

# BULLETIN

of the

Pierce County Medical Society

and

Tacoma District Dental Society

VOL. IV.

JANUARY, 1934

No. 1.

## PROGRAMS

PIERCE COUNTY MEDICAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM

8:15 P. M.

JANUARY 9

Case Report: Foreign Body in the Stomach  
Dr. W. W. Mattson

Analysis of the Pathology in Ten Thousand  
Pairs of Tonsils.....Dr. H. F. Wilkinson,  
Bellingham, Wash.

JANUARY 23

Roentgenological Diagnosis of Diaphragmatic  
Hernia.....Dr. Milo Harris

Case Report: Primary Benign Ureteral  
Tumor.....Dr. H. S. Argue

Dermatology, Its Relation to General  
Medicine.....Dr. S. E. Light



TACOMA DISTRICT DENTAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM

7:30 P. M.

REGULAR MEETING JANUARY 16

Program to be announced later.

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TACOMA, WASHINGTON

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1933—1934

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**EDITORIAL**

The State Legislature is in session and as usual a representative of the Public Health League is on the job, safeguarding the interests of scientific medicine.

In its decade of existence the league has been of almost inestimable benefit for the public good, in its defeat of pernicious legislation and the enactment of beneficial measures.

Through its efforts the basic science law was passed and has been firmly defended against the attacks of its enemies. It has distributed articles on health through the papers of the state,

and to the public, and has kept the elected officials and legislators fully informed of the ideals of scientific and preventive medicine. It has been successful in defeating many bills which were inimical to medical practice and injurious to the public welfare. It exposed the sanipractic diploma mill, assisted in revoking the licenses of these so-called graduates and has successfully fought the state recognition of this cult.

Owing to lack of finances the league program has been temporarily curtailed. The reading rooms and headquarters have combined with the King County Medical headquarters thus effecting a marked reduction in rent, and in the pay of a secretary. The publication of the Messenger has been suspended and the distribution of literature discontinued. For the time being all the efforts of the league will be directed to legislative affairs.

This is the most important function of the league and of the State Medical Association. This is the only means we have of protecting our interests and it should have the hearty support of every doctor in the state.

The forces which we have to combat have plenty of money, which they spend month in and month out for the advancement of their own selfish interests. They have very keen and astute leaders, who are constantly on the watch for an opening through which they can gain at the expense of the medical profession, and they will succeed unless we keep eternal vigilance.

The Public Health League is our first line of defense. It has stood in the front trenches and borne the brunt of the fight for many years. The rank and file of medicine must keep them supplied with ammunition.

The dues of the league were formerly \$25.00 a year. These dues were paid by but a part of the members, while the benefits accrued to all.

(Continued on page 9)

# LIBRARY

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

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## SOME MEDICAL HIGHLIGHTS OF 1933

Several times since the beginning of its history, the human race has undergone periods of intense activity, accompanied by great accomplishments. The period in which we ourselves are living, with its unprecedented advances in all lines, shows nothing more striking than the progress which has been made and is being made in the medical sciences.

Surveying the medical literature for even so short a period as a year, we find evidences of much work of an experimental nature and several new things in treatment.

One of the most interesting of these is the report of results of total thyroidectomy in congestive heart failure and angina pectoris, given by Blumgart and others, of Harvard Medical School, in the June and August issues of Archives of Internal Medicine and in American Journal of Surgery for August. The production of a subnormal metabolic rate by total ablation of the thyroid, with its consequent slowing of the blood flow, has been of benefit in the series of cases reported. Thyroid substance was given when indicated.

Dr. W. McK. Craig, of the Section on Neurologic Surgery at the Mayo Clinic, reports in the Proceedings of Staff Meetings of June 14, pp. 373-376, his technic for resection of the splanchnic nerves in hypertension. The author believes that the control of abnormal response of the blood pressure to stimuli in the prehypertensive and early hypertensive patient is an important feature in the prevention and treatment of premature aging of the arterial tissues, and gives several case reports in which resection

of the splanchnic nerves was done, with significant reductions of blood pressure.

In the Journal of Bone & Joint Surgery for April, pp. 337-364, Dr. T. F. Wheeldon, of Richmond, Virginia, tells of a series of cases of bone tuberculosis treated with splenic extract. While the use of raw calf milk in this condition has been reported previously, the treatment was found impracticable for various reasons. Dr. Wheeldon describes his method for preparing a splenic extract, which he hopes will be a valuable adjuvant to the usual treatment, particularly in cases where it is difficult to obtain the co-operation of the patient and his family in the usual measures.

A new method of approach to rheumatoid arthritis is given by Dr. R. L. Cecil in the Journal of the American Medical Association for April 22, pp. 1220-1227. Stressing the fact that treatment differs in the different types, Dr. Cecil dwells on the modern classification of arthritis, gives methods of diagnosis and outlines treatment. He states that the rational treatment of rheumatoid arthritis embraces removal of foci of infection, rest and building up, a carefully regulated diet, vitamins, iron and arsenic, with a dequate elimination through the intestine, bladder and skin. He has found streptococcus vaccine, administered intravenously, of value in many cases, also physical therapy, with orthopedic surgery in advanced cases.

From Dr. Vincent Farmer, of Hackensack, N. J., comes the description of a new technic for the repair of ventral hernia with alcohol-preserved ox-fascia strips. The technic is clearly shown in the illustrations,

(Continued on page 10)

# THE BUSINESS BUREAU

## IN UNION THERE IS STRENGTH

By JOHN SCHLARB, JR.

Danger signals are appearing on the economic horizon of medical practice. If these distant dangers continue to approach, as now seems likely, we must not make the mistake of dividing our forces at the onset of the battle.

There is but one medical profession, and one patient, the public. The dangers which are arising have tended to obscure this central fact, and to lead to the idea that the profession competes with itself against the competing public.

At present the profession is attacking the problem of the payment of medical bills from four angles, the Society, the Medical Bureau, the Business Bureau, and the Research Foundation.

The necessity of participating in these efforts may leave the dangerous impression that their purposes are separate, and through this there tends to develop a feeling of disunion within the profession. In reality, there is but one problem to which all forces are directed: the problem of supplying adequate care in return for adequate payment, without imposing hardship on the doctor or the patient.

No one of the four present lines of attack is competent to solve the problem alone. The Society can carry out its function only insofar as it truly reflects the attitudes of its individual members. The Medical Bureau is concerned with only one phase of the problem: services to industrially employed persons. As soon as these persons are unemployed, or for other reasons are not covered by con-

tract, they fall into the hands of the Business Bureau, whose function is to do with individuals what the Medical Bureau does with groups, namely: establish a basis of payment for medical care.

The function of the Foundation is to find out the factors which control these activities, and to develop better means for using them.

We must not lose sight of the fact that although we are operating on four fronts, in reality we represent only one group, and our relationship with the public is always that of a single personality, the ethical medical profession.

The inability of persons of modest means to budget adequately, and pay for private care has given rise to the institution of contract care, which is in reality another form of collection procedure. With it is always associated the question of whether the care rendered shall be the fullest possible care, or only a minimum care. Thus far this problem has received no attention from the agencies rendering the service, and it is only through the co-operation of the Bureaus, the Society, and the Foundation for Research, that this fundamental issue can be dealt with in any satisfactory way.

Furthermore, contract competition leads to under-bidding, which results in price cutting, and this in turn creates an additional problem for the Business Bureau in the collection of charges for private care.

As long as the economic organization of society continues in its present form, we must maintain these four angles of approach to the problem, but unless we recognize them as having an inner-unity, they will not succeed in defending us in the struggle which we face.

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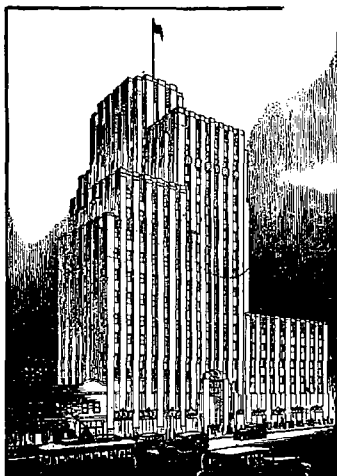
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Dr. T. W. Hammond

respecting dentist will have anything to do with a denture.

It seems that Nature Plates are used for baiting and not for biting. It's a relief to know what they are for anyway.

Patient: Doctor, you guaranteed that your plates would stay in place, and just look at these.

Dentist (with a can of Corega): Yes, madam, we will now sprinkle on the guarantee.

Dr. Friars ran into a street car during Xmas week, but no one was hurt but a few women and children. When questioned, he claimed that was the only way he could get a seat.

The Medical Arts Building managers gave us a grand Xmas party in the club rooms. Without admitting that any landlord should not be done away with, we will have to concede ours have their good points. If only they would not try to collect the rent.

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## DENTAL ASSISTANTS

The Tacoma Dental Assistants held their regular monthly meeting in the Medical Arts Auditorium December 7 at 8 P. M. A very interesting program had been arranged by Mrs. Sherman, program chairman. Dr. Clifford W. Whitaker gave a very interesting talk on diet and care of the teeth during pregnancy. Presenting this subject from the medical standpoint was very helpful to the society. Mrs. W. K. Richmond, of the Racine's School of Accounting, gave a talk on letter writing and its relation to the dental office. Mr. Robert T. Knight, C. P. A., gave a

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The Tacoma District Dental Society held its regular monthly meeting the evening of December 19. Several interesting papers and clinics were given. Thanks to Dr. McGovern and his program committee, more interest has been shown and meetings have been well attended lately. These are times when all good men should come to the aid of something or other. Between the depression and the ballyhoo dentist, it behooves our organization to get together. Divided we fall; organized, we can and will defend ourselves. Come to the meetings and let's do something. Let's get some action.

Once upon a time, physicians extracted teeth. So many started pulling teeth that no self-respecting physician would have anything to do with the teeth. It was at this point that dentistry branched off from medicine. If things keep on, no self-

talk on business methods relative to keeping accounts, also general business information.

After the meeting the society adjourned to the Rest Room which the Medical Arts management has donated and furnished for the use of the women of the building. There Marion Olson and Katherine Browne served a delightful supper of toasted sandwiches, cake and coffee.

—:—:—:—:—

## TACOMA SURGICAL CLUB

The December meeting was advanced to the 18th to avoid the holiday season.

Dr. R. C. Schaeffer presented in detail the "Indications for Enterostomy."

Dr. Leo Hunt reviewed late current literature.

The January meeting will be called at 8:00 P. M. sharp, on the 22nd.

R. D. Wright, Secy.

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## WHAT IS WRONG WITH NATIONAL HEALTH INSURANCE?

Three difficult questions on the subject of the principles of health insurance have been raised in the July Supplement of the British Medical Journal by Sir Henry Brackenbury. Dr. Brackenbury's view is somewhat as follows:

"Already a considerable number of insured persons have fallen out of medical benefit by reason of unemployment.

"My point is simply this: that whereas the national health insurance scheme was intended to make provision for medical attention for all manual workers and for the less highly paid among non-manual workers, a steadily increasing number of such workers are passing out of the scheme.

"These people, on passing out of the insurance scheme are thrown back either upon the charity of the medical profession or upon the arrangements made by public assistance committees.

"We have made a mistake here. The mistake has been owing to an imperfect attention to the habits and psychological reactions of a significant proportion of working-class families.

"What they have they spend, sometimes on superabundant but often ill-chosen sustenance, almost universally on the more popular forms of enjoyment and entertainment. When times are bad they look for all sorts of windfalls and use all sorts of shifts and stratagems to secure what is needed at the moment. There is no advantage in including such people in an insurance scheme. They are constitutionally unable to appreciate its meaning. They will resent or fail to pay their contributions."

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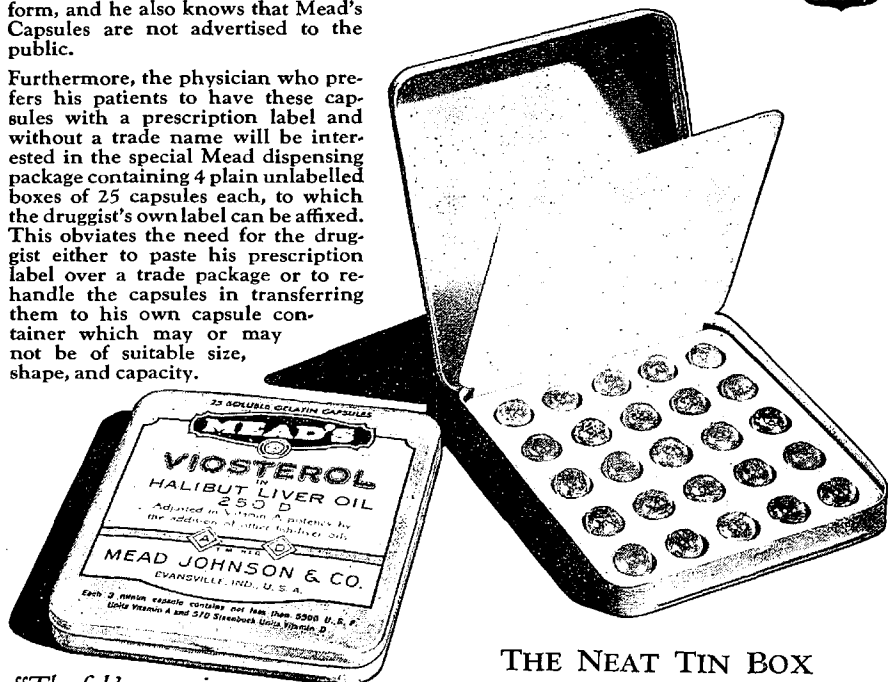
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## NEWS ITEMS

Dr. H. G. Willard gave a talk before the Tacoma Kiwanis Club recently on "Adventures in the Abdominal Cavity."

Dr. and Mrs. W. B. Penney are motoring in California.

Dr. A. C. Stewart has been appointed a member of the Board of Medical Examiners for the State of Washington.

Dr. Terry, pathologist at the Tacoma General Hospital, has been confined to his bed for a week on account of illness.

Drs. Maddison, Creswell and Gulikson motored to Seattle and took part in the King County Medical Society Bridge Tournament.

Dr. F. L. Scheyer has been elected to serve a second term as president of the Puyallup Chamber of Commerce.

Dr. Joseph Turner flew to Altadena, California, to spend the holidays with his family, who are spending the winter down south.

Dr. and Mrs. T. B. Murphy are planning a trip to California after the first of the year.

Dr. and Mrs. Weldon Pascoe also are leaving for California if and when Weldon can shut down his

pumping station at his home on Steilacoom Lake, where he has been attempting to pile the water up in the center of the lake and keep it away from his beautiful home. It is rumored that while in California he will spend most of his time in locating a home site on the desert.

A week or so ago Drs. Turner, Curran, Bridge, Hunt and Schaeffer were appointed from Washington, D. C., to care for the C. W. A. men. However, the latest reports are that these men can be cared for by any licensed physician or surgeon and the service will be recompensed by the Federal Government.

On Saturday afternoon before Christmas, "Mr. Peter Puget", the very congenial landlord to a lot of us, invited the doctors down to become better acquainted with Tom and Jerry. Peter Puget had both the boys in fine spirits and they sure were the life of the party.

## EDITORIAL

(Continued from page 2)

Co-incident with the curtailing of some of the league's activities the membership has been reduced to \$5.00 a year in an effort to enlist everyone in the ranks.

When we consider that two years ago the league defeated a bill the passage of which would have compelled every doctor in the state to pay an annual license fee of \$25.00, the \$5.00 membership fee looks small indeed.

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## LIBRARY

(Continued from page 3)

and the author feels that recurrence is less frequent and the number of operable cases is increased by his method.

A paper by DeTakats and Cuthbert, of Northwestern, in the May issue of Archives of Surgery, pp. 750-764, contains many promising implications. They report results of experimental work in raising sugar tolerance by means of celiac ganglionectomy.

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## TACOMA GENERAL HOSPITAL

The student body of the Tacoma General Hospital School of Nursing was very pleasantly surprised by a gift from the Doctors of the Staff of the hospital at Christmastime. For some time a fireplace in the reception room has been the desire of the school and attempts have been made to raise the necessary money by various means such as the sale of cookies made by the Social Director. We were all so happy, therefore, when the lovely electric fireplace from the staff was presented to the student body at the Christmas party for the faculty and students held the Friday before Christmas. Mrs. Santa Claus officiated in the absence of her husband in the distribution of gifts from the tree.

Christmas morning at six o'clock the usual custom of caroling through the halls by candlelight was carried out by the students. Afterwards the Christmas breakfast by candlelight in the specially decorated dining room helped, together with the caroling, to begin Christmas Day appropriately.

We were all so sorry to have Dr. Terry, our new pathologist, spend his first Christmas in Tacoma in bed in 239. However, we are glad to report that he now is well on the road to recovery.

Another class is ready to be accepted into the School of Nursing. Sixteen members of the preliminary class are to receive their caps at the capping service January 5 and thus become fully accredited students in the School of Nursing.

The following doctors have completed lectures the past month: Dr. Clay, Dr. A. Howe, Dr. F. Howe, Dr. Magill, and Dr. W. McCreery. Thank you!

Changes are again occurring in the nursing staff—Miss McClure, supervisor of first floor, and Miss Vandervelden, anesthetist, are leaving. The position of the latter will be filled by Miss Lillian MacDonald from St. Luke's Hospital, Spokane, a graduate of their school and of the Anesthesia Department, Lakeside Hospital, Western Reserve University, Cleveland.

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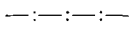
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completed in the Department of Pathology. In the Department of Roentgenology, a new General Electric Deep Therapy machine has been installed, with an oil cooled tube and self protected shield. This machine allows treatments to be given in one-fourth to one-fifth of the time formerly required.



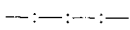
### What Every Woman Doesn't Know—How To Give Cod Liver Oil

Some authorities recommend that cod liver oil be given in the morning and at bed time so as to assure an appetite for the oil, while others prefer to give it after meals in order not to retard gastric secretions. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. Mead's Newfoundland Cod Liver Oil, of minimum acidity and prepared from fresh healthy livers, is well tolerated by infants and

children and is palatable without flavoring.

If given cold, cod liver oil has little taste, for the cold tends to paralyze momentarily the gustatory nerves. As any "taste" is largely a metallic one from the silver or silver-plated spoon (particularly if the plating is worn), a glass spoon has an advantage.

Mead's 10 D Cod Liver Oil is made from Mead's Newfoundland Cod Liver Oil. In cases of fat intolerance the former has an advantage since it can be given in 1/3 to 1/2 the usual cod liver oil dosage.



### COMMUNICABLE DISEASES

NOVEMBER, 1933

Cerebrospinal meningitis .....	1
Erysipelas .....	2
Poliomyelitis .....	1
Mumps .....	5
Scarlet fever .....	7
Diphtheria .....	4
Chickenpox .....	23
Whooping cough .....	25

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S. M. Creswell,  
Director of Health.

—:—:—:—

**STUDY CLUB AND STAFF  
MEETINGS**

Tacoma Surgical Club...January 22  
Tacoma Urological Society.....  
January 16  
Tacoma Internists' Society.....  
January 16  
Tacoma Anatomical & Pathological  
Society .....January 4 and 18  
Puget Sound Academy of Oph-  
thalmology & Otolaryngology...  
January 16

Tacoma General Hospital—  
Monthly staff meeting...February 6  
Morning tumor clinics.....  
January 9, 16, 23, 30  
Thursday morning clinics.....  
January 11, 18, 25 and  
February 1  
St. Joseph's Hospital—  
Monthly clinical meeting.....  
February 5  
County Hospital—  
Monthly staff meeting...January 26

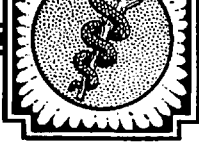
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# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY  
AND THE  
TACOMA DISTRICT DENTAL SOCIETY

VOL. IV

FEBRUARY, 1934

No. 2

## PROGRAMS

### PIERCE COUNTY MEDICAL SOCIETY

8:15 P. M.

FEBRUARY 13

Diagnosis and Treatment of Cardiospasm...Dr. W. W. Mattson  
The Significant Causes of Death, Tacoma, 1933.....

Dr. S. M. Creswell

FEBRUARY 20

Meeting of Tacoma District Dental Society, devoted to the co-operation of dentists and physicians. All doctors are urged to be present.

FEBRUARY 27

Case report: Stabilization of Flail Ankle Resulting from Poliomyelitis.....Dr. E. F. Dodds

Progress in Pediatrics.....Dr. D. M. Dayton

Diagnostic and Therapeutic Injections of Sympathetic Ganglia.....Dr. J. W. Gullikson

### TACOMA DISTRICT DENTAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM

8 P. M.

FEBRUARY 20

Invitational Meeting with Pierce County Medical Society

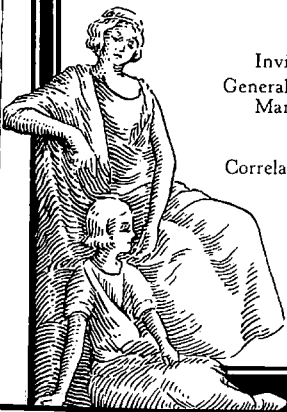
General Systemic Conditions Associated with Oral Manifestations.....Dr. J. A. Pettit,

Portland, Member of the Board of Trustees, American Medical Association

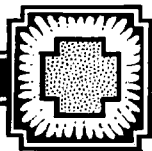
Correlation of X-ray Findings...Dr. Henry C. Fixott, Portland

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cially and socially, as all report spending a happy evening, the results may also be counted as spiritual gains. No one could listen to the words of the President, as he spoke of the work being carried on in behalf of little crippled children, and not feel that he himself should have a part in ministering unto these little ones.

No doctor could listen to his words in praise of the profession which has constantly fought the fight to eradicate suffering and disease, without feeling glad and proud and experiencing a greater sense of his responsibilities. In plain simple language he briefly told how many dread diseases have been conquered and expressed the confident hope that scientific medicine would in the future have a similar success with polimyelitis.

He paid a tribute to those workers who are doing their part in this great cause not only at Warm Springs but all over the land.

This appreciation can be accepted as intended by those in Tacoma and vicinity, who, by giving of their money, their time and their services, have made possible the Tacoma Orthopedic Clinic, and to all those who are striving to bring surcease to those who are afflicted.

This appreciation from the President voices the real sentiment of the majority of thinking people. Medicine is quite used to adverse criticism. Today it is the habit to look inquiringly into all phases of life and medicine gets its share of investigation and subsequent condemnation; yet in spite of all the wisecracks about ethics, operations and doctor's bills, in spite of doleful pronouncements of would-be reformers, in the face of the patronage and support of the cults and the quacks, there is still underlying a genuine respect for scientific medicine.

When the dark days of pestilence come, when suffering and distress go throughout the land and when death stalks forth seeking his victims, the people forget their jokes and turn from their false gods and look to scientific medicine for salvation. They thrust the responsibility wholly upon us. Let us always be ready to accept it.

**EDITORIAL**

The birthday party given to our President throughout the length and breadth of the land was not only a tribute to the man himself, but was a manifestation of the combined effort of the American people. It was a realization of the obligation Society owes to those of its members who are handicapped in the struggle of life by disability and infirmity. Probably at no time in history has the birthday of a living person been celebrated by so many people and certainly there has never been a birthday festivity for a more worthy cause. The financial returns are estimated to be about one million dollars, which will be a most substantial contribution to the Warm Springs Foundation and will be of inestimable aid in the work of prevention and cure of poliomyelitis and its subsequent deformities.

While the parties were a great success finan-

# THE BUSINESS BUREAU

## CURRENT CREDIT AND COLLECTION PROBLEMS

John Schlarb, Jr.

Two distinct developments have arisen in credit and collection problems. These developments have been brought about by the rapidly changing economic situation, and the Civil Works Administration.

What has happened is that large numbers of people have been re-employed, with a consequence that family incomes have risen, and buying has begun again. The credit organizations are reporting rapid increases in buying and new additions to installment accounts. It is perfectly true that most of these people have old and unpaid bills. The difficulty is that the changes in employment and consequent ability to pay have come so rapidly that neither the Civil Works Administration nor anybody else knows any longer who ought to pay old bills, and who ought to be given further credit.

The general public, as has been fully shown through the credit associations, is entirely aware of this situation, and has been paying small amounts on old bills when compelled to do so, and the balance of the new income has gone into new purchases. They are not to be severely blamed for this because they have been urged by all of the spokesmen for the administration, through every medium of advertisement, to do what they have done.

What are the consequences to the doctors? In the first place, it will take approximately seven years, according to the best estimates available, to liquidate the present indebtedness of the buying public. The creditors will be paid, and are certainly now being paid, in the order of insistence and demand.

We are convinced as a result of experience with other credit organizations, that these people in general will not pay doctors proportionately unless they are required to do so. This is caused by the fact that retail

organizations are fully awake to the situation, and are making a concerted drive to bring in money from these people on past due accounts, and as an inducement to do so, they are extending further credit and reopening old accounts.

The Bureau has been applying a great deal of extra effort in maintaining some position of intelligence in the credit movements of these people. We have come to the conclusion that more than 60% of those who have been carried on doctors' books as unemployed are now able to make payments on account.

The two important points in the situation are:

1. That in order to secure a just share of the money which can be paid on old bills, it will be necessary for doctors to re-examine the accounts which they have carried on their books, and to take some action on a large part of them.
2. That the value of the Credit Department to the doctor at this critical time depends largely on the co-operation which he extends to it.

We have an enviable set of records, through which we have been able to collect many hundreds of dollars from people supposedly unable to make any payments at all. But the records of the Bureau are far from complete because of the fact that the doctors have not realized the full possibilities of profit through the use of the Bureau.

A distinct advantage has been gained for the medical and dental professions over other credit granting groups by the fact that the Bureau's Credit Department has been able to supervise the expenditure of the new incomes of these debtors in part.

If this advantage is to be consolidated, it is necessary that the Bureau members increase their attention to credit information and procedure, and to send down for collection, accounts on which no reports have been received from the debtors during the last few months.

# LIBRARY

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

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BLANCHE L. DEWITT, LIBRARIAN

We are indebted to the Tacoma Surgical Club for its generosity in placing in the library, for use of the members of the Pierce County Medical Society, a set of monographs by Dr. A. E. Hertzler, presented to the Club by the author. These are a welcome and important addition to our resources and the courtesy of the Surgical Club is greatly appreciated. Subjects are as follows:

- Surgical Pathology of the Mammary Gland.
- Surgical Pathology of the Genito-Urinary Organs.
- Surgical Pathology of the Female Generative Organs.
- Surgical Pathology of the Skin, Fascia, Muscles, Tendons and Blood Vessels.
- Surgical Pathology of the Diseases of Bones.

"Cancer and Other Chronic Diseases in Massachusetts" is the gift of Dr. H. J. Whitacre. The authors, Dr. G. H. Bigelow and Dr. H. L. Lombard, both well known in public health activities, present in this volume a vast amount of material, obtained over a period of several years. The first part of the book deals with the social, economic and medical aspects of the problem, while the second half is devoted to a great number of charts and tables, making it a source book on chronic diseases. Our thanks are extended to Dr. Whitacre.

The 1934 Yearbook of the American College of Surgeons has just been received.

Dr. Edith P. Sappington, Pacific Coast representative of the Children's Bureau, United States Department of Labor, was a recent visitor to the library.

## Endocrine Therapy

It is not a new idea that each organ of the body contributes its own characteristic secretion to the blood. A more or less nebulous belief to this effect has existed for centuries. Various primitive peoples have believed that the virtues of certain organs would be transferred to anyone who consumed them. In the time of Hippocrates wolf's liver was used for hepatic disease, fox lungs for dyspnea and ox eyes for iritis. The idea persisted from those days, through the late lamented flurry in rejuvenation, until today there is a great

mass of literature on the subject of endocrinology, bearing witness to the volume of work that is being done in this line.

The field is so vast that it is impossible to cover it in this space, but the following articles will show something of the material available in your library:

Insulin in malnutrition in adults, E. V. DePew; Texas State Journal of Medicine 29: 254-257, August, 1933.

Use of suprarenal cortex in disorders of thyroid gland, A. Weinstein; Bulletin of Johns Hopkins Hospital 52:408-420, June, 1933.

Clinical use of cortin, F. A. Hartman; Annals of Clinical Medicine 7:6-22, July, 1933.

Pituitary hormone as active antidiuretic in treatment of diabetes insipidus, M. B. Sulzberger; Journal of the American Medical Association 100:1928-1930, June 17, 1933.

Suprarenal hormone in whooping cough, O. Barbour; Archives of Pediatrics 49:816-826, December, 1932.

Insulin as an aid in the treatment of pulmonary tuberculosis, T. G. Heaton; Canadian Medical Association Journal 27:498-501, November, 1932.

Insulin in obliterative lesions of the blood vessels, S. M. Beale, Jr.; American Journal of Surgery 17:413-417, September, 1932.

Herpes zoster treated with pituitrin, N. D. Niles; New York State Journal of Medicine 32:773-777, July 1, 1932.

Intra-abdominal use of epinephrin in hypotension during spinal anesthesia, J. I. Perl; American Journal of Surgery 17:275-278, August, 1932.

Endocrine therapy in the psychoses, R. G. Hoskins and F. H. Sleeper; American Journal of the Medical Science 184:158-166, August, 1932.

Splenic extract in the treatment of bone and joint tuberculosis, T. F. Wheeldon, Journal of Bone & Joint Surgery 15:337-364, April, 1933.

Use of thyroid and suprarenal in diatheses of infancy, O. Barbour; Illinois Medical Journal 61:345-355, April, 1932.



## WOMAN'S AUXILIARY

### to PIERCE COUNTY MEDICAL SOCIETY

#### The Public Relations Committee

The Public Relations Department is really the axis of the Auxiliary to the Medical Society.

The aim of the committee is the promotion of desirable contacts with the laity, and whether that contact is in the field of health education or as purely cultural, it can be made helpful in our department, for we hope to be instrumental in furthering the general cause that our husbands sponsor and in carrying that torch of courage and helpfulness to those who in the stress of life have found it too easy to criticize. We hope to learn also to stand between these same dear fellows, so engrossed themselves in the big business of human salvage, and the horde of quacks that infest Christendom.

Our program is educational and we hope to do good. Members of this committee are in demand in various phases of activity. Mrs. J. A. Johnson is answering calls frequently and talks from the viewpoint of teacher as well as mother. Mrs. Hillis has so greatly helped with her talk on "The Spiritual Life of the Child." Who can doubt the good work of our department who has ever seen Mrs. Hillis before a group? Our talents vary. Mrs. Hopkins gives herself freely at the Y. W. with the "Leisure Hour" group. She says she's doing it selfishly because she gets so much fun out of it. We know what her contacts mean there and are glad.

We claim all of the Hygeia Committee and work with them because we need authentic Hygeia to hand out. We claim more than is coming to us—the quartette, who make people better for their passing through life with their songs; our Mrs. Yoder, who had the courage to take the place of "President of the Presidents," and she's putting real health programs over at the Council—and they like it, too; our committee sponsored demonstrations for educational work on the proposed Pure

Food and Drug Act, so greatly needed. Many of the committee are on the speaker's list of both the Pre-School and Parent-Teacher Councils and are present at these meetings. Large groups are contacted in this way. Churches all over the city request talks and even garden clubs have asked for discussion on the "Influence of a Garden on the Child." Our range is wide—we love it.

Our committee has been successful in recommending health literature and in some instances has succeeded in having valuable books put on the library shelves.

The educational program really starts with ourselves. We do not yet realize our capacities. We must face the fact that our child sits next to one in school whose mother denies the snuffles of measles, the pustules of chicken-pox, and who doesn't even seek medical advice in scarlet fever; who knows nothing of prevention because "disease does not exist." These same mothers are sending their children out among ours and enjoy all of the privileges. They seek office in our P. T. A. groups. We mustn't be too busy to do what we can. Let us not hide our light under a bushel but do all we can in the kindest, most acceptable way. If one person in every group is helped, wasn't that a wee half hour well spent?

Adeline Perry Brown,  
Chairman.

#### The January Meeting

Mrs. D. H. Nickson, our state program chairman, gave us a most instructive talk.

The following books are among those she advised us to read: "Health and Social Progress" by Rudolph M. Binder; "What Shall I Eat?" by Edith M. Barber; "Nostrums and Quackery" by the A. M. A.; "Stalkers of Pestilence" by W. Oliver Wade; "Men in White," a play, by Sydney Kingsley, which has had a long run in New York City with a young M. D. as leading man.

She then reviewed "Healing Cults," giving

us a brief history of the osteopaths, chiropractors, naturopaths and Christian scientists.

Mrs. Nickson informed us that the average yearly income of the osteopath is \$1000 a year more than the average yearly income of the M. D. Osteopathy was founded by Andrew Still, an uneducated, uncouth frontier farmer. The present requirement to enter the four-year course of osteopathy is a high school diploma. The faculties are mostly untrained men.

The ability to read and write and \$450 with \$50 off for cash, will admit anyone to the eighteen months course of chiropractic. The most important part of their course is salesmanship. It must be efficacious because their average income is identical with that of the average M. D.

Further down the line is the naturopath, who needs a mere four months to get all of these degrees: D. C.; N. D.; D. P.; M. P. C.

In the entire United States California ranks first in the number of Christian science healers, 90% of whom are women; Washington ranks second and Oregon third. It must be the climate. We were advised to read "Mrs. Eddy" by Edwin Franden Dakin.

Mrs. Nickson left a very pleasant thought with us. She said: "We used to be merely doctors' wives, but since we got our eyes opened we have become Medical Auxiliary members."

### The New Food and Drug Bill

The public in general is like a dry sponge, ready to absorb anything that holds a promise of better health. One of the many things about which they seem anxious to receive authentic information is the new food, drugs and cosmetics bill.

"S. 1944 is a bill to prevent the manufacture, shipment and sale of adulterated or misbranded foods, drugs and cosmetics, and to regulate traffic therein, to prevent the false advertisement of food, drugs and cosmetics."

Excerpts from the bill follow:

"Confectionery is defined as adulterated if it contains alcohol, resinous glazes or non-nutritive substances." This will prohibit lead trinkets in candy and crackerjack.

"Foods are misbranded if in deceptive or slack-filled containers." Too bad for the chain stores.

"Foods must have standard of quality on

the label." At present we must "know our onions" and even then we are sometimes deceived, as when we pay for 69% air in ice cream.

"Drugs containing any narcotic or hypnotic must bear the name and substance with the statement 'Warning! May be habit-forming!'" This section "speaks" for itself.

"Germicides and antiseptics must kill micro-organisms under conditions of use indicated on the label." As Mrs. D. H. Nickson said when speaking of the bill, "It will put Listerine out of business."

"Advertising of food, drugs and cosmetics is defined as false if misleading in any particular." No wonder the patent medicine people could collect half a million dollars to fight this bill. They are fighting with their backs to the wall.

"Public advertisement of drugs for diseases wherein self-medication may be dangerous prohibited." This sounds like the death-knell of so-called obesity and diabetic cures.

"Inspectors authorized to make inspection of factories, warehouses and other establishments in which food, drugs or cosmetics are manufactured or held. Provision is made to enjoin interstate shipments from factories or warehouses refusing privilege of inspection." At present things must be unfit for food before the Department of Agriculture can exercise any authority, and there is quite a latitude between merely unsanitary and putrid conditions.

Outstanding changes of the new bill from the present law are:

1. Extension of jurisdiction to advertising.
2. Inclosure of cosmetics.
3. Authorization to limit added poisons in food to specific tolerances.
4. Authorization to establish definitions and standards for food.
5. Authorization to require permits when food may be injurious and the public cannot be effectively protected by other provisions.
6. Provision to control more adequately false or misleading therapeutic claims on drugs.
7. Requirements for fully informative labeling of foods and drugs.
8. More adequate remedial provisions.

Mrs. A. H. Buis.

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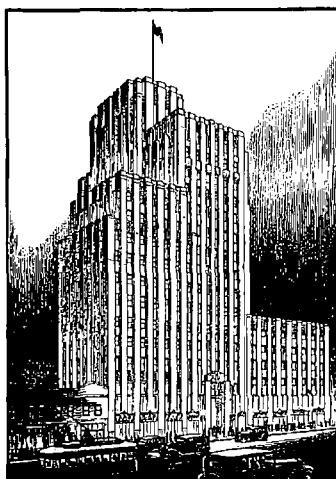
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## MODERN DERMATOLOGY — ITS RELATION TO GENERAL MEDICINE AND SURGERY

S. E. Light, M. D.

Modern dermatology has kept pace with the rapid progress of medicine and is now a well established specialty, but there are many physicians who still have a distorted impression of it. They think of a dermatologist as a person who examines a skin eruption or lesion, gives it a long, difficult name and prescribes a lotion or an ointment—very little more.

Without a comprehensive knowledge of, and experience with, internal medicine, a true conception of dermatology is impossible. The modern dermatologist, in order to obtain the best therapeutic results, or to successfully conduct experimental and research work, must have had training in the fundamental medical sciences and training and experience in the science and art of medicine and surgery as well as in conventional dermatology. An experienced, well trained dermatologist first identifies the type of eruption with which he is dealing and then attacks from the inside, or outside, or both.

MacKee has briefly summarized the principal qualifications of the thoroughly trained dermatologist as follows:

- (1) Ability to identify an eruption or lesion of the skin or of the orificial mucous membrane.
- (2) Ability to determine in many cases whether the affection has an internal cause, or external cause, or both.
- (3) Ability to detect and to treat many simple internal conditions that may be the cause of, or contributory cause of an eruption.
- (4) A thorough knowledge of conventional dermatological therapy.
- (5) An exceedingly comprehensive knowledge of syphilis.
- (6) A practical knowledge of cutaneous bacteriology and pathological histology; and
- (7) A thorough knowledge of physical therapy as used in dermatology.

It is obvious to the modern student of phys-

iology that no organ of the body can exist independently. The skin should not be regarded as a separate entity, but as an important organ which is closely related to the general economy. The skin, together with its appendages, constitutes an organ of the body, no less than the pancreas, the stomach or the liver. It has its nervous supply, its vital secretory and excretory functions and its inner vascular portion is bathed in the same fluids as the rest of the body. Disorders in other parts of the body are, therefore, almost always reflected in the skin. Any factor which affects the body as a whole has an indirect bearing on the skin. Food poisons, auto intoxication by the absorption of toxins resulting from fermentative processes, disorders of the liver, blood derangements, such as anemia and diabetes, circulatory disturbances and dysfunction of the kidneys may be responsible for certain skin affections. Consequently, control of these disorders must be undertaken to lessen and modify the cutaneous diseases. Familiarity with these relationships marks a common field of interest for internist and dermatologist.

There are many kinds of skin diseases. The family physician is often the first to be consulted. Whether or not he should attempt to diagnose or treat these conditions depends largely upon his training and experience in dermatology, also whether there is a competent dermatologist in the community, and to some extent upon the desires of the patient. Certainly the physician should not guess at the diagnosis or attempt to treat anything the nature of which he is not certain. It is obvious, when one considers the small amount of time devoted to dermatology by medical schools, that one needs special dermatological training if one is to attempt to diagnose and treat any except the simplest disorders. The inadequate dermatological training in our medical schools is deplorable. There are grad-

uate physicians who cannot recognize such a common infection as impetigo contagiosa. On the other hand there are many physicians who are well trained in common dermatology. In most cases, however, this training has been acquired in post graduate or hospital work.

Every physician should surely be acquainted with the very commonest skin diseases, as well as early cancer of the skin, the precancerous lesions and the common manifestations of syphilis. Those skin diseases most frequently encountered are: eczema, acne, scabies, psoriasis, tinea, seborrhea, impetigo, urticaria, dermatitis venenata, alopecia, pediculosis, pruritus, verruca and ichthyosis. Goodman has shown that a knowledge of less than a dozen of these common skin diseases would make any practitioner no less than sixty percent proficient in the field of dermatology.

Frequently the family physician fails in skin diseases because he does not consider them seriously, does not consider them of importance and does not, therefore, devote the necessary time to such conditions to understand them. At first consideration, some skin diseases might seem unimportant. On the other hand, many of them, although perhaps not painful, uncomfortable or incapacitating, are nevertheless of importance because their cosmetic and disfiguring nature may interfere with the occupation and social life of the individual. How often, for example, have you seen a well trained secretary or stenographer unable to obtain employment because of acne? Acne, although not serious in itself, is a bar to employment where good appearances are necessary. In addition, the inferiority complex which it engenders may lead to a permanent impairment of the personality and it often leaves permanent disfigurement in the shape of scars, oily, sallow skin and gaping follicles. Such diseases, therefore, demand serious attention and should not be passed by lightly.

Now, what has been said about the general practitioner also pertains to the dermatologist. He should not attempt to diagnose or treat an internal disease, or a surgical condition be-

longing to some other specialty that is not within his domain, or with which he has had little experience. He should not attempt even a simple excision unless he has had surgical training, nor attempt the treatment of malignant lesions unless he has had the necessary training and has the necessary equipment—radium, X-ray, surgical diathermy, etc. Many simple internal conditions that may be the cause or a contributory cause, he will have the ability to detect and treat, depending on his experience and training. However, if the skin condition is associated with, or caused by, a serious constitutional disorder such as diabetes, nephritis, or internal cancer, this condition, except in unusual circumstances should be managed by an internist or the family physician or another specialist.

True skin diseases per se are rare. Some cases of impetigo, scabies, pediculosis and insect bite, various benign skin tumors, such as moles, warts and birthmarks, dermatoses due to physical agents such as heat, cold, wind and sun, dermatoses produced by chemical irritants, some cutaneous pyogenic infections and some fungous infections could be said to be purely cutaneous diseases. But on the other hand, a constitutional state weakened by long illness, chronic or acute internal diseases, anemia, faulty metabolism, nervous disorders or other conditions might be very important predisposing factors toward such skin diseases, or at least a large factor in the course and duration of the cutaneous affection.

Certain diseases obviously fall within the realm of both general medicine and dermatology. Allergic conditions with cutaneous manifestations, in which the dermatitis is, however, only a symptom of internal disorder and many of the eczemas and urticarias which may be traced to food sensitivity or faulty intestinal chemistry, are examples of this type. Likewise, the purpuras with the changes in the blood, the diseases of lymphatic origin, such as leukemia, Hodgkin's disease, lymphosarcoma and mycosis fungoides, the various manifestations of tuberculosis, the

various erythemas and toxic eruptions, drug eruptions, essential pruritus, the cutaneous neuroses, bullous eruptions such as pemphigus, trophic disturbances of the skin, pigmentation from internal cancer or Addison's disease, cutaneous changes associated with endocrine disturbances such as scleroderma and myxoedema and the exanthemata—all these and more could be listed as examples which call for co-operation and mutual study between dermatologist and internist.

Syphilis, however, elicits more discord and less co-operation between the internist and the dermatologist. There seems to be no reason for linking syphilis with dermatology but most of our medical schools and teaching hospitals are doing so. It is obvious that the dermatologist is better able to diagnose the cutaneous eruptions of syphilis but on the other hand the internist is better able to evaluate and treat the internal manifestations of the disease. A conservative estimate for the entire population places the prevalence of syphilis between seven and ten per cent in the United States. Few physicians realize that the mortality of syphilis is only exceeded by that of pneumonia, cancer and tuberculosis. The high mortality is caused by paresis, tabes, aneurysm, damaging lesions of the heart, brain, liver, stomach and other vital organs, arteriosclerosis and congenital syphilis. Every person who acquires syphilis becomes a candidate for these conditions. With proper management early syphilis can be cured and late syphilis controlled.

Since the general practitioner is often the first to be consulted when a person contracts syphilis and frequently has the opportunity to detect latent and late syphilis, he has a heavy responsibility. Every physician should at least know the common early or late manifestations of this disease and keep in mind that it is not safe to depend on serological findings alone. In many cases the final diagnosis should be left to the specialist and when diagnosis is established, the management should be under the supervision of the dermatologist or syphilologist, although the technical treatment

may be carried out by any physician, provided, of course, he has had sufficient experience.

Before closing I should like to briefly discuss physical therapy as used in dermatology. In the treatment of many skin diseases, physical therapy plays an important part but in most of these it is only a part and not the most important one. The X-rays, according to MacKee, constitute the most useful single therapeutic agent in the armamentarium of the dermatologist but the possession of an X-ray machine does not make one a dermatologist. Except in a few instances it is a mistake to depend upon X-rays alone. Their greatest value is for the relief of symptoms. They are exceedingly dangerous in unskilled hands and should not be employed in the treatment of skin diseases except under the supervision of a physician who has expert knowledge of both the disease and the X-ray. The same applies to radium.

The surgical diathermy also should not be used on skin lesions without special training and experience. It requires expert judgment on the part of the physician to determine whether a lesion should be treated by surgical excision, by X-ray, by radium or by diathermy, also to determine which lesions should be left alone and not disturbed. Likewise, the use of galvanic current should never be attempted without adequate and expert training.

Ultra violet, however, is much less dangerous. Extensive training is not so necessary in its use. It is particularly helpful in superficial staphylococcus and streptococcus infections of the skin and in cutaneous tuberculosis. Care must be taken to protect the eyes and to avoid blistering. Sub erythema or mild erythema doses repeated two or three times a week are most frequently used. Areas of atrophic skin, deeply infiltrated or fibrotic skin should be treated with caution. In such cases a severe reaction, especially if the light was applied under pressure, may result in ulcerations which are exceedingly indolent.

In conclusions it might be said that, al

though the dermatologist is not an internist in the strict sense, his point of view and method of approach are similar to those of the internist; in general, dermatology might be said to be the practice of internal medicine with especial reference to skin manifestations; and the solution of many of the dermatologist's problems calls for combined study and co-operation by physiologist, biochemist, pathologist, internist and dermatologist. Thus the final question regarding the relationship of dermatologist and general practitioner resolves itself into a matter of honesty and what is best for the patient as a whole, and the decision as to what is best for the patient depends upon the conscientiousness, ethics and established qualifications of the physicians concerned.

\* \* \* \* \*

### TACOMA SURGICAL CLUB ANNUAL MEETING

The Tacoma Surgical Club is planning its annual scientific meeting for Saturday, April 7.

The general subject this year is the gastrointestinal tract. The surgical variants of normal physiology will be reviewed and practical surgical applications will be emphasized. A series of demonstrations of dissections and of experimental work will take up the morning. In the afternoon there will be a symposium of scientific papers.

It is planned to have Dr. A. C. Ivy, Professor of Physiology at Northwestern University Medical School, lead the symposium. Dr. Ivy is well known for his experimental physiologic investigations and will supply a review of fundamental knowledge which is essential to medical and surgical practice.

A banquet, with Dr. Ivy as guest speaker, will conclude the day.

The date is Saturday, April 7. Mark this date now on your calendar and plan to enjoy a day of inspiration and pleasure.

\* \* \* \* \*

### Back to Normal

Nurse: "I think he's regaining consciousness, Doctor; he tried to blow the foam off his medicine."

## THE BULLETIN IN A NEW DRESS

With this issue your Bulletin comes to you in a new size and with a new cover design. We have felt the need of expansion for some time because of the growing demand for space for the presentation of matters of interest and importance.

The Bulletin is your own publication, the house organ of the Pierce County Medical Society. From its inception it has been the wish of its staff that you think of it as the means by which the activities, problems and opinions of our own medical society could be presented to its members.

Starting in the midst of the depression, we have more than paid expenses, in addition to saving the society about \$300.00 in printing and multigraphing bills. The size of the Bulletin has been increased from the original twelve pages to twenty or twenty-four pages and circulation increased to include all physicians of Southwestern Washington. It is the plan to add four hundred additional names to this list very shortly. For the past few months it has also gone to the wives of Medical Society members.

We are about to start on a campaign for additional advertising, and are repeating the appeal which we have made so many times that you are probably tired of hearing it—**REMEMBER OUR ADVERTISERS!** The next time you buy something, consider the dealer advertising in the Bulletin; if you need something that is not advertised, ask the dealer to patronize the Bulletin as you are patronizing him; when you buy from an advertiser, tell him that you saw his announcement in the Bulletin and that you appreciate his cooperation.

If you think the Bulletin is worth while and want it to continue to improve, won't you help us in this way?

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PRESCRIPTION EXPERTS

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MAin 7314

1026 Tacoma Avenue

## THE MEDICAL PROFESSION MUST STUDY THE ALCOHOL PROBLEM

W. J. Mayo, M. D.

The medical men are many whose memories go back to the time not only of the corner saloon, but of several saloons in the middle of the block as well, where the American citizen who so desired could stop to spend his money and drink the shoes and stockings off his children's feet, and then go home to beat his wife. This was called an expression of personal liberty.

Now that the Prohibition Act has been repealed, both wets and dries have agreed that the old-time saloon must not return, and this agreement of itself is worth what the prohibition experiment has cost us.

I once asked a brewer, a very intelligent man, why the brewers did not find  $\frac{1}{2}$  per cent "near beer" profitable, as few persons could tell the difference between it and real beer by the sense of taste. He said there was not enough alcohol in it, that less than 2 or 3 per cent of alcohol would not produce the thirst, peculiar to alcoholic drinks, that would lead people to drink more. Be that as it may, from such evidence as we are able to obtain in this time of confusion, recrimination, and under and over statements of the liquor question, it seems probable that beer and light wines, not heavy wines with high alcoholic content, are less harmful than stronger liquors, and we may well hope that they will satisfy the majority of people. Even so, hard liquor is still to be considered: those liquors, whiskey and brandies, so often taken neat, as it is called, on an empty stomach, sometimes but not always followed by a chaser of a little water.

After all, as we attempt to analyze the question as to whether or not the effect of beer and wine, other than that produced by the percentage of alcohol, is any different from that of whiskey and brandy, we are puzzled, because the amount of alcohol taken by the beer drinker may be even more than that taken by the whiskey drinker. Wines with less than a 10 per cent alcoholic content will not keep for any length of time, and few persons would drink enough light wine to become intoxicated. Perhaps when we say that alcoholic drinks should be served only with meals, we suggest that in some way the food content may lessen the evils of the alcohol that they contain.

William Allen White in a recent article states that about three out of ten who take alcoholic drinks, like whiskey and brandy, become addicted to the use of liquor, that is, they become steady drinkers, by common parlance, "addicts." Of course, not all of them become what we term drunkards. But they find it nearly impossible to break themselves of the habit, and the result may be deterioration and unhappiness which bear heavily on the family and the family's future. Unfortunately the seven in ten who are able to drink or leave it alone cannot understand why the susceptible man becomes an addict. They think he shows lack of control. But is that quite true? Is there not some constitutional weakness in the addict which does not exist in equal degree in the seven who do not become addicts? We cannot tell why the majority of people do not have scarlet fever when exposed, but fortunately we can determine by scientific tests who is likely to become what might be called the scarlet fever addict, and can take preventive measures. Not all people will have smallpox, but unvaccinated, the large majority will; therefore, we vaccinate all against the disease.

In dealing with addiction to liquor, the difficulty is that we cannot tell in advance who may become victims. We have no particular test, except the test of time, which ruins the man, nor have we any remedy to prevent his becoming an addict; consequently three drinkers in ten take a chance.

The majority of doctors and pharmacologists agree that alcohol is not a stimulant, but a narcotic, that it is a drug with little use in the practice of medicine. If a man is in the habit of taking liquor, and a surgical operation is necessary, I have never tried to cut off the alcohol, but have tried rather to continue the amount and proportion of liquor he has been taking. I have never deemed it safe to change the habits of a man in this regard when a serious operation is to be undertaken.

The question of addiction to alcohol offers an opportunity for careful medical investigation, but not for those who cannot think of the subject without becoming prohibition mad or liberty mad.

As doctors we must begin to think of promoting the cause of temperance. How often do we hear, when we are speaking of a certain man, "A very bright man, but he drinks." Of my classmates in college, so far as I know, none of those who drank steadily is now liv-

(Continued on Page 19)



**TWENTY-FIVE YEARS AGO****Minutes of Meeting of Pierce County Medical Society February 16, 1909**

Because of the annual banquet being held on January 30, the regular meeting was held on February 16 at the Tacoma Hotel.

The Board of Censors reported favorably on the applications of Drs. J. S. Smeall, O. M. Clay and A. E. Braden. These names were balloted upon and Drs. Clay, Smeall and Braden were duly elected as members of the society.

The Committee on Medical Legislation reported and a motion was made that this society express itself as opposed to the medical legislation bill known as the "California Bill," which is at present under consideration by our State Legislature. On a rising vote the motion was unanimously carried.

The names of those in arrears in dues, together with the amounts, were reported. Recommendation was made that the by-laws be followed as to the collection of said amount.

A bill of \$321.00 from the Tacoma Hotel for the annual banquet was approved. Motion was made, seconded and carried that an assessment of \$2.50 over and above their annual dues be made on each member of this society to defray the expense of the banquet.

A communication was read from Arthur McDonald, of Washington, D. C., Honorary President of the "Third International Congress of Criminal Anthropology" of Europe, concerning the establishment of a state psychopathological laboratory.

Those present were Drs. Sargentich, Dewey, Janes, Balabanoff, Wilson, Foreman, Harrison, Bridge, J. R. Brown, Rinkenberger, Green, Gove, Sutton, Kinnear, Piffer, Flynn, Read, Wagner, Braden, Ball, E. M. Brown, Delaney, Swearingen, Griggs, Hill, Keller, McKone, McNerthney, Monzingo, Schug, Shaver, Peterson-Dana, Stewart, Wheeler, and Yocom.

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MAin 6318

**MINUTES OF MEETING OF PIERCE COUNTY MEDICAL SOCIETY****January 9, 1934**

The meeting was called to order by Dr. V. E. Crowe, Vice President. Dr. T. H. Duerfeldt was appointed Secretary Pro Tem. Minutes of the previous meeting were read and approved.

Dr. W. W. Mattson reported two cases of foreign bodies in the alimentary tract. The first was a boy of eleven, who swallowed a lead dress weight, which remained in the stomach one week, in spite of feedings of bulky foods. The foreign body passed with a barium meal given for X-ray diagnosis. The second case was an infant of fourteen months, who swallowed an eight-penny nail. Later a right inguinal hernia became incarcerated. At operation the nail was found free in the peritoneal cavity and two perforations were found in the lower small bowel. The patient died.

Dr. H. F. Wilkinson, of Bellingham, gave an interesting, well-illustrated and short paper on "The Pathology Found in 10,000 Pairs of Tonsils." Practically all showed pus and ulceration and so were adjudged infected. Tuberculosis was found in very few, while bone and cartilage were found in a rather large number. Discussion was by Drs. Hillis, Howe, Bell and Kunz.

Applications of Drs. Wright, Mace and Neil were voted on and they were unanimously elected to membership in the society.

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MAin 3454

## TACOMA DISTRICT DENTAL SOCIETY

### OFFICERS

President.....Dr. J. B. Schlund  
Vice President.....Dr. J. J. McLaughlin  
Secretary-Treasurer.....Dr. H. N. Fowler

### TRUSTEES

Dr. I. E. Hoska Dr. J. A. Brewitt  
Dr. W. P. McGovern

Trustees of Physicians & Dentists' Business Bureau  
Dr. M. H. Fisher Dr. H. A. Christoffersen

### COMMITTEES

#### Program

Dr. W. P. McGovern, Chairman  
Dr. Carl Johnson Dr. Homer C. Tollefson

#### Membership

Dr. I. E. Hoska, Chairman  
Dr. J. A. Brewitt Dr. A. K. Stebbins

#### Golf

Dr. A. A. Connor, Chairman  
Dr. M. H. Fewell Dr. Orin Simons

#### Library

Dr. W. R. Taylor, Chairman  
Dr. Clifford Spike Dr. F. R. Baker

#### Bulletin Editor

Dr. T. W. Hammond

The Tacoma District Dental Society held its January meeting on the 16th. Mr. Thomas Thompson, from the University of Washington, gave a most interesting talk.

The Dental Society is going to be host to the physicians at the February meeting. Drs. Pettit and Fixott are coming up from Portland for the event and promise to make it interesting if not downright exciting. Check your guns outside and come in, everybody.

If Dr. Murray Kirkwood seems to be stepping over tall buildings without paying any attention to what he is doing, it is because his son has been picked for Oxford. Fathers always do that when their sons have been sent to Oxford.

One of our members is in the race for mayor. That he is one of our members may not qualify him for mayor, but he has other good points that do. Just compare him with the other candidates.

The minister was eulogizing the deceased. "We have here only the shell. The nut has gone."

Ed Wynn says he is getting so fat that he can't play golf any more. If he puts the ball where he can hit it he can't see it. And if he puts it where he can see it, he can't reach it.

The C. W. A. is getting the roads to the poor house in good shape.

## DENTAL ASSISTANTS' SOCIETY

The Tacoma Assistants' Society held its regular monthly meeting on January 4 at 7:30 P. M. in the Medical Arts Building Auditorium.

Dr. Harold N. Fowler read a paper on "The Assistant De Luxe."

Mr. R. A. Raymond, of the Remington Rand Company, talked on the invention of the typewriter. He also exhibited three of the latest models of the Remington noiseless typewriter. Some of the girls who have very ancient models in their offices could not overcome a longing for these beautiful new machines. The typewriter, says Mr. Raymond, is responsible for women in business.

Edith Weinhart presented the society with the magnificent silver trophy cup awarded to her by Dr. G. Layton Grier, of the Caulk Company. This trophy will be properly engraved and pass each year to the club who has the most outstanding member, in the way of service to her society.

Katherine Churchill gave a clinic on a test for blood coagulation.

Ways and means were discussed to send a delegate to the National Convention in Minneapolis next August.

On March 22 the Society has planned to give a luncheon at Fisher's. Please hold this date and ask your doctors and friends to come, as all of us need luncheon.

Helen Sjolander and Erna Weller were hostesses for the evening and served a very nice supper.

*The sun is shining*

*The bells are ringing*

*There's joy in the air again.*

**Let's Go!**

**M. F. PATTERSON  
DENTAL SUPPLY CO.**

MAin 1386

SEATTLE

## NEWS ITEMS

Dr. and Mrs. J. A. LaGasa have been spending several weeks at Phoenix. They are expected back about the middle of the month.

Dr. Mary Perkins, of the Western State Hospital staff, spent some days recently visiting at the State Hospital at Sedro Woolley.

Dr. and Mrs. S. M. Creswell are enjoying a visit from Dr. Creswell's mother, Mrs. George Creswell, of Cedarville, Ohio.

Dr. W. B. McCreery talked to the Kiwanis Club on "Diet" at a recent meeting.

An event of January 14 was the marriage of Miss Ruth Ellen Fridlund and Dr. David H. Johnson. Dr. and Mrs. Johnson are spending their honeymoon in California.

Dr. and Mrs. H. J. Whitacre were awarded gold stars for obtaining subscriptions in excess of \$150.00 in the recent Y. M. C. A. drive, of which Dr. Whitacre was general chairman. Dr. L. A. Hopkins and Dr. W. H. Goering won silver stars for subscriptions in excess of \$100.00.

Dr. J. F. Steele, District Governor of the Lions Club, spoke on "Tuberculosis" at a meeting of the Lions Club in Gig Harbor on January 31.

Our old friend, Dr. E. D. Kanaga, according to Dr. Turner, who saw him while in California last month, is "brown as mahogany, lives in shorts on the desert at Palm Springs and is gradually improving." Dr. Penney also saw Dr. Kanaga when he was at Palm Springs during the holidays.

Dr. Edward LeCocq has moved to Seattle and joined his brother, Dr. John F. LeCocq,

to continue the Seattle Orthopedic and Fracture Clinic.

Dr. Harry B. Allison, who has been on the staff of the Shriner's Hospital for Crippled Children in Portland, has taken over the offices formerly occupied by Dr. LeCocq, 1318 Medical Arts Building. Dr. Allison's specialty is Orthopedic Surgery, Diseases and Injuries of Bones and Joints.

Dr. Weldon Pascoe has returned after a month's sojourning in California.

Dr. A. H. Buis, who has been the main political spokesman in the Doctor's Room at the Tacoma General Hospital for the past few years, is running for the two-year term of Civil Service Commissioner.

Dr. Tom Murphy finally collected some more money and is really leaving for California. Of course Tom would need more money for such a trip than most of the rest of us.

Anybody wishing to learn the intricacies and mysteries of the art of billiards, three-cushion or otherwise, see Dr. Charles Engels for advice and suggestions. He says you don't have to be a "pool shark" to play billiards. Be careful of that chalk and cigarette butts.

A delightful event of last month was the party given by Dr. and Mrs. H. J. Whitacre

### THE BURKHART DENTAL SUPPLY CO.

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Puyallup

in honor of the Pierce County members of the American College of Surgeons and their wives. The ladies of the party were entertained at contract above stairs, while the men played games and billiards in the billiard room. A delightful buffet supper was served by Mrs. Whitacre at midnight.

Dr. R. H. Beach, of the Northern Pacific Hospital, has left for a short visit in San Francisco.

We are sorry to hear that Mrs. Scott, our very capable record nurse at Tacoma General Hospital, is leaving.

Dr. W. Narocki, recently from the Sacred Heart Hospital at Spokane, is finishing his internship at the Pierce County Hospital.

Dr. J. N. Alley, of the U. S. Tacoma Hospital, has been away for a week on a tour of inspection of the various Indian Agency Hospitals in the Northwest.

A new and very worth-while project has been started at the Pierce County Hospital. Every Friday at 5 P. M. Grand Rounds take place. All interesting cases are reviewed and discussed. This usually lasts about one to one and a half hours. All members of the Pierce County Medical Society are invited to attend, and we are sure you will not be disappointed.

\* \* \* \* \*

### The Perfect Host

Doctor: "Now, before I examine you, may I ask what you drink?"

Patient: "Thank you, Doctor. A small whiskey and soda for me."

Laboratory Supervision  
Insures our Customers  
of

Fresh  
Rich  
Pure

Medosweet  
Milk

### TACOMA GENERAL HOSPITAL

A new arrangement has been completed with the Western State Hospital at Steilacoom, by which internes from Tacoma General Hospital receive experience in Psychiatry there. A rotating service of four months will be inaugurated with the advent of the new group of internes in July.

The Senior class greatly enjoyed and profited from the field trip to the Veterans' Hospital at American Lake on January 31, especially since it had had to be postponed when previously planned. We wish to thank Dr. Stalter and Dr. Stewart for arranging this for us—both the trip through the institution and the fine clinic on neuropsychiatry.

A "thank you" is also due Dr. Light for his lectures on Dermatology and Dr. Fischer for his illustrated lecture on Orthodontia.

The new year brought a pleasant surprise to the staff of the Hospital, a surprise anticipated at some future time but not just at the time it occurred. We wish to extend congratulations and sincere good wishes to Dr. and Mrs. Milo Harris, formerly Mary Fleming! Mrs. Harris is still with us in the Laboratory, though more often than not she is still "Mrs. Fleming."

The same is also due to Miss Harrod, the stenographer who has so efficiently sent the doctors notices of staff meetings, medical clinic meetings, etc., for some time in the past. She is now Mrs. Swing and will reside in Seattle.

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Fine Stationery  
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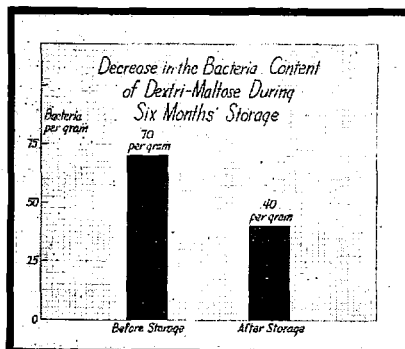
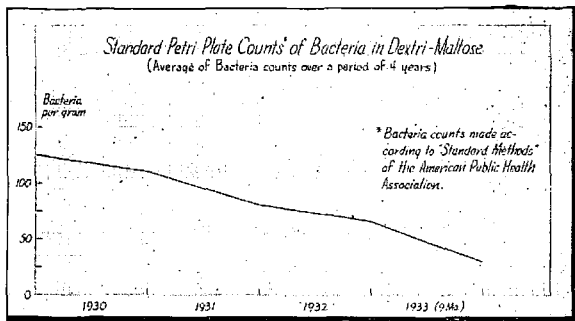
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TACOMA

# Why we supply Dextri-Maltose in Powder form only . . .

## It is mechanically and bacteriologically clean

Prepared in powdered form, Dextri-Maltose is not likely to form a culture medium for micro-organisms. This graph shows that the bacteria count during a 4-year period is well under 125 per gram and only 30 in recent analyses. Contrast this with the count of 10,000 per cc., the maximum allowable count for certified milk.



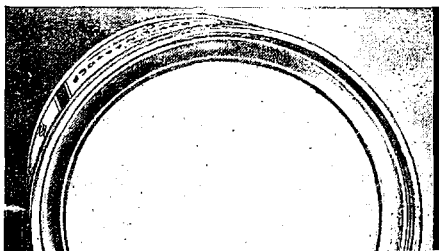
## Its bacteria count decreases during storage

A representative sample of Dextri-Maltose, which to start had a low bacteria count of 70 per gram, revealed a count of only 40 per gram after standing for 6 months at room temperature. During this period the container was opened 12 times for biweekly sampling, without any special precautions being taken to prevent contamination. Yet the bacteria count actually decreased.

## It will not support bacterial growth even after inoculation

The tin of Dextri-Maltose shown at right was inoculated with the thrush organism, a common dust-borne fungus. At the end of 17 days the Dextri-Maltose was free from visible growth. This is explainable by the fact that bacteria, yeasts, and fungi require moisture for reproduction—and the moisture content of Dextri-Maltose is extremely low, only 5 per cent. It is safe to say that no baby can be infected with thrush or other organisms from Dextri-Maltose, *per se*.

## DEXTRI-MALTOSE *clean — not cleaned*



## YELLOW CABS

### Main 1122

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### WHAT HAVE YOU DONE FOR YOUR MEDICAL SOCIETY?

- Have you paid your dues?
- Have you attended the meetings of your Society?
- Do you remain away because you think you have nothing to learn?
- Do you fail to attend because you cordially dislike some member or members of the Society?
- Do you fail to attend because your card club meets on the same date?
- Do you know that the most learned physician may learn something new at each meeting he attends?
- Do you know that the most learned physician who may not have heard anything new at a meeting is always stimulated to do better work by what he hears and sees at a medical meeting?
- Do you know that it is good for your physical and mental well being to meet the other doctors in your Society at least once a week?
- Do you know that if there were no medical society, medicine would cease to be one of the learned professions?
- Do you know that it is a great privilege to be the right kind of a member of the medical profession?

—Chicago Medical Society Bulletin.



### Dirty Work at the Crossroads

"Where did the car hit him?" asked the coroner.

"At the junction of the dorsal and cervical vertebrae," replied the medical witness.

The jury foreman rose to his feet.

"Man and boy, I've lived in these here parts for fifty years," he protested, "and I ain't never heard of the place."

Fresh

Rich

Pure

Medosweet

Milk

### A TRAGEDY

A gay bacillus, to gain him glory,  
 Once gave a ball in a laboratory.  
 The fete took place on a cover glass  
 Where vulgar germs could not harass.  
 None but the cultured were invited  
 (For microbe cliques are well united)  
 And tightly closed the ball room doors  
 To all the germs containing spores.  
 The Staphylococci first arrived—  
 To stand in groups all contrived.  
 The Streptococci took great pains  
 To seat themselves in graceful chains.  
 While somewhat late, and two by two,  
 The Diplococci came in view.  
 The Pneumocci, stern and haughty,  
 Declared the Gonococci naughty,  
 And did not care to stay at all  
 If they were present at the ball.  
 The ball began, the mirth ran high  
 With not one thought of danger nigh.  
 Each germ enjoyed himself that night,  
 With never a fear of Phagocyte.  
 'Twas getting late (and some were loaded)  
 When a jar of formalin exploded,  
 And drenched the happy dancing mass  
 Who swarmed the fatal cover glass.  
 Not one survived, but perished all  
 At this Bacteriologic Ball.

—J. Lee Hagadon, from the *Trained Nurse and Hospital Review*.



### VITAL STATISTICS

December, 1933

Births -----	184
Deaths -----	125
<i>Communicable diseases—</i>	
Whooping cough -----	23
Poliomyelitis -----	1
Erysipelas -----	2
Typhoid -----	1
Chickenpox -----	27
Mumps -----	7
Scarlet fever -----	12



### Mislaid

Professor: "Where is the glottis?"  
 Medical student: "I don't know, sir. I think you put it on the shelf in the dissecting room with the rest of the surgical instruments."

## THE MEDICAL PROFESSION MUST STUDY THE ALCOHOL PROBLEM

(Continued from Page 12)

ing, and of those who were addicts to even a very mild degree, from the time the addiction became manifest none progressed or maintained his position. One of the greatest surgeons in the world, talking to me, said he had never known a surgeon of the first rank who was in the habit of using alcoholic drinks.

In nearly all countries where the drinking of alcoholic liquors is well established, the least harm apparently is done by beer and wine, and it is to be noticed that these drinks as a rule are taken in conjunction with meals. This is perhaps more marked with wine than with beer, because beer itself carries a considerable proportion of carbohydrate and water. Wine also carries carbohydrate, but has a higher alcoholic content than beer, less water, and fortunately is taken in smaller quantities.

We know that water is not absorbed in the stomach to any considerable extent, but that alcohol is. Is it possible that the habit of taking alcoholic drinks with meals is connected with the fact that when taken in conjunction with foods, the absorption of alcohol is slower? We know that water and carbohydrates are passed from the stomach rather rapidly into the small intestine, as contrasted with the somewhat slower progress of proteids and the prolonged delay in the passing of fats. Is it possible that alcoholic drinks are absorbed more rapidly from the stomach than from the small intestine, or is it possible that the alcohol in connection with the food values in beer and wine determines a different rate of absorption or perhaps some chemical difference we do not understand? We know that certain types of sensitiveness to food, for instance, the allergy to cottonseed oil, are lessened by giving a laxative containing bicarbonate of soda, such as a Seidlitz powder, which either retards the gastric absorption of the allergic material or causes the material to be passed at once into the small intestine, where it is less harmful, as shown by the fact that the patient often will gain quick relief without a movement of the bowels.

The primitive small intestine by reason of its great antiquity is probably better able to protect itself than the stomach, which is a relatively recent addition to anatomy, a convenience to enable the possessor to store rap-

idly a considerable amount of food material, so that he can go about his business while the gastric intake is being churned, so to speak, before passing on for digestion.

The question of absorption of alcohol can be approached by experimentation, to see whether the percentage of alcohol found in the blood is as great when alcohol is placed directly in the small intestine, through a jejunal stoma, as when taken immediately into the stomach. It might be possible to gain information on this subject from our cases in which complete gastrectomy has been performed.

The 70 per cent of drinkers who do not become addicts in the sense that we ordinarily understand the term, as well as the addicts, sometimes develop changes in the liver and the vascular and nervous systems later in life, which we have reason to believe are a late result of alcohol.

The medical man faces the extraordinary advances which day by day make medicine the most fascinating of all the professions or occupations, and his responsibility to the people, because of the nature of his calling, is greater than that of the worker in any other field. Can he, of all men, afford to take a 30 per cent change on becoming an alcoholic addict?

My idea in bringing this matter to younger minds, because the future rests with you, is to see whether you cannot get at some answer to the alcohol problem, which has seemed up to the present time to have aroused only sound and fury and controversy.

(Quoted from a paper published in the Proceedings of the Staff Meetings of the Mayo Clinic, January 10, 1934.)

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## YELLOW CABS

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TACOMA, WASH.

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Meeting of

TACOMA INTERNISTS' SOCIETY

Tuesday, February 20

Hotel Winthrop

Dinner—6:15 P. M.

The program will be presented by Drs. Duerfeldt, Gullikson and Light.

Every member is urgently requested to be present.

The committee will present their plan of reorganization for your approval.

Frank R. Maddison, M. D.,  
Chairman.

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

\* \* \* \* \*

Mead's 10 D Cod Liver Oil is made from Newfoundland oil

Professors Drummond and Hilditch have recently confirmed that for high vitamins A and D potency, Newfoundland Cod Liver Oil is markedly superior to Norwegian, Scottish and Islandic Oils.

They have also shown that vitamin A suffers considerable deterioration when stored in white glass bottles.

For years, Mead's Cod Liver Oil has been made from Newfoundland Oil. For years, it has been stored in brown bottles and light-proof cartons.

Mead's 10 D Cod Liver Oil also enjoys these advantages, plus the additional value of fortification with Mead's Viosterol to a 10 D

potency. This ideal agent gives your patients both vitamins A and D without dosage directions to interfere with your personal instructions. For samples write Mead Johnson & Company, Evansville, Ind., U. S. A., Pioneers in Vitamin Research.

\* \* \* \* \*

STUDY CLUB & STAFF MEETINGS

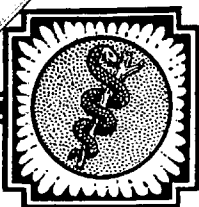
- Tacoma Surgical Club.....February 26
- Tacoma Urological Society.....February 20
- Tacoma Internists' Society.....February 20
- Tacoma Anatomical & Pathological Society.....February 15 and March
- Puget Sound Academy of Ophthalmology & Otolaryngology .....February 20
- Tacoma General Hospital—
- Monthly staff meeting.....March
- Morning tumor clinics.....
- February 13, 20, 27; March
- Thursday morning clinics.....
- February 15 and 22; March 1 and
- St. Joseph's Hospital—
- Monthly clinical meeting.....March
- County Hospital—
- Monthly staff meeting.....February 20

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TACOMA, WASH.





# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY  
AND THE  
TACOMA DISTRICT DENTAL SOCIETY

VOL. IV

MARCH, 1934

No. 3

## PROGRAMS

### PIERCE COUNTY MEDICAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM

MARCH 13 8:15 P. M.

#### SYMPOSIUM ON FRACTURES

General Considerations.....Dr. E. F. Dodds  
Early Handling of the Fracture Case.....Dr. Ross D. Wright  
General Principles of Treatment.....Dr. W. H. Goering  
Obtaining the Best Results in Fracture Cases...Dr. H. B. Allison  
Fracture Cases in Relation to the Department of Labor  
& Industries.....Dr. H. Eugene Allen,  
Medical Director of the Department

### PIERCE COUNTY SANATORIUM, LAKEVIEW

MARCH 27 8:00 P. M.

The Mantoux Test and Its Interpretation.....  
The Incidence of Tuberculosis Among Nurses in Training...  
Dr. Howard Hull, Elma, Washington  
Modern Collapse Therapy in Pulmonary Tuberculosis.....  
Dr. Ross E. McPhail

### TACOMA DISTRICT DENTAL SOCIETY

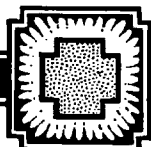
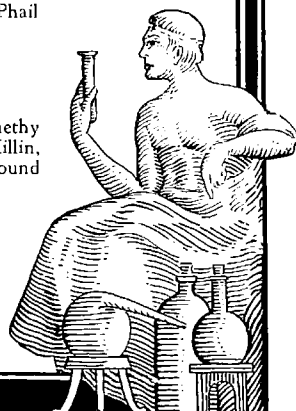
MEDICAL ARTS BUILDING AUDITORIUM

MARCH 20—8:00 P. M.

High Lights of the Journal.....Dr. Mark W. Abernethy  
Geology of the Puget Sound Area.....Prof. F. A. McMillin,  
College of Puget Sound

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**EDITORIAL**

The increase in medical specialism has been regarded as a natural growth toward greater efficiency. This is true to some extent, but over-specialization has its dangers and weaknesses which are disturbing to many educators and leaders in medical thought. They lament that by far the greater number of students in medical college elect a specialty which they expect to practice as soon as they have finished their internship and that so few go into general practice. They are fearful that the doctors may all become cogs in a great wheel, that each may know a part and that no one will know the whole.

Dr. Wm. J. Mayo recently said: "The specialist has great depth of knowledge, but the very excess of his knowledge in one department often narrows his vision. We need widely trained general practitioners who know

the values of the important things in the breadth of the medical field. The patient cannot know what specialist to consult, and in many cases the specialist cannot obtain accurate knowledge of a particular case without the help of one who is widely versed in the conditions associated with the disease in question that are outside the limits of his expert knowledge."

Along this same line of thought Robert M. Hutchins, in an address entitled "Back to Galen," gives the following admonition:

"The central idea which Galen entertained was that the organism is a whole. As such it cannot be further divided. The whole is not the sum of the parts. An organism is just that, nothing more nor less. The organism is a whole with an environment. It cannot be considered apart from that environment. Knowledge of the environment is, therefore, as important as knowledge of the organism. Knowledge of the organism as living is more important than knowledge of it as body. And knowledge of the whole organism living in its environment is more important than the most intimate familiarity with all its parts. I think you will agree that in respect of this central idea Galen can hardly be called modern at all.

"And yet I venture to suggest that it is to the least modern aspects of Galen's thought that a return is most desirable. We need not fear that medicine will underestimate the importance of clinical observation or experiment. The outstanding achievements in these fields are the proudest boast of the profession. But we still have our Methodists, who treat the label instead of the patient. We still have our Atomists, who believe that mere collection of minute facts about parts will in some mysterious way add up to a solution of the problems of the whole. The results of this denial of Galen's principal idea are of some importance to medicine, education, and the public."

How true this all rings! In a thorough routine examination of an individual in mid-

(Continued on page 6)

# THE BUSINESS BUREAU

## QUESTIONS AND ANSWERS

1. "WHAT IS THE USE OF SENDING ACCOUNTS TO THE BUREAU: THEY NEVER COLLECT ANYTHING?"

Total collections made by Bureau to date, \$53,921. Secured by notes or installment agreements, \$161,872.

One doctor claimed that the Bureau had collected \$30 for him in three years. His nurse claimed that they had really collected \$96. The facts were, the Bureau had collected \$285.

Another doctor insisted that the Bureau had collected less than \$200. Investigation showed more than that amount had been paid direct to him. The correct total was \$599.75.

Moral: Sometimes doctors forget.

2. "EVEN IF THEY DO COLLECT, THEY NEVER REMIT."

About fifty per cent of all payments made are made direct to the doctor. If this was all the doctor ever received through the Bureau, the result would be approximately equal to the old system.

Out of \$53,921 collected, the Bureau now owes doctors about \$1200, (2%). If the doctors never received this money, their collections would have cost them 26% instead of 24%. But the doctors owe the Bureau slightly more than \$1200 on exchange and commissions.

The only way to extend both cash and credit to the members would be through an assessment. The conclusion is obvious. The total still owed by the Bureau to doctors is less money than the Bureau collects in one month.

3. "THE BUREAU DOES SO MUCH RESEARCH THERE IS NO TIME FOR COLLECTIONS."

The Bureau has been doing research for five or six months. The research has largely been on the subject of collections. Result: Total collections last six months-----\$9,900.00  
Same period, previous year-----5,975.00

During the same time the Credit Department has been put on a self-supporting basis with a credit file of more than 70,000 names.

Moral: Sometimes research pays.

4. "THE BUREAU STAFF IS IDEALISTIC AND IMPRACTICAL."

The Bureau has a balanced budget without \$1 of capital.

The collection rate is lower than any competitor's (less than 24% average).

The Bureau's business has increased during the depression. (See Question 3.)

Research has developed methods of avoiding suits. (See Question 1, "secured by notes or installment agreements, \$161,872.")

Building up a business on this basis during the depression and retaining the goodwill of the public may be idealistic, but it is not impractical.

5. "THE CREDIT DEPARTMENT INFORMATION IS WORTHLESS."

The credit file contains more than 70,000 names. If it told nothing except the names of other doctors having accounts against these people, it would be of immense value.

It saves each year, direct to doctors, ten times the cost of the entire Bureau.

The Credit Department cost \$1800 to organize and operate. That means that each of these records cost less than the price of a postage stamp.

There are only two practical ways to collect bills:

1. Sue first, and talk afterwards.
2. Maintain credit statistics.

6. "YOU CANNOT BEAT THE OLD COLLECTION SYSTEM."

That is the truth. Out of two hundred agencies in other towns with whom the Bureau is doing business, forty absconded during 1933.

7. "HOW HAS THE BUREAU BEEN ABLE TO DO THESE THINGS?"

Because it has been owned by the medical and dental professions.

Because some of the members of these professions had faith in it.

Because they backed that faith by credit lists and accounts for collection.

Because with cooperation it has succeeded.

Because its motto was service and not profit. The client says, "Money talks, send us some."

The Bureau says, "Business talks, send us some."

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We are greatly indebted to Dr. C. H. Aylen, of Puyallup, for his generosity in presenting to the library Dr. Franklin H. Martin's "The Joy of Living." Hailed as a typical American saga, these two volumes are not only an autobiography but a history of the progress of medicine during the lifetime of the author. In the first volume the reader is introduced to the men who have played parts in the medical events of the last half century; in the second volume he reads the hitherto unrecorded story of the part played by doctors in the World War. Thank you very much, Dr. Aylen!

A recent accession is "Human Embryology and Morphology" by Sir Arthur Keith.

We are pleased to announce the receipt of the Transactions of the 1933 Session of the American Association for the Study of Gout.

A gift of the author, Dr. William Allen Pusey, is "The History and Epidemiology of Syphilis."

Our thanks are extended to Dr. Bell for files of American Journal of Ophthalmology and Archives of Otolaryngology for 1932 and 1933.

Dr. Goering has given to the library the 1932 and 1933 files of Acta Rheumatologica, official journal of the Ligue Internationale contre le Rheumatisme. With articles in French, German and English, this is a welcome addition to our resources.

Attention is called to the new name of the American Journal of Syphilis. It is now American Journal of Syphilis and Neurology. The current issue contains several articles on neurosyphilis, with abstracts of many others.

For the benefit of those who expect to hear Dr. Ivy at the Surgical Club meeting and wish to inform themselves as to his writings, we present the following list:

Experimental edema in nephrectomized dogs; Archives of Internal Medicine 5:200-206, February, 1933; 51:704-713, May, 1933.

Effect of stimulation of visceral nerves on coronary flow in dogs; Archives of Internal Medicine 51:932-937, June, 1933.

Treatment of peptic ulcer with okrin; Illinois Medical Journal 63:377-379, April, 1933.

Physiology of common bile duct; Journal of the American Medical Association 100:1319-1320, April 29, 1933.

Physiology of mucous secretion, with some experimental results on prevention of ulcer with gastric mucin; Nebraska Medical Journal 17:317-320, August, 1932.

Studies on effects of subtotal gastric resection in dog; American Journal of Surgery 17:427-433, September, 1932.

Pernicious anemia; treatment with equine liver extract injected either subcutaneously or intravenously; Archives of Internal Medicine 50:538-543, October, 1932.

Method for plastic reconstruction of the common bile duct; experimental study; Surgery, Gynecology & Obstetrics 54:613-619, April, 1932.

Viscerocardiac reflexes; experimental study in frogs and dogs; Archives of Internal Medicine 49:227-233, February, 1932.

Prevention of hyperplasia of thyroid in opossum by X-rays; Radiology 18:583-586, March, 1932.

Prevention of experimental duodenal ulcer by feeding neutral gastric mucin; Journal of the American Medical Association 97:1511-1513, November 21, 1931.

Effects of total gastrectomy; experimental achylia gastrica in dogs with occurrence of spontaneous anemia and anemia of pregnancy; Surgery, Gynecology & Obstetrics 53:611-620, November, 1931.

Observations on etiology of gallstones; Proceedings of International Assembly, Interstate Postgraduate Medical Association, 6:575-578, 1931.

Factors concerned in determining chronicity of ulcers in stomach and upper intestine; effect of diet on healing of acute gastric ulcer; American Journal of Surgery 11:531-543, March, 1931.

Jejunal alimentation; experimental study in dogs; Annals of Surgery 93:1197-1201, June, 1931.

Effect of X-rays in thyroid and parathyroid glands; Radiology 16:52-58, January, 1931.

## WOMAN'S AUXILIARY

### to PIERCE COUNTY MEDICAL SOCIETY

On March 27, the Auxiliary is meeting for a social evening, as the guests of the Tacoma General Hospital, who have extended their hospitality to Auxiliary members and husbands at this time.

There will be an Executive Board Meeting at 7:45 p. m., brief business meeting at 8:15 p. m. and the program at 8:30 p. m.

Dr. B. T. Terry, pathologist of the Tacoma General Hospital, is the speaker and will show his excellent moving pictures of travels in distant lands, explaining the pictures in his delightfully interesting manner.

The doctors of the Pierce County Medical Society are invited to join Auxiliary members following the regular Tuesday evening meeting of the Medical Society and enjoy the hospitality of the hospital and the social hour and music.

We hope we may have the pleasure of seeing all Auxiliary members at this evening entertainment planned for their pleasure.



#### STATE AUXILIARY NEWS

Significant among events of the month was the mid-year session of the executive board of the Washington State Auxiliary; Mrs. A. T. Wanamaker, Past President of King County, opened her home for this meeting in Seattle on February 26.

With the President, Mrs. L. S. Gilpatrick of Spokane, presiding, all but one of the officers of the State Board were in attendance and many State committees were represented by their chairmen. Vice-Presidents gave interesting and stimulating reports of their districts: one new county, that of Walla Walla, having been organized this winter; other counties increasing in membership and growing in interest. There are fourteen County Auxiliaries in the state with a total of four hundred forty-eight active members. Reports from the State Chairmen of Public Relations, Hygeia

and Legislation promoted discussion and suggestion in the advancement of these projects.

Following the forenoon session, Mrs. Gilpatrick was a charming hostess for luncheon at the Edward Meany Hotel; the shorter afternoon session was made complete by a visit of inspection of the new X-ray plant recently installed at Swedish Hospital, after which a social hour and tea were enjoyed in the delightful Marlborough House Apartment of Mrs. C. B. Ward.

Officers and chairmen in attendance were: Mrs. L. S. Gilpatrick, Mrs. R. E. Ahlquist, Mrs. Carroll Smith, Spokane County; Mrs. O. F. Lamson, Mrs. A. T. Wanamaker, Mrs. David Hall, King County; Mrs. W. H. AxteLL, Whatcom County; Mrs. C. B. Jones, Mrs. A. P. Duryce, Snohomish County; Mrs. E. L. Calhoun, Grays Harbor County; Mrs. J. L. Norris, Cowlitz County; Mrs. H. J. Whitacre, Mrs. E. F. Dodds, Mrs. Burton A. Brown, Mrs. E. L. Carlsen, Pierce County.

Mrs. E. F. Dodds.



The newly-organized Walla Walla Auxiliary has undertaken a worth-while project, a series of radio broadcasts on health education over KUJ, Walla Walla, at 1:45 p. m. each Sunday.

Dr. Rugge, of the Northern State Hospital, spoke on "The Psychology of Adolescence" at a public meeting sponsored by the Snohomish County Auxiliary in Everett last month. Stressing the necessity for mental guidance in childhood and the fact that environment has a greater influence on the child's life than heredity, Dr. Rugge's talk was of the greatest interest and value. In his opinion the greatest mistake of parents is forcing a child to follow a line of endeavor to which he is not suited.

A delightful event in Spokane was a Russian tea given by the Spokane Auxiliary re-

cently at the home of Mrs. A. A. Matthews. Tea was served from samovars by Auxiliary members in Russian costume and an illustrated lecture on his impressions of Russia, gained during a recent trip, was given by Dr. T. M. Ahlquist. A further contribution to the atmosphere of the affair were Russian songs, given by Mrs. C. A. Bartleson.

The Spokane Auxiliary is sponsoring a play-writing contest, offering a prize of ten dollars for the best health play, using adult characters. The contest has received the endorsement of Hygeia. The winning play will be presented in Spokane and also before the State Convention.



### THE IDEAL AUXILIARY MEMBER

I have said many times that an Auxiliary member must be a woman who can take and grow and give, a woman who can sense her responsibility to a group and also to each individual in it. The ideal Auxiliary member must at times be a sponge, interested only in absorbing. Again, she must be a brilliant prism, receiving benefits from others and reflecting them back. She must have an intelligent vision of the true scope of our work, must have convictions and still be able to look at a question with cool consideration and courage to stand for those convictions. Unblinded by her enthusiasms, she must learn to look at a question from all sides with generosity and that kindness of judgment which makes her quick to praise and slow to question the motives of others.

Mrs. James Blake,

President, Woman's Auxiliary to  
the American Medical Association.

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## EDITORIAL

(Continued from page 2)

dle life many kinds of variations from the normal may be found in different parts or organs of the body. These may be regarded as pathological and yet may have little if any connection with the illness of which the patient complains.

At best a scientific medicinal study of any case but discloses a certain number of facts. A knowledge of these conditions is obtained. To make a proper correlation of these facts and the right interpretation of the findings it is necessary to consider them in relation to the individual as a whole, his heredity, history, habits and environment.

In the fine art of diagnosis the doctor must needs call to his aid that which is not taught in any school, medical or other—wisdom.

“Knowledge and wisdom, far from being one, Have oft times no connection. Knowledge dwells

In heads replete with thoughts of other men; Wisdom in minds attentive to their own.

Knowledge is proud that he has learned so much.

Wisdom is humble that he knows no more.”



Pierce County extends a cordial invitation to our friends, the out-of-town doctors, to attend the regular society meetings and the meetings of the special group societies whose notices appear in The Bulletin.

When you are in Tacoma, make use of our headquarters in the Medical Arts Building; have the staff of the Business Bureau render you any help you need; use the Library for reading or loafing, and come to the club rooms any day after lunch and enjoy a game of billiards, ping pong or bridge.



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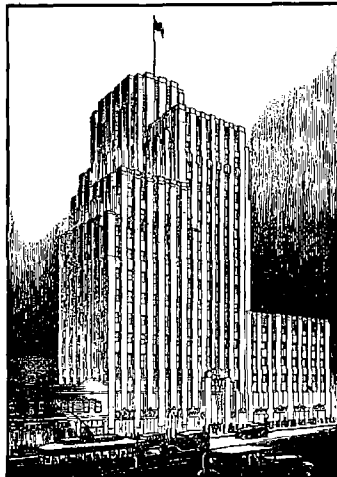
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# ASTHMA IN CHILDREN

Radio Talk, KVI, Feb. 19, 1934

Treacy H. Duerfeldt, M. D.

Colds, croup, bronchitis and broncho-pneumonia are common causes of illness among children. A portion of these are really attacks of asthma. Yes, asthma does occur in children and frequently begins before the age of five. An average of one out of every one hundred children in this country is subject to asthma in some form. Typically, asthma comes in attacks and the child or adult is entirely free from it between times. These attacks in children often start with sneezing and a stuffy nose like a head cold, with the early development of a tickling cough which rapidly grows tighter. The whole chest grows tight and the breathing labored and noisy, with a rattle or wheeze occurring. This wheeze or rattle is most marked during the prolonged effort of breathing the air out, that part of respiration which normally is rapid as well as quiet and without effort. As the attack subsides, the cough loosens and the child succeeds in raising some rather sticky white sputum and is on the way to recovery.

Nearly two million people in the United States suffer from asthma. People of all ages are subject to it but in more than half of them the asthma starts before the age of twelve. Why haven't you heard more about this common disease? Probably because it seldom causes death in children and because until recent times the physician could do little or nothing towards relieving it—preventing attacks. Occasionally some accidental change in a child's life has been followed by relief and thus started the despairing hope of some parents: Maybe my child will outgrow it too. How much better is the assurance that their child can be free of asthma if certain definite things are carefully avoided. Many times this condition is not recognized because asthma is apt to appear in masquerade forms instead of typical attacks. I have already mentioned the important disguises. Many children develop

colds on the slightest provocation or seemingly without provocation. These frequent colds, so often not related to exposure to the colds of other people, may not be due to infection but are symptoms of asthmatic attacks which do not go on to wheezing.

Typical attacks of asthma can begin without the sneezing or stuffy nose, starting with cough and hard breathing. Similar to these are many cases of croup in which the youngster who has gone to bed well awakens everyone in the middle of the night with his spasms of harsh, croupy coughing and his noisy, difficult breathing. The distress of this youngster is enough to frighten any parent, who will try everything imaginable to relieve it. The attack usually passes off abruptly and the child will fall asleep and seem perfectly well in the morning, only to repeat the performance another night. It has been shown that these are often forms of asthma and respond to the methods of controlling asthma or later develop into typical asthmatic attacks. Similarly it has been shown that many cases of bronchitis and apparent broncho-pneumonia in children are forms of asthma, the temperatures explained by the fact that children may run a fever with their asthmatic attacks. Asthma has even been called whooping cough because of the spasms of coughing. Continued asthma may result in serious complications which can be prevented if the disease is controlled in the early stages.

It is now generally accepted that practically all cases of bronchial asthma are allergic—or in other words, that the exciting cause of the condition is a sensitization or hypersensitivity of the body to substances which to the normal individual are wholesome or at least perfectly harmless. The substances which cause asthma may enter the system all unsuspected, in the dust we breathe or as the most wholesome of our foods. If the reaction in



the sensitized body takes place in the bronchial tubes, this irritation is manifest in one of the forms of asthma. If the reaction takes place in the nose, hay fever or nasal irritation results; if in the skin, eczema, food rashes or hives result. When the reaction takes place in the head, migraine or sick headaches follow and when it is located in the digestive tract, intestinal upsets or even colitis may follow.

More than one of these manifestations are frequently found in the same child or person at one time or another. Thus many an asthmatic child has had eczema, or sneezes a great deal, or habitually rubs his nose. The tendency to become sensitive to these substances is inherited or runs in families, although the manifestations of the allergy may be entirely different in the various members of the family. Sometimes the manifestations of allergy have been so minor in character that they have been forgotten. It may be ventured that few families are entirely free from allergy. If hypersensitiveness or allergy is marked in both sides of the family, more of the children are liable to be affected and the symptoms tend to appear earlier than if it is present in only one side of the family.

(To be concluded in the April issue)

\* \* \*

### ATTENTION!

Special attention is called to an article on page 697 of the March 3rd issue of the Journal. This is a report of a recent meeting in Philadelphia, arranged by the American Academy of Political & Social Science and the College of Physicians of Philadelphia. Ostensibly to study the relation of the physician to the

community from various points of view, many physicians felt that its chief purpose was to further the socialization of medical practice. In view of the tremendous importance of the matter, this article should be carefully read by all medical men.

\* \* \*

## MINUTES OF MEETING OF PIERCE COUNTY MEDICAL SOCIETY

February 27, 1934

Minutes of the last two meetings were read and approved.

It was stated that the Trustees had been considering the matter of contract practice among members of the society and a meeting had been arranged for February 28, to meet the industrial contract men.

The question was raised as to the ethics of doctors' cards in hotels, rooming houses and other business houses and it was put to a vote of the society and unanimously declared to be unethical.

Dr. Dodds presented a case report of results in stabilization of flail ankle resulting from poliomyelitis. He also presented a case of arthrodesis of the shoulder joint in a young boy.

Dr. Dayton gave a paper on "Progress in Pediatrics," which was very interesting and presented up-to-date conclusions of pediatricians in regard to diet and vitamins. The paper was discussed by Drs. Creswell and Maddison.

Dr. J. W. Gullikson gave a paper on "Diagnostic and Therapeutic Injections of Sympathetic Ganglia," with a report of eight cases. This was discussed by Drs. Maddison, Duerfeldt, Engels, Argue and Flynn.

Dr. George R. Stalter was unanimously elected a member of the society.

The Secretary announced that the Trustees had approved a regular membership in the Better Business Bureau for 1934.

Announcement was made of "The Doctor," to be presented at the Winthrop Hotel under the auspices of the Tacoma General Hospital. On motion, the society voted unanimously to approve this venture and to extend all the help possible.

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## ANNUAL SCIENTIFIC MEETING— TACOMA SURGICAL CLUB SATURDAY—APRIL 7, 1934

### GASTRO-INTESTINAL SURGERY AND GASTRO-INTESTINAL PHYSIOLOGY

A review of modern knowledge of the physiology of the gastro-intestinal tract, with surgical applications.

Guest Speaker: Dr. A. C. Ivy, Professor of Physiology, Northwestern University Medical School, Chicago.

### Morning Program

#### TACOMA GENERAL HOSPITAL

Anatomical Laboratories, 9:00-11:30

- Fetal dissections and models of the development of the gastro-intestinal tract-----  
Drs. B. A. Brown and S. M. MacLean
- Anatomical dissections by members of the Anatomical Club.
- Anatomical dissection of the presacral plexus as exposed in the surgical treatment of Hirschsprung's Disease -----  
Dr. S. F. Herrmann

Anatomical relations of the duodenum-----  
Dr. H. J. Whitacre

Experimental demonstration of the lymphatics of the bowel----Dr. Ross D. Wright

Demonstration of peristalsis-----  
Dr. M. T. Nelsen

Demonstration of experimental duodenal ulcer in the dog-----  
Drs. E. C. Yoder and S. F. Herrmann

Experimental implantation of the ureter into the colon -----  
Drs. H. S. Argue and Charles Pascoe

Demonstrations of gastro-intestinal roentgenology-----Dr. M. T. Harris,  
roentgenologist at Tacoma  
General Hospital

Demonstration of pathologic specimens-----  
Dr. B. T. Terry,  
pathologist, Tacoma General Hospital

Demonstration of the esophagoscope and gastroscope -----  
Dr. A. W. Howe, by invitation

Duodenal siphonage in obstruction-----  
Dr. R. C. Schaeffer

Discussion of Demonstrations -----  
Dr. A. C. Ivy

### Afternoon Program

AUDITORIUM OF MEDICAL ARTS BUILDING  
2:00 to 5:00 P. M.

2:00 P. M.—  
Introductory remarks and announcements...  
Dr. Chas. R. McCreer  
President of Tacoma Surgical Club

2:05 P. M.—  
The relation of modern surgery to physiologic investigation...Dr. S. F. Herrmann  
Chairman of Program Committee

2:15 P. M.—  
Address by Dr. Ivy.

2:45 P. M.—  
Motor dysfunctions of the esophagus-----  
Dr. M. T. Nelsen

2:55 P. M.—  
Motor and secretory disturbances of the stomach as related to surgical lesions...  
Dr. William B. McCreer

3:15 P. M.—  
The surgical treatment of duodenal dysfunction-----Dr. H. J. Whitacre

3:30 P. M.—  
Indications for enterostomy-----  
Dr. R. C. Schaeffer

3:45 P. M.—  
The normal and abnormal physiology of the colon-----Dr. E. C. Yoder

4:05 P. M.—  
Paralytic Ileus-----Dr. E. F. Dodd  
Discussion of symposium by Dr. Ivy.

### Evening Program

ANNUAL BANQUET—UNION CLUB  
6:30 P. M.

*Address of the evening by Dr. A. C. Ivy*  
(Reservations for Annual Banquet should be forwarded to Dr. R. D. Wright,  
Northern Pacific Hospital, Tacoma, Wash.)

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you dropped it, but when you picked it up."  
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There was a large attendance, including a number of physicians as guests, at the meeting of the Tacoma District Dental Society on February 20.

Dr. J. A. Pettit, of Portland, spoke on "Systemic Manifestations in the Oral Cavity." Dr. Starr's subject was "Vincent's Infection." Both talks were illustrated with slides.

At the March meeting Professor McMillin, of the College of Puget Sound, is going to talk on "The Geology of the Puget Sound Region."

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## Dextri-Maltose, Carbohydrate of Choice

"As to the kind of extra carbohydrate to be added, whether lactose or maltose, I believe dextrimaltose to be better in general in cases of fat indigestion (infantile atrophy)."—C. H. Dunn: *The Hygienic and Medical Treatment of Children*, Southworth Co., Troy, New York, 1917, V. 1, p. 418.

In discussing the treatment of decomposition Feer says: "The period of repair may be shortened by giving suitable additional food; the best, probably, being buttermilk to which carefully regulated proportions of dextrin and maltose preparations or malt soup are added."—E. Feer: *Text-Book of Pediatrics*, J. B. Lippincott Co., Phila., 1922, p. 284.

In the treatment of infantile atrophy Fischer recommends the following: "The carbohydrate should be increased by gradual addition of dextrimaltose.

"Malt soup or dextrimaltose (Mead's) should be added in teaspoonful or more doses to each feeding until the point of carbohydrate tolerance is reached."—L. Fischer: *Diseases of Infancy and Childhood*, F. A. Davis Co., Phila., 1925, V. 1, p. 285.

Grulee, discussing treatment of decomposition, observes: "As a rule it is best to start with 2 to 2½ or 3 ounces of albumin milk to the pound weight in 24 hours; the sugar to be added is in the form of a maltose-dextrin mixture. One should never delay too long in adding this."—C. G. Grulee: *Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 265.

Referring to the hypotrophic infant, Herrman writes: "In mild cases, the addition of dextrimaltose instead of cane or milk sugar may be sufficient to obtain a gain in weight."—C. Herrman: *The treatment of nutritional disorders in artificially-fed infants*, New York M. J. 114:158-160, August, 1921.

In discussing artificial feeding in atrophy Hess states: "The carbohydrates are usually added in a slowly fermentable form, such as the maltose and dextrin compounds, which are usually started by the addition of four grams per kilogram (1/15 ounce per pound) and increased until eight grams or more per kilogram (½ ounce per pound) of body weight are added."—J. H. Hess: *Feeding and the Nutritional Disorders in Infancy and Childhood*, F. A. Davis Co., Phila., 1928, p. 278.

Concerning the treatment of marasmus Hill says: "When the stools have become smooth and salve-like, carbohydrate, in the form of dextrimaltose, may be gradually added up to the limit of tolerance."—L. W. Hill: *Practical Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 281.

"A spasmophilic baby on bottle feeding should receive a limited amount of milk—a pint, or at the most 24 ounces in the 24 hours—to which cereal gruel and some form of sugar is added, preferably one of the malt dextrin preparations; also the early addition of other foods than milk to the baby's

diet."—M. Jampolis: *Infantile spasmophilia*, Interstate M. J. 25:652, Sept., 1918; *abst. Arch. Pediat.* 35:691, Nov. 1918.

With reference to the treatment of diarrhea Lust writes: "After several days, 2% to 3% of a maltose-dextrin preparation may be added (Dextri-Maltose). This is preferable to the easily fermentable lactose or cane sugar."—F. Lust: *The Treatment of Children's Diseases*, J. P. Lippincott Co., Phila., 1930, p. 145.

"The treatment of artificially fed children in the first of these groups consists in putting them on a low fat dietary, and giving them carbohydrate in the form of one of the less fermentable sugars—e.g., dextrimaltose."—L. G. Parsons: *Washing disorders of early infancy*, *Lancet*, 1:687-691, April 5, 1924.

Pearson and Wylie in discussing the treatment of milder cases of manition say: "Regulation of this disturbed organismal balance is obtained by the addition of carbohydrates, while fat and casein are reduced. For this purpose dextrimaltose and flour are better than the ordinary sugars, since they are more slowly absorbed and have greater efficacy in their powers of controlling the flora in the large intestine."—W. J. Pearson, and W. G. Wylie: *Recent Advances in Diseases of Children*, P. Blakiston's Son & Co., Phila., 1930, p. 116.

Regarding the treatment of the marantic infant Raue states: "After the intolerance to sugar has been overcome a carbohydrate, preferably Dextri-maltose, may be added."—C. S. Raue: *Diseases of Children*, Boericke & Tafel, Phila., 1922, p. 427.

In discussing the treatment of atrophy Thursfield and Paterson, state: "If the baby continues to improve, the next step in the treatment is to add to the milk one of the less fermentable carbohydrates, such as dextrimaltose; . . ."—H. Thursfield, and D. Paterson: *Diseases of Children*, William Wood & Co., 1929, p. 105.

"I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in weight is desired in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results."—F. L. Wachenheim: *Infant-Feeding; Its Principles and Practice*, Lea & Febiger, Phila., 1915, p. 158.

"Dextri-maltose has been substituted for lactose not infrequently, when the tolerance for the latter continues low."—J. H. West: *Low fat, high starch evaporated milk feeding for the marasmic baby*, *Arch. Pediat.* 48:189-193, March, 1931.

"Malt sugar is indicated when others fail to produce a sufficient gain, or when malassimilation of fat is evident."—O. H. Wilson: *The role of carbohydrates in infant feeding*, *Southern M. J.* 11:177, March, 1918; *abst. Arch. Pediat.* 35:447, July, 1918.

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## TACOMA GENERAL HOSPITAL.

As spring again begins to supersede winter, we find another new class entering the Tacoma General Hospital School of Nursing, this time consisting of twelve preliminary students. They have almost a month now to their credit and are hard at work on the fundamentals of nursing.

It was indeed a pleasure to hear that arrangements have been completed for the showing of the sculpticolor reproduction of "The Doctor" in Tacoma. This marvelous work which drew so much attention at the World's Fair, Chicago, is being presented to the public under the auspices of the Tacoma General Hospital from April 8 to 14, inclusive, at the Winthrop Hotel. The reproduction is one and one-sixth times life size and was produced for the Century of Progress Exposition by the Petrolagar Company, this firm graciously loaning it to us for the week's exhibit.

The board of trustees of the Salem General Hospital has handed the institution over to Mr. C. J. Cummings for reorganization. Miss William MacDonal of Tacoma General Hospital is the new superintendent, and Miss Berenice Rycker, previously with the Medical Business Bureau, will be cashier and in charge of business matters. Present reports are that the new regime has met with a great deal of support, especially from the medical staff, and a successful outcome of the undertaking is assured.

The Washington State Hospital Conference met in Spokane on March 7 in a joint session with the American College of Surgeons. An interesting program was arranged by Mr. J. V. Buck, Program Chairman, including reports from local hospital committees, from the Committee on Group Hospitalization, and from the Legislative Committee. Hospital and Nursing Problems were discussed by Miss Anne Radford, Educational Director for Schools of Nursing in the State. The afternoon session included the following nationally known speakers—Dr. MacEachren; Dr. Caldwell, Mr. Jolly, Mr. French and Mr. Mills.

We are glad to report that the case of amebic dysentery at the hospital, a result of infection at the Congress Hotel, Chicago, during the summer, has recovered and been discharged.

Miss Sayer, Operating Room Supervisor, was called home recently by the death of her mother but is again back on duty.

Miss Chase has replaced Miss Swanson as Obstetrical Night Supervisor, the latter resigning to be married this month. Miss Sylvia Chapman, T. G. H. 1926, is now in the Anesthesia Department, and Miss Teru Uno, T. G. H. 1931, is in Dr. Terry's office assisting with tissues.

The Women's Auxiliary, Wild West Post, V. F. W., sponsored a benefit bridge party at the Elk's Temple, on February 27, with Mrs. O. C. Drumm in charge. Proceeds were

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turned over to the Tacoma Orthopedic Birthday Club which helps to support the Orthopedic Clinic at the Hospital.

Dr. Jonez has completed his course in Venereal Diseases and a "thank you" is due him for the fine lectures he gave.

The School of Nursing is very proud of the copies of the American Journal of Nursing that have recently been bound. The past ten years are now in permanent binding and of more value for reference work in that form than when each copy is loose.

Sorry we haven't the entire Bulletin for this month's news but the Editor says "Q. S."

\* \* \*

Dr. Doolittle (trying to be witty while feeling patient's pulse): I suppose you consider me an old fogey.

Patient: Why, I had no idea you could ascertain a person's thoughts by merely feeling the pulse!

## NEWS ITEMS

Drs. H. S. Argue, B. A. Brown, H. G. Willard, R. C. Schaeffer, S. M. MacLean, E. F. Dodds and H. J. Whitacre attended the meeting of the American College of Surgeons in Spokane on March 6 and 7.

Dr. C. P. Gammon has returned home from the Tacoma General Hospital, and is feeling much better.

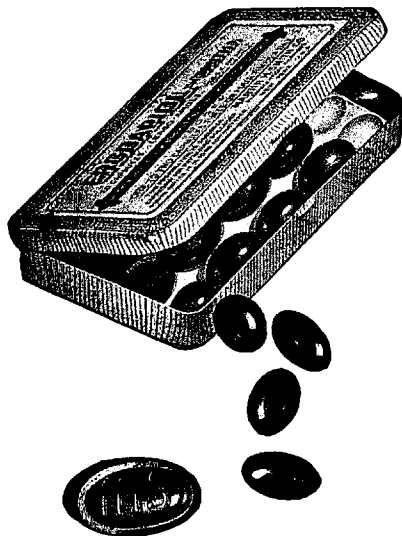
Dr. and Mrs. M. T. Nelsen have returned from their trip to California and report having had a very enjoyable time.

Dr. A. H. Buis was one of the winners in the Primaries for Civil Service Commissioner, and we wish him the same success in the Finals on March 17.

Mr. C. J. Cummings attended the Washington State Hospital Association meeting in Spokane on March 6 and 7.

Members of the staff of the U. S. Tacoma Hospital provided for the program of the

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Literature on request.

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Whatcom County Medical Society in Bellingham on Monday, March 5. Speakers included Drs. J. N. Alley, A. W. Howe, F. Hendry and W. H. Goering.

Dr. C. H. Ayles has been re-elected as a member of the School Board in Puyallup.

Dr. C. V. Lundvick is the new president of the Tacoma Rose Society.

At a tea given last month by Mrs. C. R. Low, announcement was made of the engagement of Miss Marguerite Paetznick to Dr. C. W. Whitaker.

Drs. R. H. Beach, W. C. Cameron, C. R. McCreery, A. F. Wilbur, Dr. and Mrs. H. J. Whitacre and Mrs. A. H. Yoder are members of the Citizens' Committee for Better Government.

Dr. R. H. Beach spent a week in Portland at the meeting of the Pacific Coast Surgical Society last month.

**DEATHS**

Year	Diabetes	Pneumonia	Tuberculosis	Typhoid
1924	17	105	35	4
1925	20	99	56	2
1926	19	118	38	4
1927	16	122	31	3
1928	20	100	39	0
1929	22	103	33	2
1930	25	112	30	1
1931	18	137	33	1
1932	33	135	26	3
1933	20	95	37	1

**CANCER AND APPENDICITIS**

Year	CANCER		APPENDICITIS	
	Deaths	Rate	Deaths	Rate
1924	121	113.0	---	---
1925	119	112.2	22	20.5
1926	139	129.9	19	17.7
1927	121	113.0	18	16.7
1928	140	130.8	19	17.7
1929	158	147.6	22	20.5
1930	165	154.2	19	17.7
1931	140	130.8	13	12.2
1932	141	131.7	25	23.3
1933	157	146.7	19	17.7

\* \* \*

**VITAL STATISTICS—CITY OF TACOMA—1924-1933**

**DEATHS AND BIRTHS**

Year	Deaths		Births		Infant Mortality Rate
	Total	Rate	Total	Rate	
1924	1,144	10.7	2,230	56.0	
1925	1,240	11.6	2,208	38.0	
1926	1,294	12.1	2,232	50.1	
1927	1,299	12.1	1,981	38.8	
1928	1,296	12.1	2,094	35.4	
1929	1,298	12.1	1,889	30.1	
1930	1,360	12.7	1,905	40.9	
1931	1,362	12.7	1,845	48.2	
1932	1,367	12.8	1,779	44.4	
1933	1,421	13.3	1,728	34.7	

**DIPHTHERIA AND SMALLPOX**

Year	DIPHTHERIA			SMALLPOX	
	Cases	Deaths	Rate	Cases	Deaths
1924	169	17	10.0	105	0
1925	204	19	9.3	272	0
1926	264	18	6.8	459	2
1927	120	5	4.1	370	0
1928	29	0	0.0	54	0
1929	96	6	6.2	379	1
1930	147	9	6.1	181	0
1931	95	9	9.4	49	0
1932	14	1	7.1	51	0
1933	5	1	20.0	12	0

**STILLBIRTHS AND INFANT MORTALITY**

Year	Stillbirths		Deaths under one year		Total Births
	Rate	Rate	Rate	Rate	
1924	62	22.4	125	56.0	2,230
1925	61	22.4	84	38.0	2,208
1926	72	31.2	112	50.1	2,232
1927	60	29.3	76	38.8	1,981
1928	68	31.4	75	35.4	2,094
1929	57	29.2	60	30.1	1,889
1930	46	23.6	78	40.9	1,905
1931	49	25.8	89	48.2	1,845
1932	43	23.5	79	44.4	1,779
1933	30	17.0	60	34.7	1,728

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**STUDY CLUB & STAFF  
 MEETINGS**

- Tacoma Surgical Club.....March 26
- Tacoma Urological Society .....March 20
- Tacoma Internists' Society.....March 20
- Tacoma Anatomical & Pathological  
 March 15 and April 5
- Puget Sound Academy of Ophthalmology  
 & Otolaryngology .....March 20
- Tacoma General Hospital—  
 Monthly staff meeting.....April 3  
 Morning tumor clinics.....  
 March 13, 20, 27; April 3  
 Thursday morning clinics.....  
 March 15, 22, 29; April 5
- St. Joseph's Hospital—  
 Monthly clinical meeting.....April 2
- County Hospital—  
 Monthly staff meeting.....March 30

**COMMUNICABLE DISEASES**

January, 1934

- Erysipelas -----
- Poliomyelitis -----
- Diphtheria -----
- Mumps -----
- Malta fever -----
- Typhoid fever -----
- Chicken pox -----
- Scarlet fever -----
- Whooping cough -----
- Measles -----

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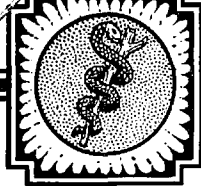
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# BULLETIN

OF THE  
**PIERCE COUNTY MEDICAL SOCIETY**  
 AND THE  
**TACOMA DISTRICT DENTAL SOCIETY**

VOL. IV

APRIL, 1934

No. 4

## PROGRAMS

### PIERCE COUNTY MEDICAL SOCIETY

PIERCE COUNTY SANATORIUM, LAKEVIEW  
 APRIL 10, 8 P. M.

(Postponed from March 27)

- The Mantoux Test and Its Interpretation-----  
 Dr. Howard Hull, Elma, Wash.
- Modern Collapse Therapy in Pulmonary Tuberculosis-----  
 Dr. Ross E. McPhail
- The Incidence of Tuberculosis Among Nurses in Training---  
 Dr. Howard Hull

MEDICAL ARTS BUILDING AUDITORIUM  
 APRIL 24, 8:15 P. M.

- Case Report: Lipoid Nephrosis-----Dr. F. R. Maddison
- The Relationship Between Trauma and Disease—A Compensation Problem -----Dr. R. C. Schaeffer
- The Functional Causes of Disease-----Dr. A. H. Buis

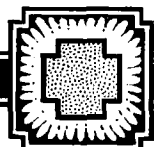
### TACOMA DISTRICT DENTAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM  
 APRIL 17, 8 P. M.

- Tumors of the Mouth and Jaw----Donald V. Trueblood, M. D.,  
 Seattle
- Infections of the Mouth-----Frank Wanamaker, M. D.,  
 Seattle

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tensive study one may recall the well-established principles, can be informed on the newer investigations and discoveries and get the groundwork of salient facts for further individual study and investigation.

In previous annual meetings such subjects have been studied as bone surgery, water metabolism, surgery of the sympathetic nervous system and surgery of the circulatory system.

This year the program has been arranged for a study of the gastro-intestinal tract, its physiological principles and surgical applications.

The guest of honor is Dr. A. C. Ivy, Professor of Physiology at Northwestern University Medical School, who, by his knowledge and attainments and his original experimental work in this field, is particularly fitted to lead in this study.

To Dr. Ivy, the honor guest, and to all the visiting doctors in attendance, the Pierce County Medical Society joins with the Surgical Club in extending a most cordial welcome. We hope and trust you will find the day well spent in the scientific sessions and that you will have an added profit of pleasure and renewed friendships.

## EDITORIAL

The Tacoma Surgical Club holds its annual scientific session on Saturday, April 7. The morning meeting at the Tacoma General Hospital will be devoted to demonstrations in anatomy, physiology and surgical procedures. In the afternoon, at the Medical Arts Auditorium, will be given a series of short papers prepared by the members. In the evening there will be a dinner at the Union Club, followed by an address by the honor guest, Dr. A. C. Ivy.

The Surgical Club has very wisely adopted the plan of devoting its annual meetings to a systematic general study of one particular aspect of medicine, in place of a number of papers on unrelated subjects. In such an in-

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# THE BUSINESS BUREAU

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If this were the only thing involved, waiting might perhaps be justified. But it is not. During the last year more credit has been granted in retail business on old accounts than the total value of all the new accounts.

One of the conditions of granting this credit is that people will make monthly payments on old accounts. If this policy grows in retail credit, there is going to be very little left for professional accounts unless something is done about it.

People simply cannot pay for everything they need and buy. They will therefore pay where payment is asked for. The only way that the medical profession can compete is through collective effort. This means active support and use of the Bureau Credit Department.

The Bureau Credit Department is the only organization in existence through which the medical profession can cope with this problem. There is not an organization in the business world the size of the medical profession which does not have an active and aggressive credit management.

The medical profession cannot enter the field of collections in competition with these other well-managed credit departments unless it does so in a united manner through a single organization.

There is perhaps some inclination on the part of individual members of the medical profession to feel that this is a matter which might better be left entirely alone. If it is left alone and if nothing is done about it, the

result will be a growing percentage of unpaid medical bills destroying the effectiveness of the Collection Department of the Bureau, and a growing public dissatisfaction because of these unpaid charges.

No one likes to owe a bill, and generally speaking, the longer the bill is owed, the greater the irritation which the debtor feels toward his creditor. It is no favor to help a man get into debt, and no goodwill results from keeping him there.

The Business Bureau is able to secure results in this problem if it has the co-operation of the medical profession.

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## THE MEDICAL LIBRARY IN RELATION TO MEDICAL CULTURE

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Dr. J. P. Warbasse before the Medical Society  
of the County of Kings, Brooklyn, New York.

The first medical records were written on the tablets of the memory of ancient physicians. With the death of each, a library perished. When graphic art first appeared in India, more than 6,000 years ago, among the earliest facts it recorded were those of medicine. The Sanskrit of the ancient Hindus, a language of great beauty, richness and inflection, and properly called the mother of European tongues, preserved the earliest records of healing. The Ayur Veda, the first medical document in this language, recites the earliest story of disease.

In Egypt, the tombs of the dead once served in the stead of medical libraries. Here were filed away and preserved the records of disease in the well embalmed bodies of an ancient people. This voluminous material is now taken out and read to us. The archaeologists are the archivists who perform this service. The nature of fractures and diseases of bones was then much as it is today. Here we read of pleurisy, arteriosclerosis, appendicitis and nephritis. Paleopathology examines these ancient archives and translates to us the story of bacteria in the bodies of Egyptians 5,000 years ago. Written works were also left by these people in the form of papyri, now accumulated in the great libraries of the world.

At the beginning of the Christian Era, many of the writings of the ancients were preserved in the monasteries, and out of these collections of classics libraries grew.

From this time on the universities sprang up and served as the centers around which

libraries grew. Then came printing, and the making of books entered its mechanical age. The first medical text printed was the Gutenberg *Laxierkalender* in 1457. De Chauliac's *Chirurgia Magna*, written in 1363 and published in 1478, was the earliest work on surgery printed. The first complete edition of Hippocrates, the *Opera Omnia*, appeared in Latin in 1525. Other early medical books printed were those of Albanus, Albertus, Berengarius, Galen, Celsus, Rhazes, and Avicenna.

These are some of the incunabula of medicine. Many of these books, printed before Columbus discovered America, here in our medical libraries, we may hold in our hands—and it should be with reverent respect, not only for the authors and translators, but for the artisans who made the paper and the ink, and for the printers and binders, who produced books into which the tooth of time has bitten in vain.

We often hear as the criticism of a library that "It has a lot of old stuff," or the word "antiquated" applied to its material. A medical book passes through five stages on its way to oblivion. The first is its period of current usefulness and opportunity. This lasts from three to five years. Then it passes into a reference period of ten years, when it is turned to for its fundamental facts which do not change. The third period lasts a hundred years, during which it is an old book, but not an antiquity. It is still used occasionally by the scholar who refers to it and finds the thing that his contemporary reports as new. In this period it is held most cheaply and passes from dealer to dealer with an ever declining esteem. Then, if it has not perished, it enters its apotheosis, and becomes an antiquity. This is the fourth period, the period of expanding glory. Its only safety now

(Continued on page 6)

## WOMAN'S AUXILIARY

### to PIERCE COUNTY MEDICAL SOCIETY

The evening meeting of the Auxiliary, at which time the members of the Pierce County Medical Society were our guests for the social hour, was most pleasant.

We wish to express our gratitude to Mr. C. J. Cummings, the Tacoma General Hospital, and Miss Ann Bedrowsky, for extending to us their hospitality at this time, also to Dr. and Mrs. B. T. Terry, who contributed largely to the pleasure of the evening.

The musicians were most gracious to come to us on such a stormy night. It has been truly stated that "Music washes away from the soul the dust of everyday life," and without our musicians and their music the world would lose much beauty and inspiration. We express our appreciation to Mrs. Frederick Scheyer, Mr. Burr Gregory and Mrs. S. E. Crumb for their beautiful musical contributions.

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The next regular meeting of the Auxiliary will be Thursday, April 12, at 10:30 A. M., in the Medical Arts Auditorium; Board meeting at 10 A. M.

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Spokane County Auxiliary searched to find suitable health plays for auxiliaries and public groups. Finding no such plays, they appealed to the teacher of dramatics in the Spokane Public Schools, who wrote several plays of this nature. As a consequence the Hygeia magazine is offering a \$50.00 prize for the best health play written by an Auxiliary member or anyone desiring to compete. Details in regard to the contest may be obtained from the editor of Hygeia.

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### "MEN IN WHITE"

The usual moving picture purporting to depict life in a hospital is so filled with inaccuracies and evidences of a complete lack of knowledge of hospital procedure, with sickly

sentimentality or sensationalism, that the physician can only laugh at it. At last, however, a picture has been produced that has met the universal approval of the medical profession for its accuracy, its sincerity and its authentic presentation of the service of the hospital and the doctor. Concerning "Men in White," coming soon to the Roxy Theatre, the Journal of the American Medical Association says:

"Briefly, it concerns a resident physician, a chief of staff, a young woman to whom the resident physician is engaged, a nurse, and numbers of patients, other physicians and nurses whose lives revolve about those of the leading characters. Unlike many other plays devoted to medical topics, the drama of this one is so outstanding that it affords not only an insight into the medical point of view but also an intense and interesting evening.

"At the very opening of the play the chief of staff in the hospital postpones an operation because he feels that the patient has a good chance for recovery if treated medically. In the library of the hospital there is much discussion among the interns and visiting physicians as to the great advances that medicine has made in recent years and the necessity for continuous reading if one wishes to keep abreast of progress. Incidentally, THE JOURNAL occupies a significant place in this library. Gradually the theme of the play develops. The chief of staff, Hochberg, points out to the resident physician, Ferguson, the tremendous demands that medicine makes on the young man who chooses it as a career. He indicates the need for study abroad and for a long apprenticeship if one wishes to reach the medical heights. There is a significant scene in which a child, given an overdose of insulin, develops the shock associated with hyperinsulinism. The resident recognizes the true condition and prevents the administration of additional insulin, giving an injection of dextrose instead, thus

restoring the child to consciousness. There is a glimpse of a physician who made an unfortunate marriage immediately after leaving the hospital and who finds himself, six years later, struggling for a livelihood.

"An extraordinary manifestation is the sustained applause by the audience, which, it is reported, occurs at practically every performance, as a recognition of the point of view of the medical profession relative to state medicine.

"Another remarkably significant scene is a meeting of the board of the hospital in which the medical staff fights off successfully an attempt by the lay board to secure money for the hospital through the manipulation of staff appointments.

"Enough has been said to give the reader an inkling of the significance of this drama for the presentation of medicine in a proper light to the people. It must not be taken for granted that all the scenes show all physicians as demigods; instead, they are shown as human beings, some of them with failings which physicians, along with other people, sometimes reveal. But the play ends on a high note in which Ferguson accepts the call of his career as above family, friends and even his personal desires."

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## LIBRARY

(Continued from page 4)

is in a permanent library. Its value increases with the years. Time enough has elapsed to have seen the ideas and method that superseded such a book become dominant and then fade away; and now men turn to it and declare, "How wise those old fellows were!" It is preserved as an antiquity in the great libraries. In time, its physical decay begins to tell. Then, if its merit justify, it enters the fifth period and is reprinted and thus preserved indefinitely for library use.

The best thing that can be done with a library is to use it. The best place for a medical library is in the midst of medical prac-

tice, where things are being done. That means within easy contact with the practicing physician. The next desideratum is that it be connected with the social side of medicine, where meetings are held and the problems of practice discussed. A medical library must have many contacts with medical needs in order to fulfill its largest possibilities.

There is a deep appreciation of the library in the heart of the medical profession. And there is also a deep esteem of the men who make use of its facilities. In the case of two men of equal qualities, if one is known for his fondness of medical literature and for his habitual use of the medical library, he of the two will enjoy the greater esteem of his profession. And when his profession expresses itself by some preferment, he of the two will receive the greater support. Men, who themselves make little use of books habitually show their appreciation to those who do. There is something inherent in us that makes for approval of those who are fond of these tokens of medical culture.

This is one of the fine qualities of our profession. It is another evidence that the intellectual expansion that comes from familiarity with our literature is not only a cultural asset but possesses what may be called expedient value as well. The doctor who knows and uses his literature gets along best. The medical library, the repository of the wisdom of all time, serves the individual doctor to broaden the understanding of his problems, to raise himself to a vantage point from which more can be seen, and to give him added joys and satisfactions in his profession. If we think in pragmatic terms, it pays to be a bibliophile.

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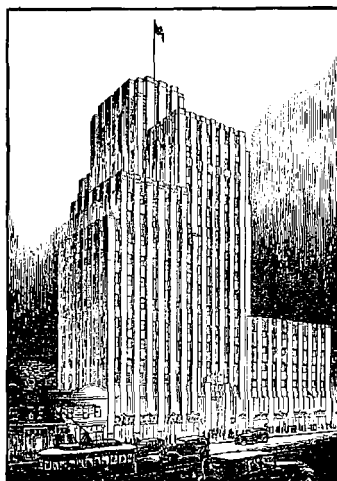
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# ASTHMA IN CHILDREN

Radio Talk, KVI, Feb. 19, 1934

Treacy H. Duerfeldt, M. D.

*(Continued from the March issue)*

The manifestations of hypersensitiveness are grouped together under the term "allergic diseases." They have all the appearances of serious diseases, yet when uncomplicated they differ from infectious diseases in that a short time after the removal of the offending substance the patient is nearly well from what seemed a chronic disease. In children allergy ranks next to infections as a general cause of illness and much infection is secondary to allergic congestion of the membranes lining the nose and respiratory tract.

The body tissues or cells become sensitized to the protein portion of the particular substance whether it is part of the food eaten or of the dust breathed. Some protein is found in every living, growing thing whether plant or animal. Thus protein is present in every food we eat and is also found in most of the air we breathe since this contains dust or minute particles from plants, animals and molds. Not only is it possible for the body to become sensitized to a food protein but many wholesome foods—meats, fruits, vegetables, cereals and others—have been known to disagree with allergic individuals, causing asthma or other manifestations. This hypersensitiveness to foods is known as food allergy. In like manner, asthma and other allergies may be caused by a hypersensitiveness toward many dusts, such as the dusts from animal danders or hairs and furs, feather dusts, house dusts, mold dusts, plant dusts, orris root powder (which is present in many face powders) or plant pollens.

The hypersensitiveness to foods may be developed by the baby before he is born or while he is nursing, since the mother's blood and milk both carry traces of the proteins of the foods she has eaten. Commonly the sensitization is developed later in life to the foods the child eats and to the dusts he is in contact

with. The manifestations of that sensitization may not be clearly seen until after the child's system has suffered some upset, as from a respiratory infection or a contagious disease such as measles or whooping cough, although at times just teething is sufficient.

No two children are exactly alike and with the great number of proteins to which the body may become sensitized, it is to be expected that no two children will develop asthma from exactly the same proteins. The diagnosis is necessarily an individual study. The particular proteins causing trouble must be determined and then the asthma can be controlled by keeping those proteins away from the body. The detection of the offending protein has been made simpler by the protein skin tests which have been developed so well in this country during the past twenty years. The purified extracted protein of the substance is used and the test made by placing a drop of the protein solution on a minute scratch of the skin. A large red area developing within half an hour indicates hypersensitiveness to the substance being tested.

In this way many substances may be tested at one visit without special discomfort to the patient, even to a small child. Such tests, correlated with the history and other studies, point to the proper treatment of the asthma, which, fundamentally, is that of keeping the offending protein away from the body or of desensitizing the body of the contact cannot desensitizing the body if the contact cannot matter of learning how to live and what to avoid. In this way asthma may be controlled in any climate. It must be remembered, however, that only the most painstaking study can be successful in complicated cases.

In general, the earlier a person shows hypersensitiveness, the greater is his likelihood of becoming sensitive to more than one group of proteins and also of developing symptoms of



more than one form of allergy. This is the reason that everyone should know about asthma and should pay attention to their children who have frequent symptoms of sneezing, colds, bronchitis or even nasal irritations. Avoid complications by seeking accurate diagnosis early.

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## MINUTES OF THE MEETING OF THE PIERCE COUNTY MEDICAL SOCIETY

March 27, 1934

This meeting was held in the auditorium in the Medical Arts Building, with Dr. W. W. Pascoe, president, in the chair. Minutes of the previous meeting were read and approved. A report of the last two trustees' meetings was given by the secretary.

A report from Mr. Schlarb was read, in regard to the Northwest Health Guild. It was quite gratifying to note that this racket had decided that Tacoma was not a good place for its operations.

Dr. C. R. McCreery called attention to the Surgical Club's annual meeting, to be held April 7.

Dr. W. W. Pascoe then stated the reason for calling this special meeting, which was to consider the various activities of the society, especially as regards the Business Bureau, Medical Bureau and Foundation. The entire evening was spent in a discussion of these matters. Those who took part in the discussion were Drs. Quevli, Maddison, Janes, W. D. Read, Buis, Engels, Hopkins, Alice Smith, Penney, Murphy, C. R. McCreery, Hunter and Whitacre and Messrs. Campbell and Schlarb, with questions raised by several others. The meeting was closed without any definite action being taken.

## FAMOUS SCULPTICOLOR OF "THE DOCTOR" TO BE EX- HIBITED IN TACOMA

You and your friends are cordially invited to the presentation of the "Century of Progress" Exhibit of "The Doctor" at the Winthrop Hotel, beginning the week of April 8.

Through the efforts of Mr. C. J. Cummings we feel grateful for the opportunity of having this shown in Tacoma and the Pierce County Medical Society is honored in acting as co-sponsor with the Tacoma General Hospital for this inspiring masterpiece.

This is the exact exhibit as shown at the "Century of Progress" Exposition in Chicago and is a new art form known as Sculpticolor; a tri-dimensional combination of sculpture and painting. It is life size increased one-sixth; seventeen feet wide, eleven feet high, and nine feet deep, weighing approximately six thousand pounds. It takes four days to set it up. It was originally modeled in clay, cast in a plaster composition, then painted. The original canvas, painted by Sir Luke Fildes, R. A., in 1891, at the command of Queen Victoria, is owned by the British Government. Tacoma General Hospital owns one of the three now existing original copies of this famous painting. John Paulding, distinguished sculptor, is the creator of Sculpticolor and did the sculpture work on this creation of "The Doctor". Rudolph F. Ingerle, a celebrated artist, painted the sculpture. This Sculpticolor is owned by the Petrolagar Laboratories of Chicago and is valued at \$150,000.

At the World's Fair in Chicago 1,587,568 people viewed this most popular art treasure. At Minneapolis they broke through a brass railing when the crowd became so large as to be unmanageable. After it leaves Tacoma it will be exhibited in San Francisco.

The opening ceremonies will take place at 2 p. m. Sunday, April 8, in the lobby of the Hotel Winthrop and will be broadcast over KVI at that time.

Announcements are being made in the press and over the radio of its coming.

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### TACOMA SURGICAL CLUB

The program of the Tacoma Surgical Club on April 7 promises to be of great interest to all members of the profession.

Dr. A. C. Ivy, professor of physiology of Northwestern University Medical School of Chicago, outstanding for his experimental work on the gastro-intestinal tract, will review his conclusions on the recent advances made from his studies.

The morning program at the Tacoma General Hospital will show surgical applications to the tract by anatomic demonstrations, while the afternoon will be taken up by the scientific papers prepared by the members and will be discussed by Dr. Ivy, who will also speak during this session. The evening address by the guest speaker, following dinner, will be given at the Union Club. The subject is to be "The Applied Physiology of the Alimentary Tract."

### A PLAINT

My rheumatiz, for thee  
I try each remedy

M. D.s suggest.  
I've had my tonsils out,  
Teeth too,—can there be doubt?  
I guzzle juice of kraut  
At their behest.

I try to get the gist  
Of what each specialist  
In turn will tell.  
The chiropractors say  
It is my vertebrae,  
And pound me every day  
Till I rebel.

One doctor says it's pus,  
Another makes a fuss,  
And swears it's not.  
He issues a stern fiat  
To regulate my diet,  
And never, never fry it!  
O, it is hot!

As each new day begins  
I take on vitamins  
A, B, and C.  
I gnaw on Melba toast,  
I give up pie and roast,  
The things I dote on most  
I never see.

Once my wife said to me,  
"At least sun baths are free."  
So, chill and bare,  
I, while the neighbors laughed,  
Got sun-tanned fore and aft;  
I know they think I'm daft.  
What do I care?

Then next some M. D. says,  
"We'll drain his sinuses."  
Now they declare  
There must be some infection,  
So I with deep dejection,  
Submit to much inspection—  
There's nothing there!

They talked so very pat,  
Carving out this and that,  
Things fast and loose,  
Whose names I cannot tell,  
Till I'm a hollow shell,  
And still I hurt! O well,  
What is the use?

—Martha Snell Nicholson.

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Dr. T. W. Hammond

# TACOMA DENTAL ASSISTANTS' SOCIETY

Six members of the Tacoma Dental Assistants' Society made a trip to Seattle on March 7, to join the Seattle Society for dinner at the Mayflower Hotel. This being in the month of St. Patrick, all the table decorations were carried out in green—and how clever they were! The place cards were made of green and white to represent upper dentures and bore not only the name of each guest but a dental term apply to each. The menu was printed in dental terms on a large paper tooth with a green background. After dinner the party adjourned to the Medical Building, where a program was presented. The Tacoma Society put on a political skit. Edith Weinhart, as a candidate for the street cleaning department, spoke in her own behalf, supported by the rest of the group. This proved quite comical and drew a good hand from the audience.

Dr. C. T. Fleetwood gave a talk on the part of the dental assistant in the profession. Some of this he illustrated with slides.

Dr. O. T. Dean gave a most—to us—unusual and interesting talk on "The Cleft Palate." This he illustrated with slides and models of actual cases. He has done some exten-

sive operative work along this line.

On March 22 the society gave a luncheon at Fisher's. Almost seventy friends of the group had lunch together. The doctors turned out too and helped make this a success. We thank all who helped us.

Vivian Sherman, Edith Weinhart and Marjorie Hatfield are taking shorthand and typing at the Racine School of Accountancy two evenings a week. Oh! Boy! Real work this.

Three cheers for the first Blessed Event in our Society—Katie Giers being the proud mother of little Kathleen Evelyn.

On April 5 Dr. Jennie Reed, of the Public School Intelligence Department, will speak on her work with the children just entering school. This will be a very worth-while subject to us and Dr. Reed is a very interesting speaker. Please make an effort to be present.

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## Dextri-Maltose, Carbohydrate of Choice

"As to the kind of extra carbohydrate to be added, whether lactose or maltose, I believe dextrimaltose to be better in general in cases of fat indigestion (infantile atrophy)."—C. H. Dunn: *The Hygienic and Medical Treatment of Children*, Southworth Co., Troy, New York, 1917, V. 1, p. 418.

In discussing the treatment of (decomposition) Feer says: "The period of repair may be shortened by giving suitable additional food; the best, probably, being buttermilk to which carefully regulated proportions of dextrin and maltose preparations or malt soup are added."—E. Feer: *Text-Book of Pediatrics*, J. B. Lippincott Co., Phila., 1922, p. 284.

In the treatment of (infantile atrophy) Fischer recommends the following: "The carbohydrate should be increased by gradual addition of dextrimaltose.

"Malt soup or dextrimaltose (Mead's) should be added in teaspoonful or more doses to each feeding until the point of carbohydrate tolerance is reached."—L. Fischer: *Diseases of Infancy and Childhood*, F. A. Davis Co., Phila., 1925, V. 1, p. 285.

Grulee, discussing treatment of (decomposition), observes: "As a rule it is best to start with 2 to 2½ or 3 ounces of albumin milk to the pound weight in 24 hours; the sugar to be added is in the form of a maltose-dextrin mixture. One should never delay too long in adding this."—C. G. Grulee: *Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 265.

Referring to the (hypotrophic infant), Herrman writes: "In mild cases, the addition of dextrimaltose instead of cane or milk sugar may be sufficient to obtain a gain in weight."—C. Herrman: *The treatment of nutritional disorders in artificially-fed infants*, New York M. J. 114:158-160, August, 1921.

In discussing artificial feeding in (athrepsia), Hess states: "The carbohydrates are usually added in a slowly fermentable form, such as the maltose and dextrin compounds, which are usually started by the addition of four grams per kilogram (1/15 ounce per pound) and increased until eight grams or more per kilogram (¼ ounce per pound) of body weight are added."—J. H. Hess: *Feeding and the Nutritional Disorders in Infancy and Childhood*, F. A. Davis Co., Phila., 1928, p. 278.

Concerning the treatment of (marasmus) Hill says: "When the stools have become smooth and salve-like, carbohydrate, in the form of dextrimaltose, may be gradually added up to the limit of tolerance."—L. W. Hill: *Practical Infant Feeding*, W. B. Saunders Co., Phila., 1922, p. 281.

"A (spasmodic baby) on bottle feeding should receive a limited amount of milk—a pint, or at the most 24 ounces in the 24 hours—to which cereal gruel and some form of sugar is added, preferably one of the malt dextrin preparations; also the early addition of other foods than milk to the baby's

diet."—M. Jampolis: *Infantile spasmodic, Interstate M. J. 25:652, Sept., 1918; abst. Arch. Pediat. 35:691, Nov. 1918.*

With reference to the treatment of (diarrhea) Lust writes: "After several days, 2% to 3% of a maltose-dextrin preparation may be added (Dextri-Maltose). This is preferable to the easily fermentable lactose or cane sugar."—F. Lust: *The Treatment of Children's Diseases*, J. P. Lippincott Co., Phila., 1930, p. 145.

"The treatment of artificially fed children in the first of these groups consists in putting them on a low fat dietary, and giving them carbohydrate in the form of one of the less fermentable sugars—e.g., dextrimaltose."—L. G. Parsons: *Wasting disorders of early infancy*, *Lancet*, 1:687-694, April 5, 1924.

Pearson and Wylie in discussing the treatment of milder cases of (inanition say): "Regulation of this disturbed organismal balance is obtained by the addition of carbohydrates, while fat and casein are reduced. For this purpose dextrimaltose and flour are better than the ordinary sugars, since they are more slowly absorbed and have greater efficacy in their powers of controlling the flora in the large intestine."—W. J. Pearson, and W. G. Wylie: *Recent Advances in Diseases of Children*, P. Blakiston's Son & Co., Phila., 1930, p. 116.

Regarding the treatment of the (marantic infant) Raue states: "After the intolerance to sugar has been overcome a carbohydrate, preferably Dextri-maltose, may be added."—C. S. Raue: *Diseases of Children*, Boericke & Tafel, Phila., 1922, p. 427.

In discussing the treatment of (atrophy) Thursfield and Paterson, state: "If the baby continues to improve, the next step in the treatment is to add to the milk one of the less fermentable carbohydrates, such as dextrimaltose; . . ."—H. Thursfield, and D. Paterson: *Diseases of Children*, William Wood & Co., 1929, p. 105.

"I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in (weight is desired) in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results."—F. L. Wachenheim: *Infant-Feeding; Its Principles and Practice*, Lea & Febiger, Phila., 1915, p. 158.

"Dextri-maltose has been substituted for lactose not infrequently, when the tolerance for the latter continues low."—J. H. West: *Low fat, high starch evaporated milk feeding for the (marasmic baby)*, *Arch. Pediat.* 48:189-193, March, 1931.

"Malt sugar is indicated when others fail to produce a sufficient gain, or when (malassimilation of fat) is evident."—O. H. Wilson: *The role of carbohydrates in infant feeding*, *Southern M. J.* 11:177, March, 1918; *abst. Arch. Pediat.* 35:447, July, 1918.

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## CONCERNING ADVERTISING BY PHYSICIANS

Article VI of the Constitution of the Pierce County Medical Society is as follows:

The code of the American Medical Association shall be the code of this society.

Any paid advertising in the public press by any member or group of members of the Pierce County Medical Society will be considered unethical except:

(a) A physician newly locating in Pierce County may carry notices of such location for one month, said notices to contain only the name, address, telephone number and practice or specialty followed.

(b) Any physician on leaving his practice for an extended absence may run a notice to that effect for three days at the time of leaving and announcement of return for three days when returning to his practice, such notice to contain only the name, date of leaving or return, address, telephone number and practice or specialty followed.

(c) Any physician on changing his office location or telephone number may run notice of such change of address or telephone number for a period not exceeding one month.

THE ABOVE HAS BEEN INTERPRETED BY THE TRUSTEES AND BY VOTE OF THE SOCIETY TO INCLUDE CARDS AND NOTICES ON HOTEL DESKS, BUSINESS BLOTTERS, MAPS OR OTHER DISPLAY NOTICES OF A LIKE NATURE.

## NEWS ITEMS

During the recent visit of the German training ship *Karlsruhe* to Tacoma, the local doctors gave a dinner in compliment to the ship's medical officers, Doctors Krabbe and Busch. During the evening Dr. Krabbe gave an interesting talk on the conditions of the medical profession in Germany. He said that owing to the large number of beneficial and hospital associations, private practice had almost ceased to exist. Almost the whole population was being treated by these various health associations, the owners of which were making a good living while the doctors whom they employed were working for a pittance. The conditions have become so bad that many doctors who formerly had a good practice had been compelled to work at hand labor or sell newspapers in the streets to eke out an existence. The course of medical study is longer than our own and the young doctor must wait many years before he can earn enough to support a family. Dr. Krabbe was hopeful that as soon as unemployment was relieved and the status of the poorest classes was improved, steps would be taken to bring the economic life of the doctor to its proper place.

In the April issue of the Kiwanis Magazine, Dr. Harry Willard has an article entitled, "Tacoma, Washington, Studies Medical Costs." In it he gives an outline of the reasons for and the purpose of the Foundation for Medical Research. It is well worth

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reading and can be found in the Medical Library.

At the regional meeting of the American College of Surgeons, held in Spokane on March 6-8, Dr. H. G. Willard was elected chairman for the State of Washington.

Dr. W. B. McNerthney has returned from a motor trip to Southern California.

A number of the surgical men attended the meeting of the Puget Sound Surgical Society, held in Seattle last month.

Dr. and Mrs. J. L. Rynning have recently had as guests Dr. and Mrs. O. G. Lynde and family, of Peace River, Minnesota. Mrs. Lynde is a niece of Dr. Rynning.

Dr. Mary Perkins, of the Western State Hospital, is spending some time in Southern California.

Mrs. Henrietta Palmer, of the Washington Minor Hospital, is convalescing from a major operation and will be unable to resume her work in the hospital for two months.

Drs. Janes, Maddison, Turner and Penney attended the meeting of the North Pacific Society of Internal Medicine in Seattle on March 17.

Dr. J. B. Robertson is the proud grandfather of little Helene Fischer, the tiny daughter of his son-in-law and daughter, Mr. and Mrs. George Fischer.

Several local men were speakers at the meeting of the Whatcom County Medical

Society in Bellingham on March 5. Dr. J. N. Alley read a paper on "Adult Tuberculosis of Childhood," Dr. J. H. Hendry on "Gadusan in the Treatment of Tuberculosis," Dr. A. W. Howe's subject was "Observations in Otitis Media" and Dr. W. H. Goering spoke on "Bone Tuberculosis."

—:—:—:—

## TACOMA GENERAL HOSPITAL

The most outstanding news of the month as far as the Tacoma General Hospital is concerned is the presentation of the sculpticolor production "The Doctor" at the Winthrop Hotel, April 8-15. The story of the picture is well known—how the only child of one of the faithful servants of Queen Victoria was desperately ill; how the Queen brought her own physician to attend the child; how the doctor stayed with the patient until she was out of danger; and how the Queen commanded the picture to be painted in 1891. This reproduction of the painting is in a three-dimensional combination of sculpture and painting, a new art form. It is valued at \$150,000 and was the most popular art treasure at the "Century of Progress" exposition, over 1,500,000 people visiting it there. A large attendance is anticipated during this showing here, since it will be the only one in Southwestern Washington.

On Tuesday, March 27, the Women's Auxiliary to the Pierce County Medical Society met in the Reception Room of the Nurses' Home. Dr. Terry, Pathologist, presented a most interesting collection of moving pictures



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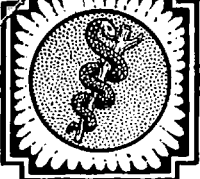
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TACOMA









# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY  
AND THE  
TACOMA DISTRICT DENTAL SOCIETY

Vol. IV

MAY, 1934

No. 5

## PROGRAMS

### PIERCE COUNTY MEDICAL SOCIETY

MEDICAL ARTS BUILDING AUDITORIUM

MAY 8, 8:15 P. M.

High Carbohydrate Diets in the Treatment of Diabetes-----  
Dr. Frank R. Maddison

Relation of the Urologist to the General Practitioner-----  
Dr. Charles F. Engels

Election of officers for 1934-5. See page 12 for list of nominees.

### TACOMA COUNTRY & GOLF CLUB

MAY 22, 6:30 P. M.

*Annual Banquet* Installation of Officers

GOOD DINNER

GOOD ENTERTAINMENT

### TACOMA DISTRICT DENTAL SOCIETY

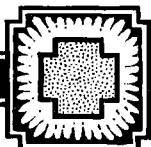
MEDICAL ARTS BUILDING AUDITORIUM

MAY 15, 8:00 P. M.

*Annual election of officers* Reports of all Committees  
*Outline of State Dental Program*

*Auditorium Telephone BRoadway 3166*

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THROUGH SCIENCE

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1934—1935

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 Vice President.....Dr. V. E. Crowe  
 Secretary-Treasurer.....Dr. W. B. Penney

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                   { Dr. C. R. McColl  
                   { Dr. W. H. Goering  
 Advertising.....{ Dr. W. C. Paul  
                       { Dr. C. F. Engels  
                       { Dr. E. C. Yoder

## EDITORIAL

It is good for an individual to give some thought to the preservation of his health. He is advised to give a reasonable amount of consideration to his diet, to practice moderation in all his habits and to heed those warning signs of impairment of health, which his bodily symptoms show. This is a normal, healthy attitude, but when he becomes too introspective, and unduly careful of his person and tries to analyze every little sensation of his body in terms of pathology, there develops hypochondriasis or neurasthenia.

As this is true of the individual, so is it also with the mass mind of the body politic and the medical mind. The past few years have been trying ones for all classes of people, and the doctors have had their good share of burdens to bear, disappointments to meet and problems

to solve. There has been a great reduction in income, which has required a readjustment to meet present conditions and many have real concern in meeting the expenses of maintaining their office and minimum living costs.

Throughout the country all social aspects of life are being subjected to examination and question. Time-honored procedures are being viewed today in the light of a new understanding of human needs. The individual practice of medicine, which is the development of the years of the past, is being investigated by many different agencies, by business, philanthropists, social workers and by members of the profession of medicine. Surveys are being made, statistics gathered, and experiments in group medical practice are being made all with the announced attempt to improve the economic standing of the doctor and to bring the greater amount of good to a larger number of people. Our own society has been called upon to investigate customs and practices of various individuals and groups.

All these have been disturbing to the medical mind. The constant talk about medical economics, which was neglected or ignored in the past, has tended to direct the thoughts of the doctors more and more toward the financial aspect of the practice of medicine, and away from the scientific attitude. Particularly has it affected the younger practitioners. They are becoming fearful of their future. They are inclined to question the present leadership and, not without reason, say if conditions in medical practice are bad today, they were brought about by the older men.

There is danger in too much introspection in medicine itself. The mass medical mind is becoming hypochondriac and the individuals are getting the jitters. They are afraid of the big bad wolf. Cynicism is taking the place of altruism and a hopeful optimism is being replaced by pessimism. There is too much talk about what the other doctor does and not enough examination of one's own self.

There is too much questioning of the motives underlying the actions of others and too

(Continued from page 10)

# THE BUSINESS BUREAU

April 18, 1934.

Dr. W. B. Penney, Secretary,  
Pierce County Medical Society,  
Tacoma, Washington.

Dear Dr. Penney:

The Business Bureau Credit Department in making its monthly report to its members on the first of this month, took occasion to point out a regulation of the Bureau to the effect that members who send accounts to agencies other than the Bureau for collection are not entitled to receive credit information from the Bureau.

A number of inquiries concerning this rule have come to the attention of the Trustees of the Bureau, and it was felt desirable to review the matter. The Trustees found that this ruling was consistent with the statement made under date of February 3, 1933, to all the members of the Bureau at the time the Credit Department was organized.

This statement was as follows: "There is no obligation to send any accounts for collection, but acceptance of the credit service will obligate the member to use the Bureau Collection Service exclusively on accounts which he wishes to assign to agencies for treatment."

The statement in this letter was found by the Trustees to correspond exactly with the statement in the Bulletin which went out on the first of this month as follows: "It is therefore the policy of the Bureau not to issue information to members who intend to assign accounts to other agencies for collection."

In the discussion which took place concerning this matter the fact was brought out that the Bureau receives its information from the doctors in confidence, and is morally obligated to hold it in confidence. Giving this information out to members who might pass it on to others would in effect be violating a confidence.

The Bureau is equipped to handle accounts

of any class with the same degree of effectiveness as any other agency. There are occasions when the Bureau cancels and returns an account to a member when it believes the account to be uncollectible, or when for any reason it believes that the account should not be collected. In such cases the member might wish to have another agency work on the account. These cases will no doubt require individual consideration.

In cases where the Bureau has more than one account against a person, it is the rule to collect on each of the accounts equally. These accounts are reported to other members through the Credit Service. Sometimes these members take advantage of this information and assign the account to another agency who proceeds with collection, thus preventing the Bureau from collecting the accounts of the other doctors.

It will thus be seen that whenever the Bureau sends credit information to a doctor who uses that information through another agency, who acts upon the information through another agency, even without forwarding the information, his action is liable to prejudice the interests of the doctors from whom the information came.

In view of the above facts it was felt by the Trustees that the best interests of the members will be served if the ruling referred to above were upheld, but that it should be interpreted to mean that members shall send all such accounts for collection to the Business Bureau and not to any other agencies, and such of these accounts as cannot be handled for various reasons by the Bureau shall be treated as special cases, and the matter shall be individually taken up with the doctor in the case.

It is hoped that this explanation will reflect the desire of the Bureau to act in the best interests of its members at all times.

Yours truly,

THE PHYSICIANS & DENTISTS  
BUSINESS BUREAU,

JOHN SCHLARB, JR.,  
General Manager.

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Again we earnestly request you not to borrow material from the library outside of library hours without leaving a notation for our circulation records. If we need a certain book or magazine and find it is missing without any record of its whereabouts, we are considerably hampered, especially if it is kept more than the regular two week loaning period.

To illustrate, the following books have been missing for some time and the borrowers have doubtless forgotten to return them:

Tice: Practice of Medicine, Vol. 9

Bickham: Operative Surgery, Vol. 4

Jackson & Coates: The Nose, Throat & Ear

Jones & Lovett: Orthopedic Surgery

Will you not co-operate by asking your office assistant to look for these books and return them to us?

Our thanks are extended to Dr. John F. Steele for his generous gift of magazines, including volumes of American Review of Tuberculosis, American Heart Journal and Journal of Thoracic Surgery.

Through the courtesy of Northwest Medicine we are receiving the Journal of the South Carolina Medical Association.

New and Non-official Remedies for 1934 has just come in.

The Western Clinic has again given to the library files of American Journal of Surgery, Annals of Surgery and Surgery, Gynecology & Obstetrics, which are a valuable addition to our duplicate collection.

We are regularly receiving Science, through the courtesy of Dr. S. F. Herrmann.

Are you interested in any of the following articles? Your library has them:

## Surgery

Total removal of left lung for bronchiectasis, Cameron Haight; Surgery, Gynecology & Obstetrics 58:768, April, 1934.

Restoration of hand function after traumatic injury, J. E. Fuld; Annals of Surgery 99:195, January, 1934.

New methods of suturing traumatic or operative wounds of the gastrointestinal tract, A. Yiatrakos; American Journal of Surgery 23:551, March, 1934.

## Internal Medicine

Clinical evaluation of lead IV, A. A. Goldbloom; American Journal of the Medical Sciences 187:489, April, 1934.

Rational treatment of the anemia patient, W. P. Murphy; Annals of Internal Medicine 7:939, February, 1934.

Symposium on diseases of the peripheral vascular system; Medical Clinics of North America 17:1417, March, 1934.

## Urology

Experimental studies in urinary infections of the bacillary type, H. F. Helmholtz; Journal of Urology 31:173, February, 1934.

Prostatic resections with special reference to poor surgical risk, A. E. Goldstein; American Journal of Surgery 23:452, March, 1934.

Frequency of pyuria in anomalies of the urinary tract in children, J. A. Bigler; American Journal of Diseases of Children 47:780, April, 1934.

## Eye, Ear, Nose and Throat

Chronic retrubulbar neuritis and amblyopias of toxic origin, a new method of treatment, N. N. Ray; British Journal of Ophthalmology 18:170.

Diagnosis and treatment of pharyngo-esophageal diverticulum, H. J. Moersch and E. Starr Judd; Surgery, Gynecology & Obstetrics 58:781, April, 1934.

Some problems encountered in the management of patients with impaired hearing, W. C. Phillips; Medical Clinics of North America 17:1253, March, 1934.

## WOMAN'S AUXILIARY

### to PIERCE COUNTY MEDICAL SOCIETY

The annual meeting of the Pierce County Medical Auxiliary will be held at 10:15 a. m. on May 10 in the Medical Arts Building, at which time the annual reports of officers and chairmen will be presented. Dr. E. R. Coffey will be the speaker. We hope we may have a full attendance.

On May 1, National Child Health Day, a broadcast was presented over KVI at 1:30 p. m. by the Pierce County Medical Auxiliary, Mrs. Edgar Dodds, Chairman. Mrs. Darrell Running sang a group of songs, and a talk was given by Marie B. Carlsen.

The following is an excerpt from an article written by Florence Fisher Parry, published in the Pittsburgh Press, following the viewing of Fildes' picture "The Doctor", exhibited in Sculpticolor and owned by the Petrolagar Laboratories, of Chicago.

Our appreciation is expressed to Mr. C. J. Cummings, of the Tacoma General Hospital, for his efforts in presenting this work of art in Tacoma.

We are of the opinion that the tribute paid to the medical profession voices, consciously or unconsciously, the thought of, we may say, the great universal mass of the people in their appreciation of their doctor.

#### THE HUMAN TOUCH

*By Florence Fisher Parry*

Two strange and moving dramas are going on at one of our department stores, where the great sculptor reproduction of Sir Luke Fildes' masterpiece, "The Doctor", is being exhibited this week.

The one drama lies in the painting itself. It is reproduced life-size, in colored wax, and seems to move with life. The image of the sick child upon the improvised bed is cast over with the familiar hue of approaching death.

The deep watchfulness of the doctor creates a stillness through which you fancy you

can hear the tick of his watch. The prostrate despair of the worn mother, head bent upon the table; the mute helplessness of the young father—and through the humble window the first pearl light of dawn—all this is rendered into such a profound Drama that it creates a hush in the hearts of the spectators such as I have seldom before been witness to before a work of art.

And this provides the other drama. For upon the faces of those who stand before this vast replica of human experience, there is to be seen even more drama than the picture itself contains. Mothers and fathers stand there, silently recreating the past; reliving again the agony of some shared suspense in their own lives.

#### TALK OF CONTROL

There is much talk of State Control of medicine; and legislation dips its partial fingers into the sterile waters of our doctors, seeking to arbitrate over their mission of mercy. I dare say there are certain restricted fields of medicine in whose confines the legislative hand could work productively. But the ineffable value of the Human Touch in medicine, is something that transcends all legislation.

"Hands off, you politicians!" is the deep cry of the true consecrated Doctor. For he alone knows the lofty privileges of his great Coterie, and will fight to the death to preserve them from the slick maneuvers of political tricksters.

What legislation indeed, what politics, what State Control or Organized Social program, can hope to substitute that Human Bond that exists between the Family Doctor and his patient?

There is a rapport and a confidence between him and his patient which has been known to accomplish Miracles, and restore to the breasts of mothers babies about to die, and to the arms of lovers, beloved turned back from Death . . .

For there's something about the very presence of The Family Doctor that casts out fear,

melts apprehensions, breaks down suspense, performs the simple miracle of Faith.

### THE GREAT RECOMPENSE

We know how hard the life is that he's chosen. We know he's abused, imposed upon, worn; that his days are not his own, and his nights snatched and torn, and that his life's wearing him out. And we wonder, where are his rewards? What wan compensation is his?

Oh, I think he is greatly repaid; greatly to be envied. His rewards are kingly prizes! The prize of WELCOME. That's a great reward! To have one's presence a blessing. To know that the mere SIGHT of you brings heart's ease; stirs the wan pulse, brightens the fading eye!

The prize of CONQUEST. All men like that. Winning against odds. To stay a fever; energize a pulse; throw breastworks against the advance of disease. Here, indeed, are Paths of glory that do NOT lead to the grave, but AWAY from it! I cannot think of greater conquest!

The prize of CONFIDENCE. That's a proud possession! Some priests know it; some ministers; and Friends, if they're time-tried. But the Family Doctor is the final confessional-refuge not only for repentant hearts, but sick and craven hearts as well.

The prize of Human Wisdom—that deep knowledge that comes from being continually exposed to the pitiful frailties of mankind. You do not deceive the Family Doctor; you do not attempt to. But Knowing you, he is still compassionate; for he has learned to expect little of greatness in his fellow-man.

### THIS ABOVE ALL

Above all, I think I envy him his prize of Selflessness. He is Free, for he has already given up his life, so has nothing left to fetter him.

I have never known a great man who lived within himself. I have never known a great doctor who placed his own life FIRST. Great spirits chose their Work OUTSIDE the regions of their own selfish interests. If they were less great, they would have chosen a less sacrificial life.

Even the smaller souls EXPAND, take on magnificence almost beyond their native capacity, under the stern exactions of a medical life. I have not known a doctor who was not a better man than he would have been if he had followed another career.

The study and practice of medicine may not always develop a great character; but it is sure to bring improvement to whatever character there is TO develop! There are many men practicing medicine who are in no wise Noble; but they are less IGnoble than they would have been without its incomparable influence.

—:—:—:—

### ST. JOSEPH'S HOSPITAL

The student nurses of St. Joseph's Hospital School of Nursing have just completed the second semester's work and are preparing for their final examinations. The following courses have been completed:

Anatomy and Physiology given by Dr. Scheyer; Medical Nursing given by Dr. J. Egan; Materia Medica given by Dr. H. Clayberg; Pathology given by Dr. Garnett; Orthopedics given by Dr. Allison; Oral Hygiene given by Dr. C. J. Spike; Chemistry given by Mr. A. Boyle; Drugs and Solutions given by Mr. Weinhart; Orthodontia given by Drs. F. Howe and Fisher; Anatomy and Physiology given by Dr. L. McNerthney; Medical Nursing given by Dr. N. Shumsky.

We are deeply grateful to these doctors who have given so unsparingly of their time and efforts and we feel sure that our students have profited by the splendid lectures given them.

Rev. Vincent Carey, of St. Martin's College, Lacey, Washington, gave a three days' retreat to the Senior Nurses. This time of quiet recollection is provided for the students each year just before graduation, for the purpose of giving them an opportunity of thinking seriously of the new phase of their lives which will begin when they enter the professional field as graduate nurses, and of their duties towards their profession.

Miss Wanda Huhn, the record librarian, has resumed her duties after an absence of three months, during which time she took an advanced course in stenographic work. Miss Margaret Dzivak replaced Miss Huhn.

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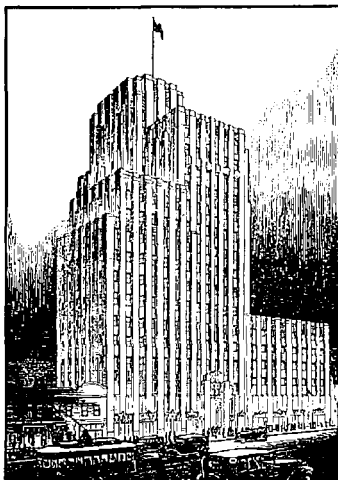
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## MEDICAL ARTS BUILDING

# Washington

## State Medical Association

March 28, 1934.

### Mid-Year News Letter

Dear Doctor:

The annual meeting of our association will be held September 10-12, the week after the public schools open. September is Spokane's nicest season and I hope as many of your members as possible will plan to spend a few days' vacation here at that time.

An elegant program is being planned. We will have fewer out-of-state speakers this year, and plan to use chiefly home talent. Dr. William D. Stroud, Philadelphia, perhaps the leading cardiologist of this country, will be the medical representative from away. He will give two papers and I also plan to initiate round-table discussion luncheons; he will conduct one. I am positive he will give much valuable information for the general practitioner on the very interesting subject of heart disease. Dr. Vern Hunt, of Los Angeles, will be the surgical visitor. He is a very attractive speaker and always presents a good paper.

On the evening of the 10th I plan to put on a public health program. The public health meeting recently given here by the American College of Surgeons was so well received and so many requests by lay people have come in for similar meetings that the profession here enthusiastically endorses holding one at our annual session.

You will be interested to know that the Liability Insurance Committee, headed by Dr. C. H. Thomson, is making excellent progress and it now looks as if we can very successfully carry our own insurance at a marked saving to the members. The officers and trustees feel that before the year is over final plans can be adopted and that that movement will be the most valuable and unifying measure ever instigated by our society.

The State Association finances are improving, for even though times have been hard an unusually large number of the members paid dues promptly. That is gratifying to the officers of the society. Dr. Thomson and I have also made every effort to keep the expenses of the society as low as possible.

You will soon receive a communication regarding the legislative program. At the recent Trustees' meeting in Seattle plans were made for a co-operative effort on the part of the County societies, Medical Service Bureaus, the hospitals and nurses and the Dental societies to persuade substantial and safe candidates to file in the primaries. It would be a wonderful thing if we could get several doctors or hospital officials elected to the House and Senate this fall.

The Committee of Seven recently sent out a questionnaire to all doctors in the state. That Committee has worked hard during the past three years and its members believe that if a substantial majority of the doctors reply to the questionnaire it will be of much value in solving some of our problems. They also think the facts accumulated from such a questionnaire will help greatly in answering unjust and exaggerated claims made by those introducing legislative bills which the medical profession considers detrimental to health matters and to our very existence. I wish you would urge your members to fill in the questionnaire to the best of their ability and send it in as early as possible.

With kindest regards and hoping to see many from your society at the State Meeting, I am

Very cordially,

CARROLL SMITH, M. D.,  
PRESIDENT.



## THE DOCTOR OF TODAY

It is good to meditate and renew our conviction that man is not mastered by the machine he creates; that spiritual and esthetic values still do count for a great deal.

Nothing better typifies this belief than this beautiful Sculpticolor you are about to behold. You will not only see it, you will feel it in all the emotional fabric of your being. You will not view a highly complex and intricate machine that may make you wonder. You will see a very simple and beautiful piece of art that will grip your soul.

The Pierce County Medical Society is deeply honored to pay tribute to this great work of the "Family Doctor" for it symbolizes that cornerstone of all medical ethics, to serve unselfishly in the cause of humanity.

Many years have passed since this symbolic rural family doctor crossed the threshold of the humble cottage, yet we feel that his spirit is still with us, and though he is now clothed in the artificialities of a modern civilization, he still exists underneath this thin coating of veneer, stalwart and honest, and still is the rugged individualist.

You may sleep on the best coil spring mattress and be covered by down quilts of rich design, in a room that is thermostatically controlled for air temperature; you may take your

morning plunge in a beautiful full length bath tub with copious warm water and perfumed soap; your clothes may be of the finest weave and pattern that science can create; you may eat food that is scientifically prepared to give the most satisfaction to your gustatory senses; you may take an airliner from Tacoma in the morning and be in Chicago that night; and your continual round of the day may be in bowing to the will of many machines, but when your body is wracked with pain, or when you feel the ebb of life slipping away, or when a mother goes down into the valley of the shadow to bring forth a new life, do you call on the machine — a man-made thing — to assist you? No! you call on that rugged individual who has understood your emotional as well as your physical self for years.

It is the hope of the organized medical profession that you will continue to strive to keep him that rugged individual and prevent him from being turned into just another type of machine; that he will live on to perpetuate the fundamental human touch and personal relationship that still exists between the doctor and his patient.

*Speech given at the opening ceremony of the Sculpticolor "The Doctor", by Frank R. Maddison, Chairman Public Relations Committee.*

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## EDITORIAL

(Continued from page 2)

much unthinking talk and loose criticism without really knowing the true facts.

It is well to look at facts calmly and without passion. The doctors are not alone in these times of doubt and struggle and readjustment. Every kind of business and profession, of manufacture and distribution, and of labor and finance, has similar vexations, worries and problems.

The practice of medicine has not broken down. It has gone on and fulfilled its duties, fully as well if not better than business or other professions. The doctor has not lost the confidence or trust of the people. He still receives his just measure of respect, and a proportionate share of the common income as recompense for his services. For those services he should ask a reasonable return. The practice of immoderately reducing fees to all classes of people causes them to regard medical attention as of little worth, with a loss of the doctor's prestige.

In times of crisis and depression it is but natural that one looks for remedies to make conditions better. Some, however, prefer to stand pat and do nothing. They say that given sufficient time things will improve and the good old days of yore will return. Those more impatient with their present circumstances will reject this idea and will urge that a change is needed and are willing to try any experiment so long as something is being done.

Opposed to both of these are those who remember that the betterment of the human race has been a gradual evolution rather than a revolution and that reform is a gradual growth instead of a sudden transformation. Consequently they advocate that we hold fast to that which is good in our past and present, in the meantime looking at all sides of the question without prejudice, and "while not the first by whom the new is tried or not the last to cast the old aside" are willing to study and to learn how to adapt themselves to changing conditions.

This latter represents the views of the great mass of medical practitioners today. Let us realize that the men whom we have elected to office are activated by this viewpoint and that their efforts are directed to the common good.

Let us think more clearly and use the same cool reasoning in our mutual relations as we use in our scientific work. Let us remember that our fellow-practitioners are but a part of the human family, endowed with the same amount of good and bad, the same vices and virtues and subject to all the frailties common to mankind. Let us judge each other's actions in this light, have more charity of thought and become less free in criticism. Let us cultivate a little more sense of humor and not take ourselves so seriously.

Finally, let us not be afraid. Medicine is the growth of the ages. It has a glorious past of which we may well be proud. The present is not so bad as it may seem. By our actions today we can help to make the future bright.

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

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Dr. W. R. Taylor, Chairman  
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### Bulletin Editor

Dr. T. W. Hammond

The Pierce County Dental Society will be hosts to the Washington State Dental Association June 14, 15 and 16. Dr. Carl Wilbur, the President this year, has appointed all the committees and they have been on the job. Dr. Archie Brewitt is head of the Program Committee and has enrolled talent throughout the state for this meeting.

Dr. A. A. Conner is handling the sports events and he promises prizes to the boys that excel in golf, fishing and shooting. Dr. A. F. Wilbur is in charge of entertainment and we can expect a lot of fun. Dr. McLaughlin has been in contact with the dental supply men and other exhibitors and expects to put on a real show. Dr. Hedberg is in charge of arrangements and will show the boys how to move chairs, cabinets and anything else that might be necessary. The rest of the committees will function at the time of the big meeting as needed.

We want everyone to have a part in this convention. The various committees will need much help during the program. Above all, let's see that every office in town belonging to an ethical practitioner is closed during these dates—June 14, 15 and 16.

—:—:—:—

We all would like to see the Medical Arts Building occupied from cellar to attic, so we are going to fill her up. We may even have to add on a few stories and put a few props under the cellar.

We believe in bigger and better conventions and everything possible is being planned to make this convention the biggest and the best. With clinicians from far and near coming to give us the latest in all branches of modern dentistry, it is just as good as a postgraduate course and no member of the American Dental Association has any excuse for going to seed.

The janitor's forces have been ordered to clean all the debris, including physicians and such, out of the building for these three days. The elevators are to be geared to double speed, with two operators in each car, one to run the elevator and the other to act as airplane hostess and point out scenic points of interest along the way. So don't say we didn't warn you!

—:—:—:—

## DENTAL ASSISTANTS

The Tacoma Dental Assistants held their regular monthly meeting on May 3 at 7:30 p. m. in the Medical Building. The business on hand at this date was the election of officers and completion of plans for the State Convention. Dr. Frederick M. Howe read a paper entitled "Pre-Medication to Local Anaesthesia in Dentistry."

Katherine Churchill and Marian Olson are working hard on the plans for the different clinics that the assistants are to present at the State Convention, June 14 to 16. Helen Sjolander and Erna Weller are on the committee for entertainment. On Thursday, June 14, the Dental Assistants from all over the state will have a goodfellowship luncheon. Friday, the 15th, Erna is opening her beautiful home on Steilacoom Lake for an afternoon tea.

This is the first time since the organization of our society that we have ever had the opportunity of being hostesses for the State Convention. It is our wish to aid the dentists in every way to make this a successful and outstanding meeting.

After the state meeting comes the National Convention in St. Paul during August. It is the ambition of the Tacoma society to put forth every effort to send our own delegate to this meeting. As the trustee from the ninth district lives right here in Tacoma, why shouldn't we send a member of our society along with her? Well, hold the good thought, everyone, and we'll no doubt win.

Marjorie C. Hatfield,  
Publicity Chairman.

## MINUTES OF MEETING OF PIERCE COUNTY MEDICAL SOCIETY

April 24, 1934

The regular meeting of the Pierce County Medical Society was held in the auditorium in the Medical Arts Building on April 24, 1934, with Dr. W. W. Pascoe, President, in the chair. Minutes of the previous meeting were read and approved.

Dr. Frank R. Maddison gave a case report on lipid nephrosis.

Dr. R. C. Schaeffer read a paper on "The Relationship Between Trauma and Disease; a Compensation Problem," which was discussed by Dr. LaGasa and Bell.

Dr. A. H. Buis spoke on "The Functional Causes of Disease."

Both of these papers were of great educational value and served to call the attention of the doctors to those conditions in which organic disease may be demonstrated.

A communication was read from the State College of Washington, calling attention to the State Public Health Institute, to be held in Pullman on May 4 and 5.

A communication was read from the Snohomish County Medical Society, endorsing Dr. Nathan Thompson for President.

The following nominations for next year's officers were presented to the Nominating Committees:

### TICKET NO. 1

President, Dr. A. H. Buis.  
Vice President, Dr. A. W. Howe.  
Secretary, Dr. W. B. Penney.  
Trustees, Dr. W. W. Mattson, Dr. T. B. Murphy, Dr. D. M. Dayton.  
Delegates, Dr. E. W. Janes, Dr. W. G. Cameron.

### TICKET NO. 2

President, Dr. V. E. Crowe.  
Vice President, Dr. H. J. Hards.  
Secretary, Dr. W. B. Penney.  
Trustees, Dr. J. A. LaGasa, Dr. F. R. Maddison, Dr. A. W. Howe.  
Delegates, Dr. W. D. Read, Dr. W. G. Cameron.

—:—:—:—

## TACOMA SURGICAL CLUB

The registration of visitors to the Annual Scientific Session of the Tacoma Surgical Club was larger this year than at any previous meeting.

Members are receiving letters commending the program and appreciating the opportunity of hearing the excellent addresses given by Dr. A. C. Ivy, of Northwestern, who was guest speaker.

Following the precedent established at the first session of the club, a symposium, arranged in sequence to effectually cover the chosen subject, was again used. The subject for '34 was "The Physiology of the Gastro Intestinal Tract."

It will tax the club members to maintain the standard of work presented this year.



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TACOMA



## NEWS ITEMS

Dr. Charles Engels has left for California, to attend the A. U. A. and California State meetings in Los Angeles.

Drs. H. J. Whitacre and W. B. Penney attended the Central & Southern Willamette Valley and Southern Oregon Medical meetings in Eugene, Oregon, where Dr. Whitacre gave a paper on "Diagnosis in the Right Upper Quadrant of the Abdomen" and Dr. Penney read a paper on "Electrocardiograms."

Dr. J. N. Alley, head of the U. S. Tacoma Hospital, is on a trip through Eastern Oregon, inspecting the various Indian agencies. He and Mrs. Alley are driving, and expect to be gone about two weeks.

The Tacoma Surgical Club's meeting was a great success. There were over 180 registrations, men from British Columbia, Portland and from every sizeable community in the state. There were 132 registered for the banquet. Dr. Ivy as guest speaker was a real inspiration to the meeting.

Dr. Burton Brown, surgeon in charge of the Pierce County Hospital, attended the Western Hospital Conference, held in Sacramento last month.

A special meeting of the Pierce County Medical Society was held on March 18, to hear Drs. Falk and Kingsbury, of New York City, connected with Milbank Foundation, Dr. Falk talking on "Compulsory Health Insurance," and Dr. Kingsbury on "Red Medicine in Russia." These men certainly know their stuff and the meeting held undivided attention until midnight.

The Pierce County Medical Society sponsored a special scientific program on Friday,

April 27, at the Winthrop Hotel, with dinner, at the invitation of the Medosweet Dairies. The program was "Ultraviolet Irradiation of Foods; Irradiated Vitamin D Milk," by W. R. Tedd, of Wisconsin Alumni Research Foundation, and "Can Flat Feet Be Prevented? Can We Improve the Teeth of Our Children?" by Dr. C. Ulysses Moore, Portland, Oregon. The meeting was also attended by members of the Tacoma District Dental Society.

The showing of "The Doctor" at the Winthrop Hotel by the Tacoma General Hospital was a great success, proving the interest held by the public for the profession and the hospital. A total of 37,869 persons viewed the sculpticolor during the week, there being a continual waiting line the last two days.

Dr. and Mrs. Milo T. Harris have returned from a delightful vacation through California, going by boat to San Francisco and then motoring to Palm Springs. While in Palm Springs they visited Dr. Eber Kanaga, who is progressing very nicely. They also visited Boulder Dam and Crater Lake.

We have received announcement of the death of Mr. E. Mead Johnson, President of the Mead Johnson Company. Our sincere sympathy is extended to Mr. Johnson's family and to his associates in the Mead Johnson Company.

Dr. and Mrs. C. S. Pascoe are in Los Angeles, where Dr. Pascoe is attending the meeting of the Western Branch of the American Urological Association.

Dr. and Mrs. S. M. MacLean gave a dinner on April 13, celebrating their birthdays. Bridge was the diversion of the evening.

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Mrs. Gordon Burke, of Vancouver, B. C., wife of Dr. Gordon Burke, formerly of Tacoma, was a guest at the E. F. Dodds home last month.

Dr. and Mrs. A. C. Stewart recently had as guests Dr. and Mrs. W. C. Holland, of Issaquah.

Dr. Charles McCreery has again been elected president of the Tacoma Civic Music Association.

During the recent visit of Dr. and Mrs. J. G. Love, of Rochester, Minnesota, with Mrs. Love's parents, Dr. and Mrs. B. T. Terry, they were entertained with a yachting trip by Dr. and Mrs. W. W. Mattson.

Dr. and Mrs. G. C. Wagner are in Santa Barbara, visiting their daughter and son-in-law.

Then there was the Scotchman who acted as a blood donor. The first time the patient paid him \$25.00; the second time \$15.00; the third time the patient had so much Scotch blood in him that he refused to pay anything.

## DR. ADONIRAM JUDSON PARKER

Dr. Adoniram Judson Parker, aged 80, died at his home in Tacoma on April 16 after a prolonged illness.

A graduate of the University of Michigan, Dr. Parker came to Tacoma in 1888, practicing here until his retirement in 1926.

He is survived by his wife, Clara A. Parker, and two sisters in Michigan.

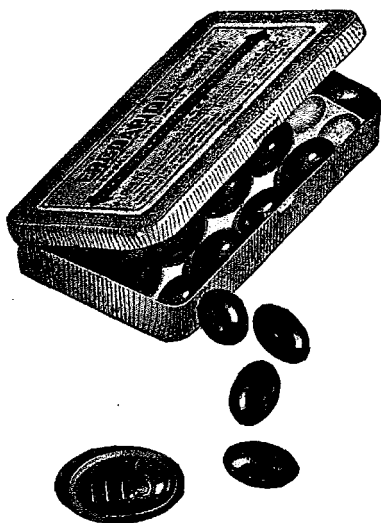
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## TACOMA GENERAL HOSPITAL

The Tacoma General Hospital has installed one of the General Electric X-Ray Corporation's new x-ray protected therapy tubes. This is the first installation of its kind on the Pacific Coast. The old deep therapy (which was the first on the coast) had to be remodelled by replacing the control stand and meters and making use of only the high tension transformer and rectifier.

The new tube is rated at 220,000 volts at 30 millimeters. The construction of the tube is unique in that the center shielded portion is at ground (zero) potential and has five millimeters of lead incorporated in it for x-ray

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protection. This grounded center portion allows the use of metal cones to cover the treatment area without danger of shock to the patient. The high current input into the tube is made possible by an oil cooling system which forces oil at 75 pounds per square inch pressure through the anode, thus carrying off the excess heat which would otherwise melt the anode.

There are two very distinct advantages to the new installation. The first is that of the decreased time of the treatment. With the old apparatus, a full treatment of high voltage took 70 to 80 minutes. With the new tube the time is 19 to 20 minutes. Due to this the patients are not complaining so much of nausea following the treatment. The second advantage is that the odor (ozone and an oxide of nitrogen) which the patients complained of so much about the therapy room, is completely gone. Formerly an occasional patient became so nauseated from this odor before treatment could be started as to require his removal from the room.

Dr. Harris has just finished the installation of a constant reading ionization system whereby the amount of x-ray from the tube can be read off a scale on the instrument board while the treatment is going on. The so-called chamber for this ionization is permanently fixed in the master cone of the tube. A supply of direct current of about 320 volts is fed to alternate plates of the chamber and the small

current which the x-rays cause the air to carry is collected by the remaining plates. This current is run to a sensitive galvanometer behind the instrument board which reflects a light beam which varies directly as the amount of x-ray, onto a scale on the instrument board.

The ionization system is of great service in checking the output of the tube (dose of x-ray); it is of greater service in checking the filters, for should the filter be accidentally left out of the tube, the instrument would immediately detect it and thereby possibly prevent a serious burn.

Dr. Harris would be glad to demonstrate the new apparatus and ionization system to any of the doctors who are interested in seeing the latest type of x-ray equipment.

The Tacoma General Hospital has also installed the latest model Heidbrink anesthetic machine for the administration of gas and ether vapor. This equipment is of value in giving a quicker and nicer anesthetic to surgical patients.

Classes are drawing to a close in the School of Nursing. The following doctors have completed courses: Dr. Charles McCreery, Dr. John Steele, Dr. Nelsen, Dr. David Johnson, Dr. Creswell and Dr. Goering. Thank You.

Graduation is also approaching and we wish to extend an invitation to the doctors and their wives to attend the graduating exercises, May 16, in the First Baptist Church.

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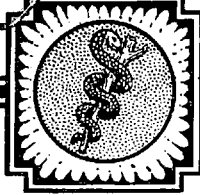
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# BULLETIN

## OF THE PIERCE COUNTY MEDICAL SOCIETY AND THE TACOMA DISTRICT DENTAL SOCIETY

VOL. IV

SEPTEMBER, 1934

No. 6

### P R O G R A M S

#### PIERCE COUNTY MEDICAL SOCIETY

The regular meeting of September 11 will be omitted on account of the Washington State Medical Association meeting.

SEPTEMBER 25

MEDICAL ARTS BUILDING AUDITORIUM

General Considerations of Irradiation Therapy.....

Dr. B. D. Harrington

Case Report .....Dr. B. A. Brown

Report of Program of the Washington State Medical Association Meeting .....

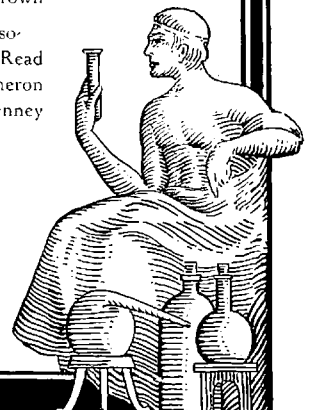
Dr. W. D. Read

Dr. W. G. Cameron

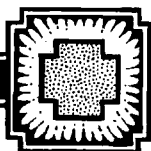
Dr. W. B. Penney

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ING HUMANITY



THROUGH SCIENCE

## Pierce County Medical Society

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1934-1935

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Dr. W. B. Penney	

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Dr. H. J. Whitacre	Dr. C. D. Hunter
Dr. W. B. McCreery	Dr. W. D. Read
Dr. C. R. McCreery	Dr. J. A. LaGasa

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	{ Dr. W. H. Goering
	{ Dr. W. C. Paul
Advertising.....	{ Dr. A. L. Schultz
	{ Dr. C. V. Lundvick

With the advent of fall comes a change of the rather frivolous mood of summer. With renewed strength of mind and body from healthy recreation, one's thoughts turn again to the more serious aspects of life. After a remission of the past three months, The Pierce County Medical Society resumes its schedule of stated bi-monthly meetings. By its efforts in the past this Society has made an enviable record of achievement and the members have been beneficiaries of this solidarity of action. It should be the ambition of all in the coming meetings not only to equal but to excel all past records in scientific study and in work for the best interests of the whole profession. This goal may be attained through a regular full attendance at all meetings, sufficient study and clear thinking upon the problems we must solve, a considerate regard for each other's actions and points of view, and above all, an enthusiastic optimism.

The "Messenger", the official organ of the Public Health League, is again sent throughout the state. Owing to straitened finances, its publication was suspended and some of the League activities were temporarily curtailed. That the League is still functioning and showing renewed activity will be noted with gratitude by all well wishers for medical science and public health. It has ably presented the aims and ideals of the medical profession in the past and has been most influential in the passage of legislation that was beneficial and in defeating that which was inimical.

The legislature meets in a few months. Already there are bills in formation the passage of which would be a body blow to public health. The proponents of these measures are well supplied with funds and are unceasing in their efforts to cripple or destroy the present status of medicine and public health. During the next few months the doctors of the state must know what they want and must agree upon some plan of action. The League stands ready to carry on with that plan. It deserves and should have the financial support of each and every doctor in the state.

## THE BUSINESS BUREAU

The Business Bureau takes pleasure in reporting for the benefit of its members the following excerpts from the annual audit of its books.

"At the time of the audit a year ago, the Bureau had received accounts for collection to the value of \$187,000.00. It was about this time that the credit department was organized and the credit reporting service begun. Under the stimulus of this service, the Bureau now has assigned to it \$345,340.00 in accounts, which is a gain in one year of \$158,000.00, or nearly double the entire previous business.

"The Bureau has collected to the date of this audit a total of \$54,130.00. The Credit Department records now contain individual reports on 74,000 individual family units. It is believed to be the most complete record in the County. It is the only authentic record of legal transactions for the past eighteen months, listed alphabetically by persons, in the County. It is therefore the only practical source of this information.

"Average collections during the past year have been approximately double that of the previous year; and the average assignments per month have been slightly more than double that of the previous year.

"The Credit Department financing, which was estimated to require twelve months, from March, 1933, to March, 1934, was discontinued in October, 1933, at which time no further assistance was needed. No further financing has been required. Doctor's accounts payable have been reduced to less than the total of two months collections, and represent less than three per cent of the total collected.

"The effects of the organization of the Collection Department have not been confined to collections. It has become necessary for other credit organizations in the County to recognize medical obligations in making credit ratings. The Bureau has been requested by these organizations to participate in a reorganization program of credit control.

"The improved financial condition of the Bureau constitutes the justification of the credit policy inaugurated a year ago. The members of this organization are receiving information at practically no cost, which has been recognized by the other organizations, trade and credit bureaus, as of great value, and superior to their own information which costs them many thousands of dollars per year."

The Trustees feel that the remarks of the auditing company as set forth above contain a justification for the policies which have been followed by the Bureau during the past year.

The report is submitted with the conviction that the interest of every member of the Bureau will be best served by the increased use of its facilities.

—:—:—:—:—

Caller: "Is the doctor at home?"

Doctor's little daughter: "No. He's at the hospital, doing an appendectomy."

Caller: "My, that's a big word for a little girl like you! Do you know what it means?"

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With the opening of the fall season, we want to tell you of a few interesting things received during the summer.

Of particular value is Callander's Surgical Anatomy. This is more than an ordinary description of body structure. The author takes up each region and organ in the logical order of the surgeon at work in the operating room, bringing out the interrelationships of each and the conditions common to the region, indications, landmarks and technic, with emphasis on the clinical significance of body structure.

We always look forward with interest to the annual Mayo volume. This year it is made up of 175 papers, divided into sections, and, like its predecessors, is an authoritative record of the year's advances in medicine as applied at the Mayo Clinic.

Many of you have been most generous to us during the summer. Besides those who contribute regularly of their magazines and who have been thanked previously, we acknowledge several files of Journal Lancet from Dr. La-Gasa, volumes of International Journal of Orthodontia, Dental Cosmos and other dental magazines from Dr. D. M. Willard and several years of Medical Clinics of North America from an unknown benefactor, which last have been added to our duplicate files of this much-used periodical.

The August issue of the Nebraska State Medical Journal is of special interest and value, as it contains papers presented at the Omaha-Midwest Clinics in December last. Notable among these papers is one on "The Present Status of Serum Therapy in Pediatrics" by Julius Hess and one entitled "The Effects of Pregnancy and Disease on Each Other" by Hugo Ehrenfest. The Nebraska Journal is sent to us through the courtesy of its editor, Dr. F. A. Long, a brother of Dr. T. H. Long, who was a visitor at the library during the summer.

Many of you will be writing papers for the coming medical society meetings and your attention is again called to the important service which your medical library can render you in this connection. With each year our resources have increased until it is a rare occurrence when we are unable to supply all the material and more than is wanted on a given subject. It is also possible for us to send away for articles which we can not supply here, if we have sufficient notice.

As to the technic of writing a medical paper, we submit the following list of articles:

How to prepare and deliver a paper before a medical society, E. S. Moorhead; Canadian Medical Association Journal 14:1202-1203, December, 1924.

The art and practice of medical writing, G. H. Simmons and Morris Fishbein; Journal of the American Medical Association 84:892-893, March 21, 1925.

The importance to the practicing ophthalmologist of writing medical papers, A. Knapp; Journal of the American Medical Association 86:1759, June 5, 1926.

The writing of medical papers; International Medical Digest 12:307-313, May, 1928.

The literary phase of ophthalmology, W. H. Crisp; American Journal of Ophthalmology 11:798-803, October, 1928.

The writing of medical papers, Morris Fishbein; Proceedings of Staff Meetings of the Mayo Clinic 3:149, May 16, 1928.

The preparation of papers; how to make them interesting as well as instructive, G. L. Richards; Annals of Otolaryngology & Rhinology 39:169-173, March, 1930.

The medical paper, R. P. Parsons; United States Naval Medical Bulletin 7:680-683, July, 1931.

Writing of papers, G. A. Bullard; United States Veterans' Bureau Medical Bulletin 7:680-683, July, 1931.

# WOMAN'S AUXILIARY

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This is the fourth year of the existence of the Woman's Auxiliary to the Pierce County Medical Society. The co-operation of the women with the officers has made it a real and vital organization.

The functions of the Auxiliary are threefold. The first is to promote friendship and sociability among the doctors' wives. This has been done through teas, luncheons and evening entertainments when the doctors have joined us.

The second function is educational. Through the splendid talks given at the meetings we have increased our knowledge of medical, social and public health problems.

The third function is to assist the Pierce County Medical Society whenever the Auxiliary is asked. Thus, it has taken charge of the booth at the Western Washington Fair each year and has put on the radio talks and assisted in entertaining at the State Medical Convention.

An organization can be no greater than its membership. The President and Board of that organization cannot carry it alone. To do the work well there should be a hundred percent paid membership. Each year the Auxiliary has increased in membership until we have 103 paid members for 1933.

The dues for the Auxiliary are one dollar, of which twenty-five cents goes to the State and twenty-five cents to the National organizations. The fiscal year is January 1 to December 31, inclusive, and all dues for 1934 should be paid by December 31, 1934. Because of the holiday season and its rush, we shall try to have all 1934 dues paid by November 30.

However, the Auxiliary wants more than your dues. It wants your attendance and your active participation in its work. When it was started, the questions of day and time of meetings were thoroughly discussed. The second Thursday morning of the month was selected. The Auxiliary has grown in numbers

and many women find that the morning hour is most inconvenient. They have assured the Auxiliary officers that they would attend afternoon meetings. Therefore, your board has decided to have several afternoon meetings, so that these members may attend. Again, the desire for more social affairs has been expressed frequently by the members, so the Board has planned the programs for the year with that fact in mind.

We have in Pierce County several large institutions, the U. S. Veterans' Hospital at American Lake, the U. S. Hospital-Cushman, and the Western State Hospital at Fort Steilacoom. How many of us have visited them? What do we know of their work? Can we intelligently answer the questions of the layman concerning these hospitals? The Board felt that as an auxiliary we might do well to acquaint ourselves with these institutions this year.

This brings up the transportation problem. Those women who can drive and have a car available for the afternoon will be called upon to help in this important work. Any member should feel free to telephone and ask for transportation for our hospital meetings.

The year-book is being sent to each doctor's wife and the Board sincerely hopes that the planned meetings will be so attractive that every woman will want to attend these meetings.

Will you mark the dates on your calendar?

Mrs. D. H. Bell.



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## THE SPECIAL MEETING

A special meeting of the Pierce County Medical Society was held in the Junior Ball Room at the Winthrop Hotel, with dinner at 6:30, on Tuesday, August 28.

About ninety attended, including a number of doctors from Southwest Washington.

Our guest speakers consisted of Dr. Henry F. Vaughn, Commissioner of Health of the City of Detroit and a member of the Board of Directors of the W. K. Kellogg Foundation. His subject was "The Family Physician and Preventive Medicine." Dr. Vaughn's discussion of the Kellogg Foundation plan, which is being used in Detroit and various other cities, doing away with child clinics and having the doctors co-operating, doing the work in their offices for a determined fee at a specific time, was very convincing, as were the lantern slides he used during his talk.

Dr. J. E. Gordon, M. D., Ph. D., Director of Epidemiology, W. K. Kellogg Foundation, Detroit, discussed "The Trends in Control of Communicable Diseases," telling of his observations in European countries regarding Diphtheria, Scarlet Fever, Whooping Cough and Poliomyelitis.

Dr. W. H. Bauer, Associate Editor of Hygeia, Director, Bureau of Health and Public Instruction of the American Medical Association, gave us some very worthwhile ideas in his subject of discussion, "Health Education by County Medical Societies." Dr. Bauer also was the speaker at the Kiwanis Club luncheon on Tuesday.

Dr. Creswell, who was formerly associated with Drs. Vaughn and Gordon, had them as his house guests while here and drove them up to the Mountain.

These men were on their way to attend a Public Health Convention in Los Angeles. Dr. and Mrs. Creswell also left to attend this same convention.

—:—:—:—

Doctor (opening door of waiting room): "Who has been waiting the longest?"

Little man near door: "I have. It's nearly three years since I made that suit for you."

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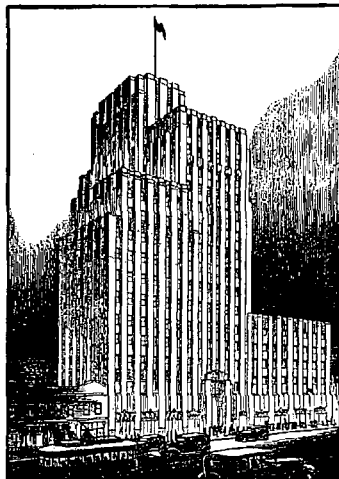
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## TACOMA GENERAL HOSPITAL

Some time in the near future, Benjamin Taylor Terry, M. D., Pathologist at the Tacoma General Hospital, plans to make photographs of specimens. Such photographs are especially valuable for small objects, e. g., showing a congenital heart defect, and for objects which are too large to preserve indefinitely. Lantern slides and stills may be used to advantage to show an unusual specimen before it is cut and to show it at different stages during the gross examination. These lantern slides and stills will make it possible for Dr. Terry to present a specimen to a large group as a whole and give a discussion of it at the same time, so that this process of presentation need not be repeated time and again to individuals. A lantern slide may be made to appear as large as three feet square.

Photographs may be made of gross specimens, stills of patients showing an unusual or interesting condition and "before" and "after" in plastic work.

This plan is designed to conserve space, and to assist in the preparation of papers and discussions. The equipment is the personal property of Dr. Terry, but he has kindly consented to use it in the hospital work in his department.

Bernard Daniel Harrington, M. D., Director of the Radiological Department, was Instructor in the Department of Roentgenology at the University of Michigan. Formerly he was Director of the Department of Radiology at the Methodist Hospital in Indianapolis and Assistant in the Department of Radiology at the University of Indiana. Dr. Harrington fits into this department perfectly and thoroughly meets with the approval of the staff doctors. He devotes his entire time to this hospital.

The 1934-35 staff of internes of the Tacoma General Hospital includes Elmer J. Austin, M. D., University of Oregon, Sanford P. Lehman, M. D., Cincinnati Medical School, Mahlon R. Hoscic, M. D., Rochester School of Medicine, and Beverly Holland, M. D., Uni-

versity of Texas. Lester M. Baskin, M. D., of the 1933-34 staff, has been appointed to the staff of the Pierce County Hospital. John H. Havlina, M. D., is at present Medical Officer in a CCC camp in Idaho. John H. Pribble, M. D., is at the St. Luke's Hospital in Chicago. Gordon Bunney, M. D., is at the Woman's Hospital, in Detroit.

The 115 mgm. of radium which has been owned by the Tacoma Radium Society was purchased by the Tacoma General Hospital in June of this year. In addition, 20 1 mgm. platinum-iridium needles were purchased by the hospital, making a total of 135 mgm. A room for the surface application of radium has been added to the Radiological Department. This radium is available to the other institutions of Tacoma.

In June of this year, Mrs. B. E. Buckmaster was elected President of the Tacoma Orthopedic Birthday Club, to succeed Mrs. Burton A. Brown, who resigned. Mrs. Brown had done a great deal to further the work of this organization, and Mrs. Buckmaster carries on in this same fine spirit.

—:—:—:—:—

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studies *in vitro* showing that the starch of Pablum prepared with cold water is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours.\*



140 X. STAINED



290 X. STAINED

*Large photomicrograph:* Pablum mixed with cold water—portion of large flake. Pablum flakes are honeycombed with "pores" (note light areas A) which allow ready absorption of digestive fluids. *Inset:* Farina cooked  $\frac{1}{2}$  hour—clump of cereal including starch granules. Note density of clump and lack of porosity. Many starch granules, such as are present in raw cereal, remain unchanged in form.

**F**IFTEEN cereals (both cooked and uncooked) studied microscopically were revealed as containing many starch granules, most of them massed into dense clumps. Such unruptured clumps were never observed in hundreds of examinations of Pablum. Each tiny flake is filled with holes, and like a sponge it drinks up liquids. Hence Pablum can be entirely saturated by the digestive secretions. Besides being thoroughly cooked and readily digestible, Pablum supplies essential vitamins and minerals, especially vitamins A, B, E, and G, and calcium, phosphorus, iron and copper. It is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and salt.

\*Ross and Burrill, *Journal of Pediatrics*, May 1934. Reprint sent on request of physicians.

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## NEWS ITEMS

During the summer many doctors enjoyed themselves vacationing in various beauty spots of our great Northwest and other places.

Dr. William Cameron spent two months in Michigan, but his locality was not involved in the torrid zone.

Dr. W. A. Niethammer enjoyed a wonderful yacht trip into the waters of Princess Louise Inlet.

Dr. W. H. Goering spent two weeks at Fort Lewis, on active duty with the 321st Medical Regiment.

Dr. D. H. Bell has just returned from the South Sea Islands, where he and Mrs. Bell had a great time.

Dr. and Mrs. Homer Clay spent a delightful vacation in Yellowstone National Park.

Dr. Weldon Pascoe took a week's cruise up around the San Juan Islands on his yacht. Other members of his party were his son, Dr. Henry Minton and Nelson Morris.

Dr. H. S. Argue attended the American Urological Society meeting in Atlantic City in May. Enroute he stopped at the Mayo's and Henry Ford Hospital. He also visited clinics in New York City and Chicago.

Dr. H. G. Willard took an airplane trip back to see his son, who has finished his Sophomore year in Northwestern University. He also stopped at Grinnell, Iowa, to see his daughter.

Dr. Horace Whitacre and family spent a week on Hood's Canal.

Dr. A. E. Hillis took a week's trip to Montana.

Dr. and Mrs. Guy Griffith and Mr. and Mrs. K. B. Palmer took a two-week cruise up to Princess Louise Inlet on a chartered yacht.

Dr. T. H. Duerfeldt spent two weeks in his old home city of Spokane.

Dr. J. S. Davies and family went on an extensive eastern trip.

Dr. J. B. Robertson is vacationing in Los Angeles.

Dr. F. R. Maddison attended Northwest Medical Association meeting in Salt Lake City in June. He recently went up into British Columbia on a cruiser.

Dr. C. D. Hunter and wife and son David drove to Bryce Canyon, Salt Lake City and Yellowstone National Park. They reported a wonderful two-week trip.

Dr. E. C. Yoder and family drove back to Iowa to visit family and old friends.

Dr. and Mrs. W. B. McNerthney and family took the loop trip. The two doctors and wives were in Portland over Labor Day for golf.

Most of the rest of us spent our vacations mowing and watering our lawns.

Dr. Nawrocki, of the County Hospital, has obtained a position in a C. C. C. camp.

Dr. Philip Kyle has been appointed to the State Medical License Board for Obstetrics and Gynecology in place of Dr. Stewart, who has resigned.

Dr. C. B. Ritchie and family, of Morton, have moved into a new home.

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SEATTLE

Dr. Joseph P. Kane was a Tacoma visitor lately. Dr. Kane is a former member of the Pierce County Medical Society.

Dr. Clifford Whitaker, who was married on June 2 to Miss Marguerite Paetznick, honeymooned at Glacier National Park.

Mr. E. A. Stuart invited the doctors of the Pierce County Medical Society and members of their families to attend a horse show at the Carnation Farms on July 26 and those of us who went over certainly had a treat.

There were over six hundred in attendance from Pierce, King and Snohomish Medical Societies.

A collection of over thirty thoroughbreds, beautiful, skillfully trained horses, most of which have many blue ribbon records in horse shows throughout the country, representing a life-long endeavor of Mr. Stuart, were thrilling to see perform.

After the show, tours were conducted thru the barns, where the greatest milk and butter producing cows in the world were seen. Also the beautiful gardens were inspected and enjoyed.

Dr. Somers Sleep is now first assistant at the Pierce County Hospital, replacing Dr. E. W. Hanson.

In the late afternoon a delicious chicken dinner was served on the spacious lawns, ending a real party, and we greatly appreciate the courtesies and hospitality extended to us.

Dr. C. F. Engels read a paper on "Diphtheroid Infection of the Bladder" before the Western Branch of the American Urological Association in Los Angeles.

Dr. J. N. Alley, of the U. S. Tacoma Hospital, has had an addition built to the Surgical Ward building.

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

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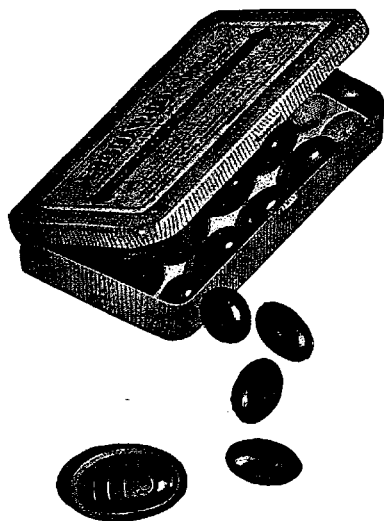
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Dr. Joseph F. Griggs, Jr., is now associated with Dr. Gerald C. Kohl, of Sumner.

Dr. Eugene Hanson has moved his office to the Medical Arts Building.

Several of our good doctors have political aspirations for the office of County Coroner. Too bad we can not elect them all, as they are all good men. Take your pick: Drs. L. A. Hopkins, E. W. Hanson, Allen Locke and T. H. Long.

Dr. W. H. Goering is leaving for the East on Saturday, September 6, for a six-month post-graduate course in Orthopedic Surgery.

Dr. Harry B. Allison will be taking care of Dr. Goering's practice during his absence.

Dr. D. M. Dayton was called to Paw Paw, Michigan, on account of the fatal illness of his father.

—:—:—:—

## STUDY CLUB AND STAFF MEETINGS

- Tacoma Surgical Club.....September 24
- Tacoma Urological Society.....September 18
- Tacoma Internists' Society.....September 18
- Tacoma Anatomical & Pathological Society  
September 20 and October 7
- Puget Sound Academy of Ophthalmology  
& Otolaryngology .....September 18
- Tacoma General Hospital—  
Monthly staff meeting.....October 2
- Morning tumor clinics.....  
September 11, 18 and 25; October 2
- Thursday morning clinics.....  
September 13, 20 and 27; October 4
- St. Joseph's Hospital—  
Monthly clinical meeting.....October 1
- County Hospital—  
Monthly staff meeting.....September 28

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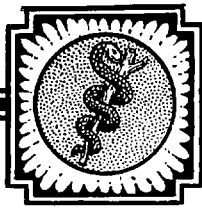
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# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY

VOL. IV

OCTOBER, 1934

No. 7

## P R O G R A M S

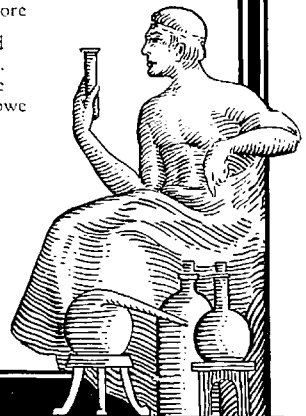
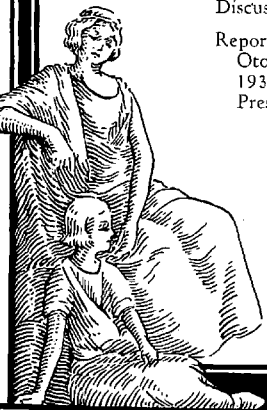
MEDICAL ARTS BUILDING AUDITORIUM

OCTOBER 9, 8:15 P. M.

- Classification and Treatment of Secondary Anemia-----  
 Dr. M. C. Riddle, Portland
- Discussion -----Dr. J. R. Turner
- Case Report—Post-operative Myxedema-----  
 Dr. F. L. Wright, Veterans' Facility, American Lake

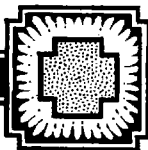
OCTOBER 23

- Syphilis of the Optic Nerve and Visual Pathways-----  
 Dr. Walter C. Cameron
- Discussion -----Dr. W. A. Moore
- Report on the American Academy of Ophthalmology and  
 Otolaryngology Meeting in Chicago, September 9-14,  
 1934, with Special Mention of the Conference on the  
 Present Status of Myopia-----Dr. A. W. Howe



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With every session of the legislature there is a renewed assault upon the medical practice act in the hope that those irregular cults which are not now allowed to practice medicine may be permitted to exert their wiles on an all too gulfible public.

This year is no exception. A most determined and well planned movement was launched early in the year in the effort to bring about a change in our present laws. The primary candidates of both parties have been sent questionnaires on their attitude, and offered support of a supposedly powerful organization should the answers be favorable.

Chief among the agencies to spread plausible misinformation is "The American League of Medical Freedom." Thousands of their leaflets are being distributed, adorned with a picture of Thomas Jefferson and the American flag. The aims and purposes of this league are ostensibly to protect the individual against unjust and oppressive laws related to the subject of health. In reality it is a cleverly worded tirade against the regular scientific practice of medicine, which it terms the "Allopathic" school, as these few excerpts from its pages show:

"Here are some reasons why the American League of Medical Freedom opposes the advance of the American Medical Association, an autocracy that is now striving to control the State and National Government.

"The league is opposed to the granting of a monopoly of the healing art to any one school of medicine.

"WE BELIEVE IN THE PEOPLE'S INALIENABLE AND GOD-GIVEN RIGHT AND PRIVILEGE TO EMPLOY THE PHYSICIAN OF THEIR CHOICE.

"WE BELIEVE THE GOVERNMENT SHOULD GIVE JUST RECOGNITION TO ALL SYSTEMS OF HEALING LICENSED UNDER ITS LAWS.

"WE ARE OPPOSED TO 'COMPULSION IN HEALTH MATTERS.'

"WE BELIEVE THERE SHOULD BE NO CENTRALIZATION OF POWER IN

**THE HANDS OF A BODY OF MEN WHOSE PROFESSION ADMITTEDLY IS LARGELY EXPERIMENTAL.**

"We believe there should be no taxation directly or indirectly for the purpose of raising funds for the distribution by the state or Federal Government of millions of pamphlets, dealing with diseases, theoretical or otherwise, in the interest of medical propaganda.

"WE ARE OPPOSED TO THE ALLOPATHIC DOCTORS CLOSING THE DOORS OF ALL CHARITABLE AND TAX SUPPORTED HOSPITALS TO PHYSICIANS OF OTHER SYSTEMS OF HEALING AS UNJUST, OPPRESSIVE, AND DANGEROUS TO THE SAFETY AND LIFE OF THE PEOPLE."

The leader of this organization is one Dr. John E. Lydon, who operated a school of Sanipractic in this state a few years ago. The courts held this to be a diploma mill and closed the institution. Those holding diplomas from this school were denied the right to practice.

In the last legislature a bill was introduced which would legalize sanipractic and establish a special board of examiners. This bill was defeated.

Today he comes forth with this so-called League of Medical Freedom with the purpose of opening the gates of medical practice to all those who, by lack of proper education and a knowledge of the simplest subjects relating to the human body, are unable to pass the Basic Science examinations.

Doctors generally are so engrossed in their own affairs that they pay very little attention to politics. Under ordinary circumstances this attitude does not matter. Very often the issues have no more bearing on his life than those of any other individual. Today the situation is entirely different. The foes of public health are well financed and are actively at work. The doctor should regard it a public duty to be fully informed of the attitude on health matters of all candidates for public office and give active support to those who favor a high standard of medical

education and a sound policy of protection of the health of the community.

The public regards the doctor as the guardian of the public health. He should work to uphold that trust.

**ANNOUNCEMENT OF CHANGES IN HOUR SCHEDULE FOR PRIVATE NURSING IN HOSPITALS**

In accordance with the recommendation of the Washington State Graduate Nurses Association the Pierce County Nurses Association has passed a ruling that private nursing in hospitals shall be on the eight-hour basis only.

The schedule of fees will be as follows:

**HOSPITAL CASES—**

General Medical and Surgical, 50c an hour, 8 hrs.-----	\$4.00
Charge for one meal daily-----	.50
Obstetrical cases both mother and baby--	4.50
Charge for one meal daily-----	.50
Mental, alcoholic, and drug addiction---	5.50
Charge for one meal daily-----	.50
Multiple nursing—two patients—each, 8 hrs. -----	3.00
Charge for one meal daily—each patient -----	.25
Multiple nursing—three patients—each, 8 hrs. -----	2.50
Charge for one meal daily—each patient -----	.20
Hourly nursing not to exceed FOUR hours; \$1.50 first hour and 50c an hour for each hour thereafter.	
Schedule of relays: 7 a. m. to 3 p. m.— 3 p. m. to 11 p. m.—11 p. m. to 7 a. m.	

If nurse is called within these hours she remains only until next relay. If in excess of 5 hours the regular rate of 50c an hour is charged. If 5 hours or less the hourly rate is charged.

When only one nurse is to be employed by the patient, arrangement of shift of 8 consecutive hours is to be made between the patient, hospital and nurse.

Fees for the eight-hour day in homes will be the same as given above. Fees for twelve and twenty-hour days in homes will remain the same as previous to this date.

# THE BUSINESS BUREAU

## ALPHABETICAL COORDINATION

"The New Deal" has created alphabetical divisions of industry in such profusion that only lawyers from Philadelphia can understand the situation. Changes have come so rapidly that the old methods of classifying and rating individuals have been discarded. It is no longer possible to refer to John Doe as a baker because John Doe may have had six different occupations in as many months. But there is one condition concerning the total population which the New Deal has not changed.

ALMOST ALL THESE PEOPLE OWE MONEY, AND MOST OF THEM OWE MONEY TO DOCTORS. For a while it was thought that little could be done about debts because the bulk of the lower levels of the population were indigent. There was thus a temptation for the individual physician to handle his credit and collections individually. This is no longer the case and in spite of the fact that there are in this county more than 15,000 people receiving Federal help ALMOST ALL OF THEM RECEIVE CASH ASSISTANCE AND ARE ABLE TO MEET A PART OF THEIR OBLIGATIONS. The question no longer is whether these people can pay for their services. The question now is, *whom will they pay?*

It should be noted that credit and collection management is a specialized trade today. Specialization is required in order to maintain credit control over shifting groups. If the Medical and Dental professions are to maintain the place in the economic distribution of incomes to which they are entitled, they must cooperate to secure this end, but cooperation in order to be effective must be skillful. The fundamental issue therefore is **THE EFFECTIVE MEANS FOR THE TWO PROFESSIONS TO DEAL WITH THE CHANGING ECONOMIC SITUATION IS THROUGH THEIR OWN SPECIALISTS, THE BUSINESS BUREAU.**

—:—:—:—:—

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Second Vice President.....	Mrs. C. D. Hunter
Third Vice President.....	Mrs. L. A. Hopkins
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The next meeting of the Auxiliary will be held at the Veterans' Hospital at American Lake at 2:00 p. m. on October 11, with the wives of the hospital staff as hostesses. Dr. George R. Stalter will speak on "Rehabilitation of Veterans" and Mrs. C. H. Doe will sing. Tea will be served following the program.

### EXHIBIT OF PIERCE COUNTY MEDICAL SOCIETY AT WESTERN WASHINGTON FAIR

It was again the privilege of the Auxiliary to the Pierce County Medical Society to supervise the booth at the Fair in Puyallup September 17-23, 1934, upon the request of the Society.

This project is in the nature of an exhibit to interest and instruct the public in regard to health education, and the interest of the public was apparent by the numbers studying the exhibits and the innumerable questions asked with regard to the same.

We wish to express our appreciation to the American Medical Association for 1,000 copies of Hygeia for free distribution. Visitors were eager for these sample copies, among them many teachers and high school students. The Human Factory Chart proved of interest to the layman because of its simplicity. The American Medical Association also furnished an exhibit of posters and an exhibit of "Questions and Answers", which were helpful, judging from additional questions asked.

The Full Size Radiograph compelled attention and was a great asset to the exhibit. We are grateful to the Eastman Company for the loan of this X-Ray picture.

L. Schoenfeld & Sons extended us the courtesy of the use of a divan for the booth, and also cartage to and from the Fair.

The Tuberculosis League of Pierce County furnished leaflets for distribution. To Mr. Schlarb, of the Bureau, we are indebted for most excellent posters.

We wish to express our appreciation to Dr. V. E. Crowe, President of the Medical Society and to Dr. W. B. Penney, Secretary for their valuable advice and assistance, and to the

members of the Auxiliary for faithful attendance in the booth during every day and evening of the Fair. The King County Auxiliary, with their ever-ready spirit of co-operation, accompanied by their efficient President, Mrs. David C. Hall, were hostesses in the booth on King County Day. Auxiliary members of the Valley, Mrs. F. L. Scheyer, chairman, supervised the booth in the evening hours.

The attendance at the Fair was 175,000 people. —M. B. Carlsen.

The first fall meeting of the Auxiliary was held on Thursday morning, September 27, in the auditorium in the Medical Arts Building.

Mrs. E. L. Carlsen opened the meeting with a report of the State Auxiliary meeting in Spokane and an excellent resume of the year's work. After thanking the members for their support during the past year, she turned the meeting over to the new President, Mrs. D. H. Bell.

Mrs. Bell read the names of the new Board and committee members and thanked all for the graciousness of their acceptance of the

new duties. She then gave the floor to Mrs. W. W. Mattson, Program chairman, who presented Dr. W. B. Penney in a talk on the booth maintained by the medical society at the Puyallup Fair. Dr. Penney asked our continued efforts in improving the display from year to year.

Dr. V. E. Crowe then gave a talk on "Current Problems Before the Medical Profession", which provoked very great interest.

After a year of splendid effort and accomplishment in our organization, Mrs. Carlsen has very kindly consented to one more service—that of giving us the following report of the state meeting.

Mrs. S. M. Creswell.

### CONVENTION

The Third Annual Convention of Washington State Auxiliary, held in Spokane September 10-12, 1934, was most successful. The hospitality of the Spokane County Auxiliary was delightful.

The State President, Mrs. L. S. Gilpatrick, presided at the sessions. Headquarters were

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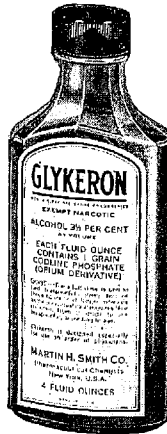
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in the beautiful Davenport Hotel, at which place were held the interesting business sessions. On Tuesday morning, the General Meeting was held, with report of Nominating Committee, Mrs. C. B. Jones, chairman; Committee on Revision of By-Laws, Mrs. Albert P. Duryee, chairman; reports of County Presidents.

Wednesday morning General Meeting: Minutes of previous meeting, Mrs. A. T. Wanamaker, Secretary; Reports of Standing Committees. Informal "Discussion of Auxiliary Work", leader, Mrs. Horace J. Whitacre. At this meeting Mrs. N. L. Thompson, 2607 Everett Avenue, Everett, Wash., was elected State Auxiliary President. We congratulate Washington State Medical Auxiliary upon her election as President. She is known to Auxiliary members because of her sincere interest in Auxiliary work.

Serving with Mrs. Thompson are the following: Junior Past President, Mrs. L. S. Gilpatrick, Spokane; First Vice-President, Mrs. J. L. Norris, Longview; Second Vice-President, Mrs. E. L. Calhoun, Hoquiam; Third Vice-President, Mrs. W. V. Bellaine, Bellingham; Fourth Vice-President, Mrs. R. E. Ahquist, Spokane; Fifth Vice-President, Mrs. Scheiery, Yakima; Treasurer, Mrs. C. B. Jones, Everett; Corresponding Secretary, Mrs. L. J. Farrall, Everett; Recording Secretary, Mrs. L. S. Roach, Kalama; State Organizer, Mrs. H. J. Whitacre, Tacoma; State Public Relations Chairman, Mrs. E. L. Carlsen, Tacoma.

The Convention for 1935 will be held in Everett.

The Social Meetings were very enjoyable. On Monday a dinner and reception were given at the Spokane City Club; on Tuesday

a luncheon at the Spokane Country Club, a garden reception at the home of Dr. and Mrs. John H. O'Shea, and a dinner dance at the Davenport Hotel; on Wednesday the Annual Auxiliary Luncheon at the Davenport Hotel.

Delegates from Pierce County attending the Convention Were: Mrs. H. J. Whitacre, Mrs. Wm. A. Monroe, Mrs. C. C. Leaverton, Mrs. W. G. Cameron, Mrs. A. C. Stewart, and Mrs. E. L. Carlsen.

Mrs. C. C. Leaverton represented Pierce County Auxiliary in the golf tournament and reported a pleasant day at the Manitou Golf Club.

STATE HONOR ROLL REPORT  
BY MRS. L. S. GILPATRICK  
FOR OUTSTANDING WORK  
1933-1934

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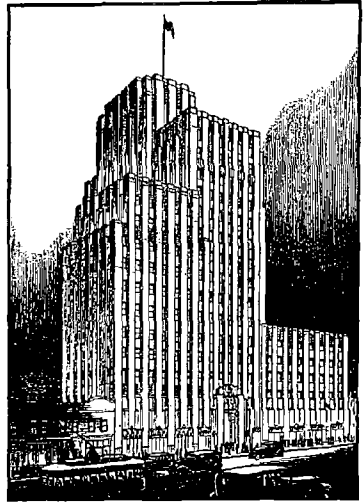
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## MEDICAL ARTS BUILDING

## THE MODERN PHYSICIAN SURVEYS THE ECONOMIC CHANGES

Editor, Public Forum:

Today the age-old and venerable profession is confronted by myriads of problems and changes in economics. Many physicians are now faced with a new trend in economic pressure that has been brought about by the telephone, automobile, radio and the industrial age with complicated machinery. The worldwide depression has so wounded the standard of living of the doctor that it will take many years to heal.

Some of the existing conditions which have undermined the doctor's income at present are as follows: Private business corporations use as their keyword to the doctor, when solicited, that their products are only advertised to the practicing physician. After the commercial products have been popularized through the medical man's prescriptions, the promises of these money-making corporations are forgotten. Subsequently, these companies begin advertising campaigns over the radio, and, by a series of advertisements in all sorts of periodicals, never forget to mention that the medical profession encourages its use. The city physician has developed a poor habit of writing patent medicines because it helps him to save time by not having to calculate the dosage of all the ingredients. Patients, however, rapidly lose confidence in such practices and soon they learn to ask for such medications over the counter of the drug store. Then we have the unscrupulous advertisers over the radio through which channels much incorrect information is given to the public by quacks who either run their own clinics or are highly paid by commercial enterprises.

The physician as a rule volunteers without charge to treat deserving poor patients in dispensaries, but the hospitals, however, do not have adequate social service assistance to investigate those who do not deserve charity. Nevertheless, there is unfairness on the part of a good number of hospitals in not protecting the physician's economic status.

At times the medical profession is exploited by several small private incompetent health insurance companies which work on a basis of profit. The companies of varied sources offer doctors very small annual fees and in return large numbers of families are attended by the overworked and underpaid poor physician who usually does very inferior type of work

because of the tremendous amount of petty responsibilities. Also, there are numerous societies, lodges and endless benevolent and fraternal organizations which work on the very same principles and the helpless doctors fall for such insignificant tactics. There are numerous other causes which limited space does not permit the writer to mention at this time.

There are various groups and cults taking advantage of the doctors' lack of interest in the welfare of the medical profession, and so these strings of cults are constantly exploiting humans in their misery for their financial gain. The medical societies are weak without the individual physician's interest and understanding, as there must be concerted effort on the part of the medical profession to help solve these problems rather than allow those who are out of the profession to dictate what ought to be done.

Since there is an approach to an oversupply of physicians in this country, there should be proposed a moratorium by the American medical schools which will aid in the equalization of distribution of physicians. Dispensaries should be put out of business if they are of a commercial nature; which can be done by having a state law passed prohibiting commercial dispensaries from making a charge to use clinics or medicines. A specialist or general practitioner should never use patent medicines for prescribing. There are too many age-old, useful drugs in the materia medica and pharmacology textbooks; students now at medical schools should be admonished against the evil practice of patent drugs. The druggists and the physicians should have mutual understandings and never infringe upon each others' fields. Cheap contract lodge practice, either on a small or large scale, is a pernicious, destructive economic force and should not be tolerated by medical societies. In short, the art of medicine has been constructed on basic principles of truth for which men in the past century have fought valiantly. We, too, must try and uphold those very fine principles and ethics which help to make our profession stand out characteristically from all the rest.

M. Martin Kafka, M. D.

(Reprinted from New York Medical Week,  
March 3, 1934.)



# DEXTRI-MALTOSE, over 23 years, CARBOHYDRATE OF CHOICE

## 1911

"The limits of assimilation of the different sugars vary and are as follows:

"Grape sugar: In babies, about 5 grams per kilogram (Langstein and Meyer).

"Grape sugar: In one-month baby, 8.6 grams per kilogram (Greenfield).

"Galactose: No accurate data.

"Levulose: (Lower for babies than adults.) One gram per kilogram (Keller).

"Maltose: Over 7.7 grams per kilogram (Reuss).

"Lactose: 3.1-3.6 grams per kilogram (Gross).

"Cane sugar: Probably about the same as lactose (Reuss).—*J. L. Moore, and F. B. Talbot: Physiology and pathology of the digestion of the carbohydrates in infancy, Boston M. & S. J., 164:852-855, June 15, 1911.*

## 1912

"Maltose has for many years been considered one of the most valuable of infant foods in modifying milk formulas; but the German school in the last few years has called special attention to the value of this sugar as a substitute for milk and cane sugars in conditions of intestinal fermentation. It is more easily assimilated and more rapidly absorbed than lactose or saccharose and it may be taken therefore by the infant in larger quantities without producing sugar fermentation."

"Maltose is especially indicated in the feeding of very young and delicate infants, and in all cases where either milk or cane sugar has produced intestinal fermentation and sugar intoxication. In the feeding of maltose it has been found advisable to combine it with about equal parts of dextrin. In Germany, and later in this country, 'Soxhlet's Nahrzucker' (which contains maltose 53.44 per cent., dextrin 41.26 per cent., and sodium chlorid 2 per cent.) has been largely used. Mead's Dextrin-Maltose (malt sugar), which contains about equal parts of dextrin and maltose, is a similar preparation which may be used instead of milk sugar or cane sugar for modifying milk mixtures."—*B. K. Rachford: Diseases of Children, D. Appleton & Co., New York, 1912, p. 185.*

## 1913

"It is well to start with one ounce (albumin milk, or albumin-buttermilk) to every pound of body-weight in the twenty-four hours, increasing gradually until two or three ounces to the pound of body-weight are being given. Then add sugar, preferably a malt sugar, about one-fourth of an ounce at a time to the twenty-four-hour quantity, until an ounce or an ounce and a half is being given."—*J. Foote: Principles of treatment in malnutrition and atrophy of infants, Interstate M. J., 20:1913, No. 6.*

## 1914

"Milk sugar and cane sugar may be used in infant feeding, but my preference is for malt sugar. Mead and Johnson put up a convenient preparation which they call Dextrin-Maltose and which consists of maltose 51 per cent., dextrin 47 per cent., sodium chloride 2 per cent., and which has a food value of about 110 calories per ounce."—*J. A. Cannon: Whole milk dilutions in feeding normal infants, Washington Med. Annals, 13:38-48, Jan., 1914.*

## 1914

"Dextrin-maltose causes the greatest gain in weight, cane sugar less, and lactose produces the least gain."—*M. S. Reuben: Observations on milk station infants, Arch. Pediat., 31:176-196, March, 1914.*

## 1914

"A composite opinion of the sugars is in favor of dextrin-maltose, milk sugar and cane sugar in the order named."—*R. A. Strong, Essentials of modern artificial feeding of infants, Lancet-Clinic, March 14, 1914.*

## 1914

"Experiments show that sugars vary in their rate of absorption, some being assimilated rapidly, while others

distribute their nutriment over a longer period. For example, maltose is most promptly assimilated, cane sugar next and milk sugar slowest."

"The condition in which dextrin-maltose is particularly indicated is in acute attacks of vomiting, diarrhea and fever. It seems that recovery is more rapid and recurrence less likely to take place if dextrin-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid."

"In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element, giving cane sugar a place of value, and dextrin-maltose a decidedly prominent place, particularly in acute and difficult cases."—*W. D. Hoskins: Present tendencies in infant feeding, Indianapolis M. J., July, 1914.*

## 1915

"In the severe cases (of diarrhea) he (Benson) uses Finkelstein's casein milk with malt sugar. He also believes that dextrin-maltose is to be preferred to milk sugar or any other sugar, as the infants gain more rapidly and digest more easily this form of sugar."—*R. A. Benson: Observations on 1,600 artificially-fed infants, Med. Century, Feb., 1915, p. 33; abst. Arch. Pediat., 32:566-567, July, 1915.*

## 1915

"Until very recently we have taken it for granted that milk sugar was the best, but now many consider that malt sugar is even better. However, the malt sugar is not used in its pure state, but in the form of extracts, as dextrin-maltose."—*E. B. Lowry: Your Baby, Forbes & Co., Chicago, 1915, p. 162.*

## 1915

"Cane-sugar (saccharose), like most of the other disaccharides, is not absorbed as such, but must first be split by the invertase of the intestinal secretion into the two glucoses, dextrose and levulose, which are readily absorbable. Maltose (malt-sugar) occupies an exceptional position among the disaccharides, in being partly absorbable as such. This is probably due to the fact that it can be split not only by the maltase of the digestive juices, but also by the same ferment being present and active in the circulating blood (Chittenden and Mendel)."

"Anticipating a little, we may mention that all cases, in which lactose may advantageously be replaced by other carbohydrates, are pathological, and without exception the result of unsuccessful attempts at artificial feeding; they will therefore be discussed under that head."

"Dextrin, intermediate between sugar and starch, is physiologically nearer to the former; we shall have occasion to see that, under certain conditions, it may supplement sugar very advantageously. Given together with maltose, it materially delays the fermentation of the latter; Stolte observes that the more complex carbohydrate the longer fermentation is postponed."

"All malted foods contain dextrin, and there is reason to believe that their value largely depends on their being somewhat complicated; such, at least, is the opinion of Usuki and Stolte, who believe that a mixture of carbohydrates is more slowly absorbed than a pure sugar, and therefore tends to check fermentation in the intestine. Southworth explains the matter more definitely, by attributing the antifermentative action entirely to the dextrin, which is not fermentable as such, but only after it has been split into maltose, a process that takes place only gradually, and in the later stages of digestion."

"I make it a rule to give the ordinary formula with dextrin-maltose whenever the usual milk or cane-sugar mixtures seem to cause excessive fermentation and colic, or are attended with the evacuation of soap stools. I decidedly prefer this, as a preliminary measure, to going over at once to some very low fat combination, which can only be a temporary makeshift at best. I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in weight is desired; in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results."—*F. L. Wachenheim: Infant-Feeding; Its Principles and Practice, Lea & Febiger, Phila., 1915, pp. 31, 33, 146, 168.*

Continued down to 1934

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"Old George" no longer occupies room 122 at the hospital, no longer makes his way up and down the corridors, greeting doctors and nurses in his customary way. It was indeed a sorrow to hear of his passing, and yet the sorrow was mingled with gladness in that George would no longer have to suffer. He would have been 77 years of age December 7 and had lived a busy life of service. To quote from the foreword written by Mr. Cummings for the annual published by the 1934 Graduating Class:

"To George Smith, our first graduate, well loved and oldest of our employecs, we pay the tribute of our sincerest appreciation for a lifetime of unselfish service.

"He is proud of the distinction of holding Number 1 diploma from our training school (the first and only man to receive such a diploma) and after nearly half a century in his chosen field 'Old George', as he is lovingly known to us all, still takes an eager interest in every activity of the hospital which he has watched and served through all the phases of its history for forty-eight years."

Mr. C. J. Cummings, Superintendent of Tacoma General, left September 17 for Philadelphia to attend the Convention of the American Hospital Association September 24-28. News has just arrived that he was elected first vice-president of the Association at the annual meeting. Prior to this Convention, Mr. Cummings attended the sessions of the

American College of Hospital Administrators, in which organization he holds a charter fellowship. Membership in this group is limited to hospital administrators of experience and ability and is similar in its field to the American College of Surgeons.

This year it is the plan to present a series of Clinical Pathological Conferences at the staff meetings to be held as usual the first Tuesday of the month at 8 p. m. At these Conferences, one or more interesting cases will be discussed from the clinical side by the attending physician. Dr. Terry will then give the pathological aspects, showing specimens and projecting slides. Dr. C. S. Pascoe is in charge of these programs, aided by Dr. Terry. The first Clinical-Pathological Conference will be held on October 2 at 8 p. m.

The Thursday morning clinics began on September 28 and will meet each week during the winter. Dr. Penney is in charge of the program this year, and asks that doctors having interesting cases to present will please get in touch with him.

The first meeting of the Tumor Clinic was held on September 18 at 9:30 a. m., and the plan is to continue every Tuesday morning until June 1. We are interested in having all cases with tumors presented at the Clinic, whether they are questions of diagnosis, questions of treatment or are patient already treated who may be shown for observation as to result. Dr. Harrington, who is in charge of the program for the Tumor Clinic, is anxious

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to have doctors who wish to present cases send in a brief resume regarding the case before Friday preceding the Clinic. Biopsies will be made where indicated and requested, and the microscopic sections will be projected and explained at subsequent meetings. This Clinic will give an opportunity to see many more patients and types of tumors than the physician will ordinarily see in his own practice.

Dr. and Mrs. W. W. Mattson entertained the Internes and Resident Faculty of the Hospital at a yacht party and clam bake on Sunday, September 16, at Quartermaster Harbor, Vashon Island.

Thirty new students entered the School of Nursing on September 4, to begin their preliminary work before becoming full fledged students. Classes have been resumed for the older students and the winter's work well begun.

—:—:—:—

### TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet on October 16 at 6 p. m. at the Walker Apart-

ments. A paper on "The Anatomy and Physiology of the Thyroid" will be given by Dr. L. A. Hopkins; Dr. S. E. Light will review recent literature on skin diseases; Dr. W. B. Penney will speak on "Diseases of the Liver."

S. M. Creswell, Secy.

—:—:—:—

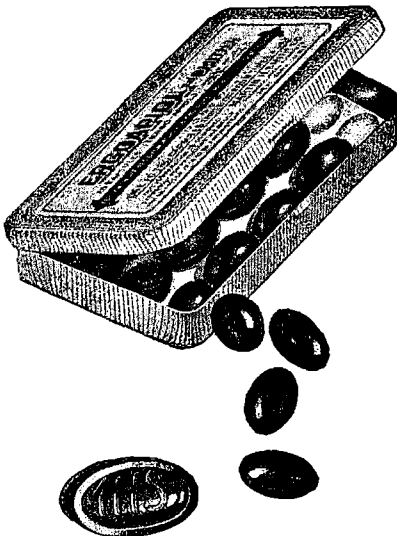
The congregation having departed, a shabby, little elderly woman approached the preacher.

"That was a lovely prayer you made, pastor," she said in a quavering voice, "but next Sunday I wish you would pray for my floating kidney."

The preacher stood aghast. "Pray for your floating kidney? I never heard of such a thing!"

A shade of disappointment spread over the elderly lady's face. "I thought that if you could pray for loose livers, you could pray for floating kidneys, too."—The Congregationalist.

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## NEWS ITEMS

Dr. S. M. Creswell, city doctor, attended a four-day session of the American Public Health Association, both National and Western Branches, held in Pasadena the early part of September. Dr. Creswell was made a member of the Committee on Resolutions for both organizations.

Dr. F. L. Scheyer and family are at home after a motor trip to Minneapolis, returning by way of the Black Hills, Big Horn Mountains and Yellowstone Park.

The following members of the Pierce County Medical Society attended the recent state meeting in Spokane: Drs. Penney, Hunter, Willard, Monroe, Blair, Gullikson, Wright, Cameron, Hillis, Read, Schaeffer, Janes, Whitacre, Robertson, Carlsen, Engels, Crowe and Leaverton.

Dr. J. A. LaGasa spent a week at Mayo's

recently. He reports more work being done there now than on his visit two years ago, which is probably due to the Mid-western farmers having more cash this year.

Dr. Will Mayo spent three days in Tacoma this month, visiting old friends. He had luncheon with the Business Bureau Board and after investigating its organization and workings expressed his high commendation.

Dr. and Mrs. Philip Kyle announce the birth of a son, Paul Ritchie Kyle, on September 19. He is welcomed by a sister, Allison.

The fall medical meetings and clinics are getting off to a good start, good attendance and interest.

Dr. and Mrs. J. H. Egan have returned from a delightful week spent in motoring in Oregon.

Since their Spokane trip Drs. Engel and Comeron have improved their billiard game.

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We are glad the "Professor" had this advanced course, as he will now be able to better teach his pupils.

Miss Carol Penney, daughter of Dr. and Mrs. W. B. Penney, returned on September 10 from three months in Europe, during which she visited England, Scotland, France, Belgium, Germany, Norway and Sweden. Miss Penney will again be a student at the University of Washington this winter.

Dr. and Mrs. A. W. Howe are at home again after a trip to Chicago, where Dr. Howe attended the meeting of the American Academy of Ophthalmology and Otolaryngology.

—:—:—:—

### ODE TO A PANACEA

*Apologies to JAMES RUSSELL LOWELL*

Woman, walk up at once, it soon will be too late,  
 And purchase this package, which I will here state  
 Transcends all others the ladies to please,  
 As attested by world-famous doctors, who seize  
 This chance to improve their own fortunes;  
 the while  
 Their employer's wild claims the ladies beguile.

What dame does not crave that beautiful skin,  
 Those come-hither eyes which never grow dim,  
 That lustreful hair, figure lissom and sveltd,  
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 The tout ensemble which is quite disarming?

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*Apropos of  
 "Phaker Phleischmann" and his phony yeast.*

### CONCERNING ADVERTISING BY PHYSICIANS

Article VI of the Constitution of the Pierce County Medical Society is as follows:

The code of the American Medical Association shall be the code of this society.

Any paid advertising in the public press by any member or group of members of the Pierce County Medical Society will be considered unethical except:

(a) A physician newly locating in Pierce County may carry notices of such location for one month, said notices to contain only the name, address, telephone number and practice or specialty followed.

(b) Any physician on leaving his practice for an extended absence may run a notice to that effect for three days at the time of leaving and announcement of return for three days when returning to his practice, such notice to contain only the name, date of leaving or return, address, telephone number and practice or specialty followed.

(c) Any physician on changing his office location or telephone number may run notice of such change of address or telephone number for a period not exceeding one month.

THE ABOVE HAS BEEN INTERPRETED BY THE TRUSTEES AND BY VOTE OF THE SOCIETY TO INCLUDE CARDS AND NOTICES ON HOTEL DESKS, BUSINESS BLOTTERS, MAPS OR OTHER DISPLAY NOTICES OF A LIKE NATURE.

—:—:—:—

### SENSIBLE

Patient: "Doctor, I'm bothered with a queer pain. When I bend forward, stretch out my arms and make a semi-circular movement with them, a sharp sting comes in my left shoulder."

Doctor: "But why makes such motions?"

Patient: "Well, if you know any other way for a man to get on his overcoat, I wish you'd let me know."—*Cleveland Plain-Dealer.*

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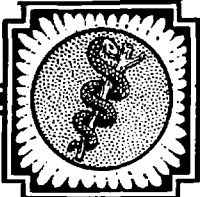
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# BULLETIN

OF THE

# PIERCE COUNTY MEDICAL SOCIETY

VOL. IV

NOVEMBER, 1934

No. 78

## PROGRAMS

MEDICAL ARTS BUILDING AUDITORIUM

NOVEMBER 13, 8:15 P. M.

The Tannic Acid-Silver Nitrate Treatment of Burns;  
Method of Minimizing Shock and Toxemia and Short-  
ening Convalescence -----Dr. A. G. Bettman, Portland

Discussion -----Dr. R. C. Schaeffer

Case Report—Acute Leukemia-----Dr. T. H. Duerfeldt

Demonstration of Smallpox Vaccination...Dr. S. M. Creswell

NOVEMBER 27

The Orthopedic Treatment of Infantile Paralysis.....

Dr. Harry Allison

Discussion -----Dr. E. F. Dodds

Case Report—Tuberculosis of Thyroid Gland.....

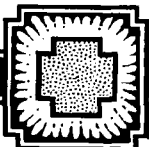
Dr. W. B. Penney

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THROUGH SCIENCE

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Dr. W. B. Penney	

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In a recent address Dr. Lewis J. Moorman calls to attention that medical science is not given the credit in the development of civilization that it deserves.

"With few exceptions, the world's historians have failed to realize that 'the history of medicine, in a sense, is the history of civilization.' H. G. Wells, though not a scientist, writes as follows:

"When the intellectual history of this time comes to be written, nothing, I think, will stand out more strikingly than the empty gulf in quality between the superb and richly fruitful scientific investigations that are going on and the general thought of other educated sections of this community. I do not mean that scientific men are, as a whole, a class of supermen, dealing and thinking about everything in a way altogether better than the common run of humanity, but in their field they think and work with an intensity and integrity, a breadth, a boldness, patience, thoroughness, fruitfulness, excepting only a few artists, which puts their work out of all comparison with any other human activity. In these particular directions the human mind has achieved a new and higher quality of attitude and gesture, a veracity, a self-detachment and self-abrogating vigor of criticism that tends to spread out and must ultimately spread to every other human affair."

"Pasteur, a true scientist, wrote:

"In our century, science is the soul of the prosperity of nations and the living source of all progress. Undoubtedly the tiring discussions of politics seem to be our guide—empty appearances! What really leads us forward is a few scientific discoveries and their application."

"Voltaire, the friend of scientific medicine and the avowed enemy of charlatans, says:

"Men who are occupied in the restoration of health to other men by the joint exertion of skill and humanity, are above all the great of the earth. They even partake of divinity, since to preserve and renew is almost as noble as to create."

"While we are busily engaged in the quiet, relentless, absorbing pursuit of truth, or in the 'joint exertion of skill and humanity' in its application, we should find a historian who will give the annals of medicine their rightful place in the general history of the world. The people at large must be made to realize that medicine, through innumerable channels leading to prevention and cure, has saved more lives than have been lost through war, through natural and industrial catastrophe, and the ravages of disease; that medicine has succeeded in reclaiming the waste places of the earth where money, man power, and machinery have utterly failed; that the building and occupancy of great cities would be impossible if it were not for sanitary engineering; that the world's significant social and moral reforms would have been improbable without the contributions of medical science; that the progress of industry is to a great extent dependent upon the efficacy of public health and sanitation; and that in the ultimate, the sum total of human happiness is largely dependent upon the progress of medical science.

"In the rapid progress of this mechanistic age, few people realize how adequately medicine has met the exacting demands. If medical and sanitary science had not outstripped progress in other lines of endeavor, we should have been wiped from the face of the earth through improved transportation with the sudden intermingling of all nations of the world with their varied diseases and their racial susceptibilities.

"If our professional interests seem to be seriously threatened for the moment, may this not be largely due to our cherished altruistic traditions, our superficial methods of education, and the present public absorbing interest in the general theme? Obviously a little learning is a dangerous thing. If we hope to retain public approval, and at the same time preserve our coveted independence, our necessary initiative, we must teach the public the history of medicine and the heroic and sacrificial pursuit of pure science, conscientious application of its revealed truths.

"Once the progress of medical science and its application to the needs of humanity are adequately appreciated, the best philosophers of our own day may be led to exclaim with Socrates, the father of them all: 'We owe a cock to Æsculapius.'"

We must let them know that every one, whether or not he is in sympathy with modern scientific medicine, owes a great measure of the daily comforts and the happiness he enjoys to the protective arm that this science has thrown around him. They should be made to realize that these things did not just happen, but were given to humanity through the labor of scientific research. That with the protection of the water supply, the proper disposal of garbage and sewage, the purity of food, the hygienic habits of living, and the control and prevention of epidemics they are not only afforded a security in which they may follow their daily pursuits, but are saved thereby untold amounts of wealth. The amount spent by the public each year for medical care is infinitesimal compared to this saving.

With a realization of the direct and indirect benefits every individual receives from medical science and a proper appreciation of its contribution to the general economic welfare should evolve a proper evaluation of the work of the medical profession and a more adequate support in safeguarding and maintaining all our present laws and regulations for the benefit of the public health.

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# THE BUSINESS BUREAU

## ECONOMIC PROBLEMS OF THE FUTURE

It is common knowledge that the forthcoming legislature may be requested to enact certain health insurance legislation. This legislation affects the future practice of medicine. Neither the medical profession of this state nor the legislators themselves have an adequate basis for judging the proposals which may be made.

Concurrently with the deliberations of the Washington legislature in January, legislative bodies in other states will be deliberating on the same issues. In some of these states, organized social agencies will exert tremendous pressure to secure the passage of health insurance legislation. Needless to say, an aroused public sentiment is certain to result from these transactions.

It is vitally necessary in order to meet the issue, that an adequate body of facts shall be placed in the possession of the medical profession, enabling the members of the profession to express themselves intelligently and effectively.

The Business Bureau in collaboration with the Foundation for Social Research in Medical Care is at present engaged in an effort to compile the necessary information.

This undertaking is a very large one and has required many months of labor. It is being accomplished for the sake of the medical and dental professions with the belief that they will receive and use scientifically the facts so gathered. Complete success in this venture can only be achieved through the co-operation of the whole professional body.

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Members at the United States Hospital at American Lake were hostesses to seventy-nine guests at the October meeting of the auxiliary Thursday, the eleventh. The group met in the nurses' home where our president, Mrs. D. H. Bell, presided over the business session. She announced with regret the resignation of Mrs. Burton Brown as president-elect and presented the name of Mrs. W. W. Pascoe as the board's recommendation to fill the vacancy. This recommendation was unanimously accepted. Each vice president was advanced one office and Mrs. A. C. Stewart was appointed fourth vice president.

Dr. George Stalter, official head of the hospital, was then introduced as the speaker. He outlined the program of rehabilitation used at American Lake, and contrasted the handling of mental cases with the treatment of ordinary physical illnesses. The former are especially slow in progress and require much longer treatment and hospitalization. Statistics were read showing that sixty percent of the hospital beds in this country are occupied by patients with mental disorders, and that half our population is treated at some time in their lives for nervous or mental afflictions. While these and other statistics seem to indicate that mental disease is on the increase, improved methods of treatment are producing more encouraging results. This is accompanied by a more widespread recognition of the need for medical care and hospitalization for mental disorders.

Dr. Stalter closed his talk with an invitation to visit the grounds and buildings. The opportunity was gladly accepted by many of

the women who, following the tea service, were conducted on a most interesting tour.

Completing the program Mrs. Charles Doe gave two delightful vocal selections.

For the social hour, Mrs. Bell and Mrs. Ireland of the hospital presided at the tea table, beautiful with chrysanthemums and burning tapers.

All members attending this meeting were delighted with the hospitality extended and with the opportunity to become better acquainted with an establishment so full of medical interest.

### MEMBERSHIP TEA NOV. 8

Mrs. D. H. Bell has offered her home, well known for its hospitality, for the annual membership tea to be held November 8, two-thirty to five-thirty. Since all dues must be in by November 30, it will greatly assist the officers if you will bring your dues to this meeting, or send them to Mrs. Bell or Mrs. Herrmann this month.

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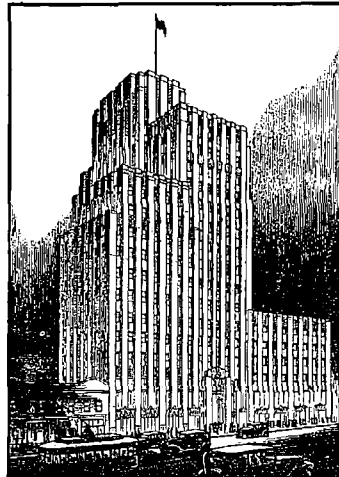
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 He suggests something like this:  
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 TAKE ANYTHING OUTSIDE OF  
 LIBRARY HOURS WITHOUT LEAVING  
 A LIST OF IT.

In this connection, won't you look among  
 your own books and see if you haven't for-  
 gotten to return one or more of the books and  
 magazines which have been borrowed from  
 the medical library without such a list being  
 left? Several of the books which are most  
 needed are A. W. O. L. and your co-operation  
 in returning these is asked.

—:—:—:—:

We have had many generous gifts recently.  
 Among the donors were Drs. Gullikson, Whit-  
 acre, Schaeffer, Penney, Bell, MacLean, Mad-  
 dison, Mattson, Herrmann, Magill, Engels,  
 Jones, Dodds, Turner and Janes. Dr. W. R.  
 Taylor has given us several large packages of  
 Dental Cosmos and Journal of the American  
 Dental Association to fill gaps in our older  
 files of these journals and his generosity is  
 greatly appreciated. An unknown benefactor  
 brought in a large number of Surgical Clinics  
 of North America, which will be added to our  
 duplicate file.

—:—:—:—:

The October issue of the American Journal  
 of Surgery contains a symposium of twenty-  
 nine articles on forensic medicine. All fields  
 of the subject are covered and it is difficult  
 to cite the most interesting articles, but one  
 might mention the following: "Trauma and  
 the aged patient" by Moorhead; "Head in-  
 juries" by Swift, of Seattle, and "The Rela-  
 tionship of organic disease to injury" by St.  
 George.

Since a doctor is frequently called upon to  
 testify in court it might be well to list some  
 of the late material on the subject which is  
 available in this library:

Williams: The Doctor in Court.  
 Stryker: Courts & Doctors.

Kessler: Accidental Injuries.

Huddleson: Accidents, Neuroses & Com-  
 pensation.

Industrial dermatoses, S. Feldman; Medical  
 Record 139:279-283, March 21, 1934.

Occupational disease, M. E. Brennan; Illi-  
 nois Medical Journal 65:29-37, January, 1934.

Medicolegal aspects of silicosis, M. Kum-  
 mel; Medical Record 139:516-521, May 16,  
 1934.

So-called primary thrombosis of axillary  
 vein in its medico-legal relations, R. Matas;  
 American Journal of Surgery 24:642-666,  
 April, 1934.

Trauma and compensation in gynecology  
 and obstetrics, J. R. Miller; American Journal  
 of Obstetrics & Gynecology, 26-839-848,  
 December, 1933.

Causes of error in evaluation of disability  
 following head injury, N. Zcaifler; Journal of  
 the Medical Society of New Jersey 30:766-  
 767, November, 1933.

Compensable dermatoses, M. Schlotz; Cali-  
 fornia & Western Medicine 39:165-169, Sep-  
 tember, 1933.

Hernia from the compensation insurance  
 standpoint, J. H. Holland; New England  
 Journal of Medicine 209:579-585, September  
 21, 1933.

—:—:—:—:

A modern small boy with great attention  
 watching the stethoscope being used on a  
 member of his family inquired, "What station  
 did you get, doctor?"

## Ambulance Service

Immediate response at any  
 Moment Day or Night

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## TACOMA GENERAL HOSPITAL

An interesting new development at the Tacoma General Hospital is the realization of the rotating internship with Western State Hospital. This will mean that future internes will have an opportunity to secure experience in Psychiatry as well as in County work under the present affiliation with the County Hospital. Such added experience will be of great value to the doctor beginning practice later.

Dr. Benjamin T. Terry, Pathologist, has been confined to the hospital for a few days with an infection in his leg, but is now back on duty again. The Photographic Department under his direction is now a reality and pictures are being taken of interesting specimens.

Miss Wold, Director of Nurses, recently attended the meeting of the Washington State Hospital Conference in Wenatchee, and read a paper written by Mr. Cummings on "Group Hospitalization". The paper was well received and adopted and the ideas presented were endorsed by the Conference.

The Thursday morning clinics under the

direction of Dr. W. B. Penney have gotten off to a very good start with fine attendance. The interest shown by the doctors in the cases presented and in the Clinic has indeed been gratifying.

We are indeed well pleased to have two exchanges of the Telephone Company voluntarily support the Orthopedic Clinic. Other exchanges are also interested and we are grateful for the interest shown in this Community enterprise.

A most interesting and worthwhile field trip to Western State Hospital at Steilacoom was enjoyed by the Senior Class November 1, as part of their course in Psychiatry. We wish to thank Dr. Keller and Dr. Stewart for arranging the trip through the hospital and the very fine clinic later presented.



# GLYKERON

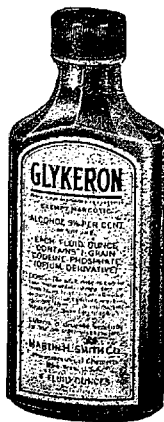
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It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

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Literature on request

# Relative Values of Carbohydrates Employed in Infant Feeding

Continued down from 1911

## 1915

"The infant with diarrhea and vomiting is given nothing but tea for from twelve to twenty-four hours, no longer, and then the albumin milk is commenced, not over 5 gm. ten times a day, with 3 per cent. of a maltose-dextrin mixture. The amount of albumin milk is increased by 50 gm. each day until the daily ration totals 300 gm. After the weight has become stationary, carbohydrates can be added up to 5 per cent. of the maltose-dextrin mixture."

"Albumin milk is not so uniformly effectual in dysenteriform diarrhea as in cholera infantum. They seem to act better, diluted half and half with oatmeal gruel. After the starvation period he gives 50 gm. of the whey and increases by 50 gm. daily with equal amounts of oatmeal gruel. As improvement sets in 3 per cent. of a dextrin-maltose preparation can be added."—*L. Langstein: Cholera infantum and other severe diarrhas in infants, Therap. Monatsh., V. 29, August, 1915; Abst. J.A.M.A., 65:1514, Oct., 7, 1915.*

## 1916

"Dextri-maltose, having a higher absorption tolerance than the other sugars, is less likely to cause intestinal disturbances when large amounts of it are given."—*H. R. Mixell: A brief résumé of the role of carbohydrates in infant feeding, Arch. Pediat., 33:31-36, Jan., 1916.*

## 1916

In cases of malnutrition and indigestion in infancy, "The appetite improves rapidly, and the stools soon become normal in appearance, if the sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose. When there is a tendency to looseness, I have used the preparation known as 'dextri-maltose, for the extra carbohydrates; . . ."—*M. Ladd: Further experience with homogenized olive oil mixtures, Arch. Pediat., 33:591-512, July, 1916.*

## 1916

"For the addition of sugar, I usually use dextri-maltose, which does not easily cause fermentation."—*L. I. Meisinger: Use of Eiwassmilch, Arch. Pediat., 33:529-532, July, 1916.*

## 1916

In the treatment of marasmus, "Three per cent of malt sugar should be administered from the first, afterwards running up to as high a per cent as the child will take."—*L. T. Royster: A Handbook of Infant Feeding, C. V. Mosby Co., St. Louis, 1916, p. 100.*

## 1916

"Least irritating of all sugars, and more readily digested and quickly absorbed, is maltose."—*H. Lowenberg: A Practical Treatise on Infant Feeding and Allied Topics, F. A. Davis Co., Phila., 1916, p. 73.*

## 1916

"Dextrin-maltose is valuable in cases where intestinal disturbances are due to fermentation of milk sugar."

"Treatment (of sugar intoxication) consists in eliminating the latter (whey salts) as well as the sugars from the diet temporarily, and when the symptoms have subsided, a different sugar in proper proportion should be cautiously added; maltose and dextrin are preferable, because they are not apt to produce fermentation, while milk sugar is prone to set up fever and diarrhea."—*E. E. Graham: Diseases of Children, Lea & Febiger, Phila., 1916, pp. 179-201.*

## 1917

"For children who are not gaining on a normal formula with a sufficient amount of sugar of milk, or children who vomit when sugar of milk is fed, or who are constipated, the use of maltose instead of lactose often gives most satisfactory results. This is readily accomplished by sub-

stituting for the 4 or 5 per cent. of added sugar of milk an equal amount of dextri-maltose or malted milk, which latter gives, in addition to the maltose, some protein food and an insignificant amount of fat. In many cases children who have failed to gain on other food will immediately show a marked gain as soon as this change is made."—*R. G. Freeman: Elements of Pediatrics, Macmillan Co., New York, 1917, pp. 191 and 192.*

## 1917

"The carbohydrates most used in infant feeding are the three soluble sugars and starch. The three soluble sugars are lactose, or milk sugar, maltose, or malt sugar, and saccharose, or cane sugar. Maltose is not used in its pure form, on account of its cost. The various commercial preparations of maltose are combinations of maltose with various dextrans, but as in digestion dextrin is converted into maltose, the chemistry is practically the same."

"The sugar which is not absorbed is broken down by the bacteria of the intestine into a great variety of fermentation products, among them being lactic, butyric, acetic, and succinic acids."

"Another effect of the excessive fermentation which results from a relative excess of carbohydrate in the food, is the formation of an excessive amount of gas. This may cause abdominal distention, and, extending backward, it may carry irritating acid products into the stomach, and thus cause vomiting."

"Lactose is the sugar most likely to produce acute symptoms. The stools are practically always green and very irritating. Flatulence and colic are less prominent."

"The maltose-dextrin preparations rarely produce acute exacerbations."—*C. H. Dunn: The Hygienic and Medical Treatment of Children, Southerworth Co., Troy, New York, 1917, pp. 423, 424, 425, 428.*

## 1918

"The sugars in the foods are milk sugar which is found in mother's milk as well as in cow's milk, cane sugar and malt sugar. Though milk sugar is a natural ingredient of milk it is not well borne by babies when added to their food; they digest cane sugar, the ordinary granulated sugar, much better; malt sugar is the easiest digested by babies."—*C. G. Leo-Wolf: Nursing in Diseases of Children, C. V. Mosby Co., St. Louis, 1918, p. 24.*

## 1918

"Maltose (malt sugar) has the advantage of being very easily digested; when part of the sugar given is maltose, many children gain more rapidly in weight than when only milk sugar or cane sugar is used."—*L. E. Holt: The Care and Feeding of Children, D. Appleton & Co., New York, 1918, p. 66.*

## 1919

"In the administration of protein milk with its large protein content, by adding to it sugar which is not easily fermented (dextri-maltose), we produce, instead of pathologic fermentation, a condition of putrefaction which changes the acidity of the intestinal contents to alkalinity, the peristalsis is decreased, the intestinal contents pass slowly through the large intestines with absorption of fluid and excretion of calcium and magnesium salts. These minerals unite with fatty acids to form the typical fat-soap-clay-coloured constipated stools characteristic of protein milk feeding, and it is at this point that dextri-maltose should be added to the food."

"The majority of the cases were kept on protein milk for a period varying from three to four weeks, and, in many instances, contrary to the usual opinion, we were able to keep the children on protein milk plus starch and dextri-maltose, sufficient for their caloric needs for a period of several months, in each instance accompanied by a substantial gain in weight and normal increase in vigor and tissue turgor with comparative freedom from digestive symptoms."—*A. Brown and I. F. MacLachlan: Protein milk powder, Canad. M. A. J., 9:528-537, June, 1919.*

Continued down to 1924

**MEAD JOHNSON & COMPANY, Evansville, Indiana, U.S.A.**

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

## NEWS ITEMS

Dr. S. F. Herrmann has returned from a three-week trip to the Middle West. He attended a reunion of former members of the staff of the Mayo Clinic, visited his brother in St. Louis and spent several days in Chicago seeing the fair.

Dr. and Mrs. E. W. Janes spent several days recently with friends in Bellingham and Vancouver.

Miss Rosebetty MacLean, daughter of Dr. and Mrs. S. M. MacLean, is in St. Louis, where she is taking training in one of the hospitals.

Dr. and Mrs. W. W. Mattson have as house guests Dr. and Mrs. A. C. Broders, of Rochester, Minnesota.

Mrs. H. J. Whitacre has just returned from a visit with her mother, Mrs. Charles Wagen, in Mankato, Minnesota.

Dr. and Mrs. A. G. Nace were in Walla Walla last week for the C. P. S. Whitman game.

Dr. R. D. Wright has been appointed Chief Surgeon of the new Mason City Hospital, which is to be erected at Coulee Dam.

Dr. and Mrs. W. B. McCreery have returned from a visit in Chicago. Before meeting Dr. McCreery in Chicago Mrs. McCreery spent some time with her daughters, Mrs. Frank Norris and Miss Helen McCreery in California.

Dr. and Mrs. W. B. Penney are at home after three weeks spent in the Middle West. After visiting Dr. Penney's father in Northern Iowa and Mrs. Penney's father in Duluth, they went on to Chicago to see the fair.

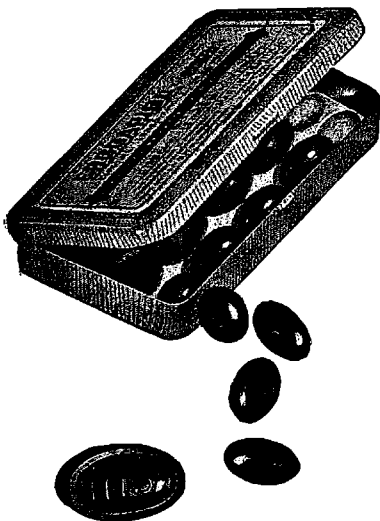
Dr. and Mrs. T. H. Duerfeldt and Dr. and Mrs. F. R. Maddison motored to Portland last month, where Drs. Duerfeldt and Maddison attended the meeting of the North Pacific Society of Internal Medicine.

## TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet on November 20 at 6 p. m. at the Walker Apartments. The program is as follows:

The pathology, symptoms and treatment of abnormal states of the thyroid gland. — Dr. E. W. Janes  
Review of recent literature on gastrointestinal disease. — Dr. J. R. Turner  
Treatment of lung abscess and bronchiectasis. — Dr. J. F. Steele

## ERGOAPIOL (SMITH)

Amenorrhea - Dysmenorrhea  
Menorrhagia - Menopause

Today, as for years, Ergoapiol (Smith) is the accepted medicament in combating those menstrual anomalies which may be traced to constitutional disturbances, atonicity of the reproductive organs, inflammatory conditions of the uterus or its appendages, mental emotion or exposure to the elements.

The physician readily can ascertain whether his prescription for Ergoapiol (Smith) has been correctly filled by dividing the capsule at the seam, thus revealing the initials M. H. S. embossed on the inner surface, as shown in photographic enlargement.

Literature on request.

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"How disturbing, then, is the thought of having a third person or alien party exercise an influence on the relationship between the patient and his physician, the two persons who, above all others, are most vitally concerned when sickness enters the home.

"Yet this third party influence, with all its unpleasant and disturbing sequels, will inevitably be thrust upon patient and physician should some of the current new schemes of medical practice ever gain acceptance.

"Carried to their full development, such plans would mean that your family doctor would be the hiring of a commercial organization or of a department of the state, the former built up necessarily by business promotional efforts, high pressure salesmanship and price competition, the latter made compulsory by legal enactment.

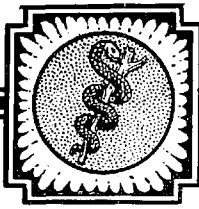
"Experience has already shown that contract or insurance schemes would not be successful if they observed carefully the principles of conduct and fair competition which operate as definitely for the public good as for

professional honor. In these principles financial gain is subordinated to the prime object of service to the patient and to humanity.

"Furthermore, the history of some of these ventures reveals highly deplorable tendencies. 'Scare head' advertising has appeared as a means of frightening people into subscribing for memberships. Medical service has been promised at ridiculously low and actually impossible rates. The services of hundreds of physicians have been promised to subscribing members, whereas actually but a small fraction of that number were 'signed up' and available. Patients have found that they must be served by the physician assigned to them, not by the man of their choice. And the poor or classes have paid the same price for medical service as the very wealthy.

"No, the fine, sympathetic, humanitarian service at present rendered by the family physician can never be satisfactorily replaced by a commercial organization that retails medical service for a profit, nor by the state with a mechanized or regimented medical profession. The interjection of such agencies between patient and physician is unnecessary and cannot fail to be disturbing to all parties concerned."—From Mead Johnson & Company's Announcement in Hygeia, September 1934.





# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY

VOL. IV

DECEMBER, 1934

No. 9

## P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM  
8:15 P. M.

DECEMBER 11

Review of Modern Methods of Resuscitation-----  
Edgar F. Dodds, M. D.

General Discussion

The Public Health Administration of Washington-----  
E. R. Coffey, M. D., Health Director  
of the State of Washington

SPECIAL MEETING

DECEMBER 18

This meeting has been called for a discussion of the proposed new bill providing for state medicine. A report will be made of the study of the contract situation as developed by the Foundation work.

There will be no meeting on the fourth Tuesday, which falls on December 25th.

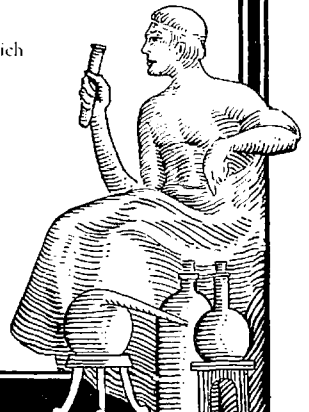
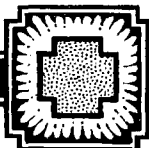
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MERRY CHRISTMAS  
and  
HAPPY NEW YEAR

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TACOMA, WASHINGTON



ING HUMANITY



THROUGH SCIENCE

## Pierce County Medical Society

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	{ Dr. C. V. Lundvick

WASHINGTON, Nov. 10. — (AP) — A 10-point plan through which the administration hopes to take men and women out of soup lines and poorhouses and keep them out is gradually taking shape under the guidance of the committee on economic security.

To aid this committee, composed of four cabinet officers and Relief Administrator Hopkins, President Roosevelt today named an advisory council consisting of 19 men and women who have long studied and evinced interest in this field of endeavor. The council will be headed by Frank P. Graham, president of the University of North Carolina.

The 10 points, compiled by experts in the different fields, for the committee and the advisory council to assemble into a workable plan are:

Unemployment insurance.

Provisions for old age security.

Provisions for meeting the economic risks of illness.

Public works as a means of economic security.

Employment opportunities.

Special measures for economic security of children.

Survivors insurance.

Dependency and relief.

Economic security for farmers and agricultural workers.

Handling and investment of reserve funds.

\* \* \* \* \*

The advisory committee of nineteen is made up of bankers, merchants, financiers, college professors and social workers, but there is no physician on the list. It is unfortunate that the President did not see fit to avail himself of the services of a member of the medical profession for this important committee. Surely the physician is qualified above all others in helping solve such problems as "the economic risks of illness", "dependency and relief" and "the economic security of children". Indeed, there is no subject outlined in the program in which health, disease and death does not take a prominent place.

The President has a high regard for medical science and for its members. This he has em

phasized in several of his public addresses. He and his committee will undoubtedly call upon the profession for advice and counsel in formulating a program for the betterment of these conditions. From whom will he get that advice which represents the majority among the best thinking men in medicine? Will he heed those doctors who, while not engaged in the actual practice of medicine, are actively at work in the movement for state, government or group control? Will he take the findings of the Committee on Costs of Medical Care, which was financed by Filene and ardently advocated by Dr. Wilbur? Will he accept the views of those industrialists, like Henry Ford, who wish to set up a paternalistic system of medicine, under which the wage-earning power of the workman is maintained at the expense of the doctor, or will the idea of compulsory health insurance, under lay control, as advocated by the Millbank foundation, prevail?

Unfortunately, opinion in medical circles is far from being in agreement on these questions, and it is more to be regretted that too many are willing to follow a do-nothing course and will not give support to those who are studying and working in the hope of evolving some plan they can present to the profession for its approval. At the recent meeting of the Washington State Medical Association, in the House of Delegates, a motion was made to discontinue the Committee on Economics. There were twenty-four votes for this motion and twenty-seven against, so the committee was saved by a bare margin of three votes. This committee has been at work for four years. It has collected a mass of data regarding various aspects of medical practice, which is extremely valuable and which could have been obtained in no other way. A brief but concise report was published in the last issue of the Journal which should be read and carefully considered by every doctor in the state. The work of the committee is manifestly not finished. Indeed its work must go on each week, month and year if we are to have the knowledge and be prepared to give advice and constructive criticism.

No matter what one's personal desires may be, no matter what one's thoughts and inclinations, it is foolish not to recognize the spirit and the trend of the times. For better or for worse there is being a change in human relations all over the world, and medicine alone cannot escape this evolution. Not only is this movement in the Federal government, but in each state there is agitation for all kinds of legislation and schemes, the adoption of which would have a bad effect upon the public health and would cripple or destroy medical practice as we now know it.

To combat vicious legislation and bright Utopian dreams it is not enough to stand up and say, "The medical profession is against these measures."

Cold facts and figures must be presented. The past experiences of our own and other countries must be analysed and properly evaluated. Statistics of birth rate, mortality, morbidity, standards of living and all those things which have to do with the well-being of the individual must be studied and taken into consideration.

In no other way can medical science hope to have a voice in deciding what, if any, changes are made in the conduct of medical practice. If medicine is properly prepared with the knowledge, its members can give good advice and counsel when called upon. If not called upon they can demand a hearing as their right.

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## THE BUSINESS BUREAU

### PEOPLE'S INTENTION TOWARD MEDICAL BILLS

By JOHN SCHLARB, JR.

The Foundation has just furnished information on the payment of medical bills for nineteen thousand Tacoma families.

The payment of medical bills was compared to payment for food, rent, taxes, payment on the home, contract purchases and others. It was found that among these nineteen thousand families, whenever conditions did not permit them to pay their bills in full, **THEY LEFT THE MEDICAL BILLS UNPAID.** Listing their bills in the order in which they were paid, medical bills were last on the list. In other words, fewer families paid their medical bills first, and before any other class of accounts.

**BUT WHEN THESE FAMILIES** were asked which bills were paid third, fourth and fifth in line, medical bills were in second place. When we asked which bills were paid the **LAST OF ALL, THE MEDICAL BILLS LED THE WHOLE LIST.**

Out of the total unpaid bills of these nineteen thousand families, medical bills were third. **THE ONLY BILLS DEFERRED BY MORE FAMILIES THAN THE MEDICAL BILLS WERE PAYMENTS ON THE HOME AND TAXES.**

An examination of money outstanding of unpaid bills for these nineteen thousand families indicates that **UNPAID MEDICAL BILLS ARE THE LARGEST OF ALL,** but the most disturbing fact of all was that **ONE-THIRD OF THE TOTAL AMOUNT OF ALL THEIR UNPAID BILLS IS MEDICAL.** This means that whenever these people can not meet their obligations, for every three dollars of bills which they do not pay, one dollar is owed to some doctor or hospital.

Notwithstanding the apparent inability of these nineteen thousand families to meet their

medical bills, we found that twelve percent of them had been able to maintain their savings during the depression. Twelve percent of the population admitted that they had savings, and other studies indicate that the actual number was considerably larger.

It is very significant that these families who can not pay their medical bills have allowed the total amount of unpaid medical bills in Tacoma to reach a level above two million dollars, to maintain their savings, and that these nineteen thousand families from whom this material was obtained represent **TWO-THIRDS OF THE ENTIRE POPULATION OF THE CITY OF TACOMA.** Furthermore, these families were not arbitrarily selected from any income level, but were taken at random from all income levels from the highest to the lowest.

An item of particular interest is the distribution of unpaid medical bills, in which our studies indicate that doctor bills represent two-thirds of the total unpaid medical bills. This means that for every dollar of unpaid medical bills for these nineteen thousand people two-thirds, or sixty-six cents of that dollar, is owed to a physician.

Some very interesting explanations have been given concerning the remarkable percentage of unpaid medical bills in general. The reasons given tend to fall into three classifications:

1. Dissatisfaction
2. Other obligations
3. Insufficient income

The striking fact about this distribution is that less than two percent gave dissatisfaction as the reason of non-payment. **SEVEN OUT OF EVERY TEN SAID THAT THEY DID NOT PAY THEIR MEDICAL BILLS BECAUSE OF INSUFFICIENT INCOME.**

Bearing in mind the fact that all other obligations are paid first and that twelve percent of these people were able to maintain their savings, it appears that a very common atti-

tude among the public is that medical bills need only be paid when there is a surplus of income above other necessities.

It may be further noted that approximately five percent of the total said that they were prevented by other obligations.

Turning again to the analysis of which unpaid bills are the largest it seems that the "other obligations" which prevent these people from paying the medical bills consists principally of taxes, payments on homes and contract purchases. All these types of expenditures represent capital expenditures, that is, they represent purchases which add to the capital and savings of the families. It may therefore be added that a common public attitude toward medical bills is such that the building of a personal fortune is considered more important than maintaining medical credit.

In view of the statistics contained in these paragraphs it seems clear that the medical profession and their brothers, the dentists, are

faced with necessity for an aggressive and unified effort of demonstration to the public that proper medical and dental service, indispensable to the community, can not be maintained without proper financial recognition and responsibility from the public.

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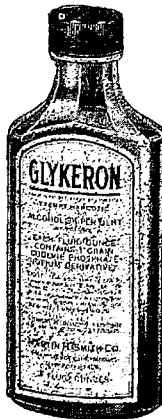
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BLANCHE L. DEWITT, LIBRARIAN



The library was honored by a visit from Dr. A. C. Broders, of the Mayo Clinic, when he was in Tacoma recently. Dr. Broders expressed himself as much impressed by our collection and remarked that the Pierce County Medical Society should be proud that it owns a library, as comparatively few medical societies do.

This has been pointed out on previous occasions by your librarian, who found, upon investigation, that less than thirty county societies in the entire country own their own libraries. This is in line with the progressiveness of the Pierce County Medical Society in other directions. It had its Medical & Surgical Service Bureau years before such organizations were thought of by other societies and its Business Bureau and Collection Department were among the first to be operated.

No one will dispute the necessity of keeping up with the new in medicine. That is obviously just as important as getting a good medical education in the first place. In this time of universal necessity for economy many doctors are curtailing their purchases of new books and discontinuing some of their periodicals, looking to their library to supply them with the best and newest things in medical literature, which it does at a very modest outlay for the individual. This material is really more accessible than if in the doctor's own office, as the library indexes make it possible to readily find as much or more than is wanted on the subject in which he is interested.

The following is quoted from a speech by Dr. James P. Warbasse, given before the Medical Society of the County of Kings:

"There is a deep appreciation of the library in the heart of the medical profession, and there is also a deep esteem of the men who make use of its facilities. In the case of two men of equal qualities, if one is known for his fondness for medical literature and for his habitual use of the medical library, he of the two will enjoy the greater esteem of his profession. Men who themselves make little use of books habitually show their appreciation of those who do."

Gifts of periodicals from the following members are acknowledged with many thanks: Drs. Bell, Jones, Schaeffer, Maddison, Magill, Taylor and Duerfeldt.

The library needs several copies of the November Bulletin and would appreciate receiving any copies available.

\* \* \* \* \*

Since Dr. Bettman's talk on secondary anemia last month there have been many inquiries for material on the subject. Following is a list of recent articles available in this library:

Analysis of so-called aplastic anemia, W. P. Thompson; *American Journal of the Medical Sciences* 187:77-88, January, 1934.

Clinical factors in production of anemia and regeneration of erythrocytes and hemoglobin, R. L. Haden; *Medical Clinics of North America* 17:887-899, January, 1934.

Acute hemolytic anemia, H. A. Dunlop; *Lancet* 1:1169-1170, June 2, 1934.

Constancy of iron in blood plasma and urine in hypochromic anemia, A. Marlow; *Archives of Internal Medicine* 53:551-560, April, 1934.

Hereditary and familial factor inanemia with achlorhydria, W. H. Barrow; *Annals of Internal Medicine* 7:1135-1140, March, 1934.

Rational treatment of anemia, W. P. Murphy; *Annals of Internal Medicine* 7:939-947, February, 1934.

Etiology and treatment of anemia in pregnancy, M. B. Strauss; *Journal of the American Medical Association* 102:281-283, January 27, 1934.

Negative results in treatment of sickle cell anemia, L. W. Diggs; *American Journal of the Medical Sciences* 187:521-527, April, 1934.

Banti's disease and associated conditions, M. Einhorn; *Medical Record* 139:128-130, Feb. 7, 1934.

Modern therapy of refractory anemia, C. P. Rhoads; *Medical Clinics of North America* 17:1351-1366, March, 1934.

Clinical aspects of the anemias, W. E. Robertson; *Medical Record* 140:486-489, November 7, 1934; 540-543, November 21, 1934.

# WOMAN'S AUXILIARY

## to PIERCE COUNTY MEDICAL SOCIETY

**OFFICERS**

President.....	Mrs. D. H. Bell
President-Elect.....	Mrs. W. Pascoe
Junior Past President.....	Mrs. E. L. Carlsen
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Membership.....	Mrs. S. F. Herrmann
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Hygeia.....	Mrs. J. Arnason Johnson
Press and Publicity.....	Mrs. T. H. Duerfeldt
Social.....	Mrs. E. D. Warren
Telephone and Transportation.....	Mrs. J. B. Robertson
Radio.....	Mrs. E. F. Dodds

**MEMBERSHIP TEA**

The home of our president, Mrs. D. H. Bell, was delightful for the annual membership tea November eighth. The rooms were thronged with guests who were especially pleased to meet again the auxiliary state president, Mrs. N. L. Thompson, and the state treasurer, Mrs. C. B. Jones, both from Everett. During the service of tea, Mrs. F. L. Scheyer sang several beautiful selections. The paid membership of the auxiliary now totals ninety-four, with the end of this month the deadline for payment of dues.

**HYGEIA COMMITTEE  
AT WORK**

The Hygeia Committee, headed by Mrs. J. A. Johnson, are already producing results in their efforts toward health education. They have brought in twelve subscriptions to Hygeia, the only authentic health magazine published in this country for the layman.

At the request of the Pierce County Medical Society and of the Pierce County Dental Society, Mrs. Johnson discussed the value of the magazine before these organizations. She mentioned Dr. Buck's comment in his recent health survey of Tacoma, that we fall far short in our health education program, and pointed out that our physicians and dentists have an opportunity to reach the public most effectively by providing Hygeia as reading material in their waiting rooms. The scientific information which it presents in layman's language there reaches the patient when he is most interested in matters of health. Arrange-

ments have been made for the Medical Bureau to take the subscriptions of physicians and dentists.

The commissions awarded the auxiliary on all subscriptions have been used to purchase other subscriptions for use where the committee deemed them most valuable. This year they are sending the magazine to the Y. W. C. A., the Y. M. C. A., the Jessie Dyslin Boys' Home and Pacific Lutheran College.

Fifty copies of "Health Teachings for Hygeia", a pamphlet published by the A. M. A., have been given to Dr. Smith for distribution to teachers.

**DECEMBER MEETING**

The nurses' home of the Tacoma General Hospital will be opened to the members of the auxiliary for their December meeting, Tuesday evening, the eleventh, at eight o'clock. The legislative committee has charge of the meeting which will be followed by a social hour with the physicians as guests. Mrs. Darrell Running will sing. Be prepared to give your reservations to the telephone committee.

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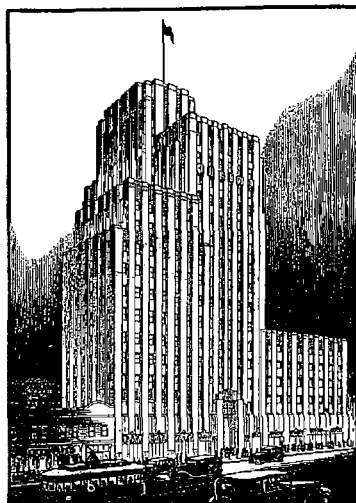
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of the firm*

**NORRIS, BEGGS & BASE, Inc.**

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**MEDICAL ARTS BUILDING**



## THE DRUG EXPLOITATION RACKET

It is generally recognized that the county medical societies are the backbone of the medical profession and that weakness or strength of these organizations directly influences the power of the state and national medical associations. Further, it has been definitely demonstrated that county societies are materially benefited by having a bulletin or publication of similar name. Generally speaking, the strongest societies publish bulletins.

The financial success or failure of a bulletin depends upon its advertising. The class of ads accepted must necessarily be high for objectionable announcements would set up a universal howl. Consequently only ethical products can be advertised and most of these are put out by firms which sell nationally.

If a reader scans this bulletin, it will be noted that the only national advertiser is Mead Johnson and Company. Other firms refuse to advertise in bulletins. We know this because we have written more than one hundred letters, sometimes several to the same firms, at intervals. If the letter is addressed the firm in the spring, we are informed that the advertising budget has already been planned; if at the end of the year, the company cannot take on any further advertising. This situation has worked a hardship on many bulletins by cessation of publication.

In order to stimulate business our great ethical pharmaceutical houses have adopted what is evidently another plan. The individual doctor is swamped with free samples. He in turn passes them out indiscriminately to his patients, very often not even removing the label from the bottle. In other cases the name

of the product is printed on tins or on a metal cap to a bottle or in some other way so that he cannot remove the name. The doctor thereby becomes the most important factor in advertising the product to the layman. In just this way such items as Petrolagar, Citro-carbonate, Amytal, Agarol, Viosterol, Halibut Liver Oil, Serenium, etc., have become extremely popularized so that the layman calls for the item without prescription, and frequently the drug stores and department stores run special sales with these items prominently displayed on counters. The lay purchaser is not in the dark as to their use because full instructions are usually given on the package.

We feel that highly scientific preparations such as Viosterol and Halibut Liver Oil should be used by patients at the direction of physicians. When vitamin products are advertised in newspapers, magazines and over the radio removes the physicians entirely from the treatment of deficiency conditions in a large percentage of cases. We know that infant feeding is best carried out under the supervision of a physician; we believe too that vitamin therapy should be under the watchful eye of a physician as well. We repeat that our big pharmaceutical houses have resorted to this means of stimulating their business. On one package of vitamin capsules put out by a prominent house we noted the full instructions for their use and then a note which suggested that if the patient were not satisfied or in doubt to see his physician.

This exploitation of what formerly were prescription products is largely the fault of the physician for introducing them. The practice leads to self-dosing, the avoiding of physical examination and diagnosis, the removal of the patient from the care of the physician. But it does sell the product and that is why the

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big drug houses use their advertising funds so largely in lay publications.

The St. Louis County Medical Society recently adopted resolutions condemning the discriminations against county bulletins by the big drug houses. If they discriminate against us, why should not the doctor help himself by refusing to pass out the samples left him and more properly consigning most of them to the waste basket? In prescribing drugs we could use the official names in place of protected trade names. In using infant feeding foods and vitamins we should specify a house like Mead Johnson & Company whose products do not contain directions on the labels.

If this program were carried out, it would touch the drug houses' pocketbooks and they would be forced either to enter the patent medicine business or to return to their former

status of making prescription products solely. Patients too would not be wasting their money on a lot of hocus pocus remedies which they do not need or which are inadequate treatment for many of the conditions from which they are suffering.—C. M. Reprinted from Tarrant County Medical Society Bulletin, October, 1934.

### TACOMA INTERNISTS' SOCIETY

The Tacoma Internists Society will meet on December 18 at 5:45 at the Walker Hotel. The program to be presented is as follows:

Anatomy and physiology of the pancreas.....

Dr. A. H. Buis

Review of recent literature on acute infectious diseases.....

Dr. S. M. Creswell

Case report: hypothyroidism.....

Dr. G. M. Steele

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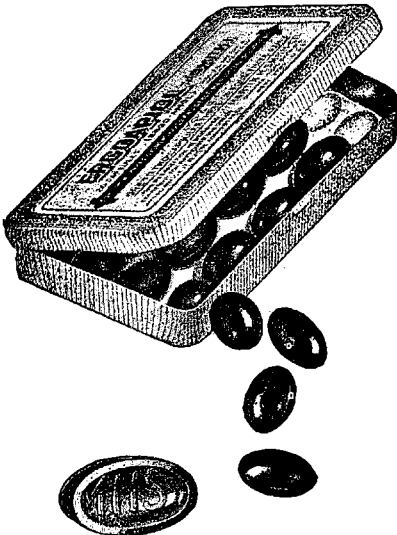
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The physician readily can ascertain whether his prescription for Ergoapiol (Smith) has been correctly filled by dividing the capsule at the seam, thus revealing the initials M.H.S. embossed on the inner surface, as shown in photographic enlargement.

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“Kiss me  
goodbye,  
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and eat  
your apple  
on your way  
to school.”

MOTHERLY kisses are all right, and so are apples, *but*—

Thousands of little boys and girls are rushed off to school hungry every morning—with a kiss and/or an apple or bun—because insufficient time was allowed for the child's morning meal.

Breakfast, which should form an important foundation for the growing child's eager activities, frequently is a mere snack, hurriedly gulped, so that many a child goes to school half-starved. How can a hungry child learn his lessons?

In behalf of tired mothers, it must be said that the long cooking of ordinary cereals is a drudgery, especially if there also be smaller children who break her rest during the night and clamor for attention before dawn. In most cases, the older members of the family lose out at

breakfast time not because the mother is lazy or inconsiderate, but simply because she is exhausted and requires extra rest.

A happy solution of the breakfast problem, one that may even hold the home together during such troublous times, who knows, is PABLUM.

PABLUM banishes over-night and early-morning cereal drudgery, so that mothers can get their deserved rest. At the same time, all members of the family, including the school children, are assured of a quick *nourishing* breakfast.

To prepare PABLUM, simply add milk or water of any temperature, and serve with cream, salt and sugar. If preceded by orange or tomato juice and followed by a glass of milk, and a capsule of Mead's Viosterol in Halibut Liver Oil, such a breakfast fulfills every nutritional requirement: **Protein**✓ **Fat**✓ **Carbohydrate**✓ **Vitamins: A, B, C, D, E, G**✓✓ **Minerals: Calcium, Phosphorus, Iron, Copper, Etc.,**✓✓ **Calories**✓

Pablum (Mead's Cereal pre-cooked) is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and salt.

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## NEWS ITEMS

The sympathy of the Pierce County Medical Society is extended to Dr. S. M. MacLean in the loss of his mother, who passed away on November 22.

Dr. George Crabb, of Mason City, Iowa, was a recent guest at the home of Dr. and Mrs. H. G. Willard.

Dr. P. C. Kyle is in Xenia, Ohio, visiting his mother, who is ill. He expects to return about December 10.

Dr. E. R. Perry has been seriously ill, confined to the Tacoma General Hospital.

Dr. Charles Oliver Sturdevant has recently become associated with Dr. A. C. Stewart in the practice of Neurology and Psychiatry. Dr. Sturdevant was formerly a member of the staff of Neuropsychiatric Institute and Hospital, Hartford Retreat, Hartford, Connecticut.

Dr. B. A. Brown announces that members of the society are invited to attend Grand Rounds at the County Hospital on Saturday mornings at 9 o'clock. These ward visits will be found interesting and instructive.

Dr. and Mrs. G. J. Vandenberg and family spent Thanksgiving in Ellensburg, the guests of friends.

Dr. Lawrence Joers has opened an office for the general practice of medicine at 4601 Pacific Avenue. Dr. Joers, who was a resident of Tacoma before attending medical college, is a graduate of the College of Medical Evangelists at Loma Linda and interned at the Los Angeles County General Hospital.

Dr. A. C. Stewart was called to Edmonton, Alberta, recently by the death of his brother-in-law, who was killed in an automobile accident.

Don't forget your Hygeia subscriptions for the Woman's Auxiliary, which may be left at the Business Bureau.

At a recent meeting of the Tacoma Public Health Council, Dr. S. M. Creswell, City Director of Health, was elected President. Other officers are: Rev. Carl H. Veazie, Vice President, Mrs. Edwin C. Yoder, Secretary, and Dr. H. A. Christofferson, Treasurer. The Executive Committee consists of Dr. Horace

J. Whitacre, Dr. George H. Smith, Dr. J. W. Gullikson, Mrs. Thorne Corse and Mrs. Calvin Stewart

Dr. L. A. Hopkins attended Dad's day at the Washington State College early in November.

Dr. T. B. Murphy is endeavoring to collect pictures of deceased members of the staff of the Tacoma General Hospital to hang in the hospital. He will appreciate it if the families of deceased members will supply him with pictures for this purpose.

The following members of the Pierce County Medical Society are represented on committees of the State Association: Dr. W. W. Pascoe, Legislative; Drs. H. J. Whitacre and W. B. Penney, Committee of Seven; Dr. F. R. Maddison, Cardiorenal; Dr. D. M. Dayton, Child Welfare and Infant Mortality; Dr. A. W. Howe, Conservation of Vision; Dr. L. A. Hopkins, Drug Addiction; Dr. R. C. Schaeffer, Industrial Accident; Dr. P. C. Kyle, Maternal Care; Dr. George G. R. Kunz, Hospital Service; Dr. A. C. Stewart, Mental and Nervous; Dr. W. A. Niethammer, United States Medical Service; Dr. John F. Steele, Tuberculosis; Dr. H. J. Whitacre, Neoplastic; Dr. S. M. Creswell, Public Health; Dr. S. M. MacLean, Public Relations; Dr. E. W. Janes, Respiratory; Dr. Charles F. Engels, Social Disease; Dr. W. W. Mattson, Thyroid. Drs. J. A. LaGasa and C. F. Engels are members of the Executive Committee of the Public Health League.

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