and Dr. H. A. Christofferson will speak on "Tooth Form."

The Midwinter Clinic was one which brought to our midst a group of gold foil operators from the Seattle Study Club. It was certainly a pleasure to those interested to see the manner in which they operated. It

reminds those of us who have studied under Dr. Wedelstadt and Dr. Searle of the "good old days." The other clinics were not to be overlooked, but gold foil held the spotlight.

It is the desire of those in charge of the various group clinics for the coming Pacific Coast Dental Conference that all who can help in the various lines volunteer their services, in order to avoid the necessity of conscription.

Dr. Christofferson promises to have an announcement of interest to us all at the meeting April 19. BE THERE!

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VIOSTEROL SAFE IN PREGNANCY

USE OF VIOSTEROL DURING PREGNANCY

To the Editor:—Please advise me whether administration of irradiated ergosterol to pregnant women could cause a premature calcification of the fetal head, resulting in dystocia, with possibly damage later to the child.

J. A. M. A.,

Dec. 19, 1931,

p. 1914

M.D., Waco, Texas.

ANSWER.—There is no danger to mother or child from therapeutic doses of viosterol (irradiated ergosterol) given during pregnancy. In fact, such medication probably would be of advantage, owing to the excessive drain of calcium and phosphorus that takes place during this period. This medication is especially indicated in cases in which the intake of calcium compounds has been insufficient.

MEAD'S VIOSTEROL IN OIL 250 D, because of its well-known effect upon calcium absorption, is attracting increased interest among obstetricians for use during pregnancy, especially in connection with foods rich in calcium, such as Mead's Cereal (220 mgm. Calcium per oz.). Aside from its mineral nutritional aspect, Mead's Viosterol in Oil 250 D has a marked effect in lowering blood coagulation time. Samples and literature on request. Mead Johnson & Company, Evansville, Indiana, U. S. A. Pioneers in Vitamin Research.

Epidemiology of Scarlet Fever

S. M. CRESWELL, M. D.

Scarlet Fever is seemingly a streptococcus disease. The disease behaves as do other diseases due to streptococci, in that the incubation period is short and the onset abrupt.

In 1923 George and Gladys Dick produced experimental scarlet fever in the human by inoculation of the throat with hemolytic streptococci from patients with scarlet fever. As a result, the doctrine of specificity arose and scarlet fever was considered to be due to a special and single variety of hemolytic streptococcus which differed from other hemolytic streptococci found in various disease processes. At the present time the general opinion is that this is indeed a disease due to streptococci, but that the micro-organisms involved are not necessarily limited to a particular immunological type, as was first thought. There seems good reason to believe that a group of streptococci may be concerned, and certain authorities have thought that the disease may occasionally arise from other bacterial agents. Clinical observations have demonstrated different forms of the disease. Recent studies show that it is hopeless to attempt to judge the infectivity of a given case by the single factor of time. Many clinical factors must be considered.

The scarlet fever patient is capable of transmitting the disease to others for a long time after the acute symptoms have disappeared. Scarlet fever is a peculiar infectious process in that it is the one common contagious disease in which complications are regularly due to the same micro-organism responsible for the original acute infection. This explains the infectivity. Scarlet fever is most infectious during the first week but the infectivity may continue for many weeks. The degree of infectivity is

less than that of many other diseases.

The patient free from complications is less likely to transmit the disease to others when released after thirty days of quarantine, than is the patient who in convalescence has had suppurative complications, commonly referable to the ear, nose or throat. The last group may disseminate the infection for as long as five or six months.

It is impossible to say just what a scarlet fever patient is no longer capable of transmitting the disease to others. In Michigan and Illinois the official isolation period for scarlet fever is twenty-eight days in the absence of complications, and yet in these states about two per cent of patients released under such conditions give rise to other cases of scarlet fever. Gordon attempted to identify this proportion who maintained infection by releasing patients only when two successive cultures from nose and throat were free from hemolytic streptococci. In the observation of several thousands of scarlet fever convalescents, he found that the number of secondary cases was almost precisely the same in the group who were discharged with negative cultures as it was in the group who went home with positive cultures. A large group of uncomplicated patients, released without cultures being taken likewise had the same secondary case rate. Apparently nothing was accomplished by such bacteriological control.

Gordon also obtained information regarding the relative danger of the several common pyogenic complications. Apparently, suppurative conditions of the ear are without particular hazard, and scarcely any more secondary cases will result from contact with convalescents having discharges from the ear, than from con-

tact with uncomplicated cases. Infections of the nose and paranasal sinuses are the most dangerous conditions responsible for disseminating the virus to others. Some forms of rhinitis are more dangerous than others. Persistent hemolytic streptococci in the throat occupies an intermediate position between infections of the ear and nose.

An interesting result of this study was the observation that most secondary cases traced to patients released after twenty-eight days, arose from contact with children. Convalescent patients have been found to cause secondary cases more frequently during the winter and spring and less often during summer and autumn.

Dr. George Darling has made an investigation regarding administrative practice in the larger cities of the United States concerning the control of scarlet fever. He gathered information from 44 widely scattered cities in the year 1929. He found much dissatisfaction with the present isolation and quarantine requirements in force. There is no uniformity save that of a lack of scientific basis. There are almost as many variations in administrative technique as there are cities. Although it is recognized that the management of a case of scarlet fever must vary with the individual and the circumstances presented, little effort is made to provide more than blanket measures for the protection of the public.

Dating Isolation of Patients: Twelve cities date the period of isolation from the day of onset of the disease; 12 from the day of isolation; 6 from the day of report; and another 6 from the day of the rash. In one city it is the practice to calculate the period of isolation from the day of onset of the disease if certified by a physician, otherwise from the day of the report.

Isolation Period of Uncomplicated Cases: In nine cities simple cases of this disease are isolated for a minimum period of 21 days; in one, 23 days; in twelve, 28 days; in twenty, 30 days, and two cities, 42 days.

Isolation Period for Complicated Cases: In twelve cities complicated cases of scarlet fever are kept in isolation until all abnormal conditions of the nose, throat and ear have disappeared. In 12 additional cities, complicated cases may be released from isolation before discharge cases, if cultures show the absence of hemolytic streptococci. In two cities the period of isolation does not exceed 56 days regardless of condition. In one city complicated cases are cultured for hemolytic streptococci at the end of 30 days and the patient is released when two negative cultures are obtained at an interval of forty-eight hours, or regardless of condition after 60 days. In another city, complicated cases are isolated until the complications have completely subsided, or for a maximum period of 51 days. In

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another city, complicated' cases are isolated until the complications have completely subsided, or for a maximum period of 51 days. In one city complicated cases may be released any time after the 23rd day, if the condition has cleared up, but may not be restricted longer than the 44th day. In one city complicated cases are isolated for a minimum period of 28 days but are released only after being seen by a medical inspector. In general the majority of cities (28) determine the period of isolation by a combination of clinical conditions, bacteriological findings and legal regulation. In 14 cities the period was determined by a combination of clinical conditions and legal requirements. In 17 cities the period of isolation was determined by clinical conditions alone. In one city the period of isolation was determined by legal requirements alone.

Limitation of Patients After Release: The activities of patients are not limited after release from isolation in 27 cities. Sometimes the activity of the patient is limited when there is special reason to believe that he may be a carrier. School children who have had scarlet fever are not admitted to school until seven days after their release from isolation in 13 cities. In some of these cities the child is permitted to remain away from school as long as two weeks after release from isolation for conva-

lescent purposes, but longer than this only on a physician's certificate.

Duration of Quarantine of Contacts: It is the practice in 37 of the 44 cities to quarantine contacts as long as isolation is maintained for the case. Infrequently if the contacts can be kept away from the patient, they will be restricted only ten days from the date of the last actual contact. Usually contacts are defined as persons under 16 years of age who have not had scarlet fever.

Quarantine of Contacts when Wage Earners: Information concerning the procedure followed when one of the contacts of scarlet fever is a wage earner was volunteered by 19 cities. As a rule unless these wage earners were teachers, nurses, food-handlers or others with similar types of occupation their activity was not restricted. Six cities do not permit such wage earners to pursue their usual occupation during the period of

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quarantine, but they may do other work as long as they are properly supervised by a medical attendant. One city issues permits to wage earners to continue their work if conditions are judged to be satisfactory. One city required that wage earners be quarantined seven days and then must move if they are permitted to continue work. In three cities wage earners must move at once or be quarantined for the full period. In six cities teachers and food-handlers are quarantined for a week.

Dr. Darling's report shows that the present American regulations are hopelessly confused. While it is readily admitted that standardization does not necessarily mean progress it must be concluded from his study that rapid advance toward the goal of minimum isolation and quarantine can only be made as a result of the clarification of the terminology and techniques involved. The day when group control measures could be considered adequate for the protection of the public has long since passed.

Isolation and Quarantine for State of Washington: "For the members of the family, quarantine for not less than thirty days. For the patient the period of quarantine shall not be less than six weeks and not until desquamation has been completed and all discharges from the nose, throat and ears have ceased. If there is a chronic discharge of the ear, quarantine

may be raised when such discharges on examination made in a laboratory recognized by the State Department of Health shows absence of streptococci. Persons exposed who do not reside on the quarantine premises shall be kept under isolation or observation of health officer and doctor for a period of ten days. During this period they must be excluded from school or any occupation which brings them in contact with children or large numbers of persons, or with persons handling milk or food supplies. Provided further, in cases of mild scarlet fever and only desquamation the local health officer may release the case at the end of three weeks when his recommendation for such release has been approved by the Director of Health."

The State of Washington has as rigid a regulation for scarlet fever as any state in the union. It has been observed and opinion expressed that scarlet fever in the Pacific Northwest is, in general, a very mild type. The necessity for such rigid regulations has been doubted by the American Public Health Association. During the past year they have selected cities in various geographical locations throughout the United States and requested that a research project be initiated to collect data to answer this question.

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members of the Pierce County Medical Society have deemed it important to learn more concerning scarlet fever in this city. On March 1st of this year the project was started under the general direction of the American Public Health Association, whereby so far as is possible every case of scarlet fever and every contact will be interviewed, Dick tested and cultured. A complete history will be taken, as to exposure, number of contacts, school attended, type of quarantine, care in the home, etc. A record will be kept of the patient for a period of eight weeks. When several hundred cases will have been interviewed, the records will be analyzed in one office in New York City. The results will measure the effectiveness of our present regulations.

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NOTICE!

Please come prepared to make nominations in accordance with the following amendment to Section I, Article 3, of the By-laws, relative to nomination and election of officers, passed at the regular meeting on May 26, 1931:

The nominations for and election of president, vice president, secretary-treasurer, trustees and delegates to the Washington State Medical Association shall be made in the following manner, to-wit:

(a) At the first regular meeting in April of each year the president shall call for nominations from the floor of men to be elected as nominating committees and the membership shall proceed to ballot. The six receiving the highest number of votes shall constitute the nominating committees. One committee shall consist of the men receiving the highest number of votes, the third highest and the fifth highest; the second nominating committee shall consist of the men receiving the second, fourth and sixth highest number of votes.

(b) In case of vacancy in either of these committees the president is authorized to fill such vacancy.

(c) The chairman of each of these nominating committees will promptly call together his committee and they shall proceed to select at least one nominee for each of the offices and

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shall submit their reports at the second meeting in April.

(d) At the first regular meeting in May the nominating committees shall report through the secretary all nominations then effective and the membership shall proceed by ballot to the election of officers.

(e) Voting members, not less than seven (7) in number, may nominate a member or members for any elective office of the society; such nominations shall be in writing and signed by the members making them and shall be filed with the secretary not later than the adjournment of the second meeting in April.

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EDITORIAL

(Continued from page 2)

with dyes, and his cultures on gelatin plates.

He also published his great work on the etiology of traumatic infections in which he describes the bacteria of six different surgical infections in relation to their pathological findings. About this time he introduced steam sterilization by dry heat which was destined to have a revolutionary effect on surgical procedure.

The discovery of tubercle bacillus in 1882 and its demonstration as the cause of tuberculosis was the crowning achievement of a life of glorious service.

It is not alone by the discovery of the tubercle bacillus that his fame will endure but by the foundation he laid for future workers by painstaking technic and observation and in the formulation of his famous postulates as a basis for the establishment of the pathogenic character of a given micro-organism.

He died May 27, 1910, and belongs among those immortals whose lives and works have influenced not only medicine, but the existence and happiness of all succeeding generations.

PROPOSED CHANGES IN BY-LAWS

The special committee appointed by President R. C. Schaeffer, consisting of Trustees W. B. Penney and E. A. Rich, request the following changes in the By-laws of the Pierce County Medical Society, and further ask that such action when taken by the society shall be retroactive to January 1, 1932:

I.

That in Section 2, Article I of the By-laws the first paragraph (a) dealing with "Membership" be rescinded.

II.

That an additional section be added to Article V, dealing with "Funds and Expenses."

Section 5

The membership dues appertaining to all active members practicing in the city of Tacoma shall vary from

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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 Ten Dollars (\$10.00) per first year of active practice; Fifteen Dollars (\$15.00) per second year; Twenty Dollars (\$20.00) per third year and regular dues thereafter.

(b) Members having completed thirty years of active medical practice shall be permitted to retain membership upon the payment of annual dues of Ten Dollars (\$10.00).

(c) All members affected by these sections shall retain active membership in the Washington State Medical Association and in the American Medical Association, as well as in the local Pierce County Medical Society.

(d) Library funds shall not be deducted from any dues lower in amount than Fifteen Dollars (\$15.00) except as specified in Section 4 of the article.

(e) The Board of Trustees at their discretion can at any meeting make

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adjustments in specific and individual dues as extenuating personal conditions demand.



TACOMA SURGICAL CLUB MEETING

The annual scientific meeting of the Tacoma Surgical Club will be held on May 7, 1932. The subject will be "Surgical Advances."

Dr. I. S. Ryvadin, of Philadelphia, the J. William White Professor of Research Surgery of the University of Pennsylvania, will be the guest speaker.

The morning meeting place will be in the Anatomical Laboratory of the Tacoma General Hospital, the afternoon meeting will be held in the Medical Arts Building Auditorium and the evening session at the Union Club.

The day will be devoted to an intensive study of the review of the newer practices in the mechanics and diagnosis of surgical conditions in their relation to a modern conception of pathology. The day will culminate with an address by Dr. Ravdin upon the subject: "The Surgery of the Future."

The profession is cordially invited. Send reservations to Dr. S. F. Herrmann, Secretary, Tacoma.

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FUNDAMENTALS

By G. A. WISLICENUS, M. D.

II.

The Oneness of Life

In our discussion of fundamentals we had reached the question: "Has Life, perhaps, started as one body?"

To the individualist this question must seem absurd, for individualism takes plurality for granted.

In the realm of Life an individual is a representative of a plurality; it is one out of more than one. Whosoever believes in individuality as fundamental must accept plurality as fundamental, too. Fundamentally, individualism is pluralism; and if it were true, Life would have started as many.

From a superindividualistic point of view, however, the above question appears in a very different light:

All Life that we know is continuous in so far as it lives from generation to generation without interruption. Nowhere and never has Life started anew, as far as we know. Every living thing is the same plasma that there was before, just individualised *de novo*. What is new is not plasma, not Life, but only the new individual state (a temporary state, a temporary concern) of one and the same plasma, which existed before "the individual" made its appearance. Furthermore, phylogenetically, animal plasma cannot be separated from plant plasma, whilst microplasma fuses with both plant and animal plasma. Again, human plasma has so many traits in common with animal plasma that the closest relationship of the two can be denied only by the prejudiced. Whilst much has been made of the "missing link," Biochemistry has definitely bridged the gulf between man and beast by the ready substitution of animal hormones for the corresponding human products

and vice versa; the most striking instance of interchangeability being brought to light by the Aschheim-Zondek test for pregnancy. Thus the essential Sameness of all Plasma is established; the apparent differences being caused by differentiation, not by fundamental "Otherness."

Visualizing, then, all Plasma essentially and fundamentally as One and realizing that there must have been Archi-plasma before there could be plants, animals, microplasts and men, and reasoning along strictly and straight evolutionary lines, we must not only admit as logical the question: "Was Plasma One even at the beginning?" but we even seem to be forced to the concession that inasmuch as Life must have started at least once, such start must have been easier in One body than it would have been in more bodies than one at once.

If Evolution means anything, it is this: that Plasma has developed from the simplest possible beginning into the complex state of today. One and once, certainly, is simpler than more than one (and more than once). In fact there is nothing as simple as One (and once). Oneness (and oneness) is Simplicity itself. Plurality is multiplicity and complexity, compared with Oneness.

But what can we do about it? How are we to decide the question?

The armamentarium of Science essentially consists of three instruments: (1) Observation, (2) Reason, (3) Experiment. In the field of Archi-plasma observation and experiment are out of question; reason is our only hope. All depends on our *mode of reasoning*.

So far science has reasoned individualistically, with the result that archiplasm is what it always has been:

a mystery, the solution of which is well nigh despaired of. Du Bois-Reymond exclaimed: "Ignorabimus!" and Biology fights shy of the issue ever since. This is a deplorable state of affairs. For without a plausible answer to the question: Whence do we come? how dare we talk of progress, how may we lay plans for orderly advance into an unknown future?

Individualistic reasoning having failed, it is not only logical but imperative for us to try superindividualism; and inasmuch as superindividualism emphasizes primary Oneness throughout, we are scientifically justified to reason as follows:

Suppose that Plasma started as One body, a colloid, detached from the surface of the earth and floating on a shallow water; its first and only function being the building up of its own substance by assimilation of suitable material from its azoic surroundings. This was done somewhat in the way as plants do it even today, but in a much more primitive manner. But even so, such activity resulted in growth.

We have, then, here a protoplast, or "the Protoplast," the first plasmatic body, assimilating and growing. We may call it the PRIMORDIAL LIVING MOLE (from lat: moles—a mass.) This Mole must not be confounded with Haeckels Bathybius Huxleyi, nor with the "living fluid"

recently spoken of in connection with the bacteriophages, and from which the "smallest possible organisms" would have arisen.

We are not interested in smallness at this stage, but in simplicity. The size to which the primordial mole might have grown must not be conceived in microscopical dimensions, but in proportions as large as the softness of this Proto-plasm would permit. Obviously, there was a limit, beyond which the soft body could not grow, without breaking up into two or more daughter moles.

Here, then, we have the first (primordial) individuals, resulting from the first partition of the primary Oneness of Plasma: No new plasma, no new life; but the same Life and Plasma as before, only individualized by simple partition.

These secondary moles (or primordial individuals) grew in the same way as the mother mole had done, until, again, they broke up. Thus we get a third generation of moles: no new plasma, no new life; all the same Plasma, all the same Life, only individualized again; and so on, until the whole available space was covered by plasmatic moles.

At this stage individuality, as yet, was not a definitely established institution, for when crowded these soft bodies, which were homogeneous throughout, may as well have coal-

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esced with one another; but by and by organization set in, making fusion more difficult. For, although homogeneous throughout, these moles had a surface, which being exposed to the outside world and under tension from the growing bulk, was bound to toughen a little. A surface layer, thus, was differentiated from the inner mass, and individuality was enhanced.

But even then, with plurality established and individuality well advanced, it was essentially One and the same Plasma, colloid, assimilating, growing, expanding. Not plurality (nor individuality, for that matter) was the primary, fundamental and essential factor, but colloid, assimilating, growing, expanding Oneness.

Protoplasma was soft; Plasma is soft even today. In the course of its history it has developed firmness and even hardness, but primarily, fundamentally and essentially, besides being One, it was and is soft. Softness is both its strength and its weakness. Without softness it could not assimilate, grow, expand; but on account of its softness it broke up, whenever, in growing, it had reached the limit of its cohesiveness.

Plasma being soft, its growth caused *horizontal* expansion. As long as the moles were floating free, with sufficient space available, they had no definite upper and under-surface;

wind and currents eventually turning them upside down and downside up. But with multiplication steadily going on, a state must have been reached where a cluster, so to say, or colony of moles existed, which could expand in a horizontal direction only at the periphery. In the center the moles were so crowded that a thrust in the *vertical* direction was the only way out of stagnation. This was a fateful moment; for when a flat body starts to grow in height it gains more bulk than surface. Furthermore, with bulk increasing, the undersurface would receive less light, whilst the upper surface, lifted out of the water, would suffer from lack of minerals. The mole soon would lose its homogeneity and assimilation would be disorganized. Plasma turned sluggish, readjustment became necessary. Fortunately, under pressure from the sides, the upper surface could be enlarged by folding, the under surface either by folding or by cone-shaped downward extension of the plasmatic body. And whilst the upper surface layer now had to specialize in the work with light, and the under surface layer in absorption by osmosis, a third or middle layer was established as an organ of exchange. Here appears in dim outlines the primordial plant, with primitive leaves and primitive root; and yet: all is One Plasma, which, with progressive differentiation and individualization,

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continues to grow in mass and power.

It is not difficult to see how inequality of form and function would increase, for at the periphery the moles would continue to live the old and easy life of flatness, whilst in the center, under stress and strain, their sisters would organize and rise. But opportunities would become unequal, too: Smaller moles would be suppressed and submerged, crowded away from contact with light. One of two things might happen to them: they either turn sluggish and die or else they find a *new modus vivendi*. Maybe they attach themselves to the under surface of the bigger moles and either absorb of their substance or are absorbed by them. This process of fusion, however, would be of no material help. Again the surviving ones may learn to dispose of the dead ones. An entirely new situation would be created. For by removing dead bodies from under the living moles, these necrophages render valuable services as scavengers, introducing at the same time two new functions, metabolism and locomotion. The animal appears on the stage. From necrophagism to biophagism is only one step; but space being limited, we cannot go into further details. So much should be clear by this time, that there are no great difficulties left for the theoretical tracing of all Life-phenomena through archiplasma back to the primordial living mole.

Primarily, fundamentally and essentially ALL LIFE IS ONE.

In a third and last article this theory will be applied to the problems of medicine.

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MEDICAL ACTIVITIES

The Tacoma Urological Society met on March 15 in the office of Dr. C. F. Engels. Dr. C. H. Doe read a paper on "Prostatic Hypertrophy" and individual case reports were presented.

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The Anatomical & Pathological Society will be addressed by Dr. W. A. Niethammer at its meeting on April 21. His subject will be "The Surgical Aspects of the Kidney."

: : : : :

Miss Helen Wilcox, Executive Secretary of the Public Health League, gave a most interesting and illuminating talk before the Woman's Auxiliary at its meeting on March 10. Miss Wilcox was warmly applauded and the women who were so fortunate as to hear her felt that the meeting had been one of great interest and value.

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A very interesting description of the Passion Play was given by Mrs. Charles Drury at the meeting of the Pierce County Nurses' Association, District No. 3, on April 4.

◎ ◎ ◎

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NEWS ITEMS

Dr. E. D. Kanaga, who has been seriously ill with pneumonia, is much improved.

Dr. and Mrs. A. C. Stewart and daughter spent Easter in Los Angeles.

Dr. W. B. Penney will attend the meeting of the American Medical Association in New Orleans on May 9 to 13, as delegate from the Washington State Medical Association.

Dr. Walter Cameron has been elected secretary of the Northwestern Alumni of the University of Pennsylvania.

Dr. M. T. Nelsen left on April 1 for Chicago and will spend the next two or three weeks there and in nearby towns.

Mrs. William H. Ludwig, who has been very ill in Tacoma General Hospital, is now convalescing.

Miss Judith Johnson, who served for several years as Surgical Supervisor at Lakeview Hospital at Danville, Illinois, and Rockford Hospital, Rockford, Illinois, assumed her duties as Surgical Supervisor at Tacoma General Hospital on April 1. Miss Johnson is a graduate of Rockford Hospital.

On March 13 thirty milligrams of radium was lost in one of the wards at the County Hospital. The element had been implanted in the mouth of a patient with far advanced cancer, and, even though he knew that radium was being used, the man pulled the needles from the wound and threw them into the drain. He could give no reason for his irresponsible act. The insurance company is con-

ment, which was the property of the Tacoma Radium Society.

Special attention is called to an article in the current American Journal of Obstetrics & Gynecology by Dr. Emil Ries, of Chicago, dealing with the colposcope. Tacoma is fortunate in having one of these instruments, the only one in the Northwest.

The American Public Health Association, Western Branch, will hold its third annual meeting in Denver, on June 9-11. Subjects of special western importance will be "Psittacosis," "Rocky Mountain Spotted Fever" and "Reciprocal Relations for the Control of Shellfish on the Pacific Coast." Nationally known authorities will address the meeting.

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COMING MEETINGS

Tacoma Surgical Club	April 25
Tacoma Urological Society	April 19
Tacoma Internists' Society	April 19
Tacoma Anatomical & Pathological Society	April 7 & 21
Puget Sound Academy of Ophthalmology & Otolaryngology	April 19
Tacoma General Hospital—	
Monthly staff meeting	April 5
Thursday morning clinics	April 14, 21 & 28, May 5
St. Joseph's Hospital—	
Clinical meeting	May 2
County Hospital—	
Staff meeting	April 29

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COMMUNICABLE DISEASES

Erysipelas	1
Mumps	11
Measles	33
German measles	7
Whooping cough	7

BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II

SEPTEMBER, 1932

No. 6

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Carcinoma of the Pancreas...Dr. S. F. Herrmann

Discussion.....Dr. B. A. Brown

Dr. D. L. Martin

Fulminating Gallbladder.....Dr. L. J. Hunt



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EDITORIAL

Tacoma will be host to the annual meeting of the Washington State Medical Association and the Women's Auxiliary on September 12 to 14.

The members in Tacoma extend a cordial and hearty welcome to the members in attendance and will do all in their power to make the meeting profitable as well as a pleasant gathering of friends.

The first day will be devoted solely to pleasure as the State Medical Golf Tournament will be held at the Country Club.

The program to be presented is a decided departure from the usual proceedings of a medical society as there will be no papers or discussions on scientific subjects. All the sessions will be devoted to consideration of

social and economic conditions as they relate to medical practice. This is a timely innovation. We are living in an age in which the customs, thoughts, ways of living, and the conduct of business and government itself are vastly different from a decade past. There is evident today an investigation of this departure from the old procedure, a questioning if it has been for the better, and an effort to evaluate our present trend, so as to guide our future destiny on a right course.

In the realm of business, in contrast to the old idea of unlimited and unrestricted competition, there have been mergers and combinations of capital which control the output and distribution of goods. These corporations through their numerous branches or chain stores scattered throughout the land enter into direct and, almost always, successful competition with the local merchant, the butcher, the baker, in fact with almost every line of retail business. The result has been the gradual elimination of the owner of the small store and shop until the few who are left can barely survive. In the past our cities and communities have been built up and supported by these business men and local artisans. They have been the strength of the community and the greatest source of support for the medical man.

In their conduct of social relations the people are fast losing their feeling of self-reliance and independence and are asking the schools, various reform societies or the state or national governments to take over more and more of those problems which rightly should be solved by the individual himself. The growth of this paternalistic idea of government has resulted in the creation of the numerous boards and bureaus with their expensive surveys, investigations, plans

Asthma as an Allergic Disease

TREACY H. DUERFELDT, M. D.

Tacoma

We have all seen asthma—especially the acute attacks and have eagerly sought some permanent cure for it. Typically we respond to a night call to find our patient sitting in a chair with his arms on a table, moving neither hand nor foot to conserve the strength needed for breathing. His breathing is labored, a continuous labor. The wheezing is audible across the room and is definitely associated with the prolonged and forced expiratory phase. He is content to have another speak for him and begrudgingly gasps the few words he must say. Very few conditions will simulate this picture and when we find that a suitable dose of adrenalin terminates his dyspnea, our diagnosis is completed. But ordinarily the patient and his friends already know the diagnosis only too well. Our experience must tell us which conditions are not true asthma. This is usually more difficult when the patient with mild attacks consults us while free from symptoms. The dyspnea of asthma is typically paroxysmal with periods of freedom between the attacks and yet such a dyspnea may depend upon a circulatory dysfunction and even though the stimulating shock of adrenalin may often decrease the symptoms it does not make the diagnosis asthma. The dyspnea following exertion in the patient with myocardial damage should not and yet too often is confused with asthma—probably because a careful history is not obtained first. The relief of the acute attack is our immediate responsibility and every physician should carry and use adrenalin in such a case. Too often a physician is content to give morphine with or without atropine to such an asthmatic even though the

dyspnea is not entirely relieved by it; for this drug will certainly quiet the patient and shorten the stay of the physician. I often wish that adrenalin did not come in one cc. ampules for the average patient will respond quickly to but a quarter of that dose. Alexander stresses this point with the statement that "the usual dose of adrenalin given an asthmatic may be felt by the patient as a blow from a club rather than as a support or crutch to his unbalanced visceral mechanism." I shall refer to additional ways of treating this acute attack but first let us consider more fully this symptom complex which we have called asthma.

I believe that asthma is an allergic disease in most cases. Allergy is a term first used by Pirquet and Schick to designate an altered reaction of the body to a foreign substance, whether that be purely protein or bacterial in nature. Many authors use this term loosely in its broadest sense but here I want to limit the term allergy to that phenomenon of specific hypersensitiveness, a condition which some would name "atopy." Asthma is usually a manifestation of such hypersensitiveness for the attacks frequently come and go according to the exposure to some particular foreign protein to which the patient is hypersensitive. Furthermore these patients often present other criteria of allergy such as having this presenting complaint of asthma associated in the same patient either in the past or present, with other allergic manifestations: for example eczema in childhood or hay fever. Then there is frequently a family history of allergic symptoms in antecedents, brothers, sisters, or children of the patient. A large number will show positive skin

tests to foreign substances or "allergens." The matter of bacterial origin of asthma is much discussed but although a patient is *seldom* skin sensitive to a specific bacterial protein there is evidence to indicate that asthma may result from a hypersensitiveness to some product of the bacterial growth. Lastly asthma may be partly due to a reflex from some other organ for we know that the nervous connection between the bronchial muscles and many other viscera is very close.

The mechanism of the asthmatic attack due to such allergic cause may not always be the same for there are some cases which do not respond well to adrenalin therapy. Two types are indicated by the autopsy material. In the larger group there is definite hypertrophy of the bronchial muscle which lies in a lattice-work pattern just beneath the mucosal layer. In these cases spasm of this muscle and especially the muscle in the smaller bronchioles and their terminal atria underlies the asthmatic attack. In the other group there is a marked swelling of the epithelium with hypertrophy of the mucous glands and here a plugging of the bronchioles with mucus associated with some bronchospasm, probably underlies the attack. In both there is essentially an acute emphysema with a marked increase in the residual air which cannot be blown out of the lungs, thus

reducing the vital capacity and hindering the normal exchange of gases. Chronic emphysema with barrel-shaped chest, clubbed fingers and continual cyanosis is the product not of asthma itself but of secondary infection. Here chronic bronchitis is usually diagnosed along with such emphysema. Cyanosis is not marked in the typical asthmatic attack even though the asthma may be severe; although it is seen in those infected cases where the sputum is considerable and there are many moist as well as musical rales present. To get back to the mechanism of an asthmatic attack, considering bronchospasm characteristic of this mechanism, how is the spasm produced?

When a hay fever patient is exposed to air laden with the allergen to which he is sensitive, usually a pollen, a specific reaction occurs at the point of contact, that is in the eyes and nose. This is apparently a direct effect and quite comparable in mechanism to the skin test performed with that allergen. Pollen can and does find its way into the lungs. Other inhalents such as dust can do the same but how they can produce asthma after reaching the lungs without causing symptoms in the larynx through which they must pass is more difficult to understand. Finally when the bronchospasm follows the ingestion of specific foods, the blood circulation must play an important part

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in the mechanism. Similarly substances may be absorbed in the eyes and nose and be carried to the lungs by the blood stream. Experiments have shown that the blood of a normal person exposed to pollen laden air will contain enough pollen to give a positive skin test when injected into the skin of a hypersensitive person. Walzer has apparently demonstrated that small amounts of unaltered protein may be absorbed through even the normal gastro-intestinal tract and appear as such in the circulating blood. Do these allergic substances in the blood stream act directly upon the bronchial muscles or is the bronchospasm purely nervous as from the action of these substances on the nerve centers? Both are possible. Perhaps minute amounts of the substance influence the nerve centers and make reflex stimulation more apt to produce bronchospasm. Most likely the larger amounts act directly upon the bronchial muscles. If so, one must assume some property of these bronchial muscles which causes them to react more violently than the other tissues in the body. This is termed the "tissue factor" by Coca who called attention to the fact that with one allergen to which several persons are sensitive, symptoms of hay fever may be produced in one, asthma in another, urticaria in a third, and only mild rhinitis in a fourth. To explain this, Coca has advanced the idea of a

particular shock organ or tissue determined by hereditary influences, which reacts for the body when the hypersensitive person is exposed to the specific allergen. Clinically this is substantiated where we find the symptoms of hay fever ceasing as the patient develops urticaria so that only one tissue reacts at a given time.

Theories of how the specific allergen causes the bronchospasm after coming in contact with the bronchial muscle which is the shock organ of the asthmatic patient are all too technical or vague for this paper. That there is a reaction in the lungs resulting in the formation of a toxic product finds support in the observations of Harkavy who was able to isolate a spasm-inciting substance from the sputum of an asthmatic having an attack. The isolated substance applied to segments of cat intestine caused definite contraction showing its spasm-inciting properties. This substance was found in the sputum of many asthmatics during their attacks but not in the sputums of fifty-six controls with the exception of a blood stained sputum from pneumonia. Are such toxic products found only in the sputum? Barber and Oriel working for the Asthma Research Council in London have recently found that a specific proteose-like substance is excreted in the urine during an attack of asthma but not between the attacks. This type of sub-



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stance was also found in the urine during other allergic attacks such as urticaria. This substance in dilute solution will elicit a positive skin reaction in the patient excreting it and hopes are advanced that desensitization of the body with this substance might prevent further attacks. At the present time no such universal treatment is available.

The diagnosis of asthma is an allergic disease must classify the asthma so we may outline proper management for that individual case. To make this diagnosis in a systematic manner we first learn the patient's occupation and all changes in occupation since the onset of the asthma. If the asthma grew worse or better at the time of any change all details are necessary. Then follows a description of the patient's symptoms, not accepting his or our diagnosis at this point. The date and circumstances of the first attack are to be carefully noted. Is he entirely free from symptoms between attacks? Has he noticed any predisposing conditions or apparent causes for his attacks? These should include the time of year, conditions of work or place where attacks begin, suspected foods, general physique or condition especially nervous or physical fatigue, excitement, worry, indigestion and constipation. Heating the body through exercise will relieve a certain number. The distention of the stomach or

rectum may bring on attacks in many, if other conditions are favorable. The history of a typical attack is important. If the onset is sudden a true extrinsic factor is suggested but if the onset is slow and gradual either a developing infection of a low degree of sensitiveness with a combination of factors may be present. The study of all possible factors which might cause each attack may often classify the condition correctly. Coryza and itching of the eyes at the onset are particularly important symptoms when present for they suggest not only an extrinsic factor but also one brought to the patient in the air. Cough is frequently present but is not always characteristic of the attack. Colmes has pointed out that cough may be present alone and without asthma as a true allergic manifestation. We find that in many patients an attack of asthma may start suddenly with cough and though the patient calls it a cold it is probably caused by the allergic reaction and not by any infection. The amount and character of the sputum raised at different times during the attack is worth noting. Almost every asthmatic has some simple remedy which he uses to relieve his milder attacks. These should be known along with the relief that each gives. One patient will obtain relief by drinking hot water which another assures you will start his attacks. Many are re-

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lieved by taking aspirin which we know is the definite cause of trouble in others. Then there are freakish remedies which show the extent to which some patients seek relief. A young Armenian in Los Angeles shocked and amused me with his remedy which consisted of the ingestion of his own urine. This, he said, would always relieve if he could drink a sufficient quantity. Loathsome or amusing as this may seem, I remembered his story when I read that both British and French investigators had recently isolated a substance from the urine which they think may be useful in treatment since this substance will cause a skin reaction in the patient who excretes it. Not only these undirected remedies but all previously prescribed treatments should be listed with their results. About 25 per cent will have already had nose and throat operations without relief so that this group, at least, should not be told that a nose operation would help their asthma. Operations should be advised of course, if there are real indications for them.

Past diseases are important for many are relieved of their asthmatic symptoms during periods of fever. Non specific protein or shock therapy is indicated in this group when no specific extrinsic cause can be demonstrated. Unreasoning or apparently unreasonable food dislikes are sometimes substantiated by skin tests and

should always be considered as clues to be followed. Changes in residence may have varying effect on the number of attacks. Each place of residence may have meant the same furniture and only a vacation trip be associated with relief of those symptoms caused by the patient's own house dust. The family history should include all occurrence of the symptoms of hay fever, eczema, urticaria, and migraine as well as those of asthma for these seem to be interchangeable links in the hereditary chain of allergy.

From all these points of history one may usually judge not only whether the asthma is due to specific extrinsic factors but also the probable relief that this patient is going to get from treatment. The history usually points to or excludes certain groups of substances and the practice of testing each case with every possible allergen is substituting a routine procedure for careful analysis.

The physical examination must include the usual work plus an examination of the nose and throat in which attention must be paid not only to signs of sinus infection but also to the character of the nasal mucosa. All possible foci of infection should be looked for. The chest should be examined both during an attack of dyspnea and while the patient is free from symptoms. A basal metabolic test may show a subnormal rate and

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indicate thyroid medication which will relieve a certain number. The X-ray of the chest is important not because the picture is so characteristic as to establish the diagnosis but because it can rule out other conditions which might be responsible for the symptoms.

The number of skin tests will vary in each case in accordance with the history. Inhalents, including the pollens, animal emanations and house dusts, are usually so important that the extremely delicate intradermal test should be used before excluding their significance. Where the history indicates, skin tests made with extracts of the patient's own house dust may often establish the diagnosis and point to the correct line of treatment. Positive skin tests are usually found in about sixty per cent of the patients although the proportion of patients whose asthma is definitely and entirely dependent upon some particular foreign substance is somewhat less; Rackemann setting the figure at forty to forty-five per cent. These are extrinsic asthmas which may be divided into the pollen asthma, the dust asthma which includes those special dusts of animal emanations, and the food idiosyncrasies. Those cases dependent upon intrinsic factors include the large group of bacterial asthma and the smaller group of reflex asthma. Of the reflex asthma a certain number are probably reflex from the nose

as was suggested by Sluder while the rest are due to reflexes from other organs.

I believe that each asthmatic should be treated according to the kind of asthma he has. Thus all specific extrinsic factors should be eliminated from the patient's environment and food if possible. This is usually possible in the case of foods, animal emanations and most occupational factors but in the case of pollens and some dusts, specific desensitization is the method of choice. With mild asthma in infants or children an attempt should be made to denature such common foods as milk instead of eliminating them entirely for this will frequently be sufficient. Occasionally good results will follow desensitization to foods by giving minute but gradually increasing doses by mouth after a period of withholding such foods. Sometimes it seems advisable to desensitize to certain foods by hypodermic injection as we do in the case of pollens.

The outlook is not so bright for those patients in which a definite extrinsic factor is not demonstrated but certainly their condition can be helped by proper management. Non specific protein or shock therapy will definitely improve nearly half of the cases due to intrinsic factors. I include vaccines in this type of therapy for unless a vaccine gives a suitable reaction in that patient it is of no value regardless of its source or the

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skin test it might give. Then every patient should be warned against unhealthy habits and taught to avoid fatigue and over excitement. He should be given four or five small meals a day so as not to distend his stomach and to guard against indigestion. Potassium iodide, often arsenic, and occasionally salicylates can be used to great advantage. Some advise X-rays or ultraviolet light. Some have even employed surgery, cutting the sympathetics to the lungs. Often lipiodol given to aid diagnosis in possible bronchiectasis has become a valuable therapeutic agent. I have mentioned the used of thyroid when the basal rate is low.

Now let me enumerate the various measures that are used to combat the acute attack. Adrenalin should be given early in the attack and then may be repeated as often as necessary to provide relief. The patient should be kept warm and be given plenty of fluids even when food is not desired. Benzyl benzoate is helpful in some cases. The barbital series of sedatives may be pushed till the patient is drowsy all twenty-four

hours. They are much better than morphine for rest. They will relieve the dyspnea to some extent but more important, they tend to break that vicious circle which continues the attack. Intravenous administration of sodium iodide, as often as every second day, has seemed to turn the tide in many cases resistive to other measures. The Europeans add pituitary extract to the doses of adrenalin and some here have followed them. Atropine, lobelia and grindelia have all been used and of course morphine is given much more often than it should be.

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By reason of the very efficient work of local committees, the stage is well set for the Washington State Medical Association meeting in Tacoma on September 12, 13 and 14.

All reports indicate an excellent attendance, and it remains for each member of the Pierce County Medical Society to accept his full share of responsibility as host to our visitors during this convention. No member should feel that he has no part in the meeting because he has not been assigned to committee work, and each should consider himself a host to the visitors.

Every golfer is expected to participate in the tournament, and every member is expected to attend the sessions on Tuesday and Wednesday.

The Tacoma profession has an enviable record as hosts. Let's all show our interest and put forth our best efforts to make this the best party that Tacoma has ever given.

—H. J. Whitacre, M. D.

NOTICE

Advance sale tickets to the Puyallup Fair may be obtained at the Business Bureau, purchasable before September 18 and not purchasable at all during Fair week. The price is \$1.00 and entitles you to admission, car parking and reserved grandstand seat, regular cost of which is \$1.50.

LIBRARY

The summer months have been profitable ones for the library. Several valuable acquisitions have been made, the most important being the library of Dr. P. B. Swearengen which was presented to us by Mr. Swearengen. These are all new books and include, among many others, a set of Clinical Pediatrics, Oxford Medicine and Oxford Monographs on Diagnosis and Treatment.

The Ravdin which you may have noticed on our table is the gift of Dr. S. M. MacLean. This is of particular interest by reason of Dr. Ravdin's recent visit to our city, and Dr. MacLean's generosity is much appreciated.

The internists will be glad to know that we have added Annals of Internal Medicine to our list, and the urologists will be glad to see British Journal of Urology.

The new Mayo Clinic volume is now here, and we have also purchased recently "Surgical Pathology of the Diseases of Bones," by Hertler, "Biochemistry in Internal Medicine," by Trumper and Cantarow and "Surgical Errors and Safeguards" by Thorek.

We have had many generous gifts of duplicate periodicals during the summer. Thanks for these are due to Drs. Magill, Engels, Hutchinson, Whitacre, Dodds, Niethammer, Schaeffer and the Western Clinic.

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EDITORIAL

(Continued from page 2)

and regulations, all working no doubt with the well-meaning purpose of bettering the condition of humanity. The results, however, only too often do not come up to the ardent expectations of their proponents, but always result in increasing the heavy burden of government expense which we all must pay.

Coincident with this tendency to let the government bear their economic burdens, is the growth of the thought that the individual should be relieved of the necessity of caring for his own health and that of his family. The development of lodge practice, health associations and medical contracts and a demand for state medicine are in response to that idea.

As the business world in the name of efficiency and greater service is gradually replacing the local business men by agents or chief clerks, with no local responsibility so is it looking with the same eyes toward the practice of medicine. The insurance companies and some hospital associations are issuing contracts in which they agree to assume old medical and hospital bills. The adoption of such plans would eventually replace the home doctor by a paid agent of such an association.

In keeping with such thoughts, many writers, more or less informed, are setting forth their views of the proper way in which the practice of medicine should be conducted. They are critical of our hospitals. They assert that our way of conducting our profession is inefficient and is so costly that our fees constitute too heavy a burden for the average man to bear.

As a correction for these so-called evils there are many panaceas offered as a cure. The thoughtful men in the profession of medicine have long

been cognizant of these criticisms. They have realized that life has changed somewhat and that our old relations to our patients have altered. These questions have been to the front in medical discussions for the past few years, and our president, Dr. Whitacre, has devoted most of his year in office to an attempt to give the answer to some of them. The Committee of Seven will make their report, the new Medical Practice Act will be discussed, the care of veterans and government employees will be under scrutiny and we will be honored by the presence of the following: Dr. Ray Lyman Wilbur, Secretary of the Interior, Chairman of the Committee on the Costs of Medical Care, Dr. Nathan Sinai, an eminent economist and author of "The Way of Health Insurance," Dr. R. G. Leland, Director of the Bureau of Economics of the American Medical Association, and Mr. Frank Foisie, who has made a special study of the medical care of injured workmen.

This meeting should be of the greatest interest to all who are concerned for the welfare of the medical fraternity. The sessions should have a record attendance. The papers and discussions are of vital importance as they deal with the very life of the present day method of the practice of medicine.

Criticisms must be answered. Problems must be solved. Someone will do it in some way. Only by intelligent thought, tempered with wisdom, and the united action of the medical body itself can these matters be settled with justice and right.

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There is no question of the value of a county medical society bulletin. Scores of them are published throughout the country. It is a clearing house for all the activities and interests of the society. Through it, in addition to notices of society, study club and hospital staff meetings, you get minutes of meetings which you may have missed, papers read before the society, editorials on timely subjects, library news and health department reports.

Your editor and your advertising committee have worked hard to make the Pierce County Bulletin of interest and value to you, and all they ask of you is that you consider Bulletin advertisers whenever possible and that you MENTION THE BULLETIN AND TELL THE ADVERTISER THAT YOU APPRECIATE HIS SUPPORT. Help him because he helps you.

NEWS ITEMS

We take great pleasure in announcing the marriage of Dr. Darrell Running to Miss Lena Marie Sanders on May 7, at the First Methodist Church in Puyallup. Mrs. Running was formerly associated with Drs. Janes and Maddison, and is well known in Tacoma. After a brief honeymoon in California and Agua Caliente, the couple returned to Tacoma and are residing on South Union Avenue.

Dr. Millard T. Nelsen has moved his office to 922 Medical Arts Building and is engaged in the practice of surgery, diagnosis and obstetrics.

Dr. Charles Engels is convalescing from a sinus operation. We hope that he will soon regain his health and be among us again.

Dr. Charles Denzler, former interne at the Tacoma General Hospital, has opened an office at Sumner. He recently was married to Mrs. Marie Althen Wetmore of Tacoma.

Dr. Lindsay Gould, interne at the Tacoma General Hospital in 1929-30, has completed two years at the Augustana Hospital in Chicago and has opened an office in the University District in Seattle.

Dr. Corney Klaaren, interne at the Tacoma General Hospital during the

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past year, is now serving as senior interne at the Pierce County Hospital.

Dr. W. Weldon Pascoe is touring Europe with his family and attending post-graduate clinics. He left Tacoma May 30 and expects to return about the middle of September.

Dr. Cyril Ritchie, former interne at the Tacoma General Hospital and now engaged in practice at Morton, recently made a trip to Chicago to marry Miss Mary Turnball, his old college sweetheart, on June 11. Latest reports are to the effect that the couple are extremely happy.

With the Washington State Medical golf tournament coming in the near future, local M. D.'s are being seen frequently on the links, and from all indications the Tacoma doctors expect to run off with the lion's share of the trophies.

Dr. Charles E. Wiseman, who was formerly in charge of the Bridge Hospital at Eatonville, has now moved to Tacoma and is spending his full time at the Bridge Clinic in Tacoma.

Drs. Ross Wright, H. S. Argue and C. C. Leaverton were part of a group who chartered a boat and cruised in Canadian waters for their vacation. They reported a wonderful trip.

Dr. George Kunz is leaving for Los Angeles on September 3, to visit his mother.

Dr. Ralph Schaeffer leaves for the East on September 13, to be gone about two weeks. His daughter, Margaret Anne, will accompany him and enter Wellesley.

Dr. Edward Cortwright, of the Northern Pacific Hospital, has just returned from a trip to Pittsburgh. He was away three weeks.

Dr. H. J. Kaplin, a graduate of the University of Illinois, 1931, has just completed his internship at Prov-

idence Hospital, Seattle, and is opening offices with Drs. Whitaker and Layton in the Washington Building.

Dr. E. A. Layton, for many years physician for the Tacoma Public Schools, has returned to general practice, officing with Drs. Whitaker and Kaplan.

Dr. Edwin L. Carlsen has just returned from Los Angeles, where he attended the Olympic Games.

Dr. and Mrs. D. H. Running have returned from attending the District Conference of Kiwanis Clubs, held at Bellingham.

Drs. Whitacre, Penney, MacLean and LaGasa were in Seattle on August 29 to attend a meeting of the House of Delegates.

Drs. Yoder, Hunt, Lundvick and W. B. McNerthney travelled to Vancouver, B. C., a short time ago.

Dr. Edward A. Rich and family returned recently from a month's cruise in Alaskan waters on their lovely boat, the Argosy. They were accompanied by Dr. J. Franklin Haas and family, and from all reports had a very excellent time in the North. Dr. Rich is the Republican candidate for Representative from the new 26th Representative District, and we hope to see him cruising to Olympia when the State Legislature is in session.

Dr. Richard Collett, nephew of

Welcome

to

OFFICIAL CONVENTION

HEADQUARTERS

HOTEL

WINTHROP

Dr. Rich, was married on July 9 to Miss Genevieve Frawley, of Philadelphia. Dr. Collett is resident government physician at Metlakatla, on Manette Island, Alaska.

Dr. and Mrs. Eber Kanaga are spending several weeks in Hood River. Their friends are glad to know of Dr. Kanaga's continued improvement after his long and serious illness.

TACOMA GENERAL HOSPITAL

The first meeting of the Tumor Clinic will be held in the class room of the hospital at 9 A. M., September 13th, and again at the same hour, September 27th. This will be a clinical conference open to all physicians who are interested.

For the present, the conferences will be held twice a month on the second and fourth Tuesdays.

Physicians wishing to present cases are asked to get in touch with Dr. Martin beforehand, that some idea of the character and number of cases to be shown be obtained in advance of the meeting.

Miss Lura Hall, R. N. B. S., has resigned her position as instructor at the Tacoma General Hospital, to assume the new role of Mrs. Charles Lowe. She has been succeeded by Miss Anette Sutherland, R. N. B. S.,

who has served for the past two years as assistant instructor at the Sacred Heart Hospital in Spokane.

Miss Sarah Sayer, R. N., graduate of the Tacoma General Hospital, is the new supervisor of the medical floor, while Miss Ivy Murphy, R. N., also a Tacoma General Hospital graduate, will soon return to take charge of the surgical floor.

TACOMA ANATOMICAL AND PATHOLOGICAL SOCIETY

The society is starting out with an ambitious problem of working out in detail the circulatory system.

Last year's meetings were all very well attended, which indicates that the work was very much worth while. Special gratitude is due Dr. C. W. Whitaker, the president of last year, and Dr. Dale Martin, the hospital pathologist.

This year an even better program is outlined, and we shall expect great things from it.

The Second Annual Banquet of the Tacoma Anatomical and Pathological Society, consisting of all former internes of Tacoma General Hospital, took place at the Tacoma Hotel, Wednesday, August 31. This meeting started off the year's work of the society and served to welcome the new staff of internes at Tacoma Gen-

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eral Hospital. This yearly get-together-banquet is made possible through the efforts of Mr. S. M. Jackson and Mr. C. J. Cummings. Everybody always has a good time and plans for the coming year's work are discussed. This year we had with us Dr. L. M. Gould, who for the last few years since his internship, has been doing post-graduate work in surgery in Chicago. He is opening an office in the University District in Seattle.

W. H. GOERING, Sec'y.

—:—:—:—
**PIERCE COUNTY NURSES'
 ASSOCIATION**

The September meeting of the Pierce County Nurses' Association, District No. 3, will be held on September 12 at 8 P. M., in the Medical Arts Building.

The annual convention of the Washington State Graduate Nurses' Association, the Washington League of Nursing Education and the State organization for Public Health Nursing was held at Wenatchee on May 19 to 21. There was a very good attendance from Tacoma.

The eighth annual institute at the University of Washington under the auspices of these three organizations was held on July 16 to 18. A very interesting program, with round table discussions, was given.

—:—:—:—
APPRECIATION

The co-operation of Tschunko's House of Flowers in arranging the floral decorations for the various affairs in connection with the State Meeting is much appreciated. Those in charge of the social part of the meeting have found their advice invaluable and the decorations as planned will be marked by unusual beauty and originality.

CORRESPONDENCE

March 31, 1932.

Dear Penney:

In accord with your suggestion, I enclose check for \$12.50 for 1931 dues and request transfer to the Santa Fe County Society. In doing this, I feel the sorrow of breaking old ties, much as the immigrant does who bids goodbye to friends and his native land. The old Pierce County Society is one to be proud of—yes, the feeling goes deeper than pride. It never has been just a group of physicians. It started long ago in the Golden Age of Tacoma, the age of Chris Quevli, the boy physician, McCone, Yocum, and other who were equally ready to knock a man down, drink a glass of hard "licker" or snatch a patient from the brink of the grave. The hot blood of the fathers cooled, Volstead put the black curse on conviviality, and the fiery individualistic temper of medical opinion softened into mutual helpfulness and goodfellowship in the meetings of the old Pierce County Society.

Then came the War! Out to Camp Lewis we went in the evenings like a lot of Boy Scouts—drilling, marching with stretchers, listening to lectures by Captain Worthington as the twilight faded beyond the Olympics and the mystery of our destinies came over us with the darkness. And soon we began "to go," in twos and threes, and the ranks of the old Society got pretty thin. But never shall I forget those who had to stay. Royal Gove going round at Christmas to our families with big baskets of holiday cheer and his good-hearted wishes; and the money contributed and setn to our wives and children every month to eke out the lieutenant's pay most of us got. Human sympathy, loyalty and friendliness lay deep in the heart of the old Pierce County Society.

And when a fellow was in trouble! You remember, Penney, the vaccination row I got into? Charley Hunter

was president; the Society backed me up. J. R. Brown, Whitacre, Joe Griggs, Ed Rich and others met the rabble and defended me against all my enemies. I'd like to drop in on you all some Tuesday evenin', squat down beside Bill Munroe, or Ed Carlsen, or Charlie or Will McCreery, or little Sidney MacLean—oh, any place—for I can't mention them all. And I know as I'd look about I'd miss some old familiar faces—gay and friendly "J. B.," Joe Griggs, Ernest Wheeler, Swearingen, Charley James and others—men who impressed their personalities on the Society and on the town.

Well! Here I am at the end of the trail—the Santa Fe Trail—the trail that from 1822 to '79 bore along its rambling, dangerous, mountainous course the dashing old stage coaches and the heavy wagons of the oxen. The old plaza is still here—always will be. Indians sit in its shade rolling "Bull" into cigarettes; old men bow-legged from riding the ranges wander in and out of the sunshine, rest their hob-nailed boots, and roll the "bull" of early adventures. And—God knows—the time may come when the old plaza will shelter me with my pipe reeking upwards

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through the branches and the silhouettes of my many failures mockingly tracing their way along the wall of the Palace of the Governors. But, anyway, there will be pleasant memories too, among them the old Pierce County Society.

Adios,
Kane.

THE X-RAY NEGATIVE

The often debated question of "Who Owns the X-ray Negative?" has at last been decided in the courts and reported in the Journal of the A. M. A., from which we quote:

"The question whether the roentgenograms of a hospital patient belong to the patient or to the hospital was answered by a court for the first time, so far as is known, in Hurley Hospital vs. Gage, decided on appeal, April 21, by the circuit court for the county of Genesee, Michigan.

"The patient had been roentgenographed in the roentgenographic department of the Hurley Hospital at Flint. The usual charge for the service was included in the patient's bill. He made a payment on account, but refused to pay the charge for roentgenographic service unless the roentgenograms were delivered to him.

"The hospital refused to deliver them and sued the patient for the balance due. In the justice's court where the suit was instituted, judgment was given against the hospital. The hos-

pital, however, because of the principle involved, appealed to the circuit court of Genesee County.

"At the hearing on the appeal, no one appeared on behalf of the patient, and the case was heard and judgment rendered without the submission of evidence or argument by him.

"In giving judgment, the court pointed out that the hospital sold and patients paid for, not the material that went into roentgenograms, but knowledge and experience. The protection of the hospital might depend largely on the proper preservation of the roentgenograms and, said the court, the films should remain with the hospital.

"Judgment was given against the patient for the balance due on his bill, covering the amount charged by the hospital for the roentgenograms."

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BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II

OCTOBER, 1932

No. 7

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

P R O G R A M S

PIERCE COUNTY MEDICAL SOCIETY
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8:15 P. M.

TUESDAY, OCTOBER 11

Avertin Anesthesia and Analgesia in

Obstetrics and Surgery...Dr. C. W. Whitaker

Discussion opened by....Dr. T. K. Bowles

Prenatal Care.....Dr. P. C. Kyle

Discussion opened by.....Dr. S. S. Jones



TUESDAY, OCTOBER 25

Dementia Praecox or Hysteria?.....

Dr. Delmar Goode

Discussion opened by...Dr. A. C. Stewart

End Results in Neurological Surgery.....

Dr. M. T. Nelsen

Discussion opened by...Dr. William Dietz

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EDITORIAL

One sure conclusion brought out by the deliberations of the Washington State Medical Association is: the conditions under which the individual doctor of medicine carries on his practice have undergone a marked change in the past few years. No matter how we may feel about this as individualists, in spite of a resentment against a turn from the old established ways, in the face of all theoretic argument, the changing economic condition of the world will continue to exert its force in making medicine conform to existing conditions.

The rest of the world has gone much farther in this direction than our own country and has adopted various means to suit its conditions. England with its panel system, Germany and France with their semi-government districts and health associations and the action of our neighbor Canada offer a field for study. An understanding of how the medical profession has prospered and what itself has done to better conditions may teach us a valuable lesson, and be the means of pointing the way for us to plan a course of conduct, by which the medical man himself will exert the most influence.

In accordance with this line of thought the association has prepared a new medical practice act and an amendment to the existing medical aid law. These laws will be of benefit not only to the doctors but to the best interests of the people at large.

To get these measures through the legislature requires votes and it is incumbent on the profession at large to exert its influence to get those votes.

Let us all get behind this movement and give it our individual support. See to it that you and your family and all your friends are registered and cast their ballots. Carefully investigate the legislative records of present office-holders seeking re-election and learn the attitude toward public health of the new candidates.

Particularly we call attention to the necessity to work for Dr. E. A. Rich, candidate for the legislature for the 26th District. Dr. Rich entered the lists on the urgent solicitation of the Pierce County Medical Society and should receive our united and enthusiastic support.

The united effort of the county medical societies throughout the state will be a tremendous force in passing these measures, which is the first step to meet the present economic conditions.

TACOMA DISTRICT DENTAL SOCIETY

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Bulletin Editor

Dr. A. O. Simons

First Fall Meeting Oct. 12

Golf and dinner at Fircrest for
Dr. Fisher's Trophy.

:—:—:—:

And a good, good evening, ladies and gentlemen, this is the (rich) field reporter speaking. These special features of news high-lights are brought to you each month by courtesy of a net-work of high salaried Dental Society officials and "big shots."

Well, well, here we are again back to work after another big summer. Hope you enjoyed yourself with sun tan, golf, conventions, fishing, etc.

And was that Pacific Coast Dental Conference a show? No foolin'. The boys who missed that muffed a chance.

The Seattle Society and Dr. Frank Hergert deserve plenty of credit. Of course, they had help. Tacoma helped.

Our Drs. Abernethy, McCarthy and Schlund were Essayists. Abernethy, Sylvia Connor, Fisher, McGovern, Schlund, and C. O. Terry were clinicians. Five others who were to help Dr. Abernethy were unable to get organized in time and did not appear as scheduled. Mark says it was poor circulation in their pedal extremities.

And speaking of Dr. Abernethy—Do you know we have a clinician in our midst with a fast growing reputation? 'Sfact. Several cities have extended invitations for Tacoma's amalgam expert. Good news, Tacoma.

Fraternity Night at the Olympic Hotel was a big night. We had all the equipment necessary for banquets of that kind. Even food. Refreshments, program and everything were "hot."

The famous Dr. C. N. Johnson from Chicago spoke several times and lived up to his reputation. We enjoyed him very much. Also to give due credit, we heard him say he had never seen better gold work than he saw at this Conference.

Considerable concern was evidenced over the fast approaching consideration of the so-called "panel dentistry," due, of course, to economic conditions. We were all urged to give thought to this subject and lose

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no opportunity to learn what this means so we may be prepared to act on it when the time comes. We were assured that the time is soon coming.

The Civic Auditorium was a wonderful place for the meeting, the exhibits were very good, the program excellent, and the only thing wrong was our own inability to see and remember it all.

At the meeting of the Washington State Society, our Dr. Carl E. Wilbur was elected President and Tacoma assured the meeting for 1934. We are all anticipating another big successful meeting in 1934 in Tacoma.

And then there was the Supper Dance at Inglewood Country Club. Was that a large party or was that a LARGE PARTY. Boy, Oh Boy! Everyone had a good time, even those who brought their own wives. It is rumored they had a lunch but we have been unable to verify it. The affair cost \$1700.00 and was worth it. We mention these facts because many of the boys will never remember the details. At any rate, the whole thing was a success, and a pleasant time was had by all.

Well, that's thirty for tonight, folks. Don't forget—high octane and the meeting October 18th.

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LIBRARY

Will the borrower of Stoke's Syphilology please return it? We have had several requests for this book, but as we do not know its whereabouts we are unable to supply it.

Again we ask that a notation of material borrowed during the librarian's absence be left on the desk, as we are considerably hampered if a book is asked for and we do not know where it is.

Dr. N. D. Royle, of Sydney, Australia, so well known for his work on surgery of the sympathetic nervous system, has placed us on his mailing list and sends us reprints of his articles, most of which appear in the Medical Journal of Australia. We have this week received from him reprints of papers on "Retinitis Pigmentosa," "Hallux Valgus" and "Diseases of the Central Nervous System."

If you want an hour's reading and are tired of purely scientific material, you will be interested in Haggard's "Devils, Drugs and Doctors" and "A Doctor's Views on Life," by Robinson, which were among the books in Dr. Swearingen's library. Or we could offer you "A Doctor of the 1870's and 80's" by Pusey, "Historical Development of Nosography," by Faber or Packard's "History of Medicine in the United States." Among the biographies we have the life of Osler, of Pastuer, of Gorgas and of Beaumont. The autobiography of A. T. still is most diverting.

Gifts of magazines are acknowledged from Drs. Engels, Hicks and Magill.

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Studies in Pierce County

WILMOT D. READ, M. D.

*Report made to the Washington
State Medical Society
September 13, 1932*

The Pierce County Medical Society was incorporated September 5, 1888, for the purpose of enabling it to carry out its objects which are stated in its articles of incorporation, namely "to cultivate and advance medical knowledge, encourage concerted action, to afford protection to its members, to incite and encourage emulation, to encourage social and friendly intercourse, and to provide a means for the emphatic expression of medical thought." After forty-four years of existence the section, "to encourage concerted action and to afford protection to its members," especially along economic lines, has been rapidly pushed to the front.

In 1917 the Pierce County Industrial, Medical and Surgical Service Bureau was formed. The plan adopted permitted any member in regular standing in the Society to join. Officers were elected and a manager was hired, who secured contracts with firms coming under the jurisdiction of the Department of Labor and Industries. The purpose of this organization was to take care of the injured workman, giving him the free choice of physician in contrast to the closed contract system. Supplemental health or sickness contracts were also written so that the workman would be covered for twenty-four hours of the day including sickness or accident on or off the job. After fifteen years of existence this organization still continues to function. Many abuses have crept in, both from the physicians that render their services and the unsound cost arrangements.

The cost of medical and surgical care has increased but the old dollar a month charge has continued. The present economic period has raised havoc with all classes and with all known standards. For the systematic study and attempted regulation of the present problems, our present organization, the Physicians' and Dentists' Business Bureau, came into existence a little over a year ago.

Included under our Bureau are: (1) Nurses' Exchange, (2) Doctors' and Dentists' Exchange, (3) Collection Bureau, (4) Branch Reading Room and Medical Information Bureau of the Public Health League, (5) and most important, the study of economic problems that affect the Medical Profession. The Industrial Medical and Surgical Service Bureau is at present a separate organization.

No longer have we a decision to make regarding contract practice. It was dumped into our laps in 1911 with the passage of the act establishing the Department of Labor and Industry. The supplemental sickness contract arrived at the same time. The contract doctor has the bulk of the work and the services of this man and of his hired professional and non-professional employees can be furnished cheaper than those of a doctor under the free choice of physician plan. Now the contract plan is reaching out to all wage earners.

For the present our problem is how to save for the doctor a share of the medical business that each year is becoming more and more contracted. One plan under consideration is health insurance for the low wage earner of \$2,000 or less, who has difficulty in paying standard hospital and medical fees. A monthly charge of one dollar is deducted from the

wage earner's salary by the employer, which charge entitles the insured to his free choice of physician, to medicine, to hospital fees, etc., with the limitation of certain chronic diseases, especially venereal. A study chart is kept of each contract so that the cost of services rendered may be adjusted fairly. For instance, after a period of months, one contract with a large department store was found to be a losing proposition, particularly on account of the amount of surgery and hospitalization. The employer was acquainted with this fact and the employees met with a representative of the Bureau, who explained existing conditions. It was learned that the majority of the employees were perfectly satisfied with the services rendered and instead of curtailing the services, they agreed to pay one dollar and a half per month. This is an illustration of how necessary it is to study each contract in order to render services fair to both parties.

The great drawback to the Health Insurance plan is a small percentage of the doctors who by nature are selfish and exploit themselves at the expense of the group. For instance, there is the man who treats the gonorrhoeal condition diagnosed as colitis, who operates on pus tubes and removes the appendix and reports acute appendicitis, who has the patient visit him a few extra times in the dressing of an infected finger, or a few added office visits for a cold. Rules and regulations covering consultation and known abuses have been prepared and adopted which tend to correct this drawback.

While the Business Bureau studies these health plans the Physicians' and Surgeons' Service Bureau operates the machinery for the care of the sick and injured. The physician serves under set rules and receives compensation as follows: Office calls—\$1.50; Hospital calls—\$2; House calls—\$2.50; Major operations—not

over \$75; Tonsillectomy—\$20. Settlement is made each month. Overhead, hospital, drugs, etc., are paid first and the remaining is prorated to the doctors. For the year ending September 30, 1931, the doctors were paid 63% of the total money collected, 15% of the total went to the hospitals, 7% went for drugs, and 15% went for overhead. For the past eleven months from October, 1931, to August, 1932, the total paid to doctors was 55% of the amount collected, that paid to the hospitals was 19%, 10% went for drugs, and 16% for overhead. In the past eighteen months the doctors have averaged 73% of the fee schedule, their bills having been discounted 27% of the above schedule. It is also interesting that for the year ending September 30, 1931, during which time there were 85 doctors members of the Service Bureau, five doctors or 6% of the members received 33% of the whole amount paid and 10 doctors or 12% of the members received 47% of the whole amount paid. Eleven doctors out of 85 receive over 50% of the money paid the doctors.

Another activity of the Bureau is our collection department, which was organized about April, 1931. Our entire capital consisted of \$5.00 per member charged as a membership fee. It was necessary to hire a manager, to equip offices, to purchase supplies, to secure employees and to pay sal-

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aries. Naturally we have had to rob Peter to pay Paul and the money paid to doctors collected on their bills has been overdue several months, but gradually we are taking up this slack and very shortly hope to settle each account at the end of each current month. As was expected, our greatest difficulty is with a number of the doctors, whose accounts have been overdue. Their criticisms voiced in the assembly rooms of the hospitals have greatly disturbed many of the members and all sorts of statements are made. If all the members would take the trouble to read the report of Mr. Van Rooy, the Public Accountant who examined our books, I am sure they would have facts that would not alarm them. This is so important that I wish to read the comments from the report. On books and records the report states: "Our examination disclosed a complete set of records, very well kept, and the results of every transaction can be clearly traced and easily found. We would recommend though that a ledger account be opened with each doctor and have the accounts payable balanced with the general ledger each month. We would also recommend that the Board of Trustees approve all disbursements monthly." On employees: "The Bureau is particularly fortunate in its selection of workers, as each one is imbued with the spirit of co-operation and of an intense desire to be of real help and assistance to the doctors." On the collection system: "A great deal of credit must be given the deviser of the collection system. It is so designed that a complete record is kept on every account in a visible ledger. A system of crayon signals is used enabling the clerks to follow up on promised dates. Through this system considerable work and filing is done away with. The system is also very flexible as it can be expanded to handle any number of accounts." On statistics;

"Since the Bureau's organization there have been assigned to them a total of \$126,954.06 in accounts. Of this amount there has been collected \$20,792.00 or 17%. Commissions on these collections amounted to \$4,518.00, or an average of 21.7%." The report then comments in general: "This is one of a multitude that has started without capital and still manages to stay in business. We believe that a remarkable showing has been made by this Bureau in the short term of its existence and particularly in view of the conditions. While it is true there is an operating loss for this period it is due to a large extent to a large opening and operating expense which has since been materially reduced. We would suggest though that a monthly operating report be made similar to the one in this report. This will enable the Bureau to correct its operating condition monthly.

"In organizations of this type the real or earning value of the corporation is not entirely apparent from the balance sheet. In the nature of collection companies, most of which employ considerable invested capital, the return on the work done is not immediate. There is an appreciable interval after the major work is done before the earned commission is actually charged on the books.

"In cases such as this, where there is no invested capital, the first years

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of operations must serve in part as such capital; the work done on the assigned accounts constitutes earned but not collected income and is a theoretical offset to an operating loss. The remuneration for such work is received in later months as earnings.

"For instance, the Bureau has developed an installment note form. This note secures for them an acknowledgement of the account and sets a definite time of payment. They have succeeded in securing signatures on these to the amount of \$5,670.70.

"They have also traced, found, adjusted or secured an agreement to pay on \$63,348.64 of accounts. The commissions on these alone would amount to over \$17,000.00.

"In the event of disincorporation or going out of business it is evident that, even allowing a large discount on the above, there would be ample to clean up the obligations of the company.

"In our opinion the Bureau operations have been most satisfactory and have developed a collection technique that should not be passed up by the Doctors and Dentists. We honestly believe that if this Bureau had the complete support of its members, in that they would assign their accounts earlier and in larger numbers, that they would not only collect a larger per cent of their accounts at a smaller expense, but would eventually secure a dividend from a well paying corporation."

We have a deficit in the Bureau of \$1587.82 as of August 31, 1932, which is a big improvement over last month. We are decreasing this deficit by one hundred dollars per month. This amount is deducted from the salaries of our employees, with their express consent; in fact, the suggestion came from them.

Regarding the other activities, a few words will suffice. For years the nurses' organization conducted a tele-

phone exchange for themselves. This arrangement was taken over and enlarged to include an exchange for doctors and dentists. The doctor or dentist pays three dollars per month and carries in the phone book a listing, "If no answer call Broadway 3166." There is on file a reference card containing all possible places that the doctor or dentist may be found, also the specific instructions as to how each call is to be handled.

In the large room in the Medical Arts Building, which is the headquarters of the Bureau, is housed the Tuberculosis League, also a reference room under the auspices of the Public Health League.

We fear socialization of Medicine. I wonder if we can have state socialization of medicine without socialization of industry and of government. It is stated that industry of the State of Washington is paying increasing premium rates, which are from 25% to 100% higher this year than last, to the Bureau of Industry for the care of the injured workman. On top of the premiums paid this year an assessment of from 25% to 50% of last year's premiums was made. If the rates continue to increase they will soon become prohibitive. After the injured workman has had his claim settled he can, if his condition grows worse, open his claim for further compensation and we know that any chronic injury always grows

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worse if added compensation can be obtained. It is stated that the Veterans' Bureau at present, with over four million veterans, costs for hospitalization and compensation some one billion dollars a year; of this amount 72½% goes to the World War Veterans and their dependents. If continued at the present rate this activity will cost the government at least two billion dollars by 1945. What if one hundred twenty million people were hospitalized and compensated for sickness and accident? Enough for speculation!

In reporting the activities of the Pierce County Medical Society along the lines that have been given to you in this report, no pretense is made that they are original or even a solution for the economic ills of the medical profession. We realize the defects, the imperfections and even the fact that we may be working in the wrong direction. Even if this is true we are at least increasing our knowledge of economic problems and when some one can show us a better plan we will be better prepared to use it.

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THE STATE MEETING

The Pierce County Medical Society may well feel proud of its accomplishment as host to the Washington State Medical Association. The annual meeting just past has been rated by many as the most profitable and most enjoyable meeting that has ever been held by the Association.

Perhaps the most important accomplishment of this meeting was the development of unity of opinion regarding the necessity for an aggressive campaign in working out our economic problems. Heretofore there has been indiscriminate, widespread criticism of the evils and trends of the day in medicine, as many suggestions as there were physicians in the Association, and very little unity of action. This meeting marked a crystallization of opinion about the evils that should be attacked, the adoption of a real program of study and an unanimous decision to carry on.

The meeting was very largely in the nature of a study period, where distinguished authorities on the economics of medicine gave us a clearer picture of the problems that confront us, and pointed the way out of our difficulties.

Two legislative proposals were discussed and adopted. A new Medical Practice Act was adopted which, if passed by our Legislature, will make it possible for the medical profession to regain control of its members; remove medical administration from politics; provide funds and machinery for the effective enforcement of its provisions; and finally, place the medical profession in a better position of leadership in the supervision of scientific medicine and the control of public health. Every article in this new bill was designed for the benefit of the people of the State of Washington, and cannot in any sense be called

class legislation favorable to physicians. It is believed, however, that it will advance the cause of medicine, because any movement which works for the general good is bound to react favorably to the credit and welfare of the medical profession. From the medical viewpoint it is a bill founded upon the ethics and ideals of a profession that seeks to render a high order of scientific service to society; and it sets forth these principles in regulatory form.

The second item of legislation proposed is an amendment to that section of the Medical Aid Law which deals with contract practice. For many years past a controversy regarding contract practice has prevailed in medical circles. The studies of the past year have developed the conclusion that it is the evils of contract practice, rather than this method of rendering service, that are causing our troubles; and the proposed amendment undertakes to correct some of these evils. The most important element in this statement is the establishment of an advisory committee of physicians in the Department of Labor and Industries. The function of this committee will be to study with the commissioners of the Department questions of quality of service, the nature of contracts and the general welfare of the workingman and employer in matters medical. It is believed that this amendment is fair to the workingman, fair to the employer, and fair to the contract and non-contract doctors alike.

In addition to these two legislative proposals, definite action was taken in the matters of providing for a con-

tinuation of economic studies by the Committee of Seven. A special committee was appointed to study the problem of the Government care of non-service-connected veterans, and provision made for a continuation study of public health problems.

The meeting was highly constructive in the actions taken, and marks the beginning of a very active campaign for the improvement of conditions generally.

The immediate obligation of the membership is to understand fully and as a unit get strongly behind the two legislative measures proposed.

The social side of the annual meeting was taken care of by the Pierce County Woman's Auxiliary in an outstanding manner.

—:—:—:

THE GOLF TOURNAMENT

The Washington State Medical Golf Association held its tournament September 12 at the Tacoma Country and Golf Club, with 82 players participating.

It was a full day, with 36 holes of golf and dinner in the evening.

A large array of trophies was made possible by the generosity of a number of the local men who furnished the sectional prizes.

The team play was hotly contested between Yakima and Pierce Counties and Yakima walked off with the Shaw cup for another year.

Dr. W. Lugar was state champion, with a gross of 154 for 36 holes.

The following winners were awarded trophies:

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Broadway 4151

Class B Champion, Dr. Edwin Carlsen, Tacoma.

President's Trophy, Dr. Millard Nelsen, Tacoma.

Dr. Geo. Horton Trophy, Dr. J. W. Gullikson, Tacoma.

Senior's Trophy, Dr. E. M. Adams, Everett.

American Med. Life Insurance—Morning round, Dr. W. D. Read, Tacoma; Afternoon round, Dr. Allan Locke, Tacoma.

Railroad Surgeons—1st, Dr. M. W. McKinney; 2nd, Dr. Ross \$fiW W. McKinney, Tacoma; 2nd, Dr. Ross Wright, Tacoma; 3rd, Dr. W. G. Cameron, Tacoma.

General Medicine, Dr. E. C. Leach.

Surgery, Dr. R. C. Schaeffer, Tacoma.

Eye, Ear, Nose and Throat, Dr. Walter Cameron, Tacoma.

Orthopedics, Dr. C. F. Eikenbarry, Seattle.

X-Ray and Physiotherapy, Dr. S. R. Morrison, Bellingham.

Urology, Dr. A. B. Hepler, Seattle.

Long Drive, Dr. E. D. Warren, Tacoma.

Approaching, Dr. R. H. Beach, Tacoma.

Obstetrics and Gynecology, Dr. A. B. Heaton, Tacoma.

NOTE OF APPRECIATION

Those in charge of the entertainment of visitors to the recent Washington State Medical Association meeting wish to express thanks to Mr. Harry Cain, of the Bank of California, for his assistance with the golf arrangements, and to Tschunko's House of Flowers and the many individuals who so generously contributed to the floral decorations. Their whole-hearted co-operation was a large factor in making the meeting the success that it was.

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COMPENSATION AND MEDICAL CARE OF INJURED WORKMEN

AN ACT relating to the compensation and to the medical, surgical and hospital care of injured workmen, creating a Medical Aid Fund by enforced contributions thereto by employers and workmen; providing for the distribution thereof and for the expense of such care, and for creating the office of Chief Medical Adviser and a Medical Advisory Board, in connection with the administration thereof; providing penalties for the violation of this act; by amending Section 9 of Chapter 310 of the Laws of 1927 (Section 7724 of Remington's Compiled Statutes), and by adding a new subsection thereto.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Section 1. That Section 9 of Chapter 310 of the Laws of 1927 be amended to read as follows:

Section 7724. Any contract made in violation of this act shall be invalid, except that any employer engaged in any extra-hazardous work may, with the consent of a majority of his workmen, enter into a written contract with any physician or surgeon legally a resident of and practicing in the State of Washington, for medical surgical and hospital care to workmen injured in such employment by, and under the control and administration of, and at the direct expense of the employer and his workmen. Such a contract shall not be assignable or transferable by operation of law or otherwise except with the consent of the supervisor of industrial insurance endorsed thereon. Before any such contract shall go into effect it shall be submitted to the supervisor of industrial insurance and shall be disapproved by the supervisor of in-

dustrial insurance when found not to provide for such care of injured workmen as is contemplated by the provisions of Section 7715 of Remington's Compiled Statutes, and if in the judgment and discretion of the supervisor of industrial insurance the injured workmen under any such contract so submitted would not receive satisfactory service thereunder, he shall disapprove the same. No such contract shall be approved unless it provides that the physician or surgeon holding such contract shall at all times during the life of said contract receive the same rate of compensation therefor as is then collected on account of the Medical Aid Funds from all employers in the same class, and not having a medical aid contract. It shall be unlawful for any physician or surgeon negotiating for or holding a medical aid contract authorized under this act, either directly or indirectly, to offer any rebate or reward for the procuring of or retention of any medical aid contract. If any rebate is given or offered, it shall invalidate any contract for which it is given or offered. Any person offering, receiving or soliciting a rebate or reward for the purpose of obtaining, renewing or retaining any contract authorized under this act, shall be guilty of a gross misdemeanor. It shall be unlawful for any physician or surgeon either directly or indirectly to have any financial interest in any employer's business with whom said physician or surgeon shall have or to be interested in a medical aid contract, and if any physician or surgeon shall either directly or indirectly after the execution of any medical aid contract, acquire any financial interest in any employer's business or operation with whom said physician or surgeon has a medical aid contract or is interested in a medical aid contract, such contract shall thereupon terminate and become null and void. Any such contract with a physician or surgeon so

disapproved shall not be valid. Otherwise it shall be approved, and take and continue in effect for any period of time specified therein, not exceeding three years from the date of such approval: PROVIDED, HOWEVER, That the director of labor and industries, through the division of industrial insurance, may, before approving any such contract, require the giving by any physician, surgeon, hospital or hospital association, of a bond in such sum and in such form, as the director may determine, conditioned that the obligor will faithfully perform such contract. Every such contract to be valid must provide that the expenses incident to it shall be borne one-half by the employer and one-half by such employees, and that it shall be administered by the two interests jointly and equally. So long as such contract shall be in effect the subject matter of the contract shall (except as in this section otherwise specified) be outside of, and not affected by the provisions of Sections 7712-23, inclusive, and Section 7725, other than the provisions of Section 7714 relating to artificial substitutes and lenses and the basis of compensation when lenses are supplied, and to transportation of injured workmen, and to educational standards of safety, and other than the provisions of Section 7719 relating to the analyses and reports of accidents, and the employer shall pay monthly into the medical aid fund ten per centum of the amount he would have been required to pay in that month if such contract had not been made, and of that ten per centum he shall collect one-half from his said workmen by proper deduction from the daily wage of each, and in addition thereto, each such employer shall, when required by the director of labor and industries through, and by means of, the division of industrial insurance, pay into the surplus fund, hereby created, a sum not exceeding one per

cent of the amount he would have been required to pay into the medical aid fund, had such contract not been made, and the employer shall collect such one per cent from the party agreeing to furnish such medical aid and hospital service. Such surplus fund shall be maintained as nearly as practicable at the sum of five thousand dollars (\$5,000.00) and shall be used by the director of labor and industries for the purpose of furnishing necessary medical aid to workmen included in the contract provided for in this section, where the necessity therefor arises after the expiration of such contract. Disbursements from said surplus fund shall be made by warrants drawn against the same by the state auditor upon certificate thereof, or requisition therefor, by the director of labor and industries through, and by means of, the division of industrial insurance. Payment of such one per cent shall not relieve the party agreeing to furnish such medical aid and hospital service from his obligation so to do. During the operation of any such contract the supervisor of industrial insurance or any interested person may file a complaint with the supervisor of industrial insurance alleging that the service and care actually rendered thereunder are not up to the standard provided in Section 7715, and, upon a hearing had upon notice to the employer and workmen interested thereunder, the supervisor of industrial insurance may make an order that the contract shall terminate unless the defect or deficiency complained of shall be remedied to his satisfaction within a period to be fixed in such order, or he may at such hearing sustain the complaint and make an order that the contract shall terminate forthwith.

Notice to the workmen may be effected in the manner provided in Section 7712. The employer or any interested workman may appeal from

such decision in the manner provided in Section 7697 hereof. During the appeal the contract shall remain in force and operation, but the costs of the appeal shall be paid out of the medical aid fund only in case the decision of the supervisor of industrial insurance is reversed. If during the operation of any such contract, any injured workman shall not receive medical or surgical treatment with reasonable promptness upon the occurrence of his injury, or at any time during his treatment, the supervisor of industrial insurance may provide such treatment during the emergency at the expense of his employer, who may charge such expense against such contract, and such emergency treatment shall continue until supplanted by like treatment under such contract, notwithstanding the pendency of an appeal from such action. The cost of such emergency treatment shall not exceed the rates specified in the fee bill provided by Section 7715. The acceptance of employment by any workman shall be and be held to be an acceptance of any existing contract made under this section to which his employer is a party.

No contract for medical, surgical, or hospital care of injured workmen entered into prior to the time this act shall go into effect shall be invalidated by anything in this act contained.

Chapter 310, Section 9 of the Laws of 1927 shall be further amended by adding thereto the following:

There is hereby created a State Medical Aid Advisory Committee which shall consist of five physicians to be appointed by the Director of Labor and Industries, from nominations made to him by the Washington State Medical Association, and no person not so nominated shall serve as a member of, or be appointed to said Medical Aid Advisory Committee. Each of the members of the said committee shall hold office for a term

of five years, and of the original board so appointed, one member to be designated by the Director of the Examining Board shall hold office for one year, one member for two years, one member for three years, one member for four years, and one member for five years, and until his successor has been appointed and qualified. Members of the said committee shall draw no compensation therefor, but shall receive their actual disbursements in attendance upon the official business of the said board and said committee, out of the Medical Aid Fund. The said committee shall meet quarterly at the office of the Department of Labor and Industries in Olympia. Said committee shall have free access to all of the records, files and archives of the Department of Labor and Industries, and shall make recommendations to the Chief Medical Adviser of the Department of Labor and Industries and the Director of Labor and Industries, concerning all matters arising out of the medical, surgical and hospital care of injured workmen, and shall make a report to each session of the legislature ten days prior to the convening thereof, of all its recommendations to either the Director of Labor and Industries or to the Chief Medical Adviser, and shall also recommend to the legislature any advisable changes or amendments in the Medical Aid Act. The Director of Labor and Industries may convene

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said committee at any time and seek its advice on any problem arising out of the administration of the Medical Aid Act.

The *secretary* of the Board of Medical Examiners shall be *ex officio* secretary of the State Medical Aid Advisory Committee and shall at all times have free and unrestricted access to all of the records, files and archives of the Department of Labor and Industries.

There is hereby created the office of Chief Medical Adviser of the Department of Labor and Industries. The said officer shall be a physician and surgeon, who has practiced in this state for at least five years with conspicuous ability in surgery. He shall devote his whole time thereto, and shall receive a salary to be fixed by Director of Labor and Industries. He shall serve for a term of six years.

All new language in this section is in italics.

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NEWS ITEMS

Dr. Horace J. Whitacre will attend the meeting of the American College of Surgeons to be held at St. Louis October 17 to 21. He is to present a paper before the Congress on "The Problem of Competition in Industrial Medicine and Traumatic Surgery". He also will give a radio talk over a national hook-up from a St. Louis broadcasting station, the subject of his talk to be "The Care of the Injured". In addition, he will discuss Dr. Kanavel's paper on "The Hospital as a Professional Educational Center for Physicians."

Dr. E. A. Layton, whose work as physician for the Tacoma Public Schools, has been cut to half time, is conducting a Children's Clinic in his recently opened offices in the Washington Building.

Dr. Weldon Pascoe has returned

with his family after a summer spent in Europe.

Following in the footsteps of his immediate predecessor, Dr. H. J. Whitacre, Dr. Alexander Peacock as the newly elected president of the Washington State Medical Association has started a series of visitations to all of the county medical societies of Washington. He will be accompanied on his tours by Dr. Whitacre, who as chairman of the Committee of Seven, is attempting to accomplish a proper understanding by the physicians of the state of the new proposed Medical Practice Act and amendment to the Medical Aid Law, and to develop an aggressive economic program. Thurston-Mason Counties Medical Society was visited on September 30, and Whatcom County Medical Society on October 3.

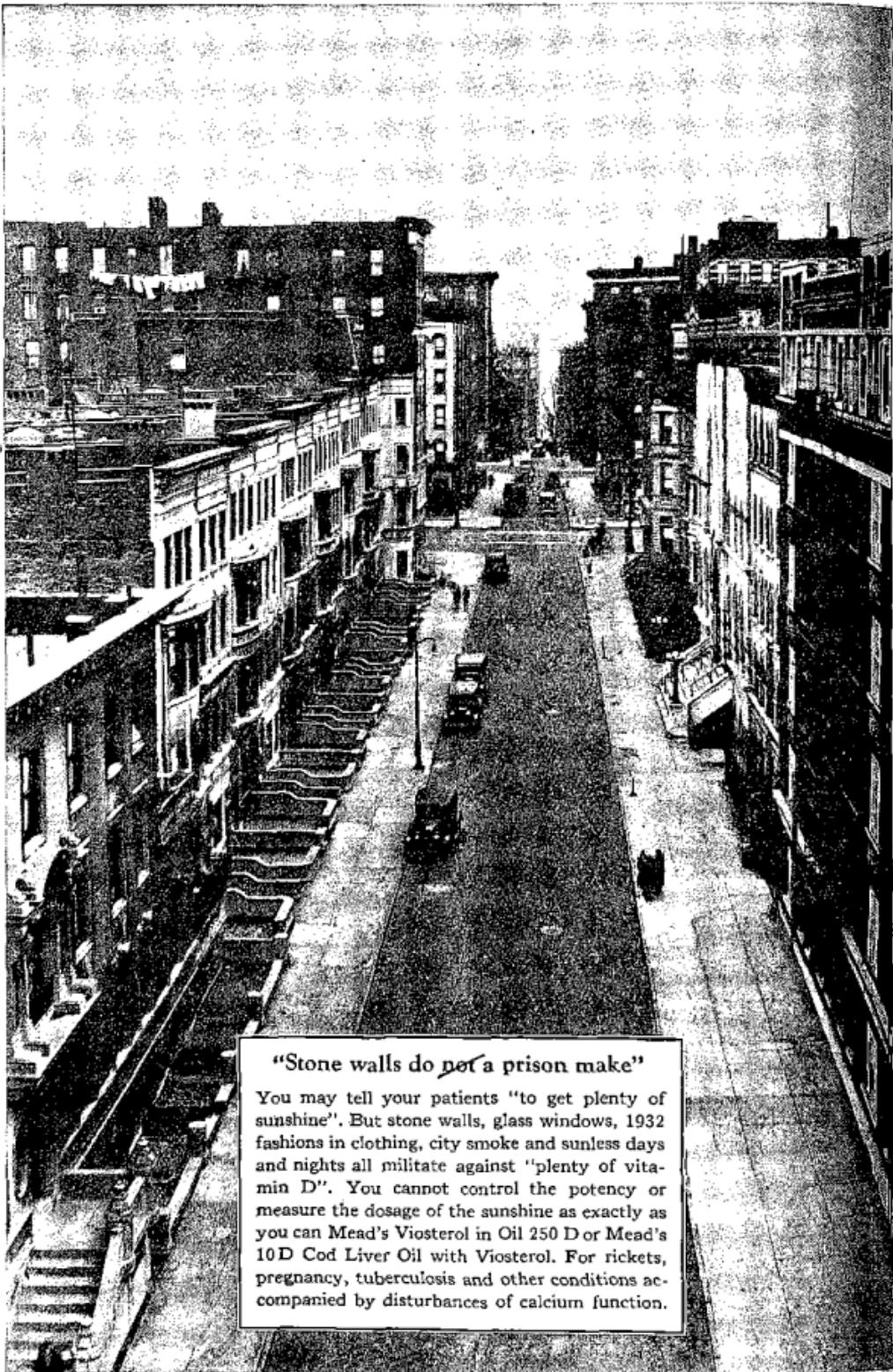
The air in the doctors' room at the Tacoma General Hospital has been reeking with political discussions of late. Many weighty problems of an economic and political nature, both national and world-wide, will be cussed and discussed during the next few weeks. The depression has cut down the betting, but most of the talk is cheap and the few who are not overworked come early and stay late.

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TACOMA GENERAL HOSPITAL

The North Pacific Society of Internal Medicine held its fall meeting in Tacoma on October 1, 1932. The hospitality of the Tacoma General Hospital was extended to the society for the morning session. The program of the meeting follows:

MORNING SESSION

Tacoma General Hospital

Clinical Findings, Autopsy Specimens, and Microscopic Pathology in a Case of Each of the following: Coronary Disease, Rupture of the Heart, Healed Infarction, Hypertrophy, Rheumatic Endocarditis, Bacterial Endocarditis, Syphilitic Heart Disease, Acute Pericarditis, Chronic Adhesive Pericarditis, Congenital Heart Disease: Dale H. Martin, M. D. (by invitation) W. B. Penney.

Non-hemolytic Streptococcal Pneumonia, Case Report-----

Joseph R. Turner

Final Results of Chicken Blood Extract in Anemia-Noble Wiley Jones

Luncheon and Business Meeting at the Tacoma General Hospital.

AFTERNOON SESSION

Auditorium of Medical Arts Building

Preliminary Report on the Status of General Sepsis from Virulent Bowel Organisms -----Roy A. Payne

Lead Poisoning-----Paul J. Lewis

Etiologic Identity of Atelectasis of the Lung and Lobar Pneumonia

A. H. Ross

Five Cases of Staphylococcus Pneumonia -----A. H. Gunderson

A Clinical Study of Gastric Ulcers in Various Locations -----

J. M. Bowers (by invitation)

Dinner at the Union Club.

The society was organized in Seattle on April 24, 1927 and its first meet-

ing was held in Tacoma at the Winthrop Hotel on August 29, 1927. Two meetings are held each year, a spring and a fall meeting. Our membership is limited to physicians whose practice is strictly limited to internal medicine and its allied branches.

The following members of the society were present: Seattle: John M. Blackford, 1115 Terry Avenue; George A. Dowling, 1115 Terry Avenue; Frederick Eppel, Stimson Building; James E. Hunter, 114 Boylston Avenue; George C. Miller, Stimson Building; Lester J. Palmer, 1115 Terry Avenue; George E. Price, Stimson Building; C. J. Rohwer, Stimson Building; P. V. Von Phul, Cobb Building; Charles E. Watts, Medical and Dental Building; Charles Homer Wheeler, 920 Second Avenue.

Tacoma: Edwin W. Janes, Medical Arts Building; Warren B. Penney, Medical Arts Building; Joseph R. Turner, Medical Arts Building.

Spokane: George H. Anderson, Paulsen Medical & Dental Bldg.

Yakima: Paul J. Lewis, Masonic Temple Building.

Portland: T. Homer Coffen, Stevens Building; Wesley E. Gatewood, Medical Dental Building; Noble Wiley Jones, Mayer Building; Ray W. Matson, Medical Arts Building; Edwin E. Osgood, Univ. of Oregon Medical School; Roy A. Payne, Stevens Building.

Eugene: Albert Howard Ross, Miner Building.

Oregon City: Frank Reid Mount.

Vancouver, B. C.: Charles H. Vrooman, 925 Georgia Street West.

TACOMA UROLOGICAL SOCIETY

The first meeting of the season was held on September 20. No papers were read, the time being devoted to plans for meetings for the coming year.

H. S. Argue, Secy.

:—:—:—:

TACOMA INTERNISTS' SOCIETY

The society held its first fall meeting at the Winthrop Hotel on September 20. Dr. F. R. Maddison gave a paper on "The Clinical Aspects of Nephritis," with discussion by Drs. E. W. Janes and T. H. Duerfeldt. Dr. R. L. King, of Seattle, showed moving pictures of electrocardiographs.

The next meeting will be on October 18.

J. W. Gullikson, Secy.

:—:—:—:

PIERCE COUNTY NURSES' ASSOCIATION

Instead of the regular October meeting the Pierce County Nurses' Association was entertained at cards at the Rosegate Inn. There was a large attendance and a delightful evening was spent.

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



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COLLECTING THE DOCTOR'S BILL

Why is it that the doctor's bills are so much harder than the average to collect?

The answer to the question is fairly complex. The whole difficulty arises because it is impracticable for a professional man in general and the doctor in particular to demand cash in advance, or even to deal on cash terms. This makes necessary the use of credit; and as soon as credit comes into the picture, you can be sure that it will drag Mr. Collection Procedure right along with it.

There can be no question but that the doctor labors at a disadvantage in collecting debts. Certain factors are peculiar to his collection situation.

First he is a professional man and not a business man, and he is hedged about with an etiquette which makes it inadvisable for him to use precisely the collection methods of the business man. Sometimes, indeed, he interprets professional etiquette as debaring him from using any real collection methods whatever. Traditions, precedent, and the ethics of the profession have combined to discourage any vigorous attempts at collecting money owed. The doctor has been expected to minister unto mankind, to serve charitably, and not to grasp for payment.

Second, the doctor's relation with his patients is a personal one. As a consequence he feels hesitant about approaching them directly for payment.

Third, he is selling not a tangible commodity but an intangible service;

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a service which different people may interpret variously and on which widely differing values may be placed. Five or six months after a patient has been brought back to health, the estimate which he puts on the services of his doctor is likely to be pretty low.

Fourth, a doctor is not in a position to choose for his customers only those who are good credit risks. He is obligated professionally to render his services to anyone in need of them. Since he cannot select his prospects, it is never within his power to extend credit wisely. He is forced to extend credit whether it is wise or not; there is no choice about it.

Fifth, the doctor is prone to entertain the feeling that it is hardly decent to press for payment at any time; and under no circumstances until the patient has recovered. As will be seen in a moment, this is in one sense a leading reason for delinquency in the payment of medical bills.

Sixth, the doctor deals with "un-businesslike" people. When this statement is analyzed, it is found to mean that he is dealing with people who are accustomed to business procedure, to business obligations, to business self-interest. Their unbusinesslike outlook comes first from lack of education as to the meaning of the credit obligation, and second from lack of any feeling of self-interest in liquidating the debt.

Seventh, the doctor is forced to fight a fundamentally adverse condition. It is almost a national habit to postpone the doctor's bill.

Eighth, the bill as finally rendered is sometimes for a lump sum of considerable size which the patient realizes at once he will be unable to settle in full at the moment of presentation. This leads to delay on the whole sum which, from the standpoint of strategy, is most damaging to the doctor's case.

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GRADING COMMITTEE FACTS ABOUT YOUR STATE WASHINGTON

Population in 1932-----1,563,396
Population in 1920-----1,356,621
Percent of increase since
1920 ----- 15%

Trained nurses in 1930--- 4,588
Trained nurses in 1920--- 2,628
Percent of increase since
1920 ----- 75%

Untrained nurses in 1930-- 2,458
Untrained nurses in 1920-- 2,600
Percent of increase since
1920 ----- ----
Percent of decrease since
1920 ----- 6%

In 1930 there was one trained nurse for every 340 people.

In 1930 there was one trained or untrained nurse for every 221 people.

In the Typical Family in this State there are 3.7 persons.

There are 60 families per nurse trained or untrained.

There are 737,004 women wage earners in the State.

One out of every 161.6 women wage earners in the State is a graduate nurse.

Percent of American-born nurses in the State—81%.

During 1930-1931 there were 727 new nurses admitted by examination to the State.

During 1920-1921 there were 425 new nurses admitted by examination to the State.

Percent of increase—71%.

During 1930-1931 there were 26 nurses admitted by reciprocity in the State. Percent that reciprocity is of examination—4%.

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 October 18
 Tacoma Internists' Society-----
 October 18
 Tacoma Anatomical & Pathological
 Society -----October 6 and 20
 Puget Sound Academy of Oph-
 thalmology & Otolaryngology--
 October 18
 Tacoma General Hospital
 Monthly staff meeting_November 1
 Thursday morning clinics-----
 October 6, 13, 20, 27

- St. Joseph's Hospital
 Monthly clinical meeting-----
 November 7
 County Hospital
 Monthly staff meeting_October 28

:--:--:--:

COMMUNICABLE DISEASES

August, 1932

- Typhoid fever ----- 4
 Scarlet fever -----12
 Whooping cough ----- 2
 Measles ----- 2
 Poliomyelitis ----- 1
 Smallpox ----- 3
 Chickenpox ----- 3

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A large part of the difficulty which the doctor has with many of his outstanding accounts is owing to the *fundamentally adverse conditions* which he finds himself forced to fight. For many years there has been the tradition that the medical profession can wait, that payment can be indefinitely postponed as if it were a matter purely of individual choice. It would not, perhaps, be too difficult even today to overhear doctors saying to their patients at the time of their discharge from treatment, "Oh, don't bother about the payment.

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BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II

NOVEMBER, 1932

No. 8

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
RHODES MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

TUESDAY, NOVEMBER 8

Regular meeting will be devoted to the State Association for a presentation of the program for the coming year.

Dr. A. H. Peacock, President

Dr. H. J. Whitacre, Chairman,

Committee of Seven



TUESDAY, NOVEMBER 22

Symposium on Peptic Ulcer.....

Led by Dr. J. R. Turner

Etiology.....Dr. J. W. Gullikson

Symptomatology and Differential

Diagnosis.....Dr. E. W. Janes

X-Ray Findings.....Dr. R. D. MacRae

Surgical Indications.....Dr. R. H. Beach

Treatment.....Dr. J. R. Turner

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EDITORIAL

One of the most deep seated and firmly rooted characteristics of the human mind is the resistance to change. This is exemplified through all of life, in government and political thought, in manners and customs, in business and in professional practice. Habit in action and thought govern the conduct of daily life and occupation, and color the expression of aspirations and ideas. There is a strong tendency to cling to that which has been handed down as truth, and an unconscious but always powerful spirit of opposition, when any accepted methods of procedure or supposedly fixed ideas are brought into question.

Happily the scientific mind is more free from this inhibiting influence

than most. The truly scientific mind accepts nothing for truth but that which has been proven or for which a rational theory is demonstrable. It realizes that what today may be regarded as final is subject to future change and tomorrow may be shown to be error.

Into the study now going on of the present day economic status of the practice of medicine, let us bring this scientific spirit of reason which we use in investigating, in research, in the laboratory, in the surgery and by the patient's bedside. This study calls for an open mind, free from prejudice and uninfluenced by any feeling of animosity. It calls for an honest and impartial investigation of our past and present relations with our patients, and the influence of the conduct of our calling upon society. It requires unbiased reading and clear thinking upon the part of each individual in the medical profession, and above all it demands the earnest support and hearty co-operation of all in the work of the county society, the state medical association and the members of those committees who are devoting so much of their time and study to this subject. By such aid the united efforts of the whole profession can present a definite, intelligent program for future action.

SPECIAL
ANNOUNCEMENT

Questions stressed in the Washington State Medical Association have been evoking state-wide interest not only among the medical men but also among employees of labor. Dr. Peacock believes that our meeting of November 8 should be of sufficient interest to each individual member of the society to demand his presence. Time will be provided for a frank and open discussion on any question of interest and importance to the members.

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Bulletin Editor

Dr. A. O. Simons

Several of us got together the other day and decided we had rounded the corner which the Republicans refer to, but we apparently were headed the wrong way.

Correction. In the October issue of the Bulletin we perpetuated to posterity the names of our members who took part in the Pacific Coast Conference this Summer and failed to mention our Dr. Burton Lemley also cliniced for that meeting.

Someone has spread the propaganda that we have thirty doctors in the political race and hope to legislate all sorts of things at Olympia. Of course we know this is untrue and should lose no opportunity to say so.

Boy, wasn't John Sitzman smart when he joined the Army? Who wants to buy a dental chair?

TACOMA DENTIST STRICKEN AFTER 6 MONTHS' ILLNESS

Death claimed Dr. Hubert F. Watson, 31, prominent young Tacoma dentist, Saturday at the Veterans Bureau hospital at Portland, following an illness of more than six months. Dr. Watson was reported recovering from a second operation when he suffered a relapse, from which he failed to rally.

His death followed by less than a year that of his father, Herman Watson. His mother is Mrs. Grace F. Watson, former member of the school board and recently in charge of women's organization work at Republican headquarters here.

Dr. Watson was born April 28, 1901, at Spokane and came to Tacoma with his parents in 1903, living here since that time. He was prominent in school activities and athletics at Lincoln high school. Dur-

REMEMBER THE DATE

Tues., Nov. 15th, at 8 p. m.

Regular Meeting Night

An interesting program is
promised by the Program
Committee

Details Incomplete

The Golf Tournament for the trophy given by Dr. M. H. Fisher was conducted in the proper manner on Wednesday, October 12th at Fircrest. The number of entries was small due to the weather. We had a high San Francisco fog. Very unusual. At the dinner in the evening the trophy was awarded by proxy. Dr. Carl Wm. Johnson won. We understand he both won and lost. Those present will understand.

ing the war he saw one and a half years' active service on foreign fields with the Field Artillery Co. 169.

Following the World War, he returned to finish his high school work and then completed his dental training at the Northwestern University, where he was affiliated with the fraternities of Sigma Alpha Epsilon and Psi Omega.

Dr. Watson has long been identified with the work of Boy Scouts in this city, organizing and commanding the John Paul Jones Ship of Sea Scouts.

He was a member of the American Legion, Veterans of Foreign Wars, University club, Masonic lodge and Westminster Presbyterian church.

He is survived by his wife, Ann Howland Watson; one daughter, Joanne, age 3, and one son, Hubert F. jr., age 1½, and his mother, all of whom reside in Tacoma.

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Volume 12 of Lewis' Practice of Surgery was received recently. This volume takes up the central nervous system, the blood vascular system, diseases of the skin and electrosurgery, among the contributors being Walter E. Dandy, Rudolph Matas, O. S. Ormsby and Grant E. Ward.

Dr. S. M. MacLean has given us an interesting little book "Diagnosis of Pancreatic Disease," by Robert Coope, of Liverpool. Dr. MacLean's generosity is greatly appreciated.

Annals of Surgery for October contains the proceedings of the 1932 meeting of the American Surgical Association. The president, Dr. Charles H. Mayo, spoke on "Surgery of the Sympathetic Nervous System." Other papers by well-known men were one on "Hernia," by Dr. W. E. Gallie, "Appendicitis" by Dr. J. S. Horsley, "Abdominal Incisions" by Dr. A. D. Bevan and "Tuberculosis of the Thyroid" by Dr. F. W. Rankin.

We have just received the thirtieth annual report of the Census Bureau, giving 1929 mortality statistics.

"Common Sense and the Child," by Ethel Mannin, has lately been added to our collection.

Thanks are extended to Drs. Bell, Hicks, Whitacre, Schaeffer, Maddison and Whitaker for contributions of periodicals.

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Romance of Modern Medicine

ALAN L. HART, M. D.

Years ago, during the wars for the integration of Italy, Garibaldi spoke stirring words to his soldiers: "Men, I have much to offer you. I can offer you disease, starvation, nakedness, and death. If you are taken alive, you will be shot as traitors. If you fall on the field, I have no medical corps to attend you. I can offer you neither uniforms nor modern arms nor adequate ammunition, but I call you to the conquest of Italy." That is the sort of challenge that science too throws at her followers, for she is an ever-changing, insatiable mistress.

People have so wrong an idea of science. They imagine a dry, bookish subject pursued only in musty libraries and odorous laboratories, something that—once learned—is yours forever like the multiplication tables, something that may be written down hard and fast year after year and taken out of its pigeon-hole and put back again without even trimming off the corners. Science is just the opposite of all these things. Only a generation ago, the atomic theory was taught in our colleges as the last word in the analysis of matter and the atom was regarded as the ultimate and indivisible unit of structure. But now we know that the atom—far from being the unit of the material world—is a universe in itself: a nucleus of positive electricity and about it a whole galaxy of negatively charged electrons dashing about their shell-like orbits, oscillating between various energy-levels, and wheeling about the center of the atom. Most of the atom is empty and the solidest and hardest rock consists for the most part of the great open spaces between its electrons. It is astounding, but true, that you and

I at this moment, instead of being firmly based on substantial chairs and floors, are really suspended in space, sustained only by the impact of the billions of electrons in the wood against our own electron-studded emptiness. Matter is energy and energy is matter and chronological order is replaced by Time-Space. A negative charge that has no mass achieves mass and becomes a material particle by acquiring a speed of 186,000 miles per second. It is all a romance beside which Aladdin's tale glimmer faintly. And Medicine has its full share of the romance.

Let us go back for a moment to the beginning of the 19th Century, the days of our great grandfathers. Smallpox was then the chief of horrors, causing more than 18% of all the deaths in Europe. Any woman who was not pockmarked could claim herself a beauty. Hospitals reeked with gangrene; their stench was appalling. Every wound streamed with "laudable pus;" every compound fracture was a death sentence. More than 10% of all women confined died of "child-bed fever." Great epidemics of Typhus fever and Typhoid raged among both the armies and the civil population in the Napoleonic period. Bubonic plague and Yellow Fever were frequent invaders of Europe and of our own shores. There was no such thing as anesthesia. Only the most urgent surgery was done, with the aid of alcohol and morphia, and that to the accompaniment of the patient's agonized screams. Only a few dreamers scattered here and there through Europe had the faintest idea of the real causes of disease. The great contribution of the 18th century to preventive medicine was the method

used to protect villages from Yellow Fever, Smallpox, Diphtheria and the like; it consisted of hitching four widows to a plow and making a deep, wide furrow about the endangered hamlet during the dead of night. Would you care to live and bring up your families under such conditions?

But during the centuries since medieval days, the lens makers had been improving the microscope and bit by bit developing lenses that gave much greater magnification than the crude glasses earlier used. Men had begun to seek out the secrets of the structures of living tissue and to recognize the cell as the unit of plant and animal life. Then just before the half-way mark of the century, the discovery of ether in America and chloroform in Scotland gave a great impetus to surgery which had for so long lagged behind her sister, medicine.

Shortly after the turn of the century a man named Villemin reported that by injecting into the front part of a rabbit's eye the sputum from people with consumption, he could cause the animal to die from generalized tuberculosis. This announcement caused a great stir among scientists, many of whom doubted Villemin's statements.

Meanwhile, there was a young chemist in France who was turning from his original field of study, crystallography, to the investigation of fermentation. The brewers and winemakers of France were staring bankruptcy in the face. Something horrible was wrong; liquors shipped any distance were spoiled and unfit for use. Butyric acid fermentation had started in the bottles and kegs. Any of you who have ever taken the stopper out of a flask of butyric acid will understand why no one could drink that wine. So Pasteur went about the breweries and win-

eries to see what was wrong, and he found that there were tiny, living things that looked and acted like yeast in the scum on the surface of the liquor in the vats and in the scruff formed on the sides of the containers. Before long, he had proved by experimentation, that, if he heated the wine and beer before bottling it or putting it into barrels, these little yeasts were destroyed and the liquor could be shipped around the world and be just as palatable as when it started on its journey. So the wine and beer industry was saved.

Before long he did much the same thing for the silk growers of France. Instead of spinning fine, big cocoons, the silk worms had taken to curling up and dying on the trees of the disease called pebrine. Now it is true that Pasteur wouldn't have known a silk-worm if he had met it on the street, but he nevertheless packed up his microscope and took his two young assistants and went off to the south of France to rescue the silk worms. Within a few months he had found the cause of pebrine and taught the growers how to breed a new, healthy batch of worms to replace the sick ones.

This man was not a cold blooded scientific plodder; he was what I like to call a "passionate prophet." He had "hunches," and many of them were true. It came to him now, that since microbes were the cause of the diseases of wine and beer and silk worms, microbes were also undoubtedly the cause of human sickness. At that moment, this see-er of visions looked far over the heads of his own generation and peered into the dim future of medicine.

While all this was going on in France, there had graduated in medicine in Germany, a young chap named Robert Koch. He had always wanted to be an explorer or a mili-

tary surgeon, but like most of us he was broke when he got out of medical school and had to take the first thing that came to his hand. It happened to be an internship in an insane hospital in Hamburg. Shortly afterward he fell in love—not with one of the inmates—but the young lady said there would be nothing doing unless Robert gave up his wild ideas and agreed to settle down. So, again like most of us, he capitulated and they got married and moved over into East Prussia. There Koch began to practice in a little country village, riding through the muddy roads night and day and making very little money.

On his 28th birthday, Frau Doktor Koch gave him a microscope—a crude thing we would think it today, but the very best the world afforded then. And Koch commenced to look at everything with his new toy. One day, quite by accident, he happened to look at a drop of blood from a sheep just dead of anthrax, and lo, it was full of little, jointed rods that looked like miniature fishing poles. Wildly excited, Koch rushed down to the butcher shop and gathered up blood from healthy animals slaughtered for meat, but no matter how long or faithfully he hunted, he could never find any rods in the healthy blood.

This was by far the greatest thing

that had ever happened to Koch and he began to neglect his practice for his anthrax. In one corner of his office he huddled behind a partition, his sheep blood, his microscope, and some cages of white mice, and soon found that he could infect the mice with anthrax very handily. Remember, there was not a man on earth who had ever seen or done what Koch was doing, not a book printed about such things, not a human being in the world who could give him any advice. How far would any of us have gotten under such circumstances?

Koch's methods were simple but very ingenious. He took splinters of wood and sharpened them out to fine, sharp points; then he baked them in an oven so that any microbes that might be sticking on them would be killed. With a thin, sharp knife blade he made tiny cuts in the backs of the mice just above the roots of their tails. Then he dipped the tips of the baked splinters into the sheep blood and at once stuck them into the cuts on the backs of the mice. Whenever he did this the mice died of anthrax and always he found his blood. Before many years went by he had solved the puzzle of anthrax little rods in all their organs and which for centuries had killed thousands of sheep and cattle in Europe every year.

By the time he had this done, it was 1876 and Koch had been out of medical school 10 years; his practice had gone to the dogs; he was a complete failure as a doctor. One day he gathered up his mice and his microscope and some sheep blood and set out to the University of Breslau on what must have seemed to his wife a fool's errand. But at Breslau he found some real scientists, among them two men named Cohn and Cohnheim, who got him a position as city physician so he could

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remain in Breslau near the University. His salary was only \$450 a year, but the professors thought his fame as a researcher would bring him patients so he could make a living. People, however, in 1876 were much the same as in 1932; they distrusted everything out of the ordinary and especially this strange, near-sighted, young "bug-hunter." After two years' waiting, Koch starved out and went back to his East Prussian village. Not for four years more, did his fame from his anthrax work get him an appointment in the Health Office of Berlin.

Once he found himself in the capital in 1880, he had a laboratory to himself, all the available apparatus, two assistants, and a salary that made it possible for him to stop worrying about a living. I am sure that Koch must have thought, at first, that he had died and gone to heaven. Be that as it may, he plunged at once into two years of most intensive work.

Koch had read long ago about Villemin's work with tuberculosis and the rabbit's eye, and now he decided to run down the germ that caused this disease. The list of animals used in his experiments is almost endless—guinea pigs, rabbits, rats, mice, hens, monkeys, tortoises, frogs, eels and even one unsuspecting gold fish. Finally, in March, 1882, fifty years ago last spring, he announced to the Physiological Society of Berlin that he had discovered the tubercle bacillus to be the sole cause of tuberculosis in all forms; the next morning, this news was a head-line story all around the world.

Now, suddenly, the picture changed. The "bug-hunters" instead of being derided as fools, became the heroes of the hour. The search for germs became overnight, as it were, the leading indoor sport of Europe. France and Germany represented two

great schools of thought, under the leadership of Pasteur and Koch. Microscopes, cultures of bacteria, and droves of laboratory animals were mobilized by eager young scientists all over the earth to run down these producers of disease and death.

I have not time to enumerate the results of this great search, which goes on today unabated. The Men of Truth have conquered a great roll of maladies—Cholera, Diphtheria, Typhoid Fever, Typhus, Bubonic Plague, Malaria, Hook Worm, Yellow Fever, Syphilis, Leprosy and Scarlet Fever are some of them. We know their causes and how to prevent and often cure them. And modern surgery with all its marvels was made possible by the application of Pasteur's principles by the Englishman, Lister. Hospitals today are clean and sweet; no one carries out from them an infection, hospital-born. And child-bed fever is almost unknown, except in backward and cult-ridden communities.

(To Be Continued in December issue).

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MINUTES
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REGULAR MEETING
October 25, 1932

In the absence of the president, Dr. J. A. LaGasa, the vice president, Dr. R. H. Beach, presided. Minutes of the previous meeting were read and approved. Sixty-four members were present.

Dr. M. T. Nelsen presented six cases showing end results in neurological surgery. The first was a case of spina bifida in a child operated at three weeks of age, with an apparently excellent result. The second was a skull fracture in a child four and one-half years of age, with destruction of some brain tissue in the motor area, with complete recovery. The third was a fracture of the skull in the motor area from javelin penetration of skull in a seventeen year old girl, with complete recovery. The fourth case was an aviator with a fracture of the nasal ridge and right maxilla and destruction of posterior frontal and cribriform plates; has made good recovery with almost normal vision but no sense of smell. This patient was unconscious for one month. The fifth was a closed skull fracture, with basilar hemorrhage; was unconscious for fifteen days, with clonic convulsions every three to five minutes for the first three days; Dr.

Nelsen thinks recovery was due to frequent spinal puncture and frequent injections of 50 cc. of 50% glucose solution. The sixth case was a cerebellar cyst successfully operated on four years ago. The paper was discussed by Drs. Dietz and Janes.

Dr. Delmar Goode of the American Lake Hospital gave a paper on "Dementia praecox or hysteria?" Dr. Goode announced that this was a report of a case for study and discussion. The paper was discussed by Dr. A. C. Stewart.

Dr. Engels spoke of the coming election and distributed cards to be mailed by the doctors.

• • •

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Pierce County representatives for Frigidaire Sales Corporation, Riggs & Cox, enthusiastically solicit your inspection of the newest models at the new lower prices in their new location.

A New Dress Shop!

Dealing in smart apparel for women and interesting specialties that delight the feminine heart, Mrs. Lucy Taylor moves in from further up on St. Helens Avenue.

A New Coffee Shop!

Mrs. N. L. Hassad, famed for miles around for the years of operating the Blue J Inn on the Seattle-Tacoma Highway, has taken over the operation of The Food Shop.



These People are not Selling Tacoma Short!

They have perceived the new order of things and are optimistically adding their impetus to the up swing—congratulations and more success to them!

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ON THE NURSE PRACTICE ACT OF WASHINGTON

Washington's law is entirely out of date—it is obsolete. It must be improved in order that the State may have proper recognition and standing nationally. Some of our schools of nursing stand with the best in the country, and yet because of the poor law, our graduates have difficulty in obtaining reciprocity in certain other states.

At a recent joint board meeting of the Washington State Graduate Nurses' Association, the Washington League of Nursing Education and the Washington State organization for Public Health Nursing, important amendments to the present law were adopted and will be presented to the State Legislature at its session beginning in January. Some proposed points of change are:

(1) Compulsory registration and annual renewal of registration of every graduate nurse practicing in Washington or registering in Washington. Penalties are fixed for failure to comply.

(2) Appointments by the Governor of a permanent board of nurse the Washington State Graduate Nurses Association with power to examiners from a list suggested by conduct examinations for nurses at least once a year; to appoint an executive secretary who shall inspect all training schools in the State of Washington at least once a year; to maintain standards for and supervision of schools for nurses and to place them on an accredited list yearly on application and proof of qualification. Washington is one of the three states in the union which do not already have this provision. Compensation for this work will be provided from fees for registration and renewal.

(3) Provision for cessation of renewal for nurses retiring from practice. Any nurse who will not be

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practicing as a graduate registered nurse for any period of time may be placed on a non-practice list by application to the board.

(4) Nothing in this act shall be construed to prevent any person from nursing any other person in the State of Washington either gratuitously or for hire provided that such person so nursing shall not represent herself to be a *graduate* registered nurse. Nothing in this act shall be construed as authorizing any person to practice medicine or surgery or midwifery in said State.

• • •

A QUICK REVIEW OF WHY THE DOCTOR'S BILLS ARE HARD TO COLLECT

I. First task: To find the common factors in collection experience. Human beings are governed by the same essential psychology, and possesses the same basic feelings. Appeals to pride and shame, fear and good-will are equally effective in Madison, Milwaukee or Massachusetts.

II. Recognizing and identifying the state of mind of the patient and of the doctor before and after the patient becomes a debtor.

(a) The doctor: Hedged around by medical traditions which have in the past hampered him from taking active steps in collecting bills in the commercial sense of the term. This has had its profound effect upon the attitude of all medical administration.

Neither doctor nor medical organization can choose for themselves only customers who are good credit risks. Both are obliged professionally to render services to everyone in need.

Both doctor and hospital deal

with people who, most of them, have never been educated to the true significance of the credit obligation. And both doctor and hospital are fighting against an old idea that has grown up so powerfully; a tradition which says that doctors' bills may be postponed indefinitely.

(b) The patient: After the doctor has rendered his service and the patient has become well, he forgets the value received because it fades rapidly and recedes from his memory. Nothing seems so fleeting as what was done in illness, when the patient is well. He knows simply that he is back to normal, and can see nothing tangible to pay for unless a close contact is maintained with him and his memory is kept vivid as to what the doctor did for him.

III. The immense importance of re-sale: Re-sale is the process of re-viving in the patient's mind the value of the services that were originally rendered to him, the true significance of which may have completely left his mind. Re-sale involves also in some cases a rather extensive education in credit obligation. "You asked us for this service—it is now only fair that you pay for the scientific care you received."

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TACOMA GENERAL HOSPITAL

The Tacoma General Hospital School of Nursing is well started on the work for the year. Twenty-five new students matriculated on September 6 and so far only one has left. These students are struggling through the maze of preliminary period subjects, looking forward to the time when they will be over and the first goal achieved, namely, capping. As in former years, the course in Chemistry is being taught at the College of Puget Sound, an enjoyable change for the class from hospital atmosphere.

The Senior Class is still enthusiastic about their field trip to the Veteran's hospital at American Lake in connection with their course in Psychiatry. Dr. Stewart, who lectures

on this subject, arranged for the field trip and our thanks are due him. The trip through the institution was indeed worthwhile, giving us a better picture of the care given neuropsychiatric cases. The clinic on types of dementia praecox cases, conducted by Dr. Goode and assisting doctors, was intensely interesting and one the class will not soon forget. We wish to extend our appreciation to those on the staff of the Veteran's Hospital that helped to make our trip a success—Dr. Stalter, Dr. Goode, Dr. Wright, Dr. Ward and Miss Peterson.

Through the suggestion of Dr. Clay, our lecturer in Pediatrics, and the co-operation of Miss Coffman, director of the Public Health Nursing Association, the Intermediate Class is receiving some very worthwhile field experience in Pediatrics. Every Wednesday morning two of the class attend the weekly Child Welfare Clinic at the County Hospital. Since the clinics have been large and the attending physician, Dr. Miles, has been very willing to

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answer questions and explain obscure points, the students who have made this trip to date feel that they have received very much from this work. They have seen cases that they would not as a rule see in a hospital since they are treated at home, and thus have enlarged their Pediatric experience.

The following doctors have just completed their course of lectures:

Dr. Bell to the Seniors on Ophthalmology.

Dr. Howe to the Seniors on Otolaryngology.

Dr. William McCreery to the Intermediates on Introduction to Surgery and Wound Infection.

We appreciate the time and effort these well prepared lectures necessitated and want you to realize we received much from them. Thank you!

• • •

ST. JOSEPH'S HOSPITAL

St. Joseph's Hospital will hold its clinical meeting Monday evening, November 7, at 8 P. M. sharp. Dr. A. C. Stewart is to give a paper. Dr. F. L. Scheyer of Puyallup will present a very interesting case. Dr. C. C. Leaverton (Main 4500) is in charge of the program.

Owing to the increasing number of emergencies it has been found

necessary to equip another emergency room on the first floor.

A Basal Metabolism room has also been installed for the purpose of facilitating metabolism readings.

A beautiful new dining room has been furnished for the doctors where they can enjoy plenty of air, sunshine, and well prepared food.

There are some very attractive posters displayed at St. Joseph's for the purpose of reminding our patrons of Donation Day, which is to be held November 15.

Mr. Earl Currivan, who is taking a course in anaesthesia at St. Joseph's, and who has recently been quite ill, is now back on duty.

Miss Mary Lovett, of the class of 1916, is ill at the hospital.

Miss Marie Littleton, of the class of 1925, was married to Joseph Earl on October 4 at the Bolivar Apartments.

Miss Alice Tastor, of the class of 1924, who is employed in Spokane, spent her vacation in Tacoma.

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4. Tell *us* of any firms with whom you do business who are not advertising with us. We will do the rest.

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**"STONE WALLS DO NOT A
PRISON MAKE
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Winter is a jailer who shuts us all in from the fullest vitamin D value of sunlight. The baby becomes virtually a prisoner, in several senses: First of all, meteorologic observations prove that winter sunshine in most sections of the country averages 10 to 50 per cent less than summer sunshine. Secondly, the quality of the available sunshine is inferior due to the greater distance of the sun from the earth altering the angle of the sun's rays. Again, the hour of the day has an important bearing. At 8:30 A. M. there is an average loss of over 31%, and at 3:30 P. M., over 21%.

Furthermore, at this season, the mother is likely to bundle her baby to keep it warm, shutting out the sun from baby's skin; and in turning the carriage away from the wind, she may also turn the child's face away from the sun.

Moreover, as Dr. Alfred F. Hess has pointed out, "it has never been determined whether the skin of individuals varies in its content of ergosterol" (synthesized by the sun's rays into vitamin D) "or, again, whether this factor is equally distributed throughout the surface of the body."

While neither Mead's Viosterol in Oil, 250 D nor Mead's 10 D Cod

Liver Oil with Viosterol constitutes a substitute for sunshine, they do offer an effective, controllable supplement, especially important because the only natural foodstuff that contains appreciable quantities of vitamin D is egg-yolk. Unlike winter sunshine, the vitamin D value of Mead's antiricketic products does not vary from day to day or from hour to hour.

**TACOMA INTERNISTS'
SOCIETY**

The last regular meeting of the Tacoma Internists' Society was held at the Winthrop Hotel, October 18, 1932 at 6:30 P. M. The discussion of the first paper, on "Hypothyroidism," was led by Dr. L. A. Hopkins. Special features of this subject were discussed: Basal metabolism by Dr. Penney; Gastro-intestinal symptoms by Dr. Turner and Neurological symptoms by Dr. G. M. Steele. Dr. Buis presented the subject of adolescent goitre, entering into the etiological factors, particularly.

It was decided to set the time of further meetings at 6:15 P. M. instead of the present time of 6:30 P. M. It was announced that the Internists' Society would put on the next program in conjunction with the Pierce County Medical Society on November 22.

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TACOMA ANATOMICAL AND PATHOLOGICAL CLUB

The meeting of October 6 was an unusual one—of value to all in attendance. Dr. Dale Martin, Pathologist at Tacoma General Hospital, gave a demonstration of all the different types of pathology of the heart, with examples and microscopic slides.

On October 20 the interns at the hospital had some interesting cases worked up, with histories, type of treatment and necropsy findings. These were later discussed by the group.

At the meeting November 3, Dr. W. A. Niethammer gave a paper on "Hematopoiesis," followed by general discussion.

W. H. GOERING, M. D., Secy.

TACOMA UROLOGICAL SOCIETY

The regular meeting of the Tacoma Urological Society was held on October 18. The paper of the evening, on "Anuria" was read by Dr. Charles Pascoe. This was followed by general discussion.

H. S. ARGUE, Secy.

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TACOMA

THE SOCIAL LIFE OF A PHYSICIAN

(Courtesy of Life)

You very rarely notice any eminent physician

Remaining at a playhouse 'til the time for intermission,

For whether viewing drama or a fetching flock of beauties

He never shakes the fetters of his therapeutic duties.

When Mister Stork determines on a sudden visitation,

The bird is no respecter of a doctor's recreation.

Who ever met a microbe or a demon of infection

Possessed of any thoughtfulness or sense of circumspection?

And that is why no medico is ever really certain

If he will see what happens at the final fall of curtain.

For all he knows, the maiden that the villian was pursuing

Surrenders at eleven to the fellow's fiendish wooing.

Alas, the poor physician and alack, his noble calling—

His well-earned "fees for services" result in shameless stalling.

We send our checks for clothing, for amusement and for raiment

But tersely tell the doctor: "You can whistle for your payment!"

—Arthur L. Lippmann.

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NEWS ITEMS

Dr. James A. LaGasa and Mrs. LaGasa motored to Vancouver, B. C., for a few days' stay recently.

Dr. H. J. Whitacre has just returned from St. Louis, where he attended and took an active part in the meeting of the American College of Surgeons. He reports a wonderful meeting and a fine trip.

Dr. and Mrs. W. A. Niethammer are the proud parents of a baby girl.

Drs. Duerfeldt, Clay, Turner and Crowe motored to Seattle on October 24 to hear Dr. Rowe, of Oakland

and San Francisco give a paper on "Food Allergy."

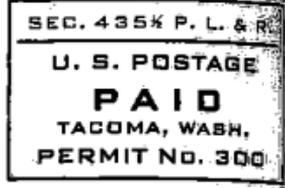
Dr. B. H. Foreman, whose offices have been in the Perkins Building, has retired from active practice.

A group of younger doctors and dentists are doing their "daily dozen" at the gymnasium of the Y. M. C. A. two or three times a week, using their spare time to keep themselves in good physical condition.

The following eight men meet every two weeks for six rubbers of contract bridge: Drs. Beach, Wright, Engels, Janes, Maddison, Schaeffer,

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Shaw Supply Co.....	Surgical Instruments
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United Taxi Co.....	Taxi Service
Washington Minor Hospital.....	Hospital



Pierce County Medical Society Library
 Rhodes Medical Arts Bldg.
 Tacoma, Wash.

Nelsen and Crowe.

Dr. Ross Wright, of the Northern Pacific Hospital, returned from a hunting trip to Montana recently where he bagged a nice elk.

The following officers were elected at the meeting of the Woman's Auxiliary on October 20: President, Mrs. E. F. Dodds; first vice president, Mrs. E. L. Carlsen; vice presidents, Mrs. Warner Karshner, Mrs. H. G. Willard, Mrs. J. B. McNerthey and Mrs. V. E. Crowe; secretary, Mrs. E. W. Hanson; corresponding secretary, Mrs. T. C. Rummell; treasurer, Mrs. H. S. Argue.

STUDY CLUB & STAFF MEETINGS

- Tacoma Surgical Club..... November 28
- Tacoma Urological Society..... November 15
- Tacoma Internists' Society..... November 22
- Tacoma Anatomical & Pathological Club November 17
- Puget Sound Academy of Ophthalmology & Otolaryngology... November 15
- Tacoma General Hospital Monthly staff meeting..... December 6

- Thursday morning clinics..... November 10, 17, 24, Dec. 1
- St. Joseph's Hospital Monthly clinical meeting..... December 5
- County Hospital Monthly staff meeting..... November 25

COMMUNICABLE DISEASES

September, 1932

Smallpox	2
Typhoid	1
Measles	2
German Measles	1
Malta Fever	1
Poliomyelitis	1
Diphtheria	1
Erysipelas	1
Scarlet Fever	8

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BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. II

DECEMBER, 1932

No. 9

THE COUNTY MEDICAL SOCIETY

"It is the most important single factor in the promotion of that unity and good fellowship which adds so much to the dignity of the profession"--Osler

PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY
RHODES MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

DECEMBER 13

Some Observations on Sinus Surgery with
Special Reference to External Ethmoid-
sphenoidectomy, with Motion Pictures and
Presentation of Clinical Cases.....

Dr. G. E. Griffith

Dr. E. D. Warren

Discussion by Dr. W. H. Ludwig

Dr. M. T. Nelsen

Dr. J. A. Keho

Dr. J. F. Steele

Members of the society are invited to a social
gathering with the Woman's Auxiliary at the
Tacoma General Hospital after this meeting.



DECEMBER 27

Spinal Anesthesia..... Dr. B. A. Brown

Discussion by Dr. C. F. Engels

Dr. S. F. Herrmann

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TACOMA, WASHINGTON

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	{ Dr. C. R. McColl
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	{ Dr. W. C. Paul
	{ Dr. C. F. Engels

EDITORIAL

With the repeal of the State dry laws the physicians of the State now operate under the Federal law, which allows the prescribing of alcohol for medicinal purposes.

It is difficult to properly decide the value of alcohol as a therapeutic agent. It has well been said that alcohol is a highly inflammable substance if you strike a match to it or even talk about it. The views of most people are so colored by prejudice and passion instead of cold reason that the real truth is distorted by their preconceived opinions.

In the days of empiric medicine it was used in enormous quantities in almost every conceivable complaint. Later, when rational therapeutics attempted to classify all drugs by clin-

ical evidence accompanied by laboratory experiment it was given a place as a conservor of energy and tissue waste and a temporary stimulant. In the past decade, when the spirit of therapeutic nihilism has questioned the old accepted worth of all drugs, the question of alcohol as a drug has become more controversial. There are those who are enthusiastic about its use in acute infections, fevers and wasting diseases and there are those who hold that it is a pure depressant poison with absolutely no value in the treatment of the sick. There is a conflict, too, between the conclusions of the laboratory worker, who conducts his experiments with pure grain alcohol, and the clinician, who dispenses in the form of spirits, wine, or beer which contain other substances such as ethers, essential oils, sugar and malt.

Today we find the profession almost equally divided on the subject. In an inquiry conducted some few years since by the A. M. A. it was found that about fifty-five per cent of the doctors in the United States used and prescribed alcohol in their practice.

There is no disagreement regarding its worth as a solvent and vehicle for the administration of other drugs, as a mild antiseptic and as exceedingly valuable for external use, nor is there any regarding its abuse as a beverage.

Among the many opinions among the leaders of medical thought it is quite generally accepted that:

1. Alcohol has a certain amount of food value. It creates energy and saves fat and proteins.

2. It is a solvent of cholesterol.

3. It is a mild depressant which in its control of excessive inhibition and morbid reflex excitability produces an effect of stimulation.

4. It is of great value in producing a state of euphoria and is therefore

(Continued on Page 12)



LIBRARY



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

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BLANCHE L. DEWITT, LIBRARIAN

Again we ask that those of you who do not keep your copies of Northwest Medicine give them to the library as promptly as possible after you are through with them. Many of our members are already doing this, enabling us to effect exchanges with other libraries for their own state publications, and if we can obtain more copies regularly we can make still more exchanges. Most of the state magazines on our rack come to us in this way and it is a worth while economy. Dr. Maddison, chairman of the Library Committee, has been very active in assisting in this matter and his co-operation is greatly appreciated.

do not keep your copies of Northwest

We have for some time been making a special effort to build up a store of material dealing with industrial injuries. "Accidents, Neuroses and Compensation," by James H. Huddleson, Associate in Neurology at Columbia University, is our latest accession.

A cheerful note of color is added to our shelves by the set of Murphy Clinics and Surgical Clinics of Chicago, backed with red leather, given to the library by Dr. R. C. Schaeffer. Our thanks are extended to Dr. Schaeffer for this generous gift.

One of the most fascinating things one notes in going through the Quarterly Cumulative Index and Index Medicus is the gradual increase from year to year in the number of articles on a certain subject as interest in and knowledge of that subject increase.

For instance, no one was thinking very much about the subject of anaphylaxis and allergy twenty-five or

thirty years ago. The first mention of anaphylaxis in the Index Medicus was in 1905, though many years before that certain experimenters had observed the effects of injections of egg albumen and serums in dogs. Twenty years ago the indexed medical literature of the world contains only about sixty references, while today the literature has become so voluminous that page after page of the index is devoted to it. In addition to innumerable articles on asthma and hay fever your library can offer you the following, as an example of the diversity of conditions considered in relation to allergy:

Allergy in Tuberculosis, Basil Thompson; Medical Journal and Record 136:406, Nov. 16, 1932.

Allergy and Chronic Arthritis, W. T. Vaughan; Virginia Medical Monthly 59:7, April, 1932.

Uterine Allergy, Albert H. Rowe; American Journal of Obstetrics and Gynecology 24:333, September, 1932.

Is Allergy a Factor in Angina Pectoris and Cardiac Infarct? G. Werley; Medical Journal and Record 136:417, Nov. 16, 1932.

Relation of Allergy to Iritis, J. A. Kolmer; American Journal of Ophthalmology 14:217, March, 1931.

Allergy in Middle and Internal Ear, A. W. Proetz; Annals of Otolaryngology and Rhinology 40:67, March, 1931.

Allergy as a Cause of Gastrointestinal Disorder, W. W. Duke; American Journal of Surgery 12:249, May, 1931.

Allergic Toxemia and Migraine Due to Food Allergy, A. H. Rowe; California & Western Medicine 33:785, November, 1930.

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Bulletin Editor

Dr. A. O. Simons

State President Dr. H. E. Wight of Yakima called on us for his first official visit. We gathered around, talked football, cried about the election, smoked our cigars, (if we had paid our grocery bill) and had a general good time.

Our Membership Committee this year is "hot potatoes." They go get 'em like the Canadian Mounted.

Drs. Fewell and Johnson claim there is no truth to the rumor that "Nature Like" plates are made anywhere else than 9th and Broadway.

Dr. Fowler says: "Say, where can I get one of those \$2.50 dental credit cards? My wife needs a bridge."

—:—:—:—:

TACOMA DENTAL ASSISTANTS' SOCIETY

Last month the Tacoma Dental Assistants' Society gave a benefit bridge at the beautiful home of Miss Erna Weller at Steilacoom Lake. Six tables were in play.

At the Dental Conference at Buffalo, New York, in October, Mrs. Edith Weinhart was elected Trustee for the Ninth District. This is a great honor for the Tacoma Society, as no one from the Northwest has ever been accorded this honor before.

This winter the Tacoma Dental Assistants are taking a course in Dental Anatomy. Dr. M. H. Fisher is generously giving of his time and knowledge to say nothing of musing up his office each Thursday night. The members are most interested and turn out faithfully each week. The class was favored by a visit from Dr. H. E. Wight of Yakima.

Dr. Fisher has prepared a very interesting and instructive clinic of models and slides on Orthodontia for P.T.A. work. He very kindly gave the Dental Assistants a pre-view about two weeks ago. This is a clinic that every mother ought to see.

At the regular meeting of November, held on the 15th, we split the program with the Pierce County Medical Society and were privileged to sit in, ringside, for the "Contract Medicine" smoker.

Hats off at 8:30. All the boys were there and the bouts went on as scheduled. Dr. La Gasca was referee and Dr. Penney, timekeeper. The Dentists were the judges. The boys started a little slow, feeling each other out and then they opened up with all they had. They were all fairly well trained and in fair condition but no one on the card had a real knock-out punch and the final bell saw the "Free for All" end in a draw with the "champion" Dr. Whitacre still on his feet and meeting all comers punch for punch.

The judges called it a draw and gave one round each to Drs. Whitacre, Bridge, Jonez, Read and Murphy. The house was well attended.

Romance of Modern Medicine

ALAN L. HART, M. D.

(Continued from November Issue)

In 1895 another German made us all debtors of his. Roentgen was not a physician but a physicist, and like all the physicists of the later 19th-century he had for years been interested in fluorescence. One autumn day thirty-seven years ago, he was working with a Crookes' tube — a little device named for the English scientist, Sir William Crookes, that looked much like a large electric bulb of today. When an electric current was sent through this tube, it glowed with a beautiful display of colors. This day Roentgen enclosed the tube in a tight, black cardboard box so that no light could leak out, and yet when he sent a current through the tube he found that crystals of barium-platino-cyanide three or four feet away fluoresced and shone brilliantly in the dark. He rubbed some of these crystals into a piece of cardboard and, holding his hand between the tube and the cardboard, found that he could see the bones of his fingers and wrist in silhouette. Working almost day and night, Roentgen completed in six to eight weeks all his basic researches, and in December of 1895 he announced this new form of energy to the world, calling it X-rays because the true nature of this radiation was then unknown. He refused to patent his discovery, feeling that it should be given freely to mankind, and died impoverished and almost forgotten in Germany in 1923—one more martyr to man's forgetfulness.

Only a short time after Roentgen's discovery, Henri Becquerel—a member of the faculty of the University of Paris—found that uranium when placed on a photographic plate made an image of itself thereupon. To aid in this research he enlisted the services

of Pierre and Marie Curie who were teaching and studying in Paris at that time. The Austrian Government presented them with a ton of the ore from which uranium comes, and they set to work on the puzzle of radio-activity. Beset by the direst poverty and almost unsurmountable difficulties, they began their search which resulted in 1898 in the discovery of radium. No greater thing had ever happened in the world of science, for in the train of X-rays and Radium have come our new knowledge of the atom, the electronic theory, and the new physics of our own century. Radium disclosed to us the great natural transmutation that goes on immutably and unalterably in the earth's crust, in which radium is the half-way house between uranium on the one hand and lead, the end-product, on the other. The alchemists sought a process by which they could turn baser metals into gold, but we have found a natural process of radio-activity in the earth beneath us that puts alchemy to shame.

Many of the early workers with X-rays and radium began to notice, before many years had passed, changes in the skin of their hands and arms which they found to be due to the mysterious rays with which they worked. A great many of them have paid with their lives for the ignorance of the dangers of the thing with which they toiled, but as an aftermath of these sacrifices to science have come the use of radium and X-rays in the treatment of disease and particularly of cancer. Without any further knowledge than we possess today, it would be possible for us to cure half of all cancer patients if only we could find them before their disease was far-advanced.

One more great Romance of Modern Medicine belongs peculiarly to our own country. It is the story of the conquest of Yellow Fever. This horrible disease was the annual scourge of the Tropics and every year it made forays into our southern and eastern cities, killing thousands of people.

There was a doctor in Havana—Carlos Findlay—who ever since 1885 had been declaring that a certain kind of mosquito had something to do with spreading the "Yellow Jack," but he had never been able to make anyone listen to him.

When our troops occupied Cuba after the Spanish-American War, the yellow fever broke out promptly and took a horrible toll of lives each month. In June, 1900, the United States Government sent down to Havana, Major Walter Reed of the Medical Corps to "study the cause and prevention of yellow fever." Major Reed was a man fifty years old with a wife and daughter. To help him there were Dr. Carroll, an assistant surgeon in the Medical Corps, forty-six years old, who had a wife and five children, Dr. Lazear, a brilliant young scientist, thirty-four years old, with a wife and two children, and Dr. Agramonte, a Cuban physician who had had yellow fever and was therefore immune to it. None of the three American doctors had had the disease and they

all knew they stood a good 75% chance of dying if they contracted it.

Dr. Reed talked with Dr. Findley, the mosquito enthusiast, and decided to investigate his theory.

Now, there were no animals known to these men that were susceptible to yellow fever. This meant that whatever experiments were done would have to be done on human subjects. Reed had no permission to conduct such human experimental studies and he knew he would lay himself liable to court martial for attempting them. But Walter Reed was not the sort of man to be stopped in his pursuit of truth. He hatched out some eggs that Dr. Findlay gave him and got some fine specimens of the *Stygomyia* mosquitoes. Dr. Lazear selected a fine husky mosquito that had sucked blood from four cases of yellow fever and Dr. Carroll put it on his own arm and let it have its fill of his blood. Four days later he was violently ill with yellow fever. Although he eventually recovered, after a long illness, he developed a serious heart condition during the sickness that later caused his death.

The next man who volunteered was Private Wm. Dean of Grand Rapids. He was bitten by four mosquitoes, all of whom had made meals off blood of yellow fever patients. He too, developed a severe case of yellow fever, but at last pulled out alive.

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On September 13, 1900, Dr. Lazear took his cages of trained mosquitoes out into the yellow fever wards as usual for their daily banquet. While he was herding them around on the patients there, he noticed a stray mosquito of the same type flying about among the beds. It finally came to rest on the back of his hand. Lazear afterward told his friends that at first he started to brush it off, but thought better of it and sat and watched it gorge itself with his blood. Five days later he was taken violently ill with yellow fever and in twelve days he was dead.

Despite this, when Reed and Carroll asked for more volunteers, men came forward from the ranks. Even when the dangers of the work were explained to them, they still were willing to go ahead and all of them refused the offer of General Wood, Governor of the Island, to pay each man contracting yellow fever from the experiments \$200.00. In this series, eight men were bitten by mosquitoes fed on yellow fever patients, all of whom developed the dreaded infection and one of whom died of the disease.

But the idea that Yellow Fever was distributed by the clothes and bedding of the patients, by the discharges from their bodies, and by contact with them, was so firmly imbedded in the minds of the public and the medical man as well, that Dr.

Reed knew there must be dramatic proof to the contrary before his new theory would be accepted. So he got General Wood to build for him a little cabin, 14 ft. by 20ft., about a mile from the military camp. It had two doors and windows, screened so as to be mosquito-proof, and arranged in such positions that no cross-currents of air were possible. In spite of the hot weather, a stove was put in the shack and a fire kept in it so that the temperature was at all times above 90 degrees. Then they carried in two tubs of water and set on the floor, so that the air besides being very warm would also be extremely moist.

Into the cabin were borne boxes containing pillows, sheets, and blankets, soiled by the vomitus and other discharges of yellow fever sufferers. Three cots were made up with this terrible bedding. On November 30, 1900, a young American doctor named Cooke and two private soldiers named Folk and Jernegan moved into this hot, stinking, little shack. For twenty horrible nights they slept in this ghost-haunted place on this filthy bedding. After the twentieth night they were taken out of the cabin and put into a clean, airy hospital tent to await the onset of yellow fever. But strange to say, not one of them showed the slightest sign of sickness!

To make the matter even more certain, Dr. Reed now wrung towels out

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of the blood of patients who had died from yellow fever and spread them on the pillows of the evil little experimental shack. Then he sent three more American soldiers in there, and they, too, slept in this reeking hole on these blood-soaked towels for twenty nights. And every man-jack of them stayed fit as a fiddle.

For fear someone would say that these men were all naturally immune to yellow fever, Reed and Carroll permitted infected mosquitoes to bite Folk and injected blood from yellow fever patients into Jernegan. Both these men at once developed the disease.

While these things were going on, they built another similar cabin nearby. It was clean and airy, and the cots in it were made up with steam-disinfected bedding. It was divided into two equal halves by a mosquito-proof screen.

On December 21, 1900, John Moran, civilian clerk, entered one side of this cabin, into which fifteen minutes earlier Reed and Carroll had turned loose a couple of dozen mosquitoes that had been feeding on yellow fever patients in the hospital. Moran stayed in for thirty minutes and collected seven bites. In the afternoon he went back for more souvenirs, and again the following morning. On Xmas day the poor chap was delirious with yellow fever.

Meantime on the other side of the screening, two dough-boys had moved in; they lived there for eighteen days and nights, and both remained perfectly well while Moran, just beyond the netting, was desperately ill with the fever.

Thus was the puzzle, ages old, of yellow fever solved. The disease was not spread by contact with the patients, nor by their clothing or bedding or bodily discharges, but only by the bites of mosquitoes that had previously fed on persons suffering from the yellow fever.

Now the United States sent Colonel Gorgas of the Medical Corps down to Cuba, and he attacked the breeding places of these mosquitoes. It sounds like a fairy tale, but the truth is that within ninety days after he began work there was not a single case of yellow fever in Havana—the city that had been the hot-bed and breeding place of this disease for centuries.

What of the men who made this great thing possible? Jernegan and Folk, who were the first to brave the filthy bedding and the stinking cabin, and who later were purposely infected with yellow fever, to prove that they did not have a natural immunity to the disease, were paid \$300.00 for their heroism. And Private Kissenger who was so ill with yellow fever, but finally recovered, was given

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a gold watch and \$115.00, with his regiment drawn up on parade behind him. Unfortunately, he shortly afterwards became paralyzed and for the rest of his life was confined to a wheelchair. Kissenger was a wise man, however, and he married a good, strong woman who took in washing and supported the family. In 1924, I believe it was, the United States finally granted this family the princely pension of \$25.00 a month! Dr. Lazear died of yellow fever, contracted early in the mosquito experiments—at the age of thirty-four—with a brilliant career ahead of him. In 1902 Dr. Reed died with the words on his lips, "I am leaving my wife and daughter so little!" In 1907, Dr. Carroll died of the heart disease he had acquired during his bout with yellow fever. These three men left their widows and eight orphans. The generous (?) Congress of the United

States, which unblinkingly appropriates billions of dollars for naval construction, voted to the families of these scientists \$1500.00 a year.

The fates of the other brave men who volunteered as subjects of these gruesome experiments are unknown. But what I have already told you displays the rewards of unspectacular valor!

For the undaunted soldier who faced machine-gun fire in the World War, the French Legion of Honor! For the daring Lindberg, who flew alone across the Atlantic, the Distinguished Flying Medal! And richly they deserve it! But, for the man who unflinchingly sat and watched the death-bearing mosquito bore its poison into his body, who waited stoically for the death that closed a fortnight's agony—oblivion; and for his family—a Memory!

The rewards of science to her followers are: "Disease, Starvation, Nakedness, and Death."

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MINUTES OF THE SPECIAL MEETING OF NOVEMBER 15, 1932

This meeting was called for the purpose of acquainting the members of the society with the threatened invasion of health insurance companies.

Dr. Whitacre opened the discussion with an outline of the proposed plan of the Columbia Casualty Company and others. A general discussion followed, participated in by Drs. Rich, Hunter, Read, W. W. Pascoe, Jonez, Bridge and Engels.

Dr. Mattson moved that every member of the society sign the following pledge:

"I, being a member of the Pierce County Medical Society, do hereby pledge that I will have no part in any of these new health insurance proposals until such plan has been approved by the society. If such plan is not approved and I elect to associate myself with any such organization I pledge that I will offer my resignation to the society."

This motion was seconded by Dr. Buis and without further discussion was carried unanimously.

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MINUTES OF THE REGULAR MEETING OF NOVEMBER 22, 1932

Meeting was held in the auditorium in the Medical Arts Building, with Dr. LaGasa in the chair.

Mr. Johnson, from the office of the United States Industrial Alcohol Commission, gave a talk on the filling of the blanks for permits for dispensing medicinal liquor and stated that arrangements had been made whereby these applications could be made in Mr. Schlarb's office, all blanks to be left there. He also explained the privileges which physi-

cians could enjoy legally under this law.

An invitation from the Woman's Auxiliary was read, asking the doctors to join the Auxiliary for a social hour at the Tacoma General Hospital after our regular meeting on December 13. Motion was made that we accept and was unanimously carried.

Dr. Charles Denzler was unanimously elected to membership.

Dr. Mattson offered a change in the resolutions which were passed at the special meeting in regard to affiliation with insurance and health associations, as follows:

"We, the undersigned members of the Pierce County Medical Society, having the highest standard of efficiency of our profession as well as the best interests of our patients always at heart, and knowing full well that neither of these purposes can be adequately served through commercialized schemes of collective bargaining such as are being promoted by certain health insurance companies who are adding further costs to medical care by issuing health policies to the

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public, in which these companies profit to the extent of 40% upon the physician's services, do hereby pledge ourselves to in no way affiliate ourselves or have any professional connection whatsoever with such health insurance companies. It is further agreed and understood that this does not apply to any organization which is approved by the Pierce County Medical Society. We further agree that any and all violations of this pledge on our part shall constitute good and sufficient reason for expulsion from the Pierce County Medical Society. It is further understood and agreed that this pledge shall not become operative unless signed by 75% of the members of the Pierce County Medical Society."

After some discussion the secretary was instructed to present this resolution to Mr. R. E. Evans for a legal opinion.

A symposium on peptic ulcer was presented by the Tacoma Internists' Society, Dr. J. F. Steele, chairman. Dr. J. R. Turner opened the discussion with a general statement in regard to this condition; etiology was presented by Dr. J. W. Gullikson;

NEWS

Dr. E. F. Dodge, District Officer, recently spoke at the Teachers Association on "Tuberculosis among Children."

Dr. W. W. Pauley, of the Rotary Club of Tacoma, gave "Impressions of Italy."

At the invitation of Dr. J. M. Wilbur, Dr. J. M. Wilbur attended the meeting of the committee on the Costs of Living in New York as a representative of the Pacific Coast. He returned with some interesting thoughts on his return.

Among those present at the meeting of the Tacoma Surgical Society in Tacoma were H. G. Willard, Dr. J. M. Wilbur and Dr. Charles M. Wilbur.

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TACOMA SURGICAL SOCIETY

The regular meeting of the Tacoma Surgical Society was held on November 28, with Dr. J. M. Wilbur presiding. The evening was read by Dr. J. M. Wilbur on "The Grading of Roads and its Useful Life."

TACOMA GENERAL HOSPITAL

During the past month, Dr. Stewart has finished his lectures to the Seniors on Psychiatry, and Dr. Goering his lectures on Orthopedics to the same class. We enjoyed both courses very much and want to thank them for their interest and generous giving of their time.

The November meeting of the Third District, Washington State Graduate Nurses' Association, was held in the reception room of the Nurses' Home. An enjoyable program was given by the student nurses. Miss Radford, President of the Washington League of Nursing Education, presented the proposed Nurse Practice Act, discussing each part in detail and answering questions raised. Wholehearted support from every nurse and those interested in nursing was asked for, since the bill will do much to raise the status of nursing in the State of Washington, which has been and still is low in comparison with other states.

On Sunday, November 6, the In-

termediate Class of the Tacoma General Hospital gave a tea honoring Dr. and Mrs. William B. McCreery on their silver wedding anniversary. Dr. McCreery is the class patron.

For the past six weeks the Tumor Clinic has been meeting in the hospital each Tuesday morning at nine o'clock. The clinic, open to all interested physicians, is being well received both by the physicians and their patients who benefit by free group consultation and advice. There have been presented unusual cases for study, for diagnosis and for advice as to treatment. In a few instances, the results of treatment, good and bad, have shown. Beyond the value to the patient for whom the Clinic is conducted, the physician is permitted to see and study a greater variety of malignancies than the practice of any one man can afford. The taking and preservation of adequate records with periodic "follow-up" will eventually result in some addition to the knowledge of neoplastic diseases generally.

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PIERCE COUNTY NURSES' ASSOCIATION

The Pierce County Nurses' Association, District No. 3, held its annual meeting in the auditorium in the Medical Arts Building on December 5. Father John McAstocker talked on his European trip taken during the summer just past.

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ST. JOSEPH'S HOSPITAL

The Sisters of St. Joseph's Hospital wish to express their sincere thanks and appreciation to the doctors and friends of the hospital for their kindness in response to their appeal for Donation Day.

A doctor's register is being installed in the hospital.

The Alumni of St. Joseph's Hospital entertained with cards at the Tacoma Hotel on November 30. A large crowd of members attended.

Dr. G. E. Griffith, who has been ill, is recovered and has resumed his practice.

Dr. D. H. Bell has been appointed chairman of the program committee for the Clinical Meetings.

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TACOMA ANATOMICAL AND PATHOLOGICAL CLUB

Last month's meetings were extremely instructive. Dr. Niethammer read a paper on "Hematopoiesis" at the first meeting, followed by a study of various forms of leukemias under the microscope at the second

meeting.

On December 8 Dr. W. H. Goering will give a paper on "Circulation of the Long Bones, with Special Reference to Pathological Changes."

The meeting on December 22 will be devoted to laboratory and clinical discussion of cases.

W. H. Goering, M. D., Secy.

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STUDY CLUB AND STAFF MEETINGS

Tacoma Surgical Club--December 26

Tacoma Urological Society-----

December 20

Tacoma Internists' Society -----

December 20

Tacoma Anatomical & Pathological

Club --- December 15, January 5

Puget Sound Academy of Ophthalmology and Otolaryngology ---

December 20

Tacoma General Hospital Monthly

Staff Meeting -----January 3

Thursday Morning Clinics-----

December 15, 22, 29-January 5

St. Joseph's Hospital Monthly

Clinical Meeting -----January 2

County Hospital Monthly Staff

Meeting -----December 30

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Physicians are being told, for example, that Dr. Harry Steenbock has "condemned" viosterol, that the Wisconsin Alumni Research Foundation "would withdraw viosterol from the market in 90 days," etc., etc.

In answer to these malicious untruths, Dr. Harry Steenbock makes the following statement:

Viosterol in its various forms has to date been found fully as valuable in medical practice as was anticipated at the time that it was first introduced to the American markets. Up to the present time there have been no reports of any untoward effects from its administration, although originally it was anticipated from the results of animal experiments that some cases

of intoxication might result from its use in human medicine . . . I see no necessity for reversing my original opinion as to its outstanding merits in any way whatsoever. Any statement to the contrary can be definitely labeled as false."

(Signed) H. Steenbock.

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TACOMA INTERNISTS' SOCIETY

The next meeting will be held at the Winthrop Hotel on December 20 at 6:15 P. M. The evening will be devoted to a discussion of "Intestinal Flu," led by Dr. S. M. Creswell.

J. W. Gullikson, Secy.

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