

# BULLETIN

OF THE  
PIERCE COUNTY MEDICAL SOCIETY

Vol. VIII

JANUARY, 1938

No. 1

## P R O G R A M S

MEDICAL ARTS BUILDING

8 P. M.

JANUARY 11

The Motor Function of the Bowel.....Dr. H. J. Whitacre  
Theories of Shock.....Dr. R. J. M. Bennett  
Treatment of Shock.....Dr. C. L. G. Yarbrough, Jr.  
Status of County Health.....Dr. N. E. Magnussen

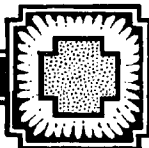
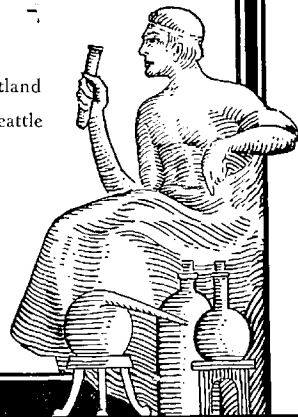
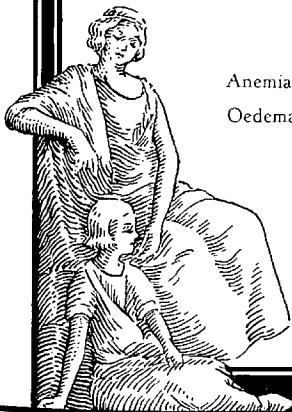
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JANUARY 25

Anemia.....Dr. E. E. Osgood, Portland  
Oedema.....Dr. G. D. Capaccio, Seattle

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 News.....Dr. P. C. Kyle

The mosaic of life is made of myriads of impressions and experiences. One is the subject of doubts and fears, hopes and aspirations, disappointments and frustrations, successes and realizations. Each has its psychological effect upon the individual and together they go to make the pattern of his life and exert an influence upon his actions and reactions.

Throughout the year one's thoughts are concerned with his own intimate affairs, the welfare of his family, the doings of his friends and the conduct of his business. Life is strenuous and full of stress and exertion. Today all is well and full of promise. Tomorrow may bring anxiety and disappointment. We find the world in a tumult, with wars among nations and threats of more war from others. Class is arrayed against class and envy and hatred exist. Crimes of violence, especially among the young, are on the increase and there is an apparent disregard of the sacredness of human life.

Once a year for a short time one's thoughts are directed into a new channel. The emotions are touched by a different chord. Christmas brings thoughts of childhood days and of mother and of the time of youth when all the world looked fair and bright. Anthems of praise and of peace on earth are sung and one listens to the story of the birth in a manger. The myths of Santa Claus and St. Nicholas and the giving and exchanging of gifts and greetings awaken a new feeling in the heart.

The holiday season, with these thoughts and emotions, comes as a leaven to help counteract the disagreeable occurrences of life. It helps to make us realize that the greatest things we have are not material but that the most satisfactory and the most lasting are those of the spirit. It has its psychological effect upon everyone, however unconscious of its influence one may be.

The physician realizes this. He sees the deleterious results of self-indulgence and the exhibition of passion and uncontrolled emotion.

He realizes the lack of and the great need for mental hygiene, with the control of emotion and the development of proper thought and it is in his power to help educate and direct his patients to an improved mental attitude.

With the hope that this holiday spirit will continue and increase throughout the coming months *The Bulletin* extends to all its readers its best wishes for a most Happy and Prosperous New Year.

**TACOMA INTERNISTS' SOCIETY**

Tacoma Club January 18 6:15 P. M.  
 Peripheral Vascular Disease...Dr. L. S. Baskin  
 Skin Manifestations of Syphilis.....  
 Dr. S. E. Light

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**STAFF MEETINGS**

**Tacoma General Hospital**

Weekly clinics -----January 13, 20, 27,  
 Feb. 3, 9:30 a.m.  
 Orthopedic clinic -----January 13, 9 a.m.  
 Staff meeting -----February 1, 8 p.m.

**St. Joseph's Hospital**

Monthly clinical meeting-----Feb. 7, 8 p.m.  
 Pathological conference ----Feb. 4, 9:30 a.m.

**County Hospital**

Monthly staff meeting---January 28, 12 noon  
 Clinical pathological conferences -----  
 January 13, 20, 27, Feb. 3, 4 p.m.

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## AUXILIARY

The January meeting will be held on Thursday, the 13th, at the home of Mrs. C. F. Engels, 916 No. Tacoma Ave. The speaker of the day will be Miss Lillian Johnson, of Seattle, who will talk of "Mental Hygiene." Piano music by Robert Smith follows, and the meeting closes with the tea hour, for which Mrs. Hillis Griffin is chairman, assisted by Mrs.

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## A PATIENT LOOKS AT DOCTORS

By Frances Teplow

Perhaps some explanation is required for the appearance of a mere layman in this publication dedicated to and for, and published by, the medical profession. The fact that such an explanation is necessary illustrates one phase of my thesis: that medicine and medical practice is not an art and science restricted to the medical profession alone; rather, medical practice is the performance of a social function, the maintenance of health and treatment of health disturbances in which the physician and the public cooperate to achieve the desired result.

I am a member of this public, a patient who while under medical treatment for several years has had the opportunity to observe medical practice in operation. This article is written with the thought that a better understanding of the patient's viewpoint may be helpful to the physician and to his patients.

The medical profession is a conservative one, as are, indeed, all the professions. The lawyer has a very good reason for being conservative. Previous decisions determine the law, and a lawyer is therefore justified in regarding prior decisions as his guide in future conduct. The doctor, too, has excellent reasons for being conservative so far as concerns the substance of his practice. Human life and health are too precious to experiment with with untried remedies when known cures or treat-

ments are at hand. The medical profession is justly circumspect,—perhaps I should say wary—, about applying new remedies until their claim to consideration has been carefully tested. But this desirable conservatism in the substance of medical practice, unfortunately, has been carried over into the application of medical knowledge to the patient. In other words, the traditional relationship between doctor and patient has been permitted to remain fixed in a world of constantly changing values and ideas.

What, from the patient's view-point, is this traditional relationship? It has certain desirable characteristics: the patient's reliance on his doctor, the doctor's high code of ethics, his regard for the patient's confidence. But it has limitations which the conservatism of the profession makes difficult to eliminate.

Perhaps the most important limitation of the doctor of the old school is his attitude of paternal superiority to his patient. The patient is made to feel that he or she is merely the subject of an inquiry, a problem which it is up to the physician to solve. The doctor makes his investigations and issues instructions.

There is a certain professional pride in the doctor of the old school which disdains sharing his highly specialized knowledge with any of the uninitiated. The attitude is expressed



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by "I'm the authority. You've come to me for treatment; this is what I prescribe."

This is not a healthy attitude. The patient of today no longer takes instructions on faith alone. If he has faith in his doctor it is because the doctor has given him good reason for such faith. Usually it is because the doctor has removed his mantle of esoteric mystery, and has explained to the patient

1. Why his symptoms indicate some particular illness;
2. Why it has been concluded that the disturbance is not some related or similar illness;
3. How the particular illness diagnosed has caused a derangement in the patient's system; and, most important
4. How the treatment recommended will cure or alleviate the illness, and what the patient can do to cooperate with the doctor in expediting the treatment.

This is a far cry from the old-fashioned doctor. But it is necessitated by the modern patient's healthy skepticism, by the modern enlightened attitude respecting the body and its functions, and by the fact that, it being a physical impossibility for the doctor to be with his patient at all times, the patient must know enough about his illness to be able to cooperate fully with the doctor in the doctor's absence. Life is not a static as it was fifty years ago when a doctor could keep a fatherly eye on his patient's actions. The speed of modern transportation, increasingly-large centers of population, and more frequent changes of residence have made it impossible for such a relationship to continue.

It is hardly my place to point out to the medical profession the tremendous psychological advantages which result from the patient's understanding of his illness. The patient no longer feels that he is at the mercy of strange and inexplicable forces. An understanding of his illness results in a much more wholesome attitude toward life in general and to-

ward the treatment of his illness in particular. Moreover, the patient is more likely to cooperate with the doctor when an explanation has convinced him that the doctor is on the right track. Many persons have a certain distrust for those who know so much more than they do. A careful explanation of cause and effect and the reasons for a certain course of treatment constitutes the most certain manner of overcoming this inherent distrust.

Besides the need for a greater degree of cooperation between doctor and patient, I feel that there is a need, also, for a greater cooperation between doctors specializing in the various branches of medicine and between general practitioners and specialists. A doctor should know exactly where to send a patient suffering from some specific ailment in which the doctor himself does not specialize. He should not only know when to advise the patient to have his teeth examined or when an oculist should be consulted, but he should be not at all backward about recommending such assistance. Not only that, but the doctor should be prepared to recommend a specialist if the patient does not know to whom to go.

Another phase of the relationship between doctor and patient which the medical practitioner should carefully consider is the scope of medical service. It is no longer enough to successfully diagnose and treat an ailment. When a doctor undertakes to treat a patient he should be ready to give complete medical service. He should not only treat ailments which have developed; he should also detect incipient ailments, and warn the patient as to the weaknesses of his particular system.

The above thoughts are offered as suggestions from the point of view of the patient, with the hope that the sincere and competent efforts of the medical profession may be more effective and helpful to the public they strive to serve. *Bulletin of the Erie County Medical Society, Buffalo, N. Y.*

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The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shoes" on their feet and suspending them with swaddling bands in mid-air.

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### PERSONAL

Several of the doctors have been over to the seminar at the Seattle General Hospital conducted by Dr. C. A. Doan, Professor of Medicine at Ohio State University.

One of our local waterworks men had an unusual Christmas card. We are wondering if he carries a union card.

The questionnaire sent out by the Pierce County Medical Society concerning the efficiency of the Business Bureau has reputedly brought in some interesting observations and experiences. Those who have not yet returned their questionnaires are urged to do so at once.

Dr. Chris Reynolds has opened his first office in the Medical Arts Building.

Dr. Lewis Hopkins is back from Mayo's, where he went to be with his famous brother, Harry, during his recent operation, which is reported as successful.

The glad hand and merry season's greetings have been prevalent on all sides of late. From some of the stories, the doctors will be glad of the new year.

Dr. Karl Staatz has sold his first year's turkey crop from his Oregon farm. He is reported to have disposed of some 2,000 of his 2,500 crop.

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Dr. Frank R. Maddison has recently been honored by being made a Fellow of the American College of Physicians.

Dr. Fred Scheyer and wife went to Chicago this fall, where Dr. Scheyer received his Fellowship in the American College of Surgeons. The Scheyers took possession of a new car in Minneapolis and drove south to Florida. There they took a Pan-American plane to Cuba. On the way back they spent a week in New Orleans, then back by southern trails through Mexico and home.

The Puget Sound Academy of Ophthalmology and Oto-Laryngology will hold its annual President's Dinner on January 8 at the Winthrop Hotel, at which Dr. A. W. Howe will sing his "swan song."

Dr. and Mrs. Ralph Schaeffer are back from a short pleasure trip to California.

Our sympathy goes to Dr. T. H. Long, whose brother, Dr. F. A. Long, passed away in Madison, Nebraska, the latter part of November. Dr. Long was editor of the Nebraska State Medical Journal, and through his courtesy the Journal has been received by our library for several years. He was Past Presi-

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*Literature on request*

dent of the Nebraska State Medical Association and a Fellow of the American College of Surgeons. He was a pioneer physician of Northern Nebraska and practiced his profession for fifty years in one town. Dr. Long visited his brother in Tacoma on three different occasions, when he met many of our local physicians, and during his last illness Dr. John Buis, of Pender, Nebraska, a brother of Dr. A. H. Buis, was called in consultation.

Dr. Fordyce Johnson, formerly of Pierce County Hospital, now an eye, ear, nose and throat specialist in Washington, D. C., is visiting his sister, Mrs. Miller, at Interlaaken, where she held open house on New Year's Day.

Dr. and Mrs. Joe Turner are building a nice new home at 2720 Garfield Road.

The meeting at Fort Lewis on December 14 was a great success. The program was given

under the direction of Col. Denison and included papers by members of the staff at the Station Hospital. Those in attendance numbered over a hundred. Following the scientific meeting a delicious buffet supper was served and all present expressed great appreciation of the courtesy of Col. Denison and his staff.

Considering our present day methods of soft living and little exercise, our local proponent of physical culture is suggesting more exercise for the doctors.

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## TACOMA GENERAL HOSPITAL

From the personnel of the Tacoma General Hospital to the members of the staff come the heartiest and warmest wishes for a very happy New Year.

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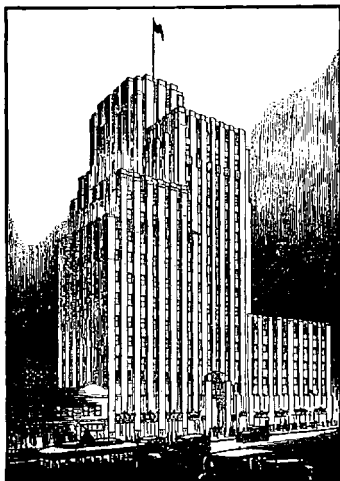
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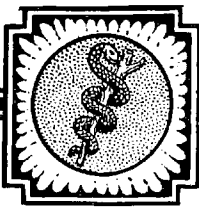
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OF THE  
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Vol. VIII

FEBRUARY, 1938

No. 2

## P R O G R A M S

MEDICAL ARTS BUILDING  
8 P. M.

FEBRUARY 8

Gas Bacillus Infection.....Dr. Bernard Sigafos  
Treatment of Pneumonias in Children.....Dr. Louis Moosey  
Heart Disease—Case Reports.....Dr. F. L. Monzingo  
Agranulocytic Leukopenia.....Dr. William Johnson  
Case Report.....Dr. John O. Milligan  
Head Injuries.....Dr. B. A. Brown

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HOTEL WINTHROP

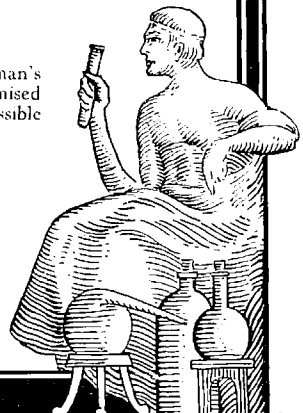
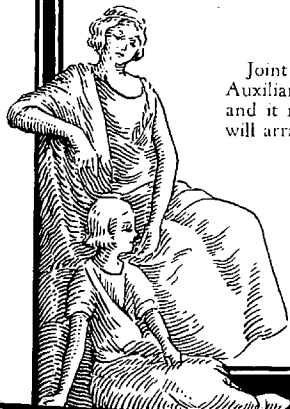
FEBRUARY 22

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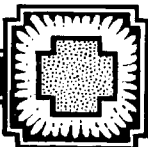
Joint banquet of Pierce County Medical Society and Woman's Auxiliary. A good dinner and good entertainment are promised and it is hoped that as many doctors and their wives as possible will arrange to attend.

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Dr. S. M. MacLean	Dr. J. R. Turner
Dr. W. D. Read	

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Dr. E. W. Janes	Dr. T. B. Murphy
Dr. R. D. MacRae	Dr. A. W. Howe
Dr. L. J. Hunt	Dr. W. W. Mattson

### Bulletin Staff

Editor.....	Dr. W. G. Cameron
Business Manager.....	Dr. A. W. Howe
News.....	Dr. P. C. Kyle

## EDITORIAL

A short time ago the president of our society sent a questionnaire to the members, requesting their views of the conduct of the Business Bureau and any suggestions for a betterment of the service. The replies have not been tabulated as yet, so no conclusion can be made. One fact stands out, and that is there is a lamentable lack of interest among the doctors

in the conduct of their business affairs. One hundred twenty-five letters were sent and but fifty-six replies received. Of these fifty-six only eighteen gave the whole of their collection accounts to the Bureau.

When only fifty percent of the membership show an interest in the management of their own Business Bureau it indicates that the members are indifferent to their own interests or that the Bureau has failed in its functions.

There are some who say that the present arrangement is not needed, that the Bureau should concern itself with collecting accounts and with nothing else. They do not appreciate the work of the credit bureau or the work done in economic research, nor do they use the telephone service.

Others have a broader conception of medical headquarters. They look upon it as the place where all medical interests are concentrated and where all the different activities should be co-ordinated. They appreciate the work which is silently done, in helping enforce the laws against quacks, in investigating medical insurance schemes and in placing the medical profession before the public in a dignified manner.

Some few are willing to go on without taking part in or supporting the medical society. They are extreme individualists and feel that they can go alone and manage their own affairs. This attitude is well and good so long as everything is smooth and easy but when trouble comes, when they are unjustly attacked or when the malpractice suit threatens, they are only too glad to come to the fellowship of the society for aid.

Medical men get a great deal for their money. Thirty dollars a year for the society and three dollars a year for the Business Bureau amounts to less than three dollars per month. For this sum they receive the journal of the State Association, have access to a fine medical library, have a fine auditorium in which to meet, employ a telephone service which answers calls and traces the doctor day

and night and maintain a central nurses' exchange. In addition to these activities, they have the enjoyment of the scientific meetings and are protected in the practice of their profession by the work of the legislative committees and the Public Health League.

Compare the benefits received from a membership in the county society and its small cost with the amount spent each year by the irregulars and cultists. The various trade unions charge the equivalent of two to five years' dues as an initiation fee and good stiff payments each month thereafter.

Membership in and loyal support of his county medical society is the one thing that the doctor must have. He can not afford to be without it. It is his only protection against those forces which would tear down our Basic Science Law and open the gates to a degraded commercialized system of practice and it is from this place alone that he can join with his fellows in protest against unjust laws which aim to take away his individuality and freedom of action and which would delay the progressive forward movement of medical science.

### MINUTES OF MEETING OF JANUARY 25

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building January 25, 1938, with the president, Dr. A. H. Buis, presiding. Dr. Duerfeldt was appointed secretary pro-tem.

The minutes of the last meeting were read and approved as corrected.

Dr. G. D. Capaccio, of Seattle, presented an excellent paper on "Edema," classifying the fundamental causes as: 1. Increased capillary pressure (as in cardiac edema), 2. Reduction of the serum proteins (as in chronic nephritis and nutritional edema), and 3. Increased capillary permeability (as in acute nephritis, anaphylaxis and endocrine edema). After mentioning the effect of sodium to increase edema and that of potassium to decrease it, he outlined the treatment of cardiac edema, stressing the importance of sufficient protein intake and an acid ash diet

low in sodium. In the treatment of edema with low serum proteins he suggested the gradual increase of protein in the diet up to 150 grams daily and the occasional need for blood transfusion. Edema from a deficiency of vitamin B 1 may be associated with that of a low serum protein.

The paper was discussed by Drs. Maddison, Kane and Herrmann.

Dr. E. E. Osgood, of Portland, presented a comprehensive paper on the subject of "Anemia." In order to classify and thus find the way to treat an anemia, there must be an accurate determination of the red cell count, hemoglobin, indices of volume, color and saturation, as well as the rate of blood formation as shown by the reticulocyte count and the rate of blood destruction as shown by the icteric index and the presence of urobilinogen in the urine. The macrocytic anemias in general need the anti-pernicious anemia factor whether caused by pernicious anemia, sprue, pellagra, pregnancy or a goat's milk diet in an infant. It is very important to give enough of this factor for the patient's needs and then to maintain the red count above five million. The hypochromic microcytic anemias need adequate (large) doses of inorganic iron by mouth whether caused by chronic hemorrhage or dietary deficiency. The normocytic anemias respond to neither liver extract nor iron and the treatment can only be directed at the primary cause. The technic of sternal puncture was described.

The paper was discussed by Drs. Hards, Janes and Maddison.

Meeting adjourned.

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## SUGGESTED READING

### Urology

Local use of arsphenamines in acute gonorrheal urethritis, John E. Heslin and William A. Milner; *Journal of Urology* 39:77-80, January, 1938.

The medical treatment of urinary infections, D. M. Dunlop; *British Journal of Urology* 9:359-367, December, 1937.

Genito-urinary tuberculosis, J. K. Miller; *American Journal of Surgery* 39:67-69, January, 1938.

### Orthopedics

The Nicola operation for recurrent dislocation of the shoulder, Harry Koster; *Archives of Surgery* 36:61-65, January, 1938.

The use of os purum in bone implantations, Svante Orell, Stockholm, Sweden; *Surgery, Gynecology & Obstetrics* 66:23-36, January, 1938.

Tears of the supraspinatus tendon, T. A. Outland and W. F. Shepherd; *Annals of Surgery* 107:116-121, January, 1938.

### Obstetrics

"Bloodless" Cesarean section, R. L. Gorrell and F. L. Wilson; *American Journal of Surgery* 39:62-66, January, 1938.

Diabetes and pregnancy, W. W. Herrick and A. J. B. Tillman; *Surgery, Gynecology & Obstetrics* 66:37-43, January, 1938.

The management of some obstetric difficulties in the home, B. E. Tucker and H. B. W. Benaron; *Medical Clinics of North America* 22:197-212, January, 1938.

### Gynecology

Ox fascia lata for reconstruction of round ligaments in correcting prolapse of the vagina, G. E. Ward; *Archives of Surgery* 36:163-170, January, 1938.

The upper pelvic floor and its importance in total abdominal hysterectomy, L. K. B. Farrar; *Surgery, Gynecology & Obstetrics* 66:44-54, January, 1938.

The treatment of gonorrhea in women by means of systemic and additional pelvic heating, William Bierman and E. W. Horowitz; *New England Journal of Medicine* 218:60-63, January 13, 1938.

### Roentgenology

Supervoltage X-ray therapy, F. W. O'Brien; *American Journal of Surgery* 39:95-99, January, 1938.

X-ray treatment of exophthalmic goiter, A. M. Smith; *Minnesota Medicine* 20:786-787, December, 1937.

The prevention and treatment of Roentgen injuries to the skin, Henry Schmitz; *American Journal of Roentgenology* 38:893-898, December, 1937.

### Pediatrics

Diaphragmatic hernia in infants, surgical treatment with use of renal fascia, Joseph Weinberg; *Surgery* 3:78-86, January, 1938.

Value of mapharsen in treatment of congenital syphilis, E. A. Morgan; *Canadian Medical Association Journal* 38:53-55, January, 1938.

Gastrointestinal pathology in infancy, Stanley Gibson; *Medical Clinics of North America* 22:153-160, January, 1938.

### Internal Medicine

Pathological and immunological studies in poliomyelitis, M. Brodie; *Canadian Medical Association Journal* 38:13-20, January, 1938.

Symposium on pneumonia; *Medical Clinics of North America* 22:1-97, January, 1938.

Peptic ulcer, medical management, G. B. Eusterman; *Minnesota Medicine* 20:766-769, December, 1937.



## Eye, Ear, Nose and Throat

Recent advances in ophthalmologic and otolaryngologic surgery, A. D. Rudemann and J. M. Waugh; Surgical Clinics of North America 17:1355-1383, October, 1937.

Cancer of the larynx, Chevalier Jackson and Chevalier Jackson, Jr.; Surgical Clinics of North America 17:1791-1795, December, 1937.

Treatment of deafness, P. M. Moore; Cleveland Clinic Quarterly 5:49-52, January, 1938.

## Neurology

Encephalography in the diagnosis of subdural hematomas, T. J. von Storch and Donald Munro; New England Journal of Medicine 218:6-9, January 6, 1938.

Symptomatology of right temporal lobe lesions, L. J. Karnosh; Cleveland Clinic Quarterly 5:25-32, January, 1938.

The importance of the early recognition of neurosurgical conditions; L. T. Furlow; Journal of the Missouri State Medical Association 35:9-14, January, 1938.

## DR. ALICE M. SMITH

Again death has beckoned to one of our membership, taking Dr. Alice M. Smith, a pioneer physician of Tacoma and an old-time member of the Pierce County Medical Society, who passed away on January 11.

Dr. Smith was born in 1867 at Abercorn, Quebec, and received her medical education at Woman's Medical School, Northwestern University, from which she was graduated in 1896. She came to Tacoma shortly after graduation and during her residence here was active not only in the practice of her profession but also in the cultural life of the city, being the author of several books and plays which won considerable recognition in the literary world. She retired from active practice some years ago, owing to failing health.

Dr. Smith is survived by a brother, A. Howard Smith, of Tacoma and a sister, Mrs. Louis A. Schultz, of Rockford, Illinois.

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#### Membership

Mrs. D. M. Dayton, Chairman  
Mrs. Scott Jones

city members were invited to share in the occasion and guests from out of town were Dr. and Mrs. R. E. Mosiman, Dr. and Mrs. Ray Jones and Mrs. Otis Floyd Lamson, all of Seattle.

In the receiving line were Mrs. Kech, Mrs. Mosiman, President of the State Auxiliary; Mrs. Jones, President of the King County Auxiliary; Mrs. H. J. Whitacre, Mrs. D. H. Bell, Mrs. John Arnason Johnson and Mrs. John F. Steele. Miss Reitha O'Connor, 13-year-old pianist, played several selections and Mrs. Kech gave a short address on the work of the Auxiliary in the East.

At the tea hour Mrs. H. S. Argue, Chairman, was assisted by Mrs. George Smith, Mrs. Karl Staatz, Mrs. Edgar Dodds, Mrs. Lester Baskin and Mrs. Benjamin Terry. Mrs. W. B. Penney and Mrs. John Gullikson presided at the tea table, beautiful with its lace cloth, yellow candles and bouquet of pink tulips and daffodils.

The mid-year meeting of the Board of the State Auxiliary was held on January 29 at the New Washington Hotel, Seattle. Mrs. Kech was honor guest at luncheon and also at a banquet in the evening, to which the members of the King County Medical Society were invited. Going from Tacoma were Dr. and Mrs. D. H. Bell, Dr. and Mrs. H. J. Whitacre, Dr. and Mrs. W. B. Penney, Dr. and Mrs. John Arnason Johnson and Dr. and Mrs. J. F. Steele.

The next Auxiliary meeting will be held on February 10 at the home of Mrs. C. G. Trimble, 620 South Union Avenue, at 2 P. M. Mrs. C. P. Gammon will read a paper on "Women in Medicine," after which a program of music will be given, followed by the tea hour, for which Mrs. G. A. Wislicenus is chairman, assisted by Mrs. Claude Leaverton, Mrs. T. H. Long, Mrs. William Ludwig, Mrs. Sydney MacLean, Mrs. Raymond D. MacRae, Mrs. Charles McCreery, Mrs. William McCreery and Mrs. J. B. McNerthney.

A delightful occasion of Sunday, January 30, was the tea given by the Auxiliary in honor of Mrs. Augustus S. Kech, of Altoona, Pennsylvania, President of the Woman's Auxiliary to the American Medical Association, at the home of Mrs. Archibald W. Howe, 2902 North 27th Street. Medical So-

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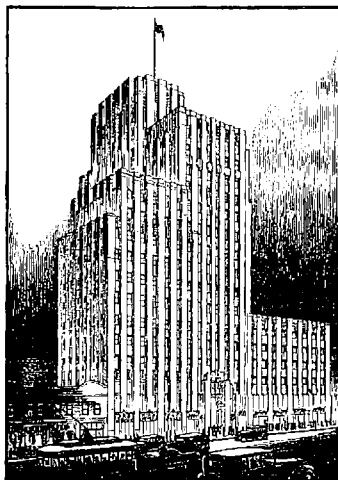
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Example of severe rickets in a sunny climate. Courtesy of E. H. Christopherson, M.D., San Diego, and of "California and Western Medicine."

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## TACOMA GENERAL HOSPITAL

Dr. Benjamin T. Terry, Pathologist, has been out of his office a short time, ill with a cold.

The student nurses are enjoying the new Wurlitzer immensely, their Christmas gift.

Central Supply Service has been instituted and installed on the second floor. The Purchasing Department adjoins. Miss Ann Hansen is now Central Supply Supervisor.

The Capping service was held on January 7th, twenty-six receiving their caps in the traditional ceremony.

The new class of fifteen enters the School of Nursing on February 8th.

Miss Carol Penney resigned her position as Record Librarian, going East to be married. Miss Norma Younie succeeds her.

Teacher: "Now, who can tell me what makes the Leaning Tower of Pisa lean?"

Fat girl in third row: "If I knew I'd take some of it."

## PERSONAL

On Saturday, January 22, a number of the local men doing obstetrics attended the all-day meeting of the Washington State Obstetrical Association. This association has one session at each meeting which is a round table discussion on a certain topic, instead of regular papers.

The Seattle Surgical Society has sent out invitations for their annual dinner and clinic, which will be held February 4th and 5th.

Dr. and Mrs. Weldon Pascoe and their son, Weldon, spent Christmas in Coronado, California, with Dr. Pascoe's mother. During the holidays they visited Dr. Kanaga at Palm Springs.

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Dr. and Mrs. Sydney MacLean spent Christmas in Phoenix, Arizona, stopping en route to visit their daughter in Portland. In Los Angeles they visited their son. In Arizona they were close behind a bad auto accident and Dr. MacLean rendered first aid.

Dr. and Mrs. W. W. Mattson and children spent Christmas and the holidays visiting the Grand Canyon and touring Southwestern United States and Northern Mexico.

POSITION WANTED — Young lady, seven years physician's office, desires position. References. Call Medical Library.

Dr. and Mrs. W. B. Penney accompanied their daughter, Carol, to Chicago early in January, where Miss Penney was married to

Robert L. Carlisle. Following the ceremony, which was held in the Second Presbyterian Church, a wedding dinner was held at the Stevens Hotel. Mr. Carlisle is a chemist with the National Chemical Company, of New York, and the new home will be made in Brooklyn.

Dr. Don Willard has completed his internship at Cook County Hospital, in Chicago, and has entered practice with his father, Dr. H. G. Willard.

Dr. Clifford W. Whitaker, of the Medical Reserve Corps, has received his certificate of capacity for the grade of Lieutenant Colonel.

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Mrs. H. S. Palmer, of the Washington Minor Hospital, left via Northwest Air Lines last week for an extended trip east. She plans to spend the greater part of her time visiting hospitals in Minneapolis and Chicago.

Drs. S. R. Denzler, John R. Flynn, Joel J. McCook and Hugh A. Rasmussen were elected to membership in the Pierce County Medical Society at its meeting of January 11.

Those among our membership who remember Mr. Leo B. Pambrun, formerly with the Shaw Supply Company and later manager of the Merchandise Department of the General Electric X-Ray Corporation, will regret to learn of his death on December 3, following an automobile accident. At the time of his passing Mr. Pambrun was living in Aurora, Illinois.

Dr. and Mrs. R. A. Morse and daughter, accompanied by Miss Bernice Martyn, of the State Experimental Station, recently drove down into Mexico, reaching a point two hundred miles south of Mexico City. They arrived in the capital city on Christmas Eve, and while there attended a bullfight, during which a severe earthquake rocked the stadium. Later, they were dinner guests of Mr. Fredrickson, Vice Consul, whose mother is a resident of Tacoma. On the return trip the party stopped at Carlsbad Caverns in New

Mexico and visited relatives and attended races in California. They were away about six weeks.

Dr. and Mrs. W. H. Goering and Dr. and Mrs. Harry Allison have returned from California, where Drs. Goering and Allison attended the meeting of the American Academy of Orthopedic Surgery.

Dr. B. F. Bruenner visited his parents in St. Paul over the Christmas holidays. He was away for two weeks.

### TACOMA INTERNISTS' SOCIETY

Tacoma Club Feb. 15 6:15 P. M.  
The Treatment of Syphilis...Dr. H. J. Hards  
Congenital and Hereditary Syphilis.....  
Dr. G. M. Steele  
Case Report.....Dr. F. R. Maddison



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## STAFF MEETINGS

### Tacoma General Hospital

Staff Meeting.....March 1, 8 P. M.  
Combined Clinic.....Feb. 10, 17, 24,  
March 3, 9:30 A. M.  
Orthopedic Clinic.....Feb. 10, 9 A. M.

### St. Joseph's Hospital

Clinical Meeting.....Feb. 7, 8 P. M.  
Pathological Conference...Mar. 4, 9:30 A. M.

### County Hospital

Staff Meeting.....Feb. 25, noon  
Clinical Pathological Conference.....  
Feb. 10, 17, 24, Mar. 3, 4 P. M.

## COMMUNICABLE DISEASES

December, 1937

Measles ..... 1  
Chickenpox ..... 31  
Mumps ..... 7  
Smallpox ..... 9  
Whooping cough ..... 42  
Scarlet fever ..... 26

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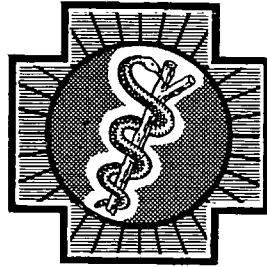


# The BULLETIN

Vol. VIII

MARCH, 1938

No. 3



## PROGRAMS



### MEDICAL ARTS BUILDING

8 P. M.--MARCH 8

- Attempts to Correlate Conflicting Ideas of Sinus Surgery and Multiple Sclerosis in Retrobulbar Neuritis .....Dr. G. E. GRIFFITH
- Submucous Resection of Nasal Septum.....  
.....DR. W. H. LUDWIG
- Case Report.....DR. C. V. LUNDVICK
- Report on the Business Bureau Questionnaire



### PIERCE COUNTY SANATORIUM

8 P. M.--MARCH 22

Program to be given by the staff of the sanatorium, followed by a buffet lunch.

*Auditorium Telephone BRoadway 3166*

Tacoma, Washington

# Pierce County Medical Society

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 News..... Dr. P. C. Kyle

The medical profession is deeply interested in all those things which go to improve the general welfare. It gives active support to all organizations whose objects are the promotion of social welfare, as well as the protection of health. Its members give their time and financial aid to such organizations as the Red Cross, Anti-tuberculosis League, Parent-Teachers Association, child welfare and kindred groups of workers. Among these is the Public Health Nursing Association. The doctor has occasion to make use of their services and is ably assisted thereby in his work. The association has completed a very successful year, as is shown by the report of its president in this issue. On behalf of the medical society the Bulletin extends congratulations and hopes for a continued growth and extended service and an ever-friendly co-operation between the nurses and the doctors.

\* \*

In a recent number of the Journal of the American Medical Association, it was urged that all societies begin an economic study of the costs of medical care and the ability of the public to avail themselves of medical service.

Fortunately, Pierce County can give a report today. For five years our Economic Committee and the Foundation for Medical Research have pursued their studies and have a mass of statistics and information to use in perfecting plans to extend medical services to all who wish to avail themselves of the opportunity. The State Association has also done good work on this subject. These studies are available for all interested and should be of great help in arriving at a common solution of these problems.

**LIBRARY**

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

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**DOCTOR AND PATIENT**

From time to time articles appear in the medical literature stressing the importance of the relationship between the doctor and his patient and pointing out the physician who regards the patient merely as a case rather than an individual is losing sight of a valuable part of his armamentarium.

"The relationship between the patient and the physician always has been and always will be the most important part in the practice of medicine," says Dr. H. J. Hartman in *Journal of the Iowa State Medical Society* for August, 1935. "The physician must know his patient personally, must study the relevant and apparently irrelevant facts, must know the real pains, the psychic as well as the physical. That necessary confidence which the patient must have in his physician is only gained through personal contact with and interest in the patient." Dr. Hartman believes in informing the sick person in regard to the facts of his illness when possible. "Finally," he says, "optimism, geniality and a sense of humor are invaluable assets to a doctor."

In an article called "The Patient as a Person," published in *Canadian Medical Association Journal* for August, 1934, Dr. A. H. Gordon, of Montreal, says: "People who are ill are more open to suggestion than those who are well and a gloomy visage, an air of uncertainty or a grave prognosis removes a large factor in the will to get well. It would be a bad day for you and a bad day for your patient if you or he stopped hoping."

Sir Henry Brackenbury, of London, writing in *Lancet* for October, 20, 1934, says that "No doctor in practice can be or should be a detached scientific observer dealing objectively with some morbid process taking place within a relatively uninteresting vehicle which is the patient's body. . . . It is essential to have regard not merely to the body but to the whole personality."

Dr. G. A. Ezekiel, of Richmond, Virginia, feels that a very important factor in establishing rapport between the patient and his doctor is the patient's understanding of his disease. He believes that doctors are too prone to use scientific terms, unintelligible to even the best educated layman. He points out that while there are patients to whom this would not apply, the average sick person is helped by knowing about his ailment and understanding the means which the doctor is using in treating it. Dr. Ezekiel's paper was published in *Virginia Medical Monthly* for December, 1935.

Dr. H. W. Williams, of the Rhode Island State Hospital, writing in *Rhode Island Medical Journal* for December, 1936, expresses the opinion that the "bedside manner," long the hallmark of the old-time family physician, is again coming into its own. To Dr. Williams, an adequate bedside manner is one so friendly, so sympathetic, so commonsense, that the patient's confidence is won and the physician can thereby gain an insight into such maladjustments as may underlie the illness.

In the field of pediatrics, the attitude of the mother has a great bearing on the success of the doctor's relationship with his patient, says Dr. J. C. Solomon in *Archives of Pediatrics* for April, 1937. If she has instilled a feeling of friendship for and confidence in the doctor his task will be much easier. Gentleness and kindness are, of course, the sine qua non in establishing rapport with a child. A friendly situation should be established before an examination is attempted. Compliment a little girl upon the dress she is wearing, question a little boy about his athletic prowess, give a little child toys to play with. Warn the child of unpleasant procedures that his mother is to carry out at home and don't hurt him without telling him that it is going to hurt. Tell him what you are doing and why and he will be much more cooperative.

# WOMAN'S AUXILIARY

## To PIERCE COUNTY MEDICAL SOCIETY

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## TEN COMMANDMENTS FOR DOCTORS' WIVES

By Mrs. Augustus S. Kech  
 National President

The doctor's wife must be intelligent, able to afford the mental stimulus a doctor needs.

She must have a sense of humor and a pleasant, "peaceful" disposition.

She must be cheerful about meals prepared and uneaten, about social engagements that are broken.

She must be able and ready to carry on the civic, social work of a husband too busy to attend board meetings himself.

The doctor's wife must be able to make a good appearance on a limited income, for, contrary to the popular belief, most doctors are in the average income class.

She must be able to buoy her husband's spirits when his fail, and she must have a "soothing personality."

She must listen to his confidences and never betray them.

She must refrain from gossip. "A gossiping wife has ruined many a good practice."

She must be a diplomat par excellence, standing between a tired, overworked man and a demanding public.

A joint meeting of the Auxiliary and the Woman's Army for Cancer Control will be held in the Auditorium in the Medical Arts Building on Thursday, March 10, at 2 P. M.

The Auxiliary will present a speaker from the State Health Department and the Woman's Army for Cancer Control has tentatively secured the services of Dr. E. A. Nixon, of Seattle, as speaker.

This will be an open meeting and it is hoped to have representatives of all the woman's clubs in the city. Anyone who desires to come will be welcome.

### CAREFUL LAUNDERING

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## PUBLIC HEALTH NURSING ASSOCIATION

The annual meeting of the Public Health Nursing Association on February 8th had the largest attendance since its official incorporation in 1920. This, we believe, attested to the esteem in which the Organization is held by those who have watched it steadily grow, ever mindful of highest standards and faithfully striving to meet growing health needs.

Our present program represents the unique and successful cooperation of private, city, county and state organizations in the support of a staff more nearly approaching adequacy in the Public Health field.

Our service includes the maintenance of:

**The Only Tuberculosis Clinic in Tacoma**—the city now cooperating—our nurses do the Tuberculosis nursing, all follow up, the important investigations leading to location of contacts involved and their examination.

**Child Welfare Clinics**—Wednesday and Friday of each week, the Junior League cooperating.

**Prenatal Clinic**—Our nurses in attend-

ance—making all home calls for prenatal, post natal and infant care.

**Communicable Disease Control** and isolation technique taught in home by our nurses, rendering the closing of the Contagious Hospital successful.

**School Nursing** in all the parochial schools, initiated by the PHNA in 1933 and more than justified by the huge number of necessary corrections made and the vast improvement in sanitation and health habits.

**Health Education**—In cooperation with Health Council of Tacoma, the Director and nurses are called upon for health talks.

**Bedside Care**—Furnished on an hourly basis only through our Organization; available to anyone desiring it. People in every walk of life make use of this excellent service which includes the nursing service for every type of case handled by a physician, purchaseable at a dollar for an hour, fifty cents for each hour thereafter.

**21,137 Calls and 208 Clinics**—supplied these combined services in 1937, the first a very creditable record of our nursing staff, the second an equally imposing tribute to our loyal staff physicians whose

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invaluable services make this worthy accomplishment possible.

We deeply appreciate the assistance of you who know our work and cooperate with us; we sincerely hope we may have the opportunity of serving you who do not, in whatever capacity, within our scope, that we may be of assistance to you.

We gratefully acknowledge Dr. Cameron's generous offer of space for a report of our meeting and may it be the means of bringing to each one of you who are so definitely identified with Health, some conception of the cooperation that the Public Health Nursing Association, the largest health organization in the city, is daily giving you.

MARGARET A. CLAY,  
President, Public Health Nursing Assn.

## THE WASHINGTON'S BIRTHDAY DINNER

More than one hundred doctors and their wives attended the dinner given in the Crystal Ballroom of the Winthrop Hotel on February 22 by members of the Pierce County Medical Society honoring members of the Woman's Auxiliary. An appropriate color scheme of red, white and blue was used, with silver stars and streamers and candles in the national colors.

Dr. A. H. Buis, President, gave a brief address of welcome, to which Mrs. J. F. Steele, Auxiliary President, responded. Dr. Edwin Janes, Chairman of the Entertainment Committee, also spoke briefly. The program which followed the dinner was in the form of a radio broadcast, with Dr. J. P. Kane as a very amusing announcer. Mrs. Darrell Running gave a group of songs, accompanied by Mrs. Cyril Lundvick, Dr. Lewis Hopkins effectively imitated a Walter Winchell broadcast and Dr. Treacy Duerfeldt led group singing.

A short memorial was held in memory of members of the medical society who have recently passed on.

## Dr. T. C. Rummell

Dr. T. C. Rummell, a Pierce County Medical Society member of forty years' standing, passed away on February 14, the sixth member of our group to be taken by death during the last twelve-month.

Dr. Rummell was born in Ohio in 1860. The death of his parents threw him on his own resources at a very early age. He studied pharmacy and operated a drug store in Cleveland, where he also studied medicine, taking his degree at Western Reserve University in 1891.

Dr. Rummell was a real pioneer, coming to Tacoma during the early days and establishing his first office here. In the forty years of his residence he achieved prominence not only in the practice of medicine but also in the civic and educational life of the city.

Surviving are the widow, two daughters, Jessie and Edith, and two sons, Corwin and Bartlett.

## PERSONAL

Miss Nell McDonald, Assistant Superintendent of the Washington Minor Hospital, is in San Francisco, where she is attending the convention of the Western Hospital Association and the Western Conference of Catholic Hospitals. Sessions are held at the Fairmont Hotel.

After twenty-five years of a vacationless practice, Dr. Arthur Keho is taking a year off. At the present time he is indulging in a physician's holiday by having his phone disconnected and is spending much time at the family farm on a nearby island. Later on, Dr. Keho is counting on doing some postgraduate work. We compliment the doctor on taking this compound, comminuted type of vacation and hope that he will enjoy it to the fullest extent.

Dr. and Mrs. Walter Cameron have returned from California, where Dr. Cameron attended the Los Angeles Research Study Club on Eye, Ear, Nose and Throat. Dr. Bielschowski, of Dartmouth Medical School, formerly of Germany, was the principal speaker. The Camerons were away nearly four weeks.

The Grim Reaper has again struck into our midst, taking Dr. T. C. Rummell.

Dr. Millard Nelson and wife are back from a three-weeks' trip to California. They were far enough south so that California weather was not "unusual" for them.

Skiing is taking its share of sports-loving physicians.

Mr. C. J. Cummings, Superintendent of Tacoma General Hospital, is attending the Western Hospital Association meeting in San Francisco.

Little girl at counter: "My mamma wants a dozen diapers."

Saleswoman: "All right, little girl. Here they are. It will be ninety-eight cents for the diapers and two cents for the tax."

Little girl: "My mamma don't use tacks. She uses safety pins."

## MR. KIPLING ON DOCTORS

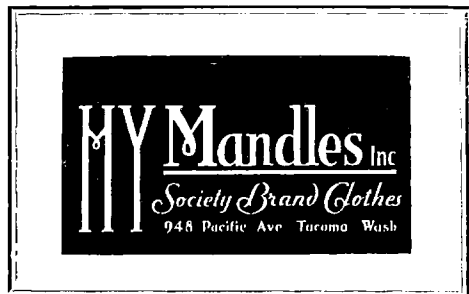
"Every sane human being is agreed that this long-drawn fight for time that we call life is one of the most important things in the world. It follows, therefore, that you, who control and oversee this fight, and who will reinforce it, must be amongst the most important people in the world. Certainly the world will treat you on that basis. It has long ago decided that you have no working hours which anybody is bound to respect, and nothing except your extreme bodily illness will excuse you in its eyes from refusing to help a man who thinks he may need your help at any hour of the day or night. Nobody will care whether you are in your bed, or in your bath, or at the theatre. If any one of the children of men has a pain or a hurt in him you will be summoned; and, as you know, what little vitality you may have accumulated in your leisure will be dragged out of you again.

"In all time of flood, fire, famine,

plague, pestilence, battle, murder, and sudden death it will be required of you that you report for duty at once, and go on duty at once, and that you stay on duty until your strength fails you or your conscience relieves you; whichever may be the longer period. This is your position—these are some of your obligations—and I do not think that they will grow any lighter. Have you heard of any legislation to limit your output? Have you heard of any bill for an eight-hour day for doctors? Do you know of any change in public opinion which will allow you not to attend to a patient when you know that the man never means to pay you? Have you heard any outcry against those people who can really afford surgical appliances, and yet cadge round the hospitals for free advice, a cork leg, or a glass eye? I am afraid you have not. It seems to be required of you that you must save others. It is nowhere laid down that you need save yourselves. That is to say, you belong to the privileged classes.

\* \* \*

"Realizing these things, I do not think I need stretch your patience by talking to you about the high ideals and lofty ethics of a profession which exacts from its followers the largest responsibility and the highest death rate—for its practitioners -- of any profession in the world." (From "A Doctor's Work," an address delivered at Middlesex Hospital, October, 1908.)



# THE PILLARS OF MEDICINE

of  
*Paracelsus*

*H*E WHO WANTS TO KNOW MAN must look upon him as a whole and not as a patched-up piece of work. If he finds a part of the human body diseased, he must look for the causes which produce the disease, and not merely treat the external effects. Philosophy—the true perception and understanding of cause and effect—is the mother of the physician. In this understanding rests the indication of the true remedy, and he who is not able to understand will accomplish nothing.



"NATURE—not man—is the physician . . . . Try to enable yourself to follow Nature and she will be your instructor. Learn to know the storehouse of Nature and the boxes in which her virtues are stored up. The ways of Nature are simple, and she does not require any complicated prescriptions.



"A PHYSICIAN who is true to his own higher self will also have faith in himself, and he who has that faith will easily command the faith of the people.



"TO CURE DISEASES is an *art* which cannot be acquired by the mere reading of books, but which must be learned by experience. Neither emperors nor popes, neither colleges nor schools, can create physicians. They can confer privileges and cause a person who is not a physician to appear as if he were one, but they cannot cause him to be what he is not."

Phillipus Theophrastus Bombast of Hohenheim (1493-1541), known as Paracelsus, is popularly supposed to have based his system of medicine upon superstitions. We pride ourselves that we have outgrown the simple-minded adherence to magic and sorcery of his time. If one will examine, however, the principles enunciated by this philosopher, he will be surprised to envision the depths of his knowledge; the soundness of his wisdom. He was the first to recognize the existence of cretinism in the presence of endemic goiter. His monograph on miners' diseases (1567) contains descriptions of miners' phthisis and the effects of coal gas. Many of his observations were original and far ahead of his time.

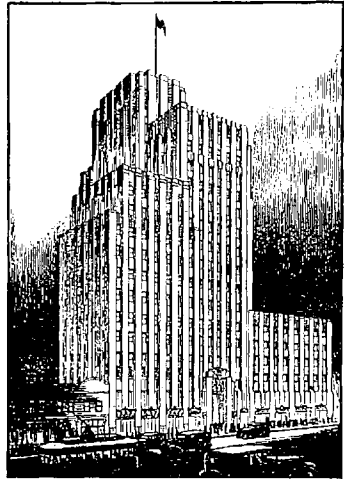


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*Where your Physician's Prescription is filled*  
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*Building Managers*

In the past a frequent complaint from mothers was the expense incurred when the large bottle of antiricketic was accidentally upset.



*"Busy fingers"  
can't spill*

## OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper\* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price.

### Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

### No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

\* Supplied only on the 50 c.c. size; eventually to be furnished with 10 c.c. size  
Patents pending.

### Accurate

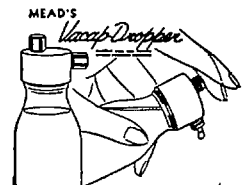
This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

### No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

### How to Use MEAD'S Vacap-Dropper

Remove both top and side caps. Wipe dropper tip. Regulate rate of flow by using finger to control entrance of air through top opening (see below). Oleum Percomorphum is best measured into the child's orange juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.



OLEUM PERCOMORPHUM  
More Economical Now Than Ever

MEAD JOHNSON & CO. • EVANSVILLE, INDIANA, U. S. A.

## SYNOPSIS OF MALPRACTICE

By William M. Rains, LL.B.,  
Member L. A. Bar

(With apologies to H. L. Tidy, M.D., and his celebrated "Synopsis of Medicine")  
(Tic doulouerror) (Bury-Bury) (Mistake)

### MALPRACTICE

An acute infectious disease transmissible mainly to physicians and surgeons, only by the excreta of former patients, characterized by severe pain and prolonged sequelae. Rarely fatal.

**Etiology**—Virus unknown, principally affects busy doctors; ultra careful and conservative practitioners not immune. Endemic throughout North America, particularly U.S.A. Degree of infectivity high when exposed to carriers of bacillus avarita.

**Symptoms**—(a) Incubation period: One year from exposure, sometimes called "Statute of Limitations."

(b) Premonitory period: Usually two to eleven months, crystallized by sudden chill upon contact with patient, ordi-

narily in connection with latter's simulated billuselessness.

(c) Clinical period and eruption: Generally during last days of incubation period co-incident with premature, too radical treatment of patient's neglect to pay bill.

**Characteristics of Clinical Stage**—(a) Eruptions, asymmetrical and vari-colored but always identifiable by court summons and complaint and invariably accompanied by a pimply-rash in the form of a process server.

(b) Excruciating hyperaesthesia in the region of the Gluteus Maximus, and Splenius Colli. Also frequently red spots before the eyes and set teeth on edge.

**Chronic Stage**—May continue six months to five years. A pyrexia syndrome occurs during this stage if the disease is at all activated, the culmination of the febrile parabola always manifesting itself in direct relation to the time of appearance of the "victim" in a court proceeding.

**Course and Prognosis**—If early treatment can be obtained, the uncomplicated

# Ergoapiol (Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

**MARTIN H. SMITH COMPANY**

150 LAFAYETTE STREET, NEW YORK, N. Y.



**Dosage:** 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, visible only when capsule is cut in half at seam.

*Full formula and descriptive literature on request*

disease usually smothers in its own excreta. The prognosis is markedly good if there has been a generally effective starvation of the "bacillus avarita."

**Prophylaxis**—(1) Don't (unless necessary) sue for fees until one year has elapsed from the date of last treatment. Patients ordinarily have only one year within which to sue for malpractice. Doctors have at least two years within which to sue for fees. If patient is a minor, the rule is different, consult counsel.

(2) Pay or no pay, a private physician is equally responsible in law, therefore, insist on cooperation of patient in all reasonably required respects, such as X-rays and laboratory analysis; otherwise demand acceptance of public facilities and release of responsibility.

(3) Don't criticize the doctor who precedes on a case. The problem may have appeared distinctly or subtly different to him. Remember, if **your** successor follows this paragraph faithfully, your **sincerest** though perhaps most **futile** efforts will be accounted sympathetically.

(4) Don't experiment on a live patient. Risks likely to be dangerous to a patient provoked by experiment are incompatible with the law. Therefore, to avoid legal responsibility for damage, refrain from doing that which the ordinary prudent practitioner of average skill would not do under similar circumstances, and be diligent to do at least those things which a reasonably prudent practitioner would consider indicated under similar circumstances.

If this rule is followed, bad results do not support legal responsibility.

(5) Don't be brutal. "Offensiveness" is **not** the best "defense" to impending trouble with a patient. On the contrary, kindness, solicitude, understanding, and, surprisingly often, consultation will ward off lurking trouble.

**Treatment**—(a) Aromatic spirits, care and caution 1 oz. T. I D. PC.

(b) Sweet oil of charity q. s. for articulating surfaces with other doctors.

(c) Isolation of case records and X-rays.

(d) Absolute quiet, abstention from

## In the Pneumonias

(whatever the type)

focus your local treatment  
on

### Antiphlogistine

applied as a poultice over the entire  
thoracic wall.

The Denver Chemical Mfg. Co.

163 Varick Street

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Further exposure to sunlight  
is advised.

When examined in  
the laboratory, positive  
evidence is obtained to  
show that every latter bacillus

**Herbid Anatomy**—The  
study rarely fatal, there is  
a biological sequelae, the

Poliferation and de-  
velopment of the "glans re-  
pente" is well to follow  
the admittance of the  
to approximate result is the  
"point of your body"

—Los Angeles Mail

**JOHNSON-COX COMPANY**

Effective Printing Plates  
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**GLY**

A Bronchial Sedative

Control the cough that  
irritates your patient.

GLYXERIN quickly relieves  
the distressing symptoms  
because it contains the  
most highly approved respiratory  
sedatives.

Your patients with respi-  
ratory affections are comforted  
when they sleep without  
without coughing.

GLYXERIN is an effective  
product in origin, its develop-  
ment and distribution.  
It deserves your full con-  
fidence.

MARTIN H. SMIT

further exposure to source of infection or carrier.

(e) When examined in court be frank, modest, sympathetic, professional. Avoid inclinations to rancor or debate—(let counsel carry latter burdens).

**Morbid Anatomy**—Though this disease is only rarely fatal there is one outstanding histological sequelae, to-wit:

Proliferation and desquamation of the cortex of the "glans reputation."

Thus it is well to follow the prophylactic admonitions wherever possible if this unfortunate result is to be avoided to yourself or your fellow practitioner.

—Los Angeles Medical Bulletin.

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 house,  
 The nails on the end of his toes?  
 Can the crook of his elbow be sent to jail?  
 If so, what did he do?  
 How does he sharpen his shoulder blades?  
 I'll be hanged if I know, do you?  
 Can he sit in the shade of the palm of his  
 hand?  
 Or beat on the drum of his ear?  
 Does the calf of his leg eat the corn on  
 his toes?  
 If so, why not grow corn on the ear?

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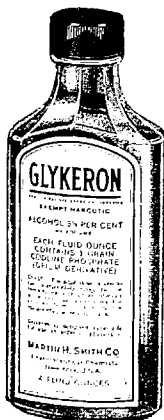
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## The Importance of The Public Relations of Medicine

These are changing times. The quality of the social order is involved. Our economic philosophy is going through an adjustment. Thinking people recognize a new attitude toward liberality of public relations. In our every day affairs we face some greater degree of socialization than heretofore. This involves the services of medicine. Medicine is one of the greatest social functions. It will continue to go along with the prevailing concepts of society just as it always has done from the beginning of history. In thinking of these things we neither advocate a greater degree of socialization nor the lessening of personal privileges nor the limitation of the enjoyment of the benefits of the service of all human knowledge. The new changes in human relations place on medicine the responsibility of leadership in planning for the better distribution of its services. Medicine simply wishes to build the distribution of its services upon that which it has found to be most useful in maintaining the personal relation of doctor and patient and to expand the distribution of its services so as to meet present day conditions. We cannot afford to be reactionary and we cannot afford to continue to fail to realize that there are new forces that must be recognized. We must recognize fundamental, economic conditions and we must decide upon the kind of philosophy that will meet new conditions. We should think it through before we get deeper and deeper into any system that may be imposed upon the services of medicine. The longer we postpone adjustment to new conditions the more difficult it will be.

New York State has had an active Committee on Public Relations for the last ten years. While the Committee sometimes worked on problems that are not significant, it has always worked on problems in which the public is interested. It has worked unselfishly to improve the public services of medicine. The Committee has realized for several years that the public is becoming increasingly health conscious. They have been impressed with the public discus-

sion of problems in public health. It is quite interesting that there is usually no criticism of the profession of medicine. We tritely say that medicine should assume leadership in public health problems. We may think that we have done our duty when we have recognized this. We may have thought that the adoption of resolutions fulfilled our responsibility. For years the Committee on Public Relations has undertaken to coordinate and facilitate the work of health agencies. It has undertaken to solve the health problems of the community. Public relations should undertake to adjust community resources to the needs of the community. It should delegate responsibility for specific undertakings to particular existing agencies. The local profession should initiate projects shown to be desirable. The County Medical Society should act as a bureau of information for any organization or individual seeking information on health. It is believed that such an attitude would speedily receive community recognition. Efforts should be made to avoid duplication of work. Lay organizations should recognize that they can only be assistants to professional organizations. In organized effort of all agencies there is no question of the recognition of the authoritative source of medical knowledge. The public does recognize the profession of medicine as a special group appointed by the State to bring intelligent ability to the care of the sick. Medicine is recognized without question as being acquainted with the problems of health better than any other group and they are the only group who knows the machinery for working out health problems. If all health agencies were united in one council it would allow the profession of medicine to take leadership in all public health relationship matters.

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The County Medical Society at the present time is not active enough in public relations. We ought to set up a general plan of public health education. We ought to try to overcome the diffidence of the mass of physicians to helping in public health education work. We can only have leadership in public health matters by showing the public that we are interested. There is no unsolved problem for County Society activity in pure scientific medicine, it is going on even faster than we can make use of it. All of our efforts should concern the extra scientific services of medicine. Our real County Society purpose should be to educate the public in medical matters. We could take a leaf from the efforts of other organizations along the line of public relations. Banking, for example, has gone far in the last two years in its work on public relations. Public relations involves two things—public service and public education, in health matters. The profession of medicine could do more in leadership in the education of the public without diminishing the splendid, scientific service that it is now giving. It could do more than it is doing to help to meet the problem of making medical service available to all classes of people, before the State advances farther in providing the services of medicine to people who are unable to pay for it from their own resources. The State will of course have to pay for this, but the methods should be outlined by the local medical profession. There is plenty of room in working out this problem and there is plenty to do. We are far from a satisfactory state of affairs if we wish to limit further dictation by Government.

No matter how sincere and well intentioned non-medical groups are at the start (especially the so-called and too often misnamed "philanthropic" groups) and their announcements that they will limit their activities to only certain tasks, they one and all gradually, add this and that and encroach on the medical profession with resulting injury to the doctors. The only time to prevent encroachments is to definitely stop them before they begin.

—Bulletin of Summit County Medical Society.

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## CLINICAL MEETINGS

### Tacoma General Hospital

Staff meeting.....April 5, 8 P. M.  
Combined clinic—  
March 10, 17, 24, 31, 9:30 A. M.  
Orthopedic clinic.....March 10, 9 A. M.

### St. Joseph's Hospital

Clinical meeting.....March 7, 8 P. M.  
Pathological conference—  
April 4, 9:30 A. M.

### County Hospital

Staff meeting.....March 25, 12 noon  
Clinical pathological conference—  
March 10, 17, 24, 31, 4 P. M.

## COMMUNICABLE DISEASES

January, 1938

Typhoid fever .....	1
German measles .....	1
Smallpox .....	11
Tuberculosis .....	8
Chickenpox .....	20
Whooping cough .....	80
Scarlet fever .....	32

## TACOMA INTERNISTS' SOCIETY

Tacoma Club March 15 6:30 P. M.  
Syphilis of the Lungs...Dr. R. E. McPhail  
Physiology of Some Syphilitic  
Symptoms.....Dr. L. A. Hopkins  
Case Report.....Dr. E. W. Janes

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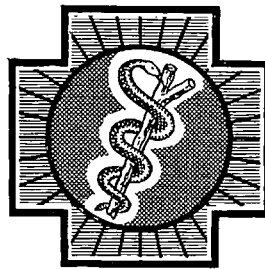


# The BULLETIN

Vol. VIII

APRIL, 1938

No. 4



## PROGRAMS



MEDICAL ARTS BUILDING

8 P. M.--APRIL 12

Diverticulitis - - - - Dr. F. L. Horsfall, Seattle

Case Report - - - - - Dr. S. F. Herrmann

Election of Nominating Committees



APRIL 26

Water Balance - - - - Dr. W. A. Niethammer

Eclampsia - - - - - Dr. John M. Havlina

Report of Nominating Committees

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Tacoma, Washington

# Pierce County Medical Society

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 News.....Dr. P. C. Kyle

The recent action of the state in discontinuing financial aid to the counties for relief of the able-bodied and the medical care of the indigent brings the question of relief to a showdown.

This action will be contested by the cities and counties who find all their funds needed for other purposes and have no method by which they are able to raise additional revenue.

It will also be bitterly opposed by those who hold that the state owes every one a comfortable living and believe that the state can continue to pay out vast sums, which, by some magic system, will not cost anything to the individual citizen.

The Communists and the self-seeking politicians will continue in their efforts to cause discontent, and will urge those on relief and old age assistance to ask for more and more.

The system of giving medical service to the indigents, which has been in operation the past year, has not been entirely satisfactory. It has been costly and there has been a great increase in number of those asking for medical aid. A great deal of the service has been unnecessary. The doctor had to devote too much time to listening to trivial complaints or trying to help the neurotics and hypochondriacs. Of those who needed and received medical services many were able to pay their own expenses.

It is to be hoped that the cities and counties can find means of giving adequate medical attention at a much lower cost.

The depression and the present so-called recession have done much to break down the moral fibre of the people. There is a lowered sense of personal responsibility.

(Continued on page Five)

## THE BUSINESS BUREAU

### PROOF

For the last few months the medical profession has been discussing the future of the Business Bureau. A questionnaire was sent out, inviting criticism. Such criticism has been received from about half of those to whom the questionnaire was sent. Apparently the other half of the Bureau members had no suggestions to make.

The criticisms covered a wide range, from finding fault with the Bureau management to condemning the economic policy of the Federal administration. Many of the criticisms were that the Bureau was not making enough collections, not getting sufficient results and not remitting fast enough.

The trustees and management of the Bureau have often stated that these criticisms could be met if the Bureau had the support of its members; and during the last sixty days there has come to hand striking proof of the truth of these replies. For the past three or four years the accounts assigned to the Bureau for collection have amounted to a monthly average of about \$5,000.00. According to the estimates of the members themselves of their uncollectible accounts and the experience of bureaus in other cities, this is about one-third of the business which could and should be assigned for collection. During this time the Bureau has been able to keep its head above water, continue its services and gain a little ground, but not very much.

But in the months of February and March, the value of the accounts assigned was more than tripled (due to receiving a large estate for settlement) and the total for these months about equaled the amount that should reasonably be expected on the average every month. Consequently what the Bureau has been able to do in the last two months is a clear indication of what it can do if it has the support of the members. The results

for the last two months are as follows:

Collections jumped 66 per cent. There was a profit of several hundred dollars for the month of March. The total collections were the second highest in the history of the Bureau and were only \$50.00 less than the famous month in which the soldiers' bonuses were paid, which set an all-time record. Collections received after the close of business on March 31 and not included in the total would have raised the amount collected above the famous bonus month and set the highest record in the history of the Bureau. Late remittances were caught up, and a great majority of the members' accounts now stand between 15 and 45 days. The profit made is clear and goes toward the reduction of the Bureau's deficit. In addition to the above, signatures were secured on notes totaling more than \$5,000.00 for payment on an installment basis in future months. Furthermore the good results of this volume of new business will continue to be felt for many more months as these installment payments are received.

This was accomplished in the face of very bad business conditions when other agencies are reporting losses for the last two months. Profits made were sufficient to liquidate the entire deficit in about a year if members would continue to assign accounts at this rate.

**THIS IS A RECORD WHICH CAN BE REPEATED EASILY EVERY MONTH IF MEMBERS WILL ONLY SUPPLY THE BUSINESS. THIS EXPERIENCE OF SIXTY DAYS OFFERS CONVINCING PROOF OF THE POSSIBILITIES WITH MEMBERSHIP COOPERATION AND ANSWERS THE QUESTION OF WHAT CAN BE EXPECTED FROM THE BUSINESS BUREAU.**

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## OBESITY

Despite the Mac West influence, the woman of today clings to the streamline ideal and yearns with a great yearning to be slim, be she schoolgirl or middle-aged matron. In earlier generations womankind, if plump, accepted plumpness as her portion and stayed the way the good Lord made her, as witness portraits of the buxom beauties of yesteryear. Today, if she is sufficiently enlightened not to get her "antiflat" over the drugstore counter, she comes to the doctor for succor, not entirely, perhaps, from the cosmetic standpoint but also because many lay people are informed as to the dangers of adiposity and its adverse effect on longevity. The medical literature of the last few years contains many articles on the etiology and treatment of this condition.

Barborka, of Northwestern, well known for his work in the field of nutrition, says in *Medical Clinics of North America* for January, 1937, that, in his opinion, the medical profession as a whole has failed to give serious consideration to the subject of obesity, with the result that the overweight individual is driven to seek help from proprietary remedies. The author takes issue with those who classify the condition as endogenous and exogenous, believing that it is always the result of a metabolic disorder. He outlines his method of treatment by a diet of low caloric content, adequate protein, very low fat content, moderately low carbohydrate content and sufficient bulk to satisfy hunger. He also discusses endocrine therapy.

Writing in *Journal of the Missouri State Medical Association* for May, 1937, Weber, of St. Louis, points out that obviously before attempting to treat an overweight person the physician must determine the etiology of the condition. He should note whether the fat distribution is general or of the girdle type. Roentgen ray studies, blood chemistry and basal metabolism tests may be indicated.

Unlike Barborka, Weber classifies obesity as exogenous, caused by hyperalimentation, and endogenous, caused by endocrine dysfunction. He gives his method of dietary management and treatment by endocrine products.

Discussing obesity in childhood, Hess and Kunstadter, of Chicago, in an article published in *Medical Clinics of North America* for January, 1938, state that it is their belief that overweight in children is seldom caused by over eating *per se* but that there is usually present some disturbance of metabolism which may cause excessive appetite, and that the factor of heredity can not be disregarded in the etiology of this condition. The endocrines concerned are in most cases the thyroid and pituitary. Before treatment is undertaken a complete physical and laboratory examination is necessary. If no endocrine dysfunction is present the treatment is dietary, otherwise dietary management and endocrine therapy are indicated. The authors outline their procedure in dietotherapy and state that in the endocrine types of obesity they have found the extract of the gland at fault to be of definite value.

As to the role of heredity in overweight, Gurney, of the University of Buffalo Medical School, expresses the opinion that insufficient attention has been paid to this phase of the problem. A study of a group of obese individuals has convinced the author that heaviness of build definitely follows the Mendelian law of inheritance. His paper is published in *Archives of Internal Medicine* for March, 1936.

Following the rise and fall of the late lamented dinitrophenol, a new drug has captured the public interest—benzedrine sulfate. A bright observer noticed that students using it to keep them awake while cramming for examinations also suffered a loss of appetite, which was ascribed to the benzedrine sulfate. (One might wonder, in passing, whether the prospect of approaching examinations might not of itself be sufficient to affect

the appetite!) Writing in New England Journal of Medicine for January 20, Lesses and Myerson, of the Division of Psychiatric Research, Boston State Hospital, outline their experience with the drug. They believe that many adipose individuals suffer from a distortion of appetite which impels them to overeat at mealtime and to nibble between meals as a compensation for their neurosis, and that as the neurotic condition is improved under administration of the benzedrine sulfate the appetite resulting from the neurosis is diminished, causing a loss of weight. The authors also consider the drug useful in the treatment of overweight in normal persons, not only because of the diminution of appetite but also because of the sense of well-being and energy which it gives and the resultant increase in physical activity.

Commenting editorially upon the use of benzedrine sulfate, the Journal of March 19 sounds a note of warning against its indiscriminate use. It points out that the drug is contraindicated in certain conditions and asserts that it is so new to pharmacology that a prediction as to the harm it might cause could hardly be made.

Other recent articles are:

Obesity, O. W. Bethea; International Medical Digest 29:371, December, 1936; 30:52, January, 1937.

Beriberi due to reducing diet, M. Snyder; American Journal of Digestive Diseases and Nutrition 3:789-791, December, 1936.

Dinitrophenol and desiccated thyroid in treatment; comprehensive clinical and laboratory study, S. Simkins; Journal of the American Medical Association 108: 2110, June 19, 1937; 2193, June 26, 1937.

Nutritional problems in university students, B. I. Comroe; Journal-Lancet 57:9-12, January, 1937.

Obesity, J. Gutman; Medical Record 146:402, November 3, 1937.

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## EDITORIAL

(Continued from Page Two)

sibility for one's own circumstances and a breakdown of that feeling of mutual help and assistance in the family. Too many children have shifted the responsibility of the care of their sick or aged parents onto the state and too many parents are willing to have their own children go on relief instead of themselves giving aid. The Director of Social Security says that if all the families in the state were doing their rightful duty in caring for their own people, the costs would be very markedly decreased.

The widespread effects of long unemployment and loss of earning power found the country unprepared to meet the emergency. The efforts at relief have been experimental and in consequence have not been satisfactory. From past experience and study of conditions some system must evolve which will give adequate relief without too great a burden on the taxpayer.

In this medicine is directly concerned and should be ready to give aid and counsel. The practice of medicine should continue to be under the control of its own members and not allowed to become the butt of politicians.

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Please watch the newspapers for announcement of the next meeting.

### THE PHYSICIAN'S WIFE

"Many a flower is born to blush unseen" might apply to a physician's wife. Much has been said about the physician being this and the physician being that but nary a word about the physician's wife, which only goes to show that there are still acres of diamonds that poets might eulogize in meter and rhyme, or that painters might use as a type of grace and charm, or musicians eulogize in some sweet symphony.

It is interesting to study physician's wives. The blushing bride comes first

and she is a blushing bride—and why not—she is the wife of a physician and proud of it. Strange as it may seem, there is still left in the world a faint halo about a physician, a lawyer, and a preacher—the professional man is still regarded as a good catch. But the honeymoon fades for physicians' wives the same as for other wives. Life quickly becomes real.

In motherhood she portrays her beauty, courage, and strength. The physician is usually poor; finances run low; babies come; there is housework to do; the children's school days arrive; telephone calls must be answered and calls listed; the children's cuts, bruises, and tummy-aches must be attended to and usually by the physician's wife. Neighbors must be satisfied, sewing circles, bridge lunches, and church affairs demand her attention. Then, too, her great problem is the physician himself. She is always solicitous of his rest, his food, his clothing, his hair cuts, his general appearance, his comfortable chair, and his reading material. She brings him the kind of innocent gossip he likes, is the inspiration when things are on the downgrade, suggests a change of pasture for him from the daily grind, lends that professional aid that at times is needed in the office, and last, but not least, is to be commended for living with him when through fatigue he becomes

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cross and irritable. It is also interesting to observe the defense mechanism which she uses to protect his follies and shortcomings.

Socially and culturally the physician's wife represents a cross section of society. She may find time for art, literature, or music. She goes in for swimming, dancing, tennis, golf, or horseback riding. She may have her flower gardens, special arts and crafts, needlework and embroidery, reading or writing. She may hold strong religious tenets and find outlet in community activities. She is faithful to her auxiliary, is a good mixer, and she may be politically inclined. Generally, she is a pal for her husband in the serious as well as the lighter things of life. Like a good dancer she adapts herself to the leader, his moods, his temperament, his likes, and his dislikes. Yet beneath all of these she retains her ego, pride and dynamic personality.

Then as the years go by, there is the dear sweet person that nature has provided with the "foundations and settings" to begin the life of an elderly person, that type of person whose eyes are so understanding, whose voice is kind and gentle, whose smile breaks the wrinkles of her cares and worries of yesterday—the woman whose life has been one of courage, fidelity, steadfastness, and loyalty to the old gentleman over there whose eyes are still keen but whose steps falter and whose hands shake. Yet she is the physician's wife.—The Pennsylvania Medical Journal.

## TACOMA SURGICAL CLUB

The annual meeting of the Tacoma Surgical Club on April 2 proved to be a very great success. The attendance was not as large as at some previous meetings, yet there was a very pleasing representation of interested physicians from British Columbia and Oregon, as well as the State of Washington. Almost every community in the State of Washington was represented at the meeting.

Dr. Frank R. Menne, Professor of Pathology at the University of Oregon Medical School, proved to be a very happy choice as guest speaker. His academic, thoroughly grounded discussion of the biology of cancer and the possible approaches to an understanding of the cause and care of cancer commanded the fixed attention of everyone. He was not only splendidly academic, but extremely practical in his clinical application of pathologic facts. Added to this, his genial personality made the association most enjoyable.

The Tacoma Surgical Club is to be congratulated on its unique method of presenting one subject for an entire day.

With increasing frequency doctors from other localities are stating that the morning demonstration by the members of the Club is the most valuable part of the meeting and it is surprising to find how many men look upon anatomic dissection alone as the real reason for attending the meeting. All of the morning demonstrations were well prepared and each man presented his subject in a manner which made the visitors feel that they were really getting something out of the subject.

The afternoon papers presented by Dr. Willard, Dr. Herrmann, Dr. Pascoe, Dr. MacLean and Dr. McCreery were concise and well prepared and held the attention of a packed auditorium.

Dr. Ralph Schaeffer is to be congratulated upon this very fine meeting.

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## MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

March 8

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on March 8, with Dr. A. H. Buis in the chair. Minutes of the previous meeting were read and approved.

Mr. Sweeney spoke in behalf of a new ambulance-service which he contemplates starting in Tacoma.

Reading of a proposed health inspection plan for pupils of the public schools was given in a communication from Dr. N. E. Magnussen.

The application of Dr. Don Willard for membership in the society was read and referred to the Board of Trustees.

Drs. Norman E. Magnussen and Charles P. Larson were elected to membership in the society.

A communication was read from Dr. E. K. Stimpson in regard to the state meeting, to be held in Bellingham August 29, 30, 31, inviting submission of papers for consideration.

Dr. G. E. Griffith read a paper entitled "Attempts to Correlate Conflicting Ideas of Sinus Surgery and Multiple Sclerosis in Retrobulbar Neuritis." This paper was illustrated with slides and presented a thoughtful consideration of the problem. Dr. Griffith gave reports of several cases. Discussion was by Drs. A. C. Stewart, A. W. Howe and Walter Cameron.

Dr. W. H. Ludwig gave a paper on "Submucous Resection of the Nasal Septum," in which he outlined indications for such operation. The paper was discussed by Drs. A. W. Howe and G. E. Griffith.

Dr. C. V. Lundvick gave an interesting case report of a man who developed a cold and within a few days died from a subdural abscess. Postmortem findings were given.

Dr. Buis reviewed the Business Bureau questionnaire and answers. Mr. John Schlarb discussed the answers and Dr. Buis appointed a committee consisting of Drs. A. L. Schultz, W. W. Pascoe, J. R. Turner, W. W. Mattson and E. W. Janes to study the answers and report to the society.

March 22

The regular meeting of the Pierce County Medical Society was held at the Lakeview Sanatorium on March 22, with Dr. A. H. Buis presiding. Minutes of the previous meeting were read and approved. The following communication from Dr. V. W. Spickard was read:

"The A. M. A. are printing a new directory early in the summer and all names must be sent in from this office not later than May 15, 1938. It is stated in our By-laws that dues shall become delinquent on May 1 of the calendar year for which they are due. Only the names of the members who have paid their 1938 dues will appear in the new directory. Kindly advise your members of this and urge them to pay their dues as soon as possible."

A communication was read from Mr. John Schlarb in regard to the conviction of H. S. Low and the Sing Herb Company, in which he stated that their convictions had been upheld by the Superior Court.

(Continued on Page 11)

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*Society Brand Clothes*  
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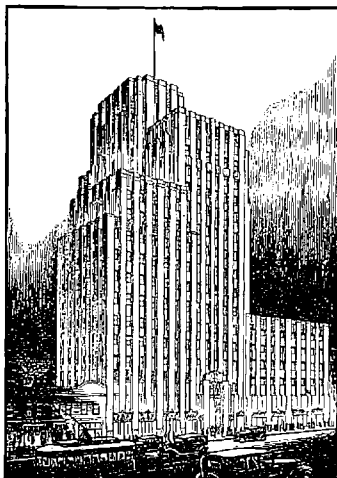
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Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

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Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

\*Supplied only on the 50 c. c. size; the 10 c. c. size is still supplied with the ordinary type of dropper.

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This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

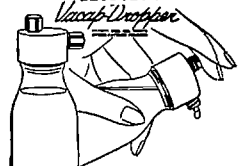
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**OLEUM PERCOMORPHUM**  
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Dr. L. A. Hopkins presented the following notice in regard to the medical-dental relief program, which is to be discontinued on and after March 31:

"Notice is hereby given that the medical-dental relief program will be discontinued on and after March 31. Payment cannot be made for any services rendered or drugs furnished after that date. In the meantime no requisition or prescription outstanding or hereafter issued shall be construed as authorization for treatment that cannot be rendered, or material furnished prior to April 1. All bills for services rendered or material furnished must be rendered to the administrative office of the county medical-dental board, 210 Medical Arts Building, not later than April 5, 1938. Bills can not be approved for payment if received after that date. This is in keeping with official notification that funds are insufficient to continue the program. It is impossible at this time to advise you as to the future care of these cases other than through the county hospital."

Dr. Don Willard was elected to membership in the society.

Dr. Gullikson read a report from the Tacoma Public Health Council, giving a resume of their work during the last two years.

A report was read from the Public Health League of the State of Washington.

The scientific program of the evening was in charge of Dr. Ross E. McPhail, who gave a paper on "The Indications and Counter-Indications for Thorocoplasty." This paper was illustrated with several X-ray films of patients before and after operation and with a presentation of some of the patients. Discussion was by Drs. Creswell, Magnusson, Penney, Howe and Hendry.

The meeting then adjourned to the dining room, where a delicious luncheon was served. A motion of thanks to Dr. McPhail and the Pierce County Commissioners for the opportunity to hold this meeting at the Sanatorium was unanimously carried.

# Ergoapiol (Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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Full formula and descriptive literature on request

## TACOMA GENERAL HOSPITAL

An orthopedic clinic sponsored by the State Department of Public Welfare was held Thursday, March 31, at the Tacoma General Hospital. The doctors conducting the clinic were Drs. Goering and Dayton, of Tacoma, Dr. L. H. Edmunds of the Mason Clinic, Seattle, and Dr. D. G. Leavitt, associated with the Drs. LeCocq of Seattle. Eighty-five children were examined.

By the request of the Medical Advisory Board, Dr. T. H. Duerfeldt has been appointed part-time Assistant Director of Laboratories to have charge of the Clinical Laboratory. The purpose is to provide assistance to Dr. B. T. Terry, Director of Laboratories, and to increase the effectiveness of this department.

Dr. Duerfeldt will maintain morning hours at the hospital especially for conference with attending physicians in regard to laboratory work.

## WESTERN STATE HOSPITAL

### Approved and Accredited for Residence in Neuropsychiatry

On March 1, 1938, the Western State Hospital received notice from the Council on Medical Education and Hospitals of the American Medical Association that it has been approved and accredited for residences in neuropsychiatry.

Any physician who desires to do post-graduate work in the field of neuropsychiatry will find the opportunity to do so at the Western State Hospital and this work will accredit him towards becoming a specialist in this field as recognized by the American Medical Association Board on Neuropsychiatry. Applications are being accepted until June 1st for the year 1938 to 1939, to take effect July 1, 1938. Three positions are open. Completion of one year's accredited internship is a prerequisite for application.

Please address all replies to the Superintendent.

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# *Tell Them So!*

Plump lady in corset shop: "Let me see one of those Rockefeller foundations you hear so much about."

Lawyer (attempting to confuse medical witness): "Doctors make mistakes sometimes, don't they?"

Doctor: "Yes, just as lawyers do sometimes."

Lawyer (sarcastically): "Yes, but doctors' mistakes are buried six feet underground."

Doctor: "And lawyers' mistakes sometimes swing six feet in the air."

## JOHNSON-COX COMPANY

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## PERSONAL

Drs. J. M. Havlina, S. S. Jones, F. C. Willson and P. C. Kyle were in Wenatchee Saturday, April 2, for the semi-annual meeting of the Washington State Obstetrical Association, which presented a symposium on eclampsia.

Dr. and Mrs. H. S. Argue recently returned from a month's trip to California and Arizona.

Dr. T. B. Murphy is attending to his practice with his ankle in a cast, the result of a fractured right fibula sustained while skiing at the Mountain.

Dr. B. F. Bruenner and Miss Madeline Clair were married in Seattle on March 5.

## DEAN DRUG CO.

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Control the cough that weakens your patient.

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

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

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THE 4 OZ. ½ BOTTLE

The label is easily removed by the pharmacist and your prescription directions affixed.

## Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

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

Prescribe it for the symptom of cough. Very palatable.

GLYKERON now supplied in 4 oz., 16 oz. and half gallon bottles.

Literature on request

## A TRANSFUSION AT NIGHT

The surgeon and the nurses, clad in white,  
Were ready. From the gloomy corridor  
Two orderlies then wheeled two carts that bore  
Upon their narrow backs two souls in fright.  
Both lay enwrapt in sheets: a boy so light,  
So pale, he seemed one drifting to the shore  
Of Heaven; and his father, who once more  
Prepared to give his son the blood of might.

And now from arm to arm the crimson flows,  
Fast ebbing from the father's ruddy face,  
While, on the pallid countenance, there glows  
A tint that deepens with the fluid's pace.  
And soon it's done. The surgeon goes his way  
Into the grayness of the dawning day.

Dan E. Schneider—Skyline.

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## CHIEF CAUSES OF SUITS

A study of the reports of the various committees throughout the state causes us to conclude that the chief causes of malpractice suits are, in the order named, as follows:

1. Ill-timed and critical remarks, innuendoes and inferences by other doctors.
2. Emotional resentment on the part of patients, parents and friends accompanying tragedy, injury and accident, which is concentrated upon the doctor, often without reason.
3. Ill-timed and poorly conceived advice from legal, interested parties.
4. Inadequate, inaccurate, unscientific clinical and hospital records.
5. Submission by attorneys of description of the treatment rendered, to another member of the medical profession, who will examine it critically and point out one or two phases wherein he (the critic) would have done differently. The plaintiff's lawyer then immediately seizes upon this information and alleges that in those items, the defendant was negligent.
6. Lack of information on part of the public as to what actually constitutes malpractice.

—Bulletin of the San Diego County  
Medical Society.

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## TOTEM FOR FINE FOODS

Clean Friendly Stores

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Fresh Fruits and Vegetables

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## A SUGGESTION ON THE ART OF MEDICINE

There are certain subjective elements in the "Art of Medicine" which the physician must recognize and master in order to render the most efficient service to his patients, according to Dr. David Riesman, professor of clinical medicine, University of Pennsylvania, School of Medicine.

Dr. Riesman, in a recent address to the student body of the Harvard Medical School, mentioned the following as the most important of these elements.

1. Understanding the patient on a psychological basis, as opposed to mandlin sympathy.
2. Confidence, which begets imperturbability.
3. Ambition and enthusiasm, which will make the doctor a life-long student.
4. Intellectual honesty, which scorns deceit and bluff.
5. Dignity, which is now attainable by other means than a Vandyke beard.
6. Punctuality, without giving the appearance of haste.

This brief but comprehensive code set up by Dr. Riesman probably will be approved by those who are devoting serious study to some of the important questions of clinical training for the student-physician.

The tendency of recent years to ignore the patient because of absorbing interest in his disease and laboratory investigations has been the source of no little anxiety to those experienced in the practice of medicine as an art as well as a science. The newest studies in the field of medical education seem to indicate, however, that there has been a change of viewpoint in medical schools and among students generally, and that the effort to train the new generation of physicians in the art of considering the patient as a whole is gaining momentum.

—Ohio State Medical Journal.

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## COMMUNICABLE DISEASES

February, 1938

Tuberculosis .....	6
Mumps .....	3
Whooping cough .....	78
Scarlet fever .....	29
Smallpox .....	10
Chickenpox .....	25

## STAFF MEETINGS

### Tacoma General Hospital

Staff meeting.....May 3, 8 P. M.  
Combined clinic—  
April 14, 21, 28, May 5, 9:30 A. M.  
Orthopedic clinic.....April 14, 9 A. M.

### St. Joseph's Hospital

Clinical meeting.....May 2, 8 P. M.  
Pathological conference—  
May 6, 9:30 A. M.

### County Hospital

Staff meeting.....April 29, 12 M.  
Clinical pathological conference—  
April 14, 21, 28, May 5, 4 P. M.

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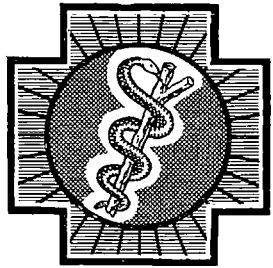
# The BULLETIN

SOCIETY — OFFICIAL PUBLICATION . . .

Vol. VIII

MAY, 1938

No. 5



## PROGRAMS



MEDICAL ARTS BUILDING  
8 P. M.—May 10

Report of City Health Department  
Dr. S. M. Creswell

Report of County Health Department  
Dr. N. E. Magnussen

Election of Officers



MAY 24—6:30 P. M.  
WINTHROP HOTEL

Fiftieth Anniversary of The Pierce County  
Medical Society

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*Auditorium Telephone BRoadway 3166*

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Tacoma, Washington

# Pierce County Medical Society

## EDITORIAL

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 Vice President.....Dr. A. E. Hillis  
 Secretary-Treasurer.....Dr. W. B. Penney

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 Dr. C. R. McCreery Dr. A. W. Howe

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 Dr. W. D. Read

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 Dr. S. M. Creswell

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 Dr. E. W. Janes Dr. T. B. Murphy  
 Dr. R. D. MacRae Dr. A. W. Howe  
 Dr. L. J. Hunt Dr. W. W. Mattson

#### Bulletin Staff

Editor.....Dr. W. G. Cameron  
 Business Manager.....Dr. A. W. Howe  
 News.....Dr. P. C. Kyle

Tacoma has again won national recognition in being awarded first place in the effort to control syphilis, among all the cities of the country.

This citation is a very gratifying reward for the good work and efficiency of the health department and the cooperation of the physicians of this city.

Tacoma won this award not because there was a contest with other communities, with a consequent high pressure campaign and frantic efforts to make a good showing. She gained notice because a wide-awake health department was ready to put into effect the law and regulations concerned with the control and prevention of syphilis and because of the progressive attitude of the medical practitioners. They were ready and willing to obey the law and to take the necessary extra time and trouble to fill out blanks and send in the necessary reports. In this they but did their duty, but a duty pertaining to statistical information is too often neglected by doctors and others. Duty performed and work well done is a reward in itself, but it helps a lot to have one's efforts recognized.

For years the city of Tacoma has had a place of honor for having a low death rate among cities of her class, and has been active in efforts to improve and extend its medical service.

All these things should be a source of great satisfaction to the members of the medical profession, as well as to the whole community.

These good results in relation to the public health should show the people that the doctors are not altogether self-seeking or entirely concerned with the particulars of their own practice but are banded together with a united front, ready to go forward to meet the various problems of health which may arise.

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

**August 24, 1888**

At a meeting of legally qualified medical practitioners in good professional standing, held in the office of Dr. J. S. Wintermute, in the city of Tacoma, Washington Territory, on the evening of August 24, 1888, there were present Drs. J. S. Wintermute, H. C. Bostwick, H. R. Garner, G. D. Shaver, H. J. Williams, H. W. Dewey, J. F. Beardsley and F. H. Luce.

Dr. Bostwick was called to the chair and Dr. Luce was made secretary pro tem. Dr. Wintermute moved the organization of a society to be styled The Pierce County Medical Society, which should have as its objects the advancement of friendly intercourse among its members for cultivating and advancing medical knowledge and promoting in a general sense the usefulness, honor and best interests of the medical profession in Pierce County. The motion, on second of Dr. Garner, was unanimously carried.

The election of permanent officers being in order, the following names were placed in nomination for President: Drs. Bostwick, Wintermute and Luce. Dr. Bostwick received six votes, Dr. Wintermute one vote and Dr. Luce one vote. Dr. Bostwick, receiving a majority of votes, was declared duly elected President of the organization for the ensuing year. The following names were placed in nomination for Secretary: F. H. Luce and J. S. Wintermute. Dr. Luce receiving six votes and Dr. Wintermute one vote, the former was declared duly elected Secretary for the ensuing year.

Dr. Wintermute moved the election of Drs. Raymond Mitchell, of Puyallup, Johnson Armstrong, of Tacoma and F. S. Williams, of Puyallup, to membership in the society. Upon the second of Dr. Dewey, the motion prevailed. Dr. Luce moved the election of a Board of Censors, to be composed of three members of the society, whose duties and term of office shall be defined in the By-laws for the government of the organization. Carried.

The following names were placed in nomination: J. S. Wintermute, J. Armstrong, H. W. Dewey, J. F. Beardsley, F. H. Luce, G. D. Shaver and H. J. Williams. Drs. Wintermute and Shaver receiving a majority of votes, they were declared elected.

Dr. Shaver moved that the President be instructed to appoint a committee of three members on Constitution and By-Laws, who shall report at the next meeting of the society. Carried unanimously. The President appointed Drs. Wintermute, Dewey and Shaver to compose said committee.

Dr. Wintermute presented the names of J. M. Crump, of South Prairie, A. D. Marks, of Sumner, J. D. VanZant, of Spokane Falls and H. C. Smith, of Carbonado, for membership in the society. Dr. Beardsley moved that the names be referred to the Board of Censors, who shall report upon the same at the next meeting of the society. Carried.

Dr. Wintermute moved that the President appoint a committee of three members to investigate the acts of one D. McLennan, said to be practicing in the city of Tacoma illegally, and should the acts of said party be found to be unlawful the committee be authorized to prosecute the said party. Carried. The President appointed Drs. Wintermute, Garner and Shaver to compose the committee.

Upon motion of Dr. Beardsley the society adjourned, to meet the following Wednesday evening at 8:30 P. M.

F. H. LUCE, Secretary

# LIBRARY

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

TELEPHONE - BROADWAY 3166

BLANCHE L. DeWITT, Librarian

## Extracts from the Dedicatory Address of Oliver Wendell Holmes at the Opening of the Boston Medical Library, December 3, 1878.

It is not necessary to maintain the direct practical utility of all kinds of learning. There is a dead medical literature and there is a live one. The dead is not all ancient, the live is not all modern. There is none, modern or ancient, which, if it has no living value for the student, will not teach him something by its autopsy. But it is with the live literature of his profession that the medical practitioner is first of all concerned.

Now there has come a great change in our time over the form in which living thought presents itself. The first printed books—the incunabula—were enclosed in boards of solid oak, with brazen clasps and corners; the boards by and by were replaced by pasteboard covered with calf or sheepskin; then cloth came in and took the place of leather; then the pasteboard was covered with paper instead of cloth; and at this day the quarterly, the monthly, the weekly periodical in its flimsy unsupported dress of paper, and the daily journal, naked as it came from the womb of the press, hold the larger part of the fresh reading we live upon. We must have the latest thought in its latest expression; the page must be newly turned like the morning bannock; the pamphlet must be newly opened like the ante-prandial oyster.

Thus a library, to meet the need of our time, must take and must spread out in a convenient form a great array of periodicals. Our active practitioners read these by preference over almost everything else. Our specialists, more particularly, depend on the month's product, on the yearly crop of new facts, new suggestions, new contrivances, as much as the farmer does on the annual yield of his acres. One of the first wants, then, of the profession is supplied by our library in its great array of periodicals. These, I think, with the re-

ports of medical societies and the papers contributed to them, will form the most attractive part of our accumulated medical treasures. They will also be one of our chief expenses, for these journals must be bound in volumes and they require a great amount of shelf-room; all this in addition to the cost of subscription for those which are not furnished us gratuitously.

I have spoken of the importance and the predominance of periodical literature and have attempted to do justice to its value. But the almost exclusive reading of it is not without its dangers. The journals contain much that is crude and unsound; the presumption, it might be maintained, is against their novelties, unless they come from observers of established credit.

It is needless to say, then, that all the substantial and permanent literature of the profession should be represented upon our shelves. Much of it is there already, and as one private library after another falls into this by the natural law of gravitation, it will gradually acquire all that is most valuable without effort.

A library like ours must exercise the largest hospitality. A great many books may be found in every large collection which remind us of those apostolic looking old men who figure on the platform at our political and other assemblages. Some of them have spoken words of wisdom in their day but they have ceased to be oracles; some of them never had any particularly important message for humanity, but they add dignity to the meeting by their presence; they look wise whether they are or not and no one grudges them their place of honor.

The public will catch the rays reflected from the same source of light, and it needs instruction in the great subjects of health and disease—needs it sadly. It is preyed upon by every kind of imposition almost without hindrance. Its ignor-

(Continued on Page 13)

## THE BUSINESS BUREAU

### So What?

There are seventeen accountants in the City of Tacoma. Eleven of these have been on relief or have been unable to pay their bills. There is enough business to support more than half of them in very good style, but divided among all seventeen, no one can make more than a bare living.

There are twenty-one architects in a town which might support eight or nine. Many of these architects have been on the Business Bureau books for a long time.

There are one hundred and ninety-six barbers and one hundred eight beauty parlors. Barbers are notoriously poor credit risks. The town might support half of them in good style but instead supports all of them in poor style.

There are two hundred and three contractors, all of whom with the exception of five or six have been bankrupt at one time or another, yet there is a great deal of work for contractors in Tacoma.

There are ninety-three fuel dealers in a town which will support about thirty well-equipped fuel yards. Three of the fuel dealers are in good financial condition, and the remaining ninety divide the rest of the business among them.

There are seventy-eight insurance agents, and so far as we can learn, only three of them earned a taxable income last year.

There are fourteen collection agencies of which the Business Bureau is one. During the last few years none of them has been making much money and all have been struggling along.

The volume of business which has kept fourteen collection agencies struggling

along would make a paying proposition out of half that number. Consequently it is to the interest of every collection agency to see other agencies go out of business. Doctors assign about \$60,000.00 per year to our Bureau for collection, and the Bureau gets by. Another \$60,000.00 now distributed among ten or twelve agencies would liquidate the Bureau's deficit in a short while and make possible a reduction in rates.

When there are too many firms for the volume of business, the competition is usually sharp and unscrupulous. Managers and owners of firms are accustomed to putting severe pressure on their employees to get the business from the competitors. Changes in personnel are frequent, and abuse and recrimination are common.

When all is said and done, the organization which gets the business will make the money; and the organization, however good, which does not get the business, will go to the wall. There is no substitute for customers.

#### PHYSICIAN SUPPLIES

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# WOMAN'S AUXILIARY

To PIERCE COUNTY MEDICAL SOCIETY

### OFFICERS

- President.....Mrs. John F. Steele
- President-Elect.....Mrs. John Gullikson
- 1st Vice President.....Mrs. D. M. Dayton
- 2nd Vice President.....Mrs. C. P. Gammon
- 3rd Vice President.....Mrs. S. D. Barry
- 4th Vice President.....Mrs. L. S. Baskin
- Recording Secretary.....Mrs. H. B. Allison
- Corresponding Secretary.....Mrs. T. H. Duerfeldt
- Treasurer.....Mrs. Scott Jones
- Historian.....Mrs. T. H. Long
- Past President.....Mrs. W. B. Penney

### COMMITTEES

#### Program

Mrs. J. H. Egan, Chairman

- Mrs. S. M. Creswell
- Mrs. W. A. Niethammer
- Mrs. E. T. Terry

#### Public Relations

Mrs. R. D. MacRae, Chairman Mrs. David Johnson

#### Hygeia

Mrs. J. E. Robertson, Chairman

- Mrs. A. G. Nace
- Mrs. G. H. Smith
- Mrs. R. C. Morse
- Mrs. A. H. Buis

#### Legislative

Mrs. C. F. Engels, Chairman

- Mrs. J. A. Keho
- Mrs. G. A. Moosey

#### Radio

Mrs. Edgar Dodds, Chairman

Mrs. Edwin Carlsen

#### Hospitality

Mrs. A. W. Howe, Chairman

- Mrs. V. E. Crowe
- Mrs. H. S. Argue
- Mrs. Roy A. Morse
- Mrs. L. E. Joers
- Mrs. J. A. Keho
- Mrs. Cyril Lundvick
- Mrs. Jesse Read
- Mrs. G. A. Wislicenus

#### Membership

Mrs. D. M. Dayton, Chairman

Mrs. Scott Jones

Mrs. Weldon Pascoe and Mrs. Horace Whitacre presided at the tea table which was covered with a white lace cloth and centered with a bowl filled with white lilies and lavender sweet peas. Mrs. Jess Read was chairman for the tea and she was assisted by the following Auxiliary members: Mesdames Thomas B. Murphy, George Nace, Woodard Niethammer, Charles Pascoe, Weldon Pascoe, A. W. Howe and Edwin Yoder.

At this meeting it was decided to give a tea with the Woman's Field Army for Cancer Control on Tuesday, April 19th.

### Tea for Woman's Field Army for Cancer Control

As a contribution toward the success of the campaign waged by the Woman's Field Army for Cancer Control the members of the Auxiliary sponsored a tea on Tuesday, April 19th, at the home of Mrs. Horace J. Whitacre. On the program were Mrs. Bertram Thomas vice-commander of the campaign and Mrs. Burton A. Brown.

Mrs. A. W. Howe was tea chairman. During the tea hour a musical program was given under the direction of John Paul Bennett, director of music at the College of Puget Sound.

Invitations to the tea included not only members of the Auxiliary but two representatives each from all the various wo-

Please watch the newspapers for announcement of the next meeting.

### APRIL MEETING

The April meeting of the Woman's Auxiliary to the Pierce County Medical Society was held at the home of Mrs. Ralph Schaeffer, on the 14th.

Following the business meeting, Mrs. Weldon Pascoe spoke on "Nobel Prize Winners and the Medical Foundations" and Mrs. James Egan, soprano, sang the following songs, "To A Hilltop" by Cox, "The Slumber Boat" by Gaynor and "The Nightingale" by Whelpley. Her accompanist was Mr. Mark C. Dolliver.

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men's clubs as well. Serving with Mrs. Whitacre as hostess were Mesdames John F. Steele, president; J. W. Gullikson, president-elect; D. M. Dayton, C. P. Gammon, L. S. Baskin, Harry B. Allison, T. H. Duerfeldt, T. H. Long, W. B. Penney, Scott Jones, J. B. Robertson, James Egan, R. D. MacRae, A. W. Howe, C. G. Trimble, L. T. McNerthey and Mrs. S. D. Barry, Puyallup.

**MAY MEETING**

Mrs. J. A. Johnson will open her home, 6919 McKinley Avenue, for a tea to be given by the Woman's Auxiliary to the Pierce County Medical Society on Thursday, May 12th.

The business session will begin at 2 p. m. There will be reports of officers and committee chairmen and election of officers for the coming year. Following the business session there will be a program.

Mrs. A. W. Howe is chairman for the tea and she will be assisted by the following Auxiliary members: Mesdames W. P. Penney, Robert Rea, Wilmot Read, J. B. Robertson, T. C. Rummel, Rarrel Running, Ralph Schaeffer and Somers R. Sleep.

**TO WIVES OF MEMBERS**

Doctors' wives come to learn a great deal about the intimacies of families and individuals who occupy different social positions. Through contact with their husbands and their husbands' patients, they envision a broad section through life. Intelligence, unless thoughtlessly

ignored, can give them greater understanding of the ramifications and significance of living than is the lot of any other single group of individuals. Their outlook is potentially less emotional than that of their sister social workers and less coldly scientific than that of intramural research students forever bent on discovering something new. The laity instinctively has respect for the things that doctors' wives say or do. They are influential, whether they will to be or not. Doctors' wives truly have married not alone into close contact with the men they love—but into the great profession itself.

—Jackson County Medical Journal.

**BUSINESS BUREAU**

Condition as of March 31, 1938

**LIABILITIES**

Due to Dr. Keho on collections, to be remitted June 1 (agreement)	\$ 436.01
Due to other doctors on collections to date	2,244.39
Collected and held for Dr. Davies by agreement, interest @ 5%	1,936.67
Loans from members to finance Credit Department	1,250.00
Miscellaneous, commercial accounts payable	446.60
Interest due	44.14
<b>Total liabilities at end of month including collections made during month</b>	<b>\$6,357.81</b>

**ASSETS**

Cash in Bank	\$ 365.71
Cash on Hand	313.93
Accounts due from members (listed at 75% of value)	727.34
Inventory and supplies (listed at 50% of value)	679.02
Savings and loan stock (listed at current bid price)	75.00
Deposit on meter	15.00
Furniture and fixtures (less standard depreciation)	1,435.61
<b>Total net assets</b>	<b>\$3,611.51</b>
Deficit (difference between assets and liabilities)	\$2,746.30

(Continued on Page 13)

**CAREFUL LAUNDERING**

Gives Longer Life to Your Gowns and Uniforms

Try Tacoma's Careful Laundry



**MINUTES OF REGULAR MEETING  
OF PIERCE COUNTY MEDICAL  
SOCIETY, APRIL 12, 1938**

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on April 12, 1938, with Dr. A. H. Buis in the chair. Minutes of the previous meeting were read and approved.

A case report of diverticulitis with a fistula into the bladder, with recovery after operation, was presented by Dr. S. F. Herrmann.

Dr. F. L. Horsfall, of Seattle, gave a paper on "Diverticulosis and Diverticulitis." Dr. Horsfall stated that this paper and its conclusions were based on his own experience. He drew attention to what he considered a very important factor in the management of these cases—that diverticulitis was not a surgical condition and should be treated with diet and very little medication. His paper was illustrated with many lantern slides and X-ray films. It was discussed by Dr. C. P. Larson, who presented a post-mortem specimen of diverticulitis of the duodenum, ileum and colon. Drs. H. J. Whitacre, H. J. Hards and W. W. Mattson also discussed the paper.

Nominating Committees were elected, as follows: Committee No. 1—Dr. W. D. Read, chairman, Dr. J. W. Gullikson, Dr. W. B. McCreery.

Committee No. 2—Dr. S. M. MacLean, chairman, Dr. C. F. Engels, Dr. W. W. Mattson.

A report on the study of the Business Bureau questionnaire was presented by Dr. Schultz.

**MINUTES OF THE REGULAR MEET-  
ING OF THE PIERCE COUNTY  
MEDICAL SOCIETY  
April 26, 1938**

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on April 26, 1938, with Dr. A. H. Buis in the chair. Minutes of the previous meeting were read and approved.

The first paper was given by Dr. W. A. Niethammer, on "Water Balance." This was illustrated with slides. Dr. Niethammer presented in a simple and comprehensive way this subject, rather baffling to many. Discussion was by Dr. C. P. Larson.

Dr. J. M. Havlina read a paper on "Eclampsia." This was a review of the literature and the present conceptions of cause and care of this not uncommon condition.

The secretary called attention to the grand piano which had been loaned to the society by the Silvers Piano Company.

The following reports of the nominating committees were made:

**Committee No. 1**

- President.....Dr. S. F. Herrmann
- President-elect .....Dr. W. H. Ludwig
- Vice President.....Dr. W. H. Goering
- Secretary-Treasurer....Dr. F. R. Maddison
- Trustees.....Dr. C. R. McCreery  
Dr. C. C. Leaverton, Dr. A. W. Howe
- Delegates.....Dr. A. H. Buis  
Dr. C. R. McCreery.
- Alternates.....Dr. W. G. Cameron  
Dr. E. W. Janes, Dr. D. M. Dayton  
(Continued on Page 11)

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**PRINTING COMPANY**  
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*Society Brand Clothes*  
 948 Pacific Ave Tacoma Wash



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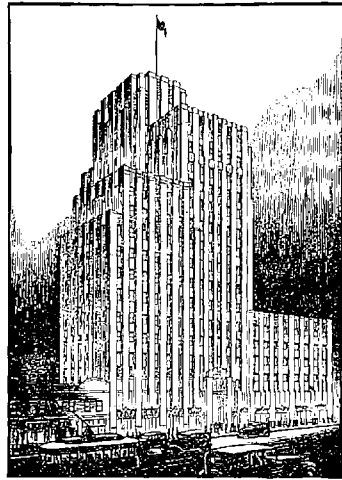
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MAin 0712

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1. Garage facilities.
2. Convenient office quarters, reasonably priced, located on the pivotal center of all Tacoma.
3. Medical Library.
4. Spacious auditorium for Medical and Dental meetings.

PETER PUGET COMPANY, Inc.

*Building Managers*

# STRAPPED FOR RICKETS

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.

**S**WADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shoes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can be administered in drop dosage, Oleum Percomorphum is especially suitable for young and premature infants, who are most susceptible to rickets. Its vitamins A and D derived from natural sources, this product has 100 times the potency of cod liver oil.\* Important also to your patients, Oleum Percomorphum is an economical antiricketic.

Oleum Percomorphum offers not less than 60,000 U.S.P. vitamin A units and 8,500 U.S.P. vitamin D units per gram. Supplied in 10 and 50 c.c. bottles, also in boxes of 25 and 100 ten-drop soluble gelatin capsules containing not less than 13,300 vitamin A units and 1,850 vitamin D units (equal to more than 5 teaspoonfuls of cod liver oil\*).

\*U.S.P. Minimum Standard



*A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia*

**MEAD JOHNSON & COMPANY**  
EVANSVILLE, INDIANA, U. S. A.

## Committee No. 2

President.....	Dr. A. W. Hillis
President-elect .....	Dr. W. W. Mattson
Vice President.....	Dr. T. H. Duerfeldt
Secretary-Treasurer.....	Dr. W. B. Penney
Trustees.....	Dr. C. C. Leaverton
	Dr. W. H. Goering, Dr. C. R. McCreery
Delegates.....	Dr. C. R. McCreery
	Dr. W. B. Penney
Alternates.....	Dr. D. M. Dayton
	Dr. W. G. Cameron, Dr. E. W. James

The following nominations for Trustees of the Business Bureau were presented by the special committee appointed by the president:

Dr. H. G. Willard, Dr. H. J. Whitacre, Dr. R. C. Schaeffer, Dr. A. L. Schultz, Dr. W. H. Goering and Dr. P. C. Kyle.

## OUR FIFTIETH BIRTHDAY

On May 24, 1938, we will all get together to celebrate the fiftieth anniversary of our County Medical Society and

to honor those men who have given many years of service to the practice of medicine. Let's all reserve that date and come out 100 per cent.

The main hope of organized medicine lies in the integrity of the basic unit—the county medical society. One's medical allegiance is to the county society first; the hospital staff meeting, the informal cloakroom conference, the specialist group meeting, the section or branch societies, where they exist should not be permitted to usurp loyalty to the county medical society. They are primarily for the advancement of scientific medicine. By and through the county medical society, the general interests of the profession must stand or fall. Without strong cooperative county societies, neither the state nor national medical associations can render their most effective service. In the common interests of all, never were the active support of and loyalty to the county medical society of greater moment—The Journal of the Michigan State Medical Society.

# Ergoapiol (Smith)

Breaks the vicious circle of perverted menstrual function in cases of amenorrhea, tardy periods (non-physiological) and dysmenorrhea. Affords remarkable symptomatic relief by stimulating the innervation of the uterus and stabilizing the tone of its musculature. Controls the utero-ovarian circulation and thereby encourages a normal menstrual cycle.

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**Dosage:** 1 to 2 capsules 3 or 4 times daily. Supplied in packages of 20.

Ethical protective mark MHS embossed on inside of each capsule, *visible only* when capsule is cut in half at seam.

*Full formula and descriptive literature on request*

**REFRESHER COURSE in OBSTETRICS**

A three weeks Refresher Course in Obstetrics will be held in Washington the last part of May and the first part of June.

This course is sponsored by the State Department of Health and the Washington State Obstetrical Association. Dr. E. D. Plass, Professor of Obstetrics and Gynecology, University of Iowa, who is a member of the National Board of Medical Examiners and of the American Board of Obstetrics and Gynecology, will be the guest speaker.

The course will consist of six lectures. Dr. Plass will give two lectures a week for three weeks in six centers of the state, the same lectures being given in the various centers.

A fee of two dollars will be charged for the course of six lectures.

Seattle and Tacoma are joining together as a center for this section of the state.

Saturday, May 28, Dr. Plass will lecture in Seattle on (1) Toxemia of Early Pregnancy; (2) Toxemia of late Pregnancy.

Saturday, June 4, Dr. Plass will lecture in Tacoma on (1) Abortion; (2) Puerperal Infection.

Saturday, June 11, Dr. Plass will lecture in Seattle on (1) Use of Endocrine Products in Obstetrics and Gynecology; (2) Proper Use of Forceps and Their Most Common Abuses.

One lecture will be held before lunch and one lecture after lunch, following which there will be a chance for questions and a round table discussion.

Sessions will be held in the Auditorium in the Medical-Dental Building, Seattle and in the Auditorium in the Medical Arts Building, Tacoma.

This is an unusual opportunity to get such a fine comprehensive review of Obstetrics. The meetings are open to any Doctor doing Obstetrics and paying the two dollar registration fee.

*"Never squeeze a Boil"*

IS SOUND THERAPEUTICS

Always apply *Antiphlogistine*

IS ALSO SOUND THERAPEUTICS

In Boils, Carbuncles and Furunculosis, Antiphlogistine is a valuable medicated poultice and surgical dressing, with soothing, decongestive, bacteriostatic and analgesic qualities.

**ANTIPHLOGISTINE**

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**BUSINESS BUREAU**  
 Condition as of March 31, 1938  
 (Continued from Page 7)

**EXTRACT FROM DEDICATORY  
 ADDRESS BY HOLMES**  
 (Continued from Page 4)

**ASSETS NOT LISTED ON BALANCE  
 SHEET**

Approximate face value of notes, contracts and judgments held by Bureau, .....	\$150,000.00
Conservative liquidation value of above (5%) .....	7,500.00
Credit Department files and records (auditor's valuation)....	2,200.00
<hr/>	
Gross assets .....	\$ 13,311.51
Surplus (gross assets over gross liabilities) .....	\$ 6,953.70

ance and prejudices reflect upon the profession to the great injury of both.

Thus, then, our library is a temple as truly as the dome-crowned cathedral, hallowed by the breath of prayer and praise, where the dead repose and the living worship. May it, with all its treasures, be consecrated like that to the glory of God, through the contributions it shall make to the advancement of sound knowledge, to the relief of human suffering and to the common cause in which all good men are working, the furtherance of the well-being of their fellow-creatures!

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# GLYKERON

**A Bronchial Sedative**

Control the cough that weakens your patient.

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

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

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



THE 4 OZ. R. BOTTLE

**Stimulating Expectorant**

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

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

Prescribe it for the symptom of cough. Very palatable.

GLYKERON now supplied in 4 oz., 16 oz. and half gallon bottles.

*Literature on request*

The label is easily removed by the pharmacist and your prescription directions affixed.

## TACOMA GENERAL HOSPITAL

Dr. B. T. Terry, Pathologist, is showing an exhibit of scientific material at the Convention of the American Medical Association in San Francisco, from June 13 to June 17. The subject is "Aids in the Rapid Diagnosis of Tissue."

Commencement activities hold the center of the stage this month, as 27 young women will be graduated from the Tacoma General Hospital School of Nursing. The services will be held Wednesday evening, May 18th, at 8:00 P. M., at the First Baptist Church. They are open to the public. The members of the medical staff and their families are cordially invited to attend.

A class of 12 preliminary students will receive their caps the first week in June. The date for the ceremony will be announced later.

The Tacoma General Hospital School of Nursing has become affiliated with the Pacific Lutheran College for the one-year pre-nursing course. This course is now offered at both colleges in Tacoma, the College of Puget Sound and the Pacific Lutheran College.

The Combined Clinics will be continued weekly on Thursdays throughout the summer, Dr. B. D. Harrington announces.

The Monthly Clinical-Pathological Conference held on Tuesday, May 3rd, concluded the series for the summer. The next meeting will be held in September.

The Orthopedic Clinic will be continued through the summer, on the second Thursday of each month.

On May 12, National Hospital Day, open house will be observed from 2 to 4 P. M. The public is invited to inspect the facilities of the hospital.

## "PRESCRIBED BY DOCTORS"

"The best seller over the drug store counter is a remedy which has not been advertised to the public but of which they buy a surprising amount." This statement by one of our leading pharmacists during a discussion of his experience with special pharmaceuticals, proved rather startling.

It is easy to trace the method of the manufacturer's sales achievement. We are all familiar with every step which has made it possible. It began with the detail man who dropped in tell physicians the proper method of treating a widespread ailment. He knew all the answers; the physician was courteous even though weary and other-minded. When the detail man finally departed, a liberal supply of samples was left on the desk, and during several months further supplies came by mail.

The physician who utilized these samples became unwittingly the sponsor of the products, indeed the sole and the best advertising medium.

Think twice before you take up your prescription pad. Refresh your memory by consulting your books on therapeutics and by all means cultivate frequent reference to the National Formulary. Do your own thinking. Don't be a Charlie McCarthy.

—H. D. in The Bulletin of the Academy of Medicine of Cleveland.

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Nationally Known Foods

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**PERSONAL**

Dr. J. A. LaGasa left last week for the Mayo Clinic, where he expects to spend a month.

**FOR SALE**—Reasonable. Physician's furniture, equipment and instruments, in good condition. Inquire at Business Bureau.

We understand that Dr. B. D. Harrington is getting quite a reputation as a good X-ray technician.

Dr. and Mrs. W. G. Cameron have returned from a ten-day sojourn in Victoria, where they were guests at the Empress Hotel.

They say that Dr. H. B. Allison is becoming quite a golfer. Go to it, Dr. Allison. If business interferes with pleasure—forget business!

Prof: "Describe the tablets upon which ancient records of the Gauls have been found."

Freshie: "Well — er — I think they were Gaulstones, sir."

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He had just hung up his shingle. That morning a stranger entered. The doctor asked to be excused as he hurried to the 'phone.

Taking down the receiver he said: "Yes, this is Dr. Whoosit. Yes, I will be ready for you at two-ten this afternoon. But please be prompt for I am very busy. Two hundred dollars? Yes, that was the estimate I gave you."

Hanging up the receiver, he turned to the stranger, and asked: "Now sir, what can I do for you?"

"Nothing," replied the stranger, quietly. "I came in to connect the telephone."

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MAin 3117

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**COMMUNICABLE DISEASES**

**MARCH, 1938**

Chickenpox .....	28
German measles .....	2
Tuberculosis .....	6
Poliomyelitis .....	1
Smallpox .....	5
Mumps .....	3
Whooping cough .....	54
Scarlet fever .....	40

**HOSPITAL MEETINGS**

**Tacoma General Hospital**

Combined clinic—May 12, 19, 26, 9:30 a. m.  
 Orthopedic clinic.....May 12, 9:00 a. m.  
 Clinical pathological conference—  
 To be resumed in September

**St. Joseph's Hospital**

Clinical meeting .....June 6, 8 p. m.  
 Pathological conference....May 6, 9:30 a. m.

**County Hospital**

Staff meeting.....May 27, 12 M.  
 Clinical pathological conference—  
 May 12, 19, 26, 4:00 p. m.

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TACOMA

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PUYALLUP

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**The Lynn Mortuary**  
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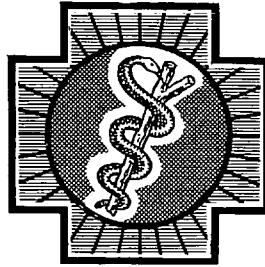
The

BULLETIN

Vol. VIII

September, 1938

No. 6



PROGRAMS



MEDICAL ARTS BUILDING  
8 P. M.

September 13

- Case Report.....Dr. Clyde Magill
- Sterility in the Woman.....Dr. Thomas B. Murphy
- Symptoms and Signs of Rheumatic  
Fever.....Dr. Robert L. King, Seattle

September 27

- Case Report.....Dr. Edwin C. Yoder
- Genito-urinary Infections and their  
Treatment .....Dr. George A. Mosey
- Mechanics of Pelvic Surgery, Including  
the Rectum.....Dr. Jay R. Coffey, Portland

Auditorium Telephone BRoadway 3166

Tacoma, Washington

SOCIETY OFFICIAL PUBLICATION . . .

# Pierce County Medical Society

# EDITORIAL

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In the early days of the direct primary, party lines were closely drawn. Candidates for public office were answerable to their county conventions and were held responsible for their actions if elected.

In those days it might have been politically dishonest for a person to vote in the primary of a different party from that in which he expected to vote in the general election.

These conditions have undergone a decided change. Party labels mean but little. All parties have members who are far apart in their political views. With the growth of the primary election system, candidates for office file under any party name they choose, irrespective of the views they hold, and are not responsible to any one. They represent themselves and their own pet theories, and use the label of the political party which they expect will be successful.

In view of these changed conditions the legislature wisely passed a law allowing a vote in the primaries of any party, without a declaration of political faith. The intent of the law is clear. The legislature recognized that filing for public office had become a personal matter, and passed this law so that the citizen could exercise his right of franchise, in selecting suitable candidates to appear on the final election ballot.

The coming primary election is perhaps one of the most important in several years. The eulists and other antagonists of medical practice have their men in the field and are preparing a vigorous campaign. The proponents of various forms of health insurance and socialization of medicine are active. As in the past,

(Continued on Page Five)

# LIBRARY

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

TELEPHONE - BROADWAY 3166

BLANCHE L. DeWITT, Librarian

Those who are scheduled to appear on medical society programs this season are reminded of the facilities which their medical library offers. Most speakers make references to the literature as a preliminary to presenting their own conclusions and your librarian is most anxious to be of assistance in this respect.

As to technique, we reprint an article entitled "The Doctor Speaks," clipped from an exchange bulletin, which gives several helpful suggestions:

Are doctors the poor speakers they are reputed to be? This observer reluctantly confesses the belief that doctors have merited the reputation they have acquired in public speaking. There are, of course, exceptions. By and large, however, medical men do not do well on the rostrum.

We had the occasion the other evening to drop in on a medical meeting. Being late, we took a seat in the rear of the room. The essayist was well into his subject—at least so we thought—although he could not be heard where we were seated. We asked the man next to us how long this program had been under way. He said fifteen to twenty minutes. There was considerable shuffling and whispering among those further back. The speaker seemed oblivious to these signs of restlessness and kept right on. Those in the first few rows said afterward that the speaker had little to offer.

This is an example of what happens when the doctor fails to prepare himself properly before addressing his colleagues. Physicians do not turn out for meetings to hear a rehash of what is already well known, nor do they listen patiently when the speaker cannot be heard. They expect to hear a well-informed speaker who not only presents in a clear and interesting manner the opinions of others but also observations of his own.

Not all medical groups can be talked to in the same manner. It therefore pays the speaker to make a diagnosis of his audience in advance. For example, the specialist frequently commits the error of speaking to general practitioners as

he would to physicians limiting their practices to his particular field. Naturally his listeners do not take kindly to such thoughtlessness.

The doctor, whether addressing his conferees or a lay audience, cannot ignore the principles underlying effective public speaking if he wishes to be successful. Medical groups do not differ from other audiences except for the subjects they hear disensed. They are eager to hear worthwhile scientific subjects interestingly presented and prefer a speaker who dispenses with the use of a manuscript. Few doctors are good readers and when confined to a manuscript, their material becomes dry and uninteresting. It lacks spontaneity and informality which is characteristic of extemporaneous speaking. It may be necessary, of course, for the physician to prepare a written copy of what he has to say for a medical journal, but being thoroughly familiar with his subject he can with safety rely on a brief outline, or use no notes at all.

It is perhaps in delivery that the doctor's shortcomings as a speaker are most pronounced. The impression of this observer is that most physicians feel that the material which they present is most important and the manner of presentation counts but little. This, of course, is untrue, as is evidenced by the fact that physicians most in demand by medical organizations are those who are competent speakers.

Important factors in good delivery are, speaking clearly and with enough volume so that the entire audience can hear, avoiding mannerisms, being oneself, and being thoroughly prepared. There are many excellent volumes available on the subject of public speaking which physicians will find of value.

Doctors are urged to improve themselves in public speech. Most of them may never become masters of this difficult art, but they can certainly say what they have to say so that their listeners will know what they are talking about.

# WOMAN'S AUXILIARY

## To PIERCE COUNTY MEDICAL SOCIETY

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The first meeting of the season, at which the new officers will take over their duties, will be held at the Walker Hotel on September 8. Preceding the program, luncheon will be served at a long table, decorated with fall flowers.

Drs. C. F. Engels and W. G. Cameron will discuss current legislative problems and reports of state and national Auxiliary conventions will be given.

### ABSTRACT OF AN ADDRESS BY MRS. JOHN O. McREYNOLDS

Past President and Director of the  
National Auxiliary

The public is already health-minded. The people are eager to hear dependable instruction, and it is our problem—and should be a great privilege—to see that the opportunity is presented to them not just occasionally but regularly with sufficient frequency to insure that the impressions will not cool in the intervals

between these lectures and demonstrations. In this way we can weed out the growth of false philosophies. A well directed system of superb lectures, already prepared for the American Medical Association by the giants of the medical profession, carried to every hamlet in the United States, would sink deep into the minds and hearts of the people and the results would be convincing and enduring. Our energies, directed by our Advisory Councils, should be continued with unabated zeal if we would destroy the erroneous impressions already planted in the minds of the public. Already there are different viewpoints between the practical ideals of physicians and emotional humanitarianism, and many of the 126 millions of people in the United States take any kind of medical service presented to them.

Millions of these people are being misled and it is the duty of the medical profession to acquaint the people on just what organized profession of medicine stands for. To quote from the New York State Medical Journal, "It is only active public education under the leadership of the medical profession that can overcome the propaganda of compulsory health insurance."

As we all know, this is one of the many problems of the medical profession today. We know that organized medicine has been engaged for some time in studying the control of cancer, pneumonia, heart disease, syphilis, and mental care and welfare; child hygiene, correction of physical defects in children and their nutritional disturbances. But how many other people know these facts? \* \* \* We have the opportunity to help inform the public and create a desire of the public to help wipe out or prevent disease. We must inform ourselves and then offer our services to the profession. Let this be our dream for the coming year. Let us devote our time and talent and finances to aiding our medical men with their problems and thereby do a great service to our Country.

## LEGISLATIVE COMMITTEE REPORT

The legislative committee have considered the qualifications of the various candidates whose names will appear on the primary ballot.

The list contains the names of many who are worthy of our support and who should be elected but the committee have decided to limit their recommendations to the few where the most effective work may be done.

25th District—Tom Montgomery, Puyallup; Frank Chervenka, Sumner; both Democratic.

26th District—Dr. Henry Minton, 624 No. D St., for Senate; Dr. Wm. G. Cameron, 607 No. G St., and Leo Krause, R. F. D. No. 3, Tacoma, for the House; all Democratic.

27th District—Albert Meade, 806 So. K St., for Senate, Democratic. Mr. Meade served in the last legislature and was a friend of public health. Paul Sandegren, 1119 So. Sheridan, and Ralph S. McCarthy, 701 Commerce St., for the House.

28th District—Hugh J. Rossellini, 4303 South G, for House.

29th District—Z. A. Vane, 6014 South Warner, Democrat, for House. Mr. Vane served two previous sessions in the House and was a valuable member of the committee on medicine, drugs and dentistry.

We have other good friends on both tickets who will undoubtedly be elected in the primaries without our help and the omission of their names from this list is in no way any reflection upon them.

Here is an opportunity for work. Look up the location of these different districts. Get a list of names for each district and send them to the chairman of the legislative committee, Dr. L. A. Hopkins. You can do it in one hour. You and your wife get busy with your friends and on the telephone, and remember to put in a good word when you make your house visits. Don't put it off. You have only a few days before primary day.

## EDITORIAL

(Continued from Page Two)

vicious bills against the doctors, bills to remove the safeguard of the basic science laws, and other measures detrimental to the public health will be introduced.

Some of the candidates in the primaries are openly against public health measures, and some will vote for these various bills without realizing the bad effect their passage would have upon public health, unless they are kept informed.

There are some who have shown their loyalty in the past, and others who by their display of good common sense in their own fields of endeavor can be counted upon to work for the program which will be of greatest benefit to the public health movement. These men deserve our active support.

Doctors talk glibly about their influence. Well and good. There is a great potential influence, but this will be of no avail unless it is put to some use. There are only a few days before the primary election. If you have not yet made your contribution, don't wait to be called upon but send it in to Dr. Joseph Turner.

Talk to your wife, your neighbors and your friends. In other words, WORK. It is your problem. Your interest is at stake. If you suffer from adverse legislation it is your own fault.

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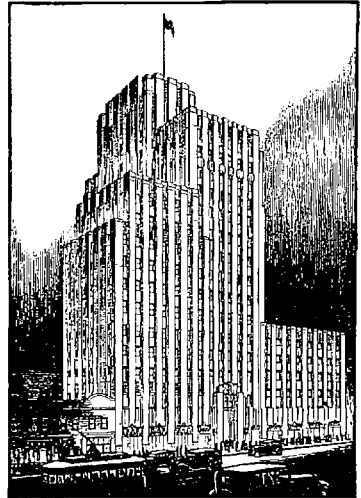
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# The New Federal Food, Drug and Cosmetic Act

The signing by President Roosevelt, on June 25th, of the Federal Food, Drug and Cosmetic Act enacted by the recent Congress, brought to a successful conclusion a struggle which had been waging for five years or more. While the new law is not perfect, it is a vast improvement on the original Food and Drugs Act of 1906, which the present enactment supersedes.

The new law, while preserving all the worthy features of the old act, adds many new provisions. Chief among these new provisions are:

1. Brings all cosmetics, except toilet soap, under control; outlaws cosmetics which may be injurious to users, except poisonous coal-tar—hair dyes which bear warning labels; prohibits false or misleading labeling.

2. Prohibits traffic in food which may be injurious to health. The old law prohibited injurious food only when a poisonous substance was added.

3. Forbids traffic in confectionery containing metallic trinkets and other inedible substances.

4. Requires labeling of special dietary food to inform purchasers fully of its vitamin, mineral and other dietary properties.

5. Provides for the promulgation of a definition and standard of identity, together with a reasonable standard of quality and fill of container, for each food. Fresh and dried fruits and vegetables, with the exception of avocados, canteloupes, citrus fruits and melons, are exempt from this provision.

6. Omits the "distinctive name" joker of the old law, under which any mixture or compound of foods not injurious to health could escape control.

7. Brings under control drugs used in the diagnosis of disease and drugs intended to affect the structure or any function of the body.

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## THE NEW FEDERAL FOOD, DRUG AND COSMETIC ACT

8. Brings under control therapeutic devices and subjects them to the same general requirements as are set up for drugs.

9. Prohibits traffic in drugs and devices which, under conditions of use prescribed in the labeling, are dangerous to health.

10. Prohibits traffic in new drugs, unless and until such drugs have been adequately tested to show that they are safe for use under the conditions prescribed in their labeling. Drugs intended solely for investigational use by qualified scientific experts are exempt from this requirement.

11. Requires drugs intended for human use to bear labels warning against habit formation, if such drugs contain any one of certain specified narcotic or hypnotic habit forming substances, or any derivative of any such substance possessing similar properties.

12. Requires that all drugs and devices be so labeled as to give adequate directions for use.

13. Requires all drugs and devices to bear warning labels against probable misuse which may be dangerous to health.

14. Eliminates the fraud joker in the old law under which the government had to prove that false claims of curative effect on the labels of patent medicines were made with willful intent to deceive.

15. Requires antiseptics to possess real germicidal power.

16. Requires the labels of nonofficial drugs to list the names of all active ingredients and to show the quantity or proportion of certain specified substances.

17. Prohibits traffic in foods, drugs and cosmetics which may have been prepared or handled under insanitary conditions subjecting them to contamination

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with filth or otherwise rendering them injurious to health.

18. Proscribes slack filling of containers for foods, drugs and cosmetics and prohibits the use of deceptive containers.

19. Authorizes inspection of factories or establishments producing foods, drugs, devices or cosmetics for interstate shipment.

20. Provides increased criminal penalties for violation of the various provisions of the act.

The general provisions of the new law will become effective one year from the date of the President's signature—that is, June 25, 1939. Certain specified provisions, however, became effective immediately upon approval of the act by the President. Among the latter are the prohibition of the introduction of new

drugs before an application for such introduction has been approved, and the prohibition against drugs which are dangerous to health when used in the dosage, or with the frequency or duration prescribed, recommended or suggested in the labeling.—Bulletin of the Department of Health Commonwealth of Kentucky.

A laddie at college, named Breeze,  
Weighed down by B. A.'s and M. D.'s,  
Collapsed from the strain,  
Said the doctor, "'Tis plain  
You're killing yourself by degrees."

First Mental Patient: "I'm Napoleon Bonaparte, I am."  
Second Mental Patient: "Oh, yeah, and who made you Napoleon Bonaparte?"  
E. M. P.: "God did."  
S. M. P.: "I did not!"

# GLYKERON

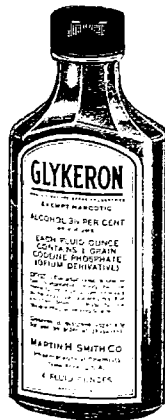
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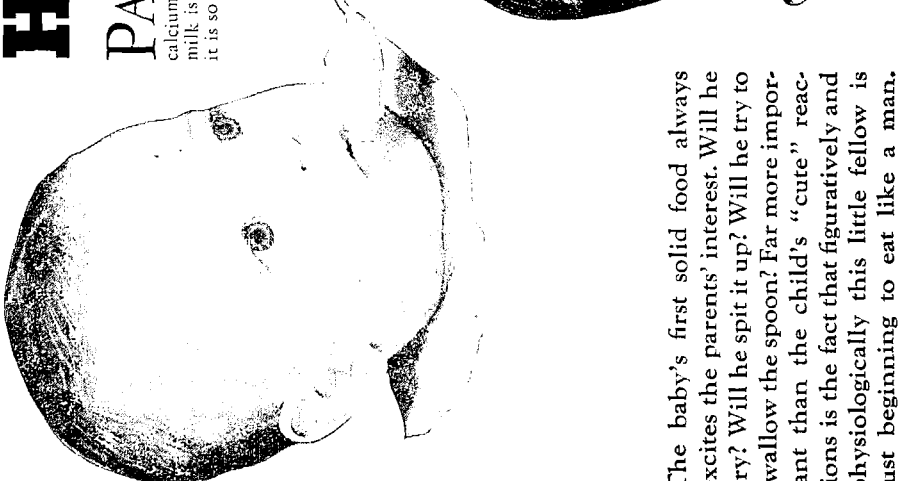
## PABLUM

is now being fed to infants as early as the third or fourth month because it gets the baby accustomed to taking food from a spoon, but, most important, Pabulum early adds essential accessory food substances to the diet. Among these are vitamins B<sub>1</sub> and G and calcium and, perhaps most necessary, iron. Soon after a child is born its early store of iron rapidly diminishes and, as milk is poor in iron, the loss is not replenished by the usual bottle-formula. Pabulum, therefore, fills a long-felt need, for it is so well tolerated that it can be fed even to the three-weeks-old infant with pyloric stenosis, and yet is richer than any other food in iron. Even more significant, Pabulum has succeeded in raising the hemoglobin of infants in certain cases where an iron-rich vegetable failed. Pabulum is an ideal "first solid food." *Mothers appreciate the convenience of Pabulum as it needs no cooking. Even a tablespoonful can be prepared simply by adding milk or water of any temperature.*

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## PERSONAL

Dr. W. B. Penney was elected President-Elect of the Washington State Medical Association at its recent meeting in Bellingham.

Dr. B. T. Terry was honored by receiving a gold medal for the best exhibit at the convention of the American Society of Clinical Pathologists in San Francisco last June.

Dr. and Mrs. S. R. Sleep are receiving congratulations on the birth of their second son at Tacoma General on August 29.

Drs. W. B. Penney, T. H. Duerfeldt and F. R. Maddison attended the meetings of the North Pacific Society of Internal Medicine at Vancouver on September 2 and 3.

Dr. C. V. Lundvick won the sweepstakes at the Rose Show on June 13.

Other awards went to Drs. D. M. Dayton, S. F. Herrmann and W. H. Goering.

Dr. and Mrs. W. G. Cameron, Miss Betty Howe and Charles MacLean attended the German Summer Camp on Orcas Island last month.

Hypochondriacal Old Gentleman: "Yessir, I've been in every hospital in this town at one time or another."

Visitor: "I'll bet you haven't been in the maternity hospital."

H. O. G.: "I certainly have. I was born there!"

Doctor: "That officer in Ward 5 is very nervous, so you can expect him to be cross and irritable."

Orderly: "But he said he was going to knock my brains out, sir."

Doctor: "Well—er—humor him."

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## ST. JOSEPH'S HOSPITAL

Dr. L. T. McNerthney has donated many books to the Doctors' and Internes' Library at the hospital. Dr. S. L. Blair has also presented volumes to the Doctors' Library and to the Nurses' Library at the Nurses' Home.

The Nurses' Home has recently been remodeled, painted and redecorated. The library is well lighted and has comfortable chairs and large tables which can be used by the nurses for study or relaxation, as the library contains an up-to-date assortment of medical reference books, magazines and books of fiction. This room is probably enjoyed by the nurses equally with a large reception room on the first floor, which is beautifully painted and decorated. Here the nurses

have a chance to forget the strenuous work of the day just past. This room contains a piano and radio and is furnished for their enjoyment. Cares and worries are forgotten, as the nurse now is a schoolgirl again, singing, playing games, putting aside her nurse's cap and uniform. She is now a college co-ed and is her real self.

Another room, the parlor, copied after an up-to-date modern home, is used by the nurses to entertain their friends and relatives. In the south end of the home is a large classroom, provided with arm chairs, facilitating the taking of notes.

Adjoining it is a demonstrating room, where the nurses are instructed in the care of patients, including adults, children and infants. Both of these rooms are used by the faculty, who take the high school graduate and in three years make her a competent trained nurse. The faculty is composed of graduate nurses, trained to teach nursing, also four internes and several leading physicians and surgeons, giving lectures on the most important branches of medicine.

The St. Joseph's Hospital School of Nursing is affiliated with the Seattle College. College instructors hold classes Friday and Saturday of each week. Thus a nurse has a rounded-out college education when she is graduated from St. Joseph's Hospital.

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## TACOMA GENERAL HOSPITAL

We wish to extend our greetings to the members of the medical staff in this the first Fall issue of the Bulletin.

Mrs. Malcolm T. MacEachern, wife of the Associate Director, American College of Surgeons, and daughter, Isabel, visited Tacoma General Hospital recently and presented diplomas and pins to two nurses upon the completion of their courses.

First staff meeting was September 6th: Dr. W. W. Pascoe, Chairman, Dr. B. D. Harrington, General Program Chairman, and Dr. L. S. Baskin, Program Chairman.

Staff meeting for October has been changed from 4th to 11th, to accommodate social meeting of Pierce County Medical Society; Dr. S. E. Light, Program Chairman.

Dr. B. T. Terry has just returned after spending several weeks at the Mayo Clinic.

Dr. T. H. Duerfeldt is now returned from his vacation.

Dr. B. D. Harrington attended the Convention in Bellingham

Thirty-six student nurses in the preliminary class entered the School of Nursing on September 6th.

Remodeling of Clinical Laboratory is to be completed soon.

Five of personnel attended the first Western Institute for Hospital Administrators held recently at Stanford University, the largest single delegation.

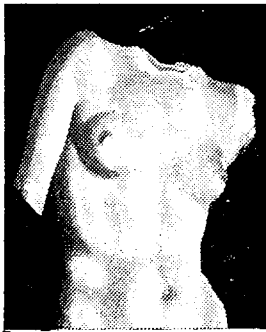
Convention of Association of Western Hospitals is to be held February 20 to 23, inclusive, 1939, in Seattle.

### Nursing Staff Appointments

Katherine J. Hoffman as Educational Director.

Ann M. Hansen as Operating Room Supervisor.

Gladys Hovland as Night Supervisor.



In Mastitis, Mammary Abscess  
and in other Acute  
Inflammations  
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quickens the action of the capillaries and promotes more rapid healing. Its sedative warmth is grateful to the patient. It has a definite tendency to abort an incipient inflammatory process.

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## PRESENT STATUS OF METHODS FOR PROPHYLAXIS OF ACUTE AN- TERIOR POLIOMYELITIS

John A. Kolmer, M. D.  
Philadelphia

The following is a summary of a paper by Dr. Kolmer on the Present Status of Methods for the Prophylaxis of Acute Anterior Poliomyelitis, read at the annual session of the American College of Physicians, held in New York April 6, 1938, and published in the July, 1938, issue of the "Annals of Internal Medicine.":

1. The results of experimental studies in poliomyelitis of monkeys show that the virus is absorbed by way of the olfactory nerves and microscopical examination of the olfactory bulbs in human cases of the disease also suggests that this is at least one avenue of infection in human beings.

2. Chemo-prophylaxis in human beings by the application of mixtures of picric acid and alum or of zinc sulfate to the olfactory area has failed but this may have been due to incomplete application of these agents.

3. Under present conditions the further trial of solutions of zinc sulfate is recommended by a method of insuring more adequate treatment of the olfactory area.

4. It is possible, however, that the virus of poliomyelitis may be absorbed from the oropharyngeal mucosa, tonsils, trachea and even the intestinal tract and if this occurs in human beings treatment of the olfactory area alone cannot be expected to prove effective in the prophylaxis of the disease.

5. Monkeys have been successfully immunized against poliomyelitis with vaccines of the virus and especially those containing active virus but these are considered too dangerous for the vaccination of human beings.

6. Antiviral antibody contained in normal and convalescent human sera and placental extracts is capable of protecting monkeys against experimental poliomyelitis when administered in sufficiently large amounts. On this basis it appears quite probable that the antibody possesses some prophylactic value in human beings if administered before the virus has attacked the central nervous system.

7. In view of the low attack rate of poliomyelitis a practical test for susceptibility is urgently required since such would greatly facilitate the selective use of chemo-prophylaxis as well as prophylaxis by active and passive immunization. At the present time, however, such a test has not been discovered. The monkey serum neutralization test is not acceptable in this connection not only because of its expense and the time required to carry it out but likewise because it is not a measure of the more important cellular or tissue resistance of the disease.

### YOUR TITLE IS "M.D."

There is wide-spread abuse of the title "Doctor." Legal procedures have failed to correct the situation. We have attorney generals' opinions, opinions from the State Board of Registration In Medicine, offers of cooperation from the Department of Health, the county prosecutor's office, etc., etc. Some results are obtained in specific instances, but under present procedures a violation must occur before action can be taken. Let us as physicians, endowed with the degree M.D., start to place emphasis on that degree. No one else can use it. Use "M.D." in your speech, in your correspondence, on your signs, prescription pads, bill heads, etc. Gradually the public will start to discriminate. In this positive way we can gradually but most effectively offset the parasitical influence of so-called "doctors" who are not M.D.'s. At the same time we can continue to refer specific abuses to the proper authorities.—Wayne County Medical Society Bulletin.

**HOLDING ONE'S OWN**

It is estimated that about 90% of the physicians of the country neglect one or more of the five post graduate activities that have a justifiable claim on their time: (1) reading medical journals; (2) participating in the work of their local medical society; (3) serving on a hospital staff; (4) delivering scientific papers; and (5) attending graduate teaching sessions. Many alibis are offered as, "I can't spare the time"; "I haven't the money just now"; "I will do that next year."

The practice of medicine is the physician's business. Every successful man puts a certain amount of money back into his business and he keeps up with new advances or he is passed by his competitor. Every physician does have the time and money to send in the improvement of himself in the practice of medicine. There is only one good excuse and that is inertia. If you are lacking in the five points above you can look into the future and see yourself then just as you are today.—Sedgwick Co. (Kas.) Medical Bulletin.

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**HOSPITAL MEETINGS**

**Tacoma General Hospital**

Clinical Pathological Conference—  
 October 11, 8 P. M.  
 Combined clinics...September 15, 22, 29,  
 October 6, 9:30 A. M.  
 Orthopedic clinic....October 13, 9 A. M.

**St. Joseph's Hospital**

Clinical meeting.....October 3, 8 P. M.  
 Pathological conference—  
 October 7, 9:30 A. M.

**County Hospital**

Staff meeting.....September 30, 12 M.  
 Clinical pathological conferences—  
 September 15, 22, 29, October 6, 4 P. M.

**COMMUNICABLE DISEASES**

**MARCH, 1938**

Measles .....	2
Tuberculosis .....	1
Typhoid .....	1
Scarlet fever .....	8
Smallpox .....	6
Chickenpox .....	8
Whooping cough .....	7
Mumps .....	9

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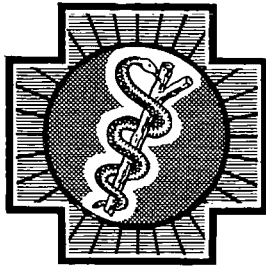
The

BULLETIN

Vol. VIII

October, 1938

No. 7



PROGRAMS



MEDICAL ARTS BUILDING  
8 P. M.

October 4

Special Meeting—Note Change of Date  
Colored Film—Heart Sounds, a Clinical  
Experiment in Sound Photography—  
Robert William Langley, M.D., Los Angeles  
Discussion—  
John H. Fitzgibbon, M.D., Portland, Ore.

October 25

Case Report.....L. T. McNerthney, M.D.  
The Clinical Significance of Hypothyroidism—  
A. H. Buis, M.D.  
The Treatment of Acute Mania—A General  
Practitioner's Responsibility—  
Charles P. Larson, M.D., C.M., Western State  
Hospital

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Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION . . .

# Pierce County Medical Society

# EDITORIAL

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This year the Pierce County Medical Society is celebrating its Fiftieth Anniversary—fifty years of growth and progress, years of work and effort, not without failures and disappointments, but with a steady forward movement from the small group of pioneer founders to the splendid organization we have today.

The young man entering our society of today finds a complete organization, with all its various bureaus and sections knit together in one harmonious group. This organization was not brought about without effort. We of today must thank those who in the past built so wisely and so well.

The Society was founded in the year Washington ceased to be a territory and became a State. The first meetings were held in the offices of different doctors and later on the second floor of a building on Puyallup Avenue. This meeting place had certain advantages. There was a saloon below and a convenient dumb waiter made it unnecessary for any of the members to leave during a Society session. Later the Society met in the old Tacoma Hotel, until, some twenty years ago, it was decided to have a home of our own, where we could have a library and reading room. Accordingly rooms were rented in the Puget Sound Bank building. Donations of books and magazines were quickly made and many of the members contributed sums of fifty to one hundred dollars to purchase new books. For several years many of the members paid fifteen dollars extra each year for library maintenance. From this humble beginning has developed the present excellent library, with a librarian in charge. Later the Library was moved to the Washington building and the Society meetings were held there.

All this time the members had the dream of a real permanent headquarters for medicine and interested several different citizens in building a medical

building. Many plans were made and discussed until finally Mr. Henry Rhodes perfected the plan of building the present Medical Arts Building. The plan of the building was submitted to the Society and our present business headquarters, our auditorium and our library are the result.

No so many years ago, the state of Washington was a fruitful field for quacks and cultists. Each cult had its examining board, with the consequence that each year brought more and more of the psuedo healers to our state. What license laws we had were practically disregarded and there was but little check or restraint upon anyone who wished to practice medicine. To combat this vicious situation and to try and secure better laws regulating practice, a group of doctors throughout the state organized The Public Health League. Many of our members were quick to see the worth of this movement and were prompt in joining. For many years these physicians paid dues of twenty-five dollars to the league in addition to their library dues and those of the county society. This money was well spent and the doctors of the present day are its beneficiaries.

The league was successful in passing the Basic Science Law, which has greatly reduced the entrance of cultists into our state and has raised the standard of their instruction. Then too, since the advent of the Public Health League, no adverse medical legislation has been passed by the state legislature.

The older members of the profession have contributed freely of their time and their money in many movements to improve the conditions of medical practice and promote the general welfare of the community.

Several years ago the society conducted an advertising campaign in the daily newspapers. Individual doctors paid in sums from fifty to two hundred dollars each.

The present excellent health exhibit at the Puyallup Fair was started by the Pierce County Medical Society and again individual doctors contributed their money as well as their time.

During the life of the medical society, medical practice developed from an academic empiricism into a scientific study

as it exists today. Greater advance in medical science was made in this period than in any similar time in history.

So the young doctor of today comes from the medical school with a comprehensive knowledge of scientific medicine. He practices in well-equipped hospitals, which require a high standard of service. His profession is guarded by beneficial laws. He attends a medical society in a comfortable auditorium, fully equipped for the exhibition of x-rays and pictures. He has access to a fine library, with the latest books and current magazines. He benefits from the business organization and all the activities of the society.

This is the heritage of fifty years. It is his without the asking and without effort and it is his to maintain in the future.

Today medicine is beset with new problems. The question of socializing medicine is being discussed throughout the country. How to give medical care to the indigent and unemployed? By what method can medicine best serve those of the lower wage earners? Shall we have hospital insurance? These and similar questions are being raised, all of which have a special concern for the economic position of the doctor. All physicians are interested, but the concern of the older doctors is mostly academic. They can look upon these questions in the abstract, for they themselves will not be greatly affected. They are well established in practice and have but few years of active work ahead of them. Any change in medical practice will make but little difference in their economic status.

The young medical man must study and solve these questions. He must work to prevent politicians or well-meaning philanthropists from adopting detrimental schemes and regulations which would destroy his individuality. He must begin early in practice to identify himself with all the efforts of his fellows to improve the standing of the profession and the well-being of its members, and he must give freely of his time and of his money in this work. He has the heritage of fifty years. This he must cherish and keep pure. He must guard that which he has inherited, but he must go forward, aggressive in the right, undaunted, and unafraid, that he may leave a greater legacy to those who follow him.

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## THE PRIMARY ELECTION

The Society can feel repaid for its efforts in the recent primary election, by the results obtained. While all of the candidates of choice were not elected, there is a decided change for the better in the Pierce County Legislators. Three members of the House who voted consistently against medicine were defeated. There is only one member out of ten in the delegation who can be definitely counted against us.

Work before the final election in November may result in other changes in favor of public health. If you are called upon, WORK. Get out and do your bit.

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A tea in honor of new members of the Auxiliary will be given on October 13 at the home of Mrs. Ralph Schaeffer. A musical program has been arranged and a delightful time is anticipated.

Don't forget to tell your friends about the A. M. A. health broadcasts. These are to be heard over KJR at 11 A. M., beginning October 19 and weekly thereafter for thirty-six weeks.

**THE FIELD OF ACTIVITY FOR THE WOMAN'S AUXILIARY**

Abstract of Address Given by Dr. Irvin Abell, of Louisville, Ky., before the Woman's Auxiliary to the Illinois Medical Society. May 18, 1938

I early became interested in the Woman's Auxiliary, since Mrs. Abell was one of its early national officers. I have watched with a great deal of admiration its development, not only in its membership but in its activities. During the early years it fulfilled duties that were

largely social in character, bringing together doctors, their wives and families. As the years have gone on the auxiliaries in the various parts of the country have taken on other functions, many of which are extremely worth while.

I note today the Benevolence Fund project of your auxiliary and think it is a particularly fine undertaking. Another activity which I have observed is largely a cultural one, in that literary groups have been formed in some of the auxiliaries which devote a certain time each month to the reading and review of books written by doctors or written about doctors.

This afternoon I wish to suggest to you another activity, one that has been taken up in Kentucky and is being taken up in other states, namely, the organization of study groups to be concerned with the dissemination of knowledge concerning the social and economic movements that are destined to have some effect upon the practice of medicine. One sees much propaganda in the lay press and in magazines about the socialization of medicine. It can well be one of your duties to bring to the lay people with whom you come in contact the answer of the profession to the misleading statements which such propaganda contains. As the wives of doctors, you are

(Continued on Page 10)

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American Journal of Cancer  
 American Journal of Clinical Pathology  
 American Journal of Digestive Diseases & Nutrition  
 American Journal of Diseases of Children  
 American Journal of Hygiene  
 American Journal of Obstetrics & Gynecology  
 American Journal of Ophthalmology  
 American Journal of Public Health  
 American Journal of Roentgenology & Radium Therapy  
 American Journal of Surgery  
 American Journal of Syphilis, Gonorrhoea & Venereal Diseases  
 American Journal of the Medical Sciences  
 American Medical Association Bulletin  
 American Review of Tuberculosis  
 Annals of Otolaryngology & Rhinology  
 Annals of Surgery  
 Archives of Dermatology & Syphilology  
 Archives of Internal Medicine  
 Archives of Neurology & Psychiatry  
 Archives of Otolaryngology  
 Archives of Pediatrics  
 Archives of Surgery  
 British Journal of Ophthalmology  
 British Journal of Surgery  
 British Journal of Urology  
 Bulletin of the American College of Surgeons  
 Bulletin of the American Society for the Control of Cancer  
 Bulletin of the Johns Hopkins Hospital  
 Bulletin of the Menninger Clinic  
 Bulletin of the Neurological Institute of New York  
 Bulletin of the New York Academy of Medicine

Bulletin of the School of Medicine, University of Maryland  
 California & Western Medicine  
 Canadian Medical Association Journal  
 Cleveland Clinic Quarterly  
 Current Medical Digest  
 Current Researches in Anesthesia & Analgesia  
 Diplomate  
 Eye, Ear, Nose & Throat Monthly  
 Hygeia  
 Illinois Medical Journal  
 International Medical Digest  
 International Surgical Digest  
 Journal of Bone & Joint Surgery  
 Journal of Contraception  
 Journal of Infectious Diseases  
 Journal of Laboratory & Clinical Medicine  
 Journal of Pediatrics  
 Journal of Social Hygiene  
 Journal of the American Dental Association  
 Journal of the American Medical Association  
 Journal of the Kansas Medical Society  
 Journal of the Medical Association of Georgia  
 Journal of the Michigan State Medical Society  
 Journal of the Missouri State Medical Association  
 Journal of the South Carolina Medical Association  
 Journal of Urology  
 Kentucky Medical Journal  
 Lancet  
 Laryngoscope  
 Medical Bulletin of the Veterans' Administration  
 Medical Clinics of North America  
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 Medical Record  
 Mental Hygiene  
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(Continued on Page 11)



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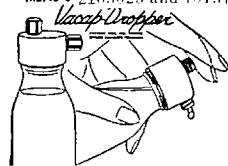
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**WOMAN'S AUXILIARY**

(Continued from Page 7)

in a position to provide this information to your friends, clubs, parent-teacher associations, cancer groups and various welfare bodies with which you are affiliated.

In considering some of the proposals for a wider distribution of medical service it is well to keep in our own minds and the minds of the public that every change for the better that has accrued in medical practice has been initiated and made effective by the medical profession without compulsion, political, governmental or otherwise. The death rate has been reduced 50% and the age at death has been increased 100%. Today, under our system of medical care, we have the lowest rates for death, for infant mortality and for most of the infectious diseases that prevail anywhere in the world.

The State-controlled medical plans in other countries have been held up as an example to this country. As yet there is no evidence to afford belief that any one of these plans would afford better medical service than this country now enjoys. A careful examination of these systems reveals the following defects:

(1) There is no decrease in the cost of medical care. The system adds a staggering administration cost. (2) Public health and preventive medicine are not assisted or advanced. (3) Morbidity and mortality are not reduced. (4) The problem of the so-called catastrophic diseases is not solved. (5) Over-medication is encouraged. (6) The burden of cost is distributed over the low income class which is least able to bear it. (7) Medi-

cal care for the indigent is omitted. (8) Graduate education is not encouraged and is usually omitted. (9) The hospital load is increased and hospitals are encouraged to practice medicine. (10) Attention and financing are concentrated on the less essential health and medical measures. (11) Diagnosis and treatment are mechanical and superficial. (12) Medical service becomes a political issue. (13) The control of medical service is placed in the hands of unqualified non-medical individuals and organizations.

The medical profession must ask and receive satisfactory answer to the following questions upon any proposed change:

(1) Would it provide better qualified doctors than are now available? (2) Would it make good medical care more available to the indigent, the unemployed and the low income group? (3) Would it enable physicians to devote more time to the care of the individual patient, especially the seriously ill patient? (4) Would it provide more time and more inducements to physicians to keep up to date in their professional work by post-graduate study and clinical work? (5) Would it eventually reduce the average duration of illness in the United States? (6) Would it maintain or improve the

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present standards of preventive medicine? (7) Would it preserve the direct personal confidential relationship between doctor and patient? (8) Would it continue to attract the highest type of men and women into medicine as a life work? (9) Would it reduce the national cost of medical service?

Now that the economic phase of medical practice is demanding more consideration, ethical relations must not be forgotten or removed from the central position they have always held. Medical ethics are not outgrown or antiquated; they must continue to be vital, elevating, dominating and enduring by continuous respect and adherence, since without them medicine ceases to be a profession.

The difficulties of supplying needed medical care differ almost as widely as do the states constituting this vast nation. The economic level in the various counties and states of the nation alternates from pauperism to opulence. To formulate a program to meet the actual needs of the indigent in relation to medical care is no simple task. If the social scientists could supply these groups with food, fuel, shelter and clothing many of their medical problems would thereby be solved.

## LIBRARY

(Continued from Page 8)

Modern Medicine  
Nebraska State Medical Journal  
New England Journal of Medicine  
New York State Journal of Medicine  
Northwest Medicine  
Pennsylvania Medical Journal  
Physiotherapy Review  
Preventive Medicine  
Proceedings of Staff Meetings of Mayo Clinic  
Public Health Reports  
Radiology  
Rhode Island Medical Journal  
Southwestern Medicine  
Statistical Bulletin of the Metropolitan Life Insurance Company  
Surgery  
Surgery, Gynecology & Obstetrics  
Surgical Clinics of North America  
Texas State Journal of Medicine  
Venereal Disease Information  
Virginia Medical Monthly  
Western Journal of Surgery, Obstetrics & Gynecology  
Yale Journal of Biology & Medicine

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### PERSONALS

Dr. G. E. Griffith left the last of the month for a hunting trip of a week or ten days in Okanogan County.

Dr. John Steele is also planning a hunting trip in the near future.

The Pacific Northwest Orothopedic Society will meet in the Medical Arts Auditorium on Saturday, October 1.

Dr. and Mrs. Joe Griggs, Jr., who are now residing in Claremont, California, are receiving congratulations upon the birth of their first child, a son, on August 24.

Dr. Lewis Hopkins reports a discussion with his brother, Harry, a recent visitor in Tacoma, concerning government plans for medicine. Most work will be done along the line of increasing public health departments, preventive medicine, etc.

Bill Mattson reports a very enjoyable day at the fair on Tacoma Day, it being noted that he is quite a horse fancier, especially favoring those of the zebra variety. Dr. Mattson did not state

whether or not he placed any money on the ponies.

**POSITION WANTED.** Experienced, capable young lady wishes position in doctor's office assisting patients and having charge of clerical work. Excellent local medical and clerical references. Small salary acceptable. GARland 0928-W.

Ye editor, "Cammie" Cameron, has been ill and away from his office for several days.

Dr. J. B. Robertson was recently elected president of the local Hoosier Club. Dr. Robertson is also a member of the State Board of Trustees of the Volunteers of America.

Dr. and Mrs. D. H. Running left on September 26 for New York, where Mrs. Running plans to study voice under Douglas Stanley.

Woodie Niethammer has returned to his practice after an absence of five weeks. Dr. Niethammer spent three weeks studying at the Mayo Clinic and five days at the clinic of the University of Michigan.

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Drs. C. G. Trimble and T. H. Long will be Republican and Democratic candidates respectively, for County Coroner at the coming election. Whoever is elected will be a good man.

Walter Cameron was runner-up at the golf tournament in Bellingham. Cy Lundvick is shooting in the 77's and Clyde Gray is also a slicker. Play these two at your own risk.

Syd MacLean and Clyde Magill have been cutting down expenses by marrying off a daughter. Miss Rosebetty MacLean was married on June 10 to Dr. V. D. Sneed at the Chapel of the College of Puget Sound. They are living in San Francisco, where Dr. Sneed is Resident at the French Hospital. Miss Jean Magill was married to Mr. George Freeman in Christ Church on September 12. Mr. and Mrs. Freeman will reside in Long Beach, California.

Dr. Ralph Gregg, who has recently been appointed to replace Dr. Creswell in the City Health Department, has arrived in Tacoma and will shortly begin a survey of health conditions here, as a beginning

of the government's plan to sponsor and increase public health work.

Sig Herrmann is hoping to attend the American College of Surgeons meeting in New York on October 17-21, providing he can get the necessary cash together.

Homer Clay and Walter Cameron have new homes under construction. Joe Turner, who is taking an active part in the building of his new house, is making a satisfactory recovery after indulging in his hobby of dropping two-by-fours on his own feet. Joe has been unable to wear a shoe on one foot, due to a broken toe. George Kunz has also been bitten by the building bug, his house still being at the foundation stage.

Bill Goering has been taking a couple of vacations in the Tacoma General. His personal statement is that it is a toss-up which is worse—sulphanilamide or pneumonia.

Arch Howe is getting plenty of practice squinting down esophagi at the County Hospital these days.

Tom Murphy and Chris Quevli are speedboat enthusiasts. If Chris has no



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more accidents his boat may last the rest of the season.

Johnny Havlina seems to be on the sucker list for the cops. Whenever they have nothing else to do they catch him speeding.

Dr. Edwin Warren has moved into the Medical Arts Building. Welcome to the fold, Ed.

Dr. Paul Tramp and family have moved to Yuma, Colorado, the change being necessitated by Mrs. Tramp's ill health. We are sorry to see them go.

Dr. and Mrs. Harry Willard are planning to leave about the first of the month for an eastern trip. Dr. Willard expects to be in New York for the meeting of the American College of Surgeons.

Dan and Helen Bell have just returned from a three-month trip to Africa. Those of us who received cards from them appreciated their thought of us.

Dr. G. S. Hicks was an honor guest at the September 26 meeting of the Chamber of Commerce, celebrating his fiftieth year as a physician in Tacoma. The well-known radio announcer, Graham McNamee, who has been acting as master of ceremonies at the fair, was present, and in compliment to him Dr. A. G. Hicks and Mr. E. B. King, respective fathers of George Hicks and Jean Paul King, also big-time radio announcers, were honor guests.

Dr. and Mrs. Hy Argue are moving from North Washington Street to the Walker Apartments.

### TACOMA GENERAL HOSPITAL

The Clinical-Pathological Conference for October has been changed from the first Tuesday, October 4th, to the second Tuesday, October 11th.

Mr. C. J. Cummings is attending the Convention of the American Hospital Association in Dallas, Texas.

Dr. B. D. Harrington is attending the Radiological Convention in Atlantic City, New Jersey.

At the Cancer Exhibit shown at the Western Washington Fair, the Tacoma General Hospital prepared the exhibit of films shown and assisted in their assembling. The exhibit, showing the diagnosis and treatment of cancer, is sponsored by two local and two state organizations.

Miss Elsa Koski, Chief Anesthetist, is in the East on her vacation.

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**HOSPITAL MEETINGS**

**Tacoma General Hospital**

Clinical Pathological Conference—  
 October 11, 8 P. M.  
 Combined Clinics...October 6, 13, 20, 27,  
 November 3, 9:30 A. M.  
 Orthopedic Clinic...October 13, 9 A. M.

**St. Joseph's Hospital**

Clinical meeting.....October 3, 8 P. M.  
 Pathological conference—  
 October 7, 9:30 A. M.

**County Hospital**

Staff Meeting.....October 28, 12 Noon  
 Clinical Pathological Conferences—  
 October 6, 13, 20, 27,  
 November 3, 4 P. M.

**COMMUNICABLE DISEASES**

August

Smallpox ..... 3  
 Mumps ..... 3  
 Whooping cough ..... 6  
 Chickenpox ..... 14  
 Scarlet fever ..... 6  
 Tuberculosis ..... 5  
 Typhoid fever ..... 1

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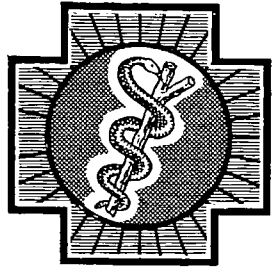
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# The BULLETIN

Vol. VIII November, 1938 No. 8

SOCIETY — OFFICIAL PUBLICATION . . .



## PROGRAMS

MEDICAL ARTS BUILDING  
8 P. M.

November 8

Symposium on Labor by the Pierce County Division of the  
Washington State Obstetrical Association

- Normal First Stage.....D. H. Johnson, M. D.
- Analgesia.....S. S. Jones, M. D.
- Third Stage.....A. L. Schultz, M. D.
- Complications of the Second Stage of Labor.....

G. C. Schauffler, M. D., Editor, Western Journal of  
Surgery, Obstetrics and Gynecology, Assistant Clin-  
ical Professor of Obstetrics and Gynecology, Univer-  
sity of Oregon Medical School.

November 22

- Case Report.....Jess W. Read, M. D.
- Oral Sepsis in its Relation to Systemic Disease.....
- .....Fred H. Francis, D. D. S.
- Sinus Infection. Indications for Surgery.....
- .....Frank B. Kistner, M. D., Portland

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Tacoma, Washington

# Pierce County Medical Society

# EDITORIAL

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	V. E. Crowe

Words have great power. Their force is greatly augmented by repetition. People accept without investigation that which they hear constantly repeated. This is the elementary base upon which advertising is founded. A slogan meets the eye or reaches the ear so frequently that its truth is acknowledged without any effort of the mind. This is true of the saying that some thirty or forty per cent of our people are unable to receive adequate medical care. On the platform, in magazines, in the daily press and on the street corners we hear this statement made as though it were a proven fact.

Everyone who has spent any considerable length of time in the active practice of medicine and has used his powers of investigation knows that this is not so. He knows that medical facilities exist for taking care of the great bulk of the people, and that these means are ready for the use of those who wish to receive them. It is only in exceptional cases that anyone suffers from lack of proper medical attention.

As is general with misinformation, the false premises are found by observing the particular instead of the usual. When the lack of adequate medical care is deplored the doctor should ask the speaker how he knows that such a lack exists, where does he get his information, also where are all these people who are not getting proper medical attention.

It will be well in addition to ask him to define adequate medical care and to tell the cause of the incidence of disease. Will his so-called adequate medical care stop the development of disease or is disease due in a large part to economic conditions?

The medical profession should be aggressive in combating the acceptance of

this belief in the lack of medical service. This statement is the foundation on which all of the efforts to socialize medicine rests. When one can prove this to be fallacious he has removed the groundwork of all the arguments and pleas for the adoption of the foreign system.

oOo

Medical Economics says: "Eternal vigilance is the price of liberty," said John Philpot Curran in 1808.

"Yet, while delegates wrangled recently about the phrasing of a new constitution for the nation's most populous state, physicians yawned, seemingly bored by parliamentary prattle. Doctors vigilant at the bedside were disinterested in New York's constitutional convention.

"Result? The draft of the proposed document carries a paragraph reading: 'The Legislature may provide for the protection by insurance or otherwise against the hazards of unemployment, sickness, and old age.'

"Railroaded through just before the close of the convention, the innocent-sounding, yet all-important word 'sickness' had, in an earlier session, been excluded from this generous clause. Concerted action by organized medicine might have stopped it the second time, too. But August was hot, medical societies did not meet, and committeemen fled to escape the summer weather.

"Too hot for the doctors, it wasn't too hot for medicine-meddling politicians. To rescind this dangerous enabling clause, which flings the door open to health in-

surance, the state's medical organizations must now fight to defeat an entire 'social welfare' paragraph—a cause likely to be highly unpopular."

The moral in this is easy to find. If the physician will not look out for his own interest no one will do it for him.

Happily the profession is growing away from the old attitude of standing aloof from political affairs and is taking a more active interest in the conduct of their government.

The Pierce County Medical Society has taken a constructive part in this year's elections and this influence was successful in helping elect the right kind of candidates in the primary election. Continued work in these closing days before the general election on November 8 should insure the election of those who are friendly to a public health program and the defeat of those who are against scientific medicine. Work among your neighbors and patients before election day. Vote early. See that all voting members of your household go to the polls. Urge your friends to do likewise. By such united action you will do your part and such a situation as resulted in New York is not likely to happen here.

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# WOMAN'S AUXILIARY

## TO PIERCE COUNTY MEDICAL SOCIETY

### OFFICERS

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Public Relations.....	Mrs. R. D. MacRae
Hygeia.....	Mrs. J. B. Robertson
Legislative.....	Mrs. S. M. MacLean
Hospitality.....	Mrs. H. S. Argue
Membership.....	Mrs. D. H. Johnson
Telephone.....	Mrs. C. V. Lundvick
Radio.....	Mrs. E. F. Dodds
Cancer.....	Mrs. L. A. Hopkins
Publicity.....	Mrs. G. J. Vandenberg

The regular meeting has been postponed for a week, and will be held on November 17 in the Medical Arts Auditorium at 2 o'clock.

This is a Hygeia program, under the direction of Mrs. J. B. Robertson, Hygeia Chairman, and is open to the public. Invite your friends.

Mrs. Robertson has arranged a play, "Office Hours," to be given by the following Auxiliary members after an address of welcome by the president, Mrs. J. W. Gullikson:

Mrs. Edwin Carlsen plays the lead as Doctor Arnold, with the following as patients:

Mrs. D. M. Dayton.....	Boy Scout
Mrs. C. G. Trimble.....	Mr. Sandford
Mrs. Fay Nace.....	Mr. Larkin
Mrs. Scott Jones.....	Mrs. Larkin
Mrs. Duerfeldt.....	Small Boy
Mrs. J. B. Robertson.....	Mrs. Thomas, who enjoys her ailments

Mrs. Edgar F. Dodds.....	Mrs. Hardy
Mrs. Charles Doe.....	Mrs. Pope
Mrs. W. A. Niethammer.....	Her daughter, Marie
Mrs. Frank Maddison.....	Eleanor Gray
Mrs. T. H. Duerfeldt.....	James Arnold, the doctor's son
Mrs. J. A. Johnson.....	Swedish logger

Dr. Charles McCreery will conclude the meeting with a short address on Hygeia, after which tea will be served.

### RADIO BROADCASTS

The Radio Committee urges you to tell your friends about the radio broadcasts put on by the American Medical Association, which are heard each Wednesday over KJR at 11 a. m. Programs for the next two weeks follow:

November 9—"Healthier boys and girls"  
November 16—"Healthful Play."

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Again we extend thanks to those who have remembered the library with offerings of magazines. A list of your names and contributions would take more space than we have to spare, so we say a collective "Thank you" to you all.

We want you to know that these gifts are of great value to the library. Those which we can not use are listed with the Medical Library Association and in exchange for them we receive a great deal of material which we would otherwise have to do without, since we can not afford to purchase it. In this way we are building up files of many magazines for which our budget will not allow us to subscribe.

You will be glad to know of some new books which have been added to our collection:

The long-awaited second volume of Duke-Elder's Textbook of Ophthalmology presents methods of eye examination, congenital and developmental anomalies and diseases of the outer eye.

The Physiological Basis of Medical Practice by Best and Taylor is just what its title implies. It is, in the words of the authors, "a book which will serve to link the laboratory and the clinic."

Buie's Practical Proctology covers a decade's experience in the Department of Proctology of the Mayo Clinic.

In Alcohol: One Man's Meat Strecker and Chambers describe the abnormal drinker as a person who has a "psychic allergy to alcohol" and outline the method by which a curative psychological condition may be established.

The purpose of The Physician's Bus-

iness, by Wolf, is as the author puts it, "to present an adequate discussion of the practical and economic problems which every physician constantly encounters in his daily routine."

The 1937 Mayo Clinic volume offers, in accordance with long-established custom, outstanding articles by members of the Clinic staff, collected in sections according to the subject matter.

Operative Gynecology, Crossen, fifth edition, will be welcomed alike by the gynecologist and the general practitioner as a classic in this field.

The third edition of Beckman's Treatment in General Practice brings up to date a work that has enjoyed the universal approbation of the profession.

Saxl discusses, in Pediatric Dietetics, the mechanics and chemistry of digestion, infant feeding in general and diet for the sick infant and child.

Surgical Diseases of the Mouth and Jaws, by Padgett, covers, in addition to the regions mentioned in the title, surgery of the throat, neck and esophagus and plastic surgery of the face.

The last edition of Joslin's Diabetes brings this authoritative work up to date by the inclusion of material on the use of protamine insulin.

Of special value in Fishberg's Heart Failure is a chapter on manifestations of the central nervous system associated with heart conditions. In other chapters enlargement of the heart and peripheral circulatory failure are discussed.

For centuries a more or less nebulous belief has existed that each organ contributes its own characteristic secretion

to the body. Various primitive peoples have believed that the virtues of certain organs would be transferred to anyone who consumed them. For instance, in the time of Hippocrates fox lungs were used in the treatment of dyspnea, ox eyes for iritis, and so on. Today, endocrinology has developed into a subject of vast importance in medicine and many contributions have been made to the literature in the field. In *Endocrinology: Clinical Application and Treatment* Werner has given us one of the best books on the subject that have yet appeared.

Also in the foreground today is the subject of allergy and from time to time additions are made to the group of diseases ascribed to the allergic state. *Tuft's Clinical Allergy* covers the field in a comprehensive and authoritative way.

The 1938 edition of *New and Non-official Remedies* lists and describes medicinal products accepted by the Council on Pharmacy and Chemistry of the A. M. A. It also lists preparations rejected by the Council, with reasons for non-acceptance.

The *American Medical Directory* for 1938 impresses one anew with the immense amount of material it offers regarding physicians, hospitals, medical colleges, special societies, medical libraries and medical journals. Apparently nothing has been forgotten in the effort to make this a veritable treasure chest of information.

This is a day in which accidents are almost commonplace and the physician is frequently called upon to take care of a fracture. A new addition to our section on this subject is *"The Management of Fractures and Dislocations"* by Wilson. The list of collaborators includes some of the best known names in the field of orthopedics and the book will undoubtedly prove of great value.

Thorek has given us in his three-volume *"Modern Surgical Technic"* a beautifully illustrated work which covers the entire field of surgery.

In the author's preface to *Anus, Rectum and Sigmoid Colon*, Bacon states that he had two purposes in writing the book: First to awaken a realization of the importance of the subject and its relation to general medicine; Second, to provide a description of the conditions included in proctologic practice and their treatment.

Below you will find a form which you may use in making suggestions to the Library Committee if you would like to have them purchase some special book. They are anxious for the library to meet the needs and wishes of all of you and will give careful consideration to your requests. Send this blank to Dr. J. F. Steele, chairman, and he will bring it to the attention of the Library Committee.

Dr. J. F. Steele, Chairman  
Library Committee,  
Pierce County Medical Society,  
Tacoma, Wash.

My dear Doctor:

I submit below a list of books which I think it would be desirable to add to our Library:

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(Signed).....

## LANTERN SLIDES

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The use of lantern slides to illustrate a scientific talk is a valuable means of increasing the interest of an audience in the communication of the speaker, but unless he uses care and judgment in the selection and preparation of his slides as well as in their proper exhibition, they will mar rather than improve the presentation of his paper.\*

The essential reason for using slides is to make it easy for the audience to understand the message of the speaker; therefore a slide that can not be read from all parts of the hall or one that can not be understood instantly should not be shown. In preparing his paper the author should select only slides that will clarify or emphasize the points he wishes to make. The practice of bringing to the meeting all the slides he has on a certain subject is burdensome and unnecessary unless he intends to confine his presentation to the exhibition of pictures.

There are some general considerations relative to the use of slides in illustrating a talk that are worth keeping in mind by those who wish to please their respective audiences.

The number of slides shown should be very carefully limited to the time available. The audience should be given sufficient time to read what is shown on the screen. A time allowance of at least 15 seconds to  $\frac{1}{2}$  minute should be planned for each slide. Sometimes a longer exposure is desirable. Obviously, therefore, in a 20-minute talk it is impractical to show a couple of dozen slides in a satisfactory manner. The material shown should be practically self-explanatory. Photographs should be clear and distinct. The use of color photography should be encouraged.

It is on slides for charts and running texts that our essayists offend most often.

In preparing printed matter on charts it is of the utmost importance not to include too much data. One should know in advance the dimensions of the auditorium so that charts may be read in the last row by everyone with normal vision. The letters on the screen should subtend an angle of five minutes. The apex of the triangle, of course, should be at the reader's eye. We never know the exact size of our hall, so it is best to use some general rule. Probably the best is to limit printed matter to 10 or 15 lines. In preparing such a slide it may be typed on a quarter sheet of heavy typewriter paper and the slide photographed from that. Clear type and a fresh black ribbon should be used. If possible, graphs should be drawn in India ink and again the strictest attention should be given to keeping them simple.

The use of running text on slides is bad practice. Usually the individual letters are so small on the screen as to be illegible to those members of the audience seated in the rear of the hall. Even if the matter is legible on the screen many in the audience feel a lack of interest, subconsciously remembering the times when the slide had been changed before they had finished reading it or of other times when it was kept in long after they had read it. Then again, if the speaker reads it, using his pointer, word by word, they begin to feel that they would not like it even if it was good.

If the speaker turns his back on the audience so he can not be heard, and stands before the screen so that part of his text is obscured by his body, and proceeds to point out the words as he reads them, the audience is even less pleased.

Great care should be taken in the preparation of slides from X-ray film. In photographing the film it would seem desirable to select only good negatives. A bad negative will give a bad slide. In

the event that the only X-ray negative available is a bad one it may sometimes be retouched with India ink to outline certain shadows.

It may be necessary to show a slide made from a book illustration. This should only be done on rare occasions when the necessity is imperative. Such slides may suggest to the audience that the speaker is reading a text book paper.

It is generally best to show slides at the end of the presentation of the paper. Turning the house lights off and on several times in the course of a 20-minute discourse is distracting to the audience and unpleasant to the man whose duty it is to serve the speaker. If it is necessary to intersperse slides in the course of the talk a definite schedule should be arranged with the projectionist and the slides should be arranged with squares of cardboard so placed as to separate the slides into groups as they are to be shown.

Anyone who has served on a program committee, and probably many others, will agree that there should be strong disapproval of the speaker who speaks on his topic for the allotted time and then infringes on the time of the following speakers to show his slides.

The 3 $\frac{1}{4}$  x 4-inch glass slide has always been standard for projection, but recent development in the intricately processed 35mm. film would seem to indicate that it may replace glass slides, if not entirely, at least to some extent. A special camera and projector is required. —W. H. R.

—Pittsburgh Medical Bulletin.

## MINUTES OF SPECIAL MEETING OF PIERCE COUNTY MEDICAL SOCIETY

October 4, 1938

A special meeting of the Pierce County Medical Society was held on October 4, 1938 in the Medical Arts Building, with Dr. A. E. Hillis in the chair. Minutes of the previous meeting were read and approved.

This meeting was transferred from the regular meeting night to this date because of the opportunity of getting Dr. Robert William Langley, of Los Angeles, to give his colored film, with sound, "Heart Sounds, a Clinical Experiment with Sound Photography."

Dr. Langley presented by sound the various murmurs and sounds of the heart, illustrating them with moving pictures of living patients and a very ingeniously arranged demonstration of heart valve action taken from autopsy material.

The paper was discussed by Drs. Duerfeldt, Hards, Engels and Carlson.

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For Greater Economy, the 50 cc. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust and light, is spill-proof, unbreakable, and delivers a uniform drop. The 10 cc. size of Oleum Percomorphum is still offered with the regulation type dropper.



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## MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

October 25, 1938

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on October 25, 1938, with Dr. A. E. Hillis in the chair. Minutes of the previous meeting were read and approved.

Dr. L. T. McNerthney presented a case report of an interesting brain case, which was finally diagnosed as disseminated encephalomyelitis.

The first paper of the evening was "The Clinical Significance of Hypothyroidism," by Dr. A. H. Buis. Dr. Buis gave a very practical paper, with forty-five case reports which had been improved with thyroxin. Basal rates of six ranged from minus 5 to minus 25, with an average of minus 10. The paper was discussed by Drs. Heaton, Maddison and Turner.

A paper on "The Treatment of Acute Mania—a General Practitioner's Responsibility" was read by Dr. C. P. Larson, of the Western State Hospital. Dr. Larson stated that acute mania is practically always first treated by the general practitioner. He considers that probably one of the most important factors in the treatment is dehydration and hypocholesterolemia. Dr. Larson gave a report of several cases which had improved and some in which he felt life had been saved by considering these factors and treating them. The paper was discussed by Drs. C. C. Carlson, Rea, Maddison, Turner, Whitacre and Halvorsen.

Drs. Murphy, Charles Pascoe, Whitacre and Dayton presented to the society the needs of the Community Chest in the present drive.

## TACOMA GENERAL HOSPITAL

In the Clinical-Pathological Conference of November 1st part of the meeting was held in the clinical laboratory, recently remodeled. There was a demonstration and discussion of the blood sedimentation rate.

The Association of Western Hospitals and the Western Conference of Catholic Hospitals will hold their annual convention in the Olympic Hotel, Seattle, February 20th to 23rd, inclusive. The Presidents of various associations and prominent hospital executives from all parts of the United States will participate. There will be an exhibit of national manufacturers and distributors. The Washington State Hospital Association and the two Western Associations extend an invitation to the medical staffs of the local hospitals.

## TACOMA INTERNISTS' SOCIETY

Tacoma Club, Tuesday, Nov. 15  
6:15 p. m.

Review of Embryology of Gastro-Intestinal Tract.....A. H. Buis, M. D.

Diseases of the Mouth and Esophagus

Round table discussion led by L. S. Baskin, L. A. Hopkins and E. L. Carl-  
sen.

Dr. L. A. Hopkins has been elected Secretary-Treasurer of the Internists' Society, to succeed Dr. S. M. Creswell.

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## THE PRESIDENT'S SON

The successful operation and management of the ailment suffered by President Roosevelt's eldest son at the Mayo Clinic has been of untold value to the medical profession. Our hats are off to the Mayo Clinic for their achievement. Undoubtedly, all of us would have liked to have had the privilege of doing this work (or would we?) The responsibility was tremendous and had the outcome been unfortunate all medical practitioners would have suffered in no small measure. I believe that the Mayo Clinic has done more for us in our efforts to combat socialized medicine through this success than have the futile waving of arms, the protestations and the resolutions which many of us have engaged in during the past many months. When sickness strikes home, as it did in the President's family on this occasion, the successful alleviation of distress can have more to do with influencing a personal viewpoint than all the resolutions and exhortations of mankind.

Henceforth, the physicians of the Mayo Clinic will undoubtedly have a tremendous influence upon President Roosevelt's attitude toward the type of medical practice conducted in the future. Whether our work shall be done under government supervision or by private practice may be determined largely by the advice given the President by the staff of the Mayo Clinic. It is earnestly hoped that the in-

fluence will not be of the type proclaimed by Doctor Cabot, of Rochester, but that it will follow the more sane and judicious courses of such able men as the Mayos themselves, Donald Balfour and the other great leaders of that famous institution.

Bulletin of the San Francisco  
County Medical Society.

## WHO IS MEDICALLY INDIGENT?

A person is medically indigent when he is unable, in the place in which he resides, through his own resources, to provide himself and his dependents with proper medical, dental, nursing, hospital, pharmaceutical, and therapeutic appliance care without depriving himself or his dependents of necessary food, clothing, shelter, and similar necessities of life, as determined by the local authority charged with the duty of dispensing relief for the medically indigent.

—House of Delegates, A. M. A.,  
Sept. 17, 1938

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## PERSONALS

Dr. and Mrs. James H. Egan are building a new home at North 38th and Washington. They recently spent a fortnight at several of the Oregon beaches, going as far south as Florence, Oregon.

Dr. S. L. Blair is back at work after a three-week hunting trip in Canada and Idaho. The doctor reports a very successful trip, having bagged an antelope and plenty of birds.

Dr. W. B. McCreery has returned from a two-week trip to the Middle West. Dr. McCreery visited clinics in Chicago and the Mayo Clinic in Rochester.

Don't forget to tell your patients about the play, "Office Hours," which the Woman's Auxiliary is presenting in the auditorium on November 17 at 2 p. m., to which the public is invited.

Dr. and Mrs. S. E. Light are leaving on the 10th for St. Louis, where the doctor will do special work at the Academy of Dermatology. Going east from there, stops will be made at various clinics and some time will be spent in New York. They expect to be away for two months. Dr. B. F. Bruenner will be in charge of Dr. Light's practice during his absence.

Dr. Frank Maddison has arranged a medical program for the November 8 meeting of the Kiwanis Club. Dr. W. B. McCreery will speak on "The Personal Relationship Between Patient and Doctor" and Dr. L. A. Hopkins will discuss "The Government's Attitude Toward Medicine."

Dr. and Mrs. H. G. Willard have just returned from an eastern trip of several weeks' duration. A portion of the time was spent in Ohio, visiting relatives.

# GLYKERON

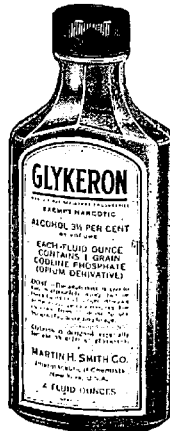
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Literature on request

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Tacoma men attending the American College of Surgeons meeting were Drs. E. C. Yoder, S. F. Herrmann, H. J. Whitacre and J. W. Gullikson. Dr. Gullikson became a fellow of the College at this session.

Dr. F. R. Maddison won the award for the best rose at the rose show at the Puyallup Fair. He also took five blue ribbons and received the most points of anyone in Tacoma. Other winners were Drs. S. F. Herrmann, D. M. Dayton and C. V. Lundvick.

At the meeting of the Medical Bureau on October 17 Drs. L. A. Hopkins, H. J. Hards, T. K. Bowles, F. L. Scheyer and S. M. MacLean were elected Trustees. Holdovers are Drs. C. C. Leaverton, F. R. Maddison, V. E. Crowe, L. J. Hunt, A. W. Howe and W. D. Read. At a Trustees' meeting held the following week Dr. L. A. Hopkins was re-elected President, Dr. L. J. Hunt Vice President and Dr. H. J. Hards Secretary-Treasurer.

Have you seen the "99%" cartoon on the bulletin board in the Doctors' Room at Tacoma General? Don't miss it.

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 The dermis or the stomach's coat,  
 The arm, the leg, the scalp, the chest,  
 Or anything beneath one's vest,  
 He knew them all and knew them well  
 And could their various functions tell.

"But doctors of these modern days  
 Are trained and skilled in diff'rent  
 ways;  
 Each knows the illness of some part,  
 One knows the nose, one hears the  
 heart;  
 One using an ophthalmoscope,  
 With naught but optics tries to cope;  
 Jones feels the arms; Briggs pulls the  
 legs,  
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 The patient anxiously must bleat,  
 'Say, doc, which nostril do you treat?'"

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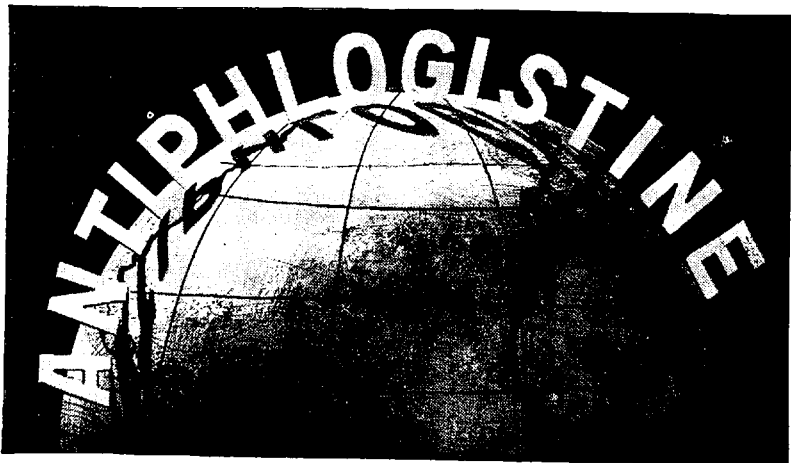
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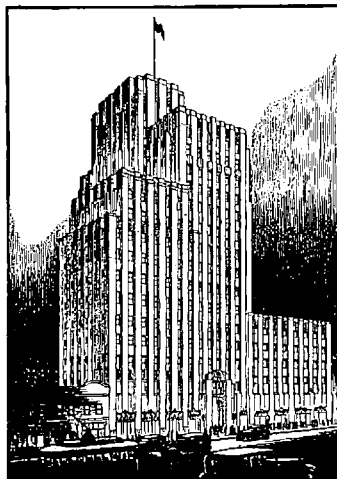
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**HOSPITAL MEETINGS**

**Tacoma General Hospital**

Clinical Pathological Conferences—  
December 6, 8, P. M.  
Combined Clinics—November 10, 17, 24,  
December 1, 8, 9:30 A. M.  
Orthopedic Clinic—November 10, 9 A. M.

**St. Joseph's Hospital**

Clinical Meeting.....December 5, 8 P. M.  
Pathological Conferences—  
December 2, 9:30 A. M.

**County Hospital**

Staff Meeting.....November 25, 12 noon  
Clinical Pathological Conferences—  
November 10, 17, 24  
December 1, 8, 4 P. M.

**COMMUNICABLE DISEASES**

**September**

Mumps .....	3
Tuberculosis .....	13
Chickenpox .....	7
Typhoid Fever .....	1
Smallpox .....	3
Whooping Cough .....	5
Scarlet Fever .....	5

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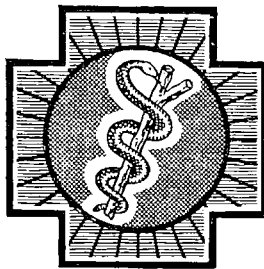
# The BULLETIN

Vol. VIII

December, 1938

No. 9

OFFICIAL PUBLICATION—PIERCE COUNTY MEDICAL SOCIETY



## PROGRAM



MEDICAL ARTS BUILDING  
8 P. M.

December 13

Symposium on Fractures presented under the  
auspices of the American College of Surgeons,  
Dr. E. F. Dodds, Chairman

- Malunion and Other Complications of Fractures .....  
..... Dr. W. H. Goering
- Nonunion of Fractures..... Dr. H. B. Allison
- The Immediate Treatment of Compound Fractures ...  
..... Dr. E. C. Yoder

December 27

No meeting

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# Pierce County Medical Society

# EDITORIAL

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In some of the magazines and newspapers, particularly the Hearst publications, we find the statement that the American Medical Association is a reactionary body which arbitrarily speaks for the medical profession but does not really represent the opinions of the physicians of the United States.

We do not believe that such publications deliberately misrepresent the truth and give their readers incorrect information. Rather, we believe that they write editorials and give opinions without enough investigation to ascertain the facts.

An unprejudiced examination would show that such assertions are far from the truth. The American Medical Association is one of the most democratic institutions in our country. The individual physicians in the different counties band themselves together to form county societies. These societies, in turn, join in forming the state associations. All members of a county society automatically become members of the state society.

Questions affecting the practice of medicine are discussed in the county societies and delegates to the state associations are elected to give voice to these views. In like manner, the state associations elect delegates to represent them in the American Medical Assn.

The membership of the American Medical Association consists of 110,000, an overwhelming majority of the practicing doctors of the country and indirectly represents many more who are in sympathy with the movement but do not take active part, on account of location, lack of means or other reasons.

When the accusation is made that the American Medical Association is a

(Continued on Page 4)

# WOMAN'S AUXILIARY

## To PIERCE COUNTY MEDICAL SOCIETY

### OFFICERS

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The annual evening Christmas party of the Auxiliary for the doctors, scheduled for December 13, was cancelled this year because of the Ladies' Musical Club concert that evening.

The December meeting of the Auxiliary was, instead, a 1:00 o'clock luncheon at the Walker on Thursday, December 8. A very timely program, with Mrs. Ruth Dalgliesh, of the Family Welfare, as the guest speaker, was arranged for the afternoon.

### November Hygeia Meeting

The Hygeia meeting of November 17, which was open to the public, brought out a large number of Auxiliary members and friends who filled the Medical Arts Auditorium to capacity to hear an interesting program.

The announcement was made public at this meeting of the signal honor that had come to Mrs. J. B. Robertson, Hygeia Chairman, on behalf of her work on Hy-

geia. She was announced the winner for Pierce County Medical Auxiliary of the First National Hygeia prize of \$25.00 for writing the best essay on "The Value of Hygeia to the Medical Profession."

Only County Auxiliaries winning either cash prizes or "honorable mention" last year in the contest for the number of subscriptions to Hygeia were eligible to compete for this year's best essay prize of \$25.00, given by Mrs. J. D. Lester, National Hygeia Chairman. The judges were Mrs. R. N. Herbert, Past National Auxiliary President and Dr. W. W. Bauer, Associate Editor of Hygeia.

The Pierce County Medical Auxiliary extends congratulations to Mrs. Robertson.

The Hygeia essay winning the National prize for our Auxiliary is as follows:

### The Value of Hygeia to the Medical Profession

By Mrs. J. Benjamin Robertson

The greatest problem medicine faces today, as every doctor knows, is to get the average man to take advantage of the help it has to offer him. To solve this problem, adequate general health education is needed. In behalf of this cause the medical profession has waged valiant warfare for many years; but it is becoming increasingly plain that the burden of this education cannot be placed upon the individual doctor. His limited supply of time must be used in the actual practice of his profession. Thus some other agency must educate.

Here Hygeia comes to the aid of the medical profession, presenting authentic health information with all the spontaneity

(Continued on Page 5)

## EDITORIAL

(Continued from Page 2)

hide-bound, reactionary organization and is not willing to adapt itself to changed economic conditions; this indictment is against the local doctors of that community, whether it be Seattle or any other city in the state. Is this so? Does the editor find this attitude among the doctors of his community?

Washington has long been known as a progressive state, willing to accept new ideas, and this applies to the doctors in the state. Twenty years ago Pierce County established a Medical and Surgical Bureau to give medical and hospital service to the low-wage group for a very small payment each month. This system has spread until now every county society in the state offers this service. Groups are being cared for under similar plans in all parts of the country.

Pierce County has just completed a five-year study of the costs of medical care which has been pronounced by the medical advisor of the National Security Board as the best study of the subject yet done in this country. All these projects have been carried on by members of the American Medical Association with the approval of the General Council, and the House of Delegates of the American Medical Association has a committee working out a plan to give the best care

to the indigent and those of low financial means.

No! The American Medical Association is not against progress. It is not against giving service to the poor. Its members have given this service for years without any financial recompense. It is willing to formulate means for caring for those who are unfortunate. It is, however, not willing to accept some of these foreign plans of medical care which have proved costly of operation and have resulted in an increase of disease and a lowering of efficiency of medical practice.

It is against any scheme whereby the doctors are compelled to work under domination of any board, with a high overhead cost at the expense of the patient and the doctor. Finally, the medical profession is strongly against the building up, in the national capital, of a political bureaucracy which would dominate and dictate to the doctors of the nation.

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But they contain a potency  
Of life in them to be  
As active as that soul was,  
Whose progeny they are.  
Nay, they do preserve  
As in a vial,  
The purest efficacy  
And extraction of  
That living intellect  
That bred them." —Milton

To the book-lover the Christmas gift par excellence is a book. In accordance with our custom of presenting in the December issue of the Bulletin a list of books with a medical flavor which would be suitable Christmas gifts for a doctor, we are listing below some of the 1938 crop, with the hope that some puzzled gift-seeker may find help herein. Local dealers have some of these books in stock and the others may be ordered through them in time for Christmas up to December 16.

First in interest, perhaps, is "Hertzer's, "The Horse and Buggy Doctor," which has won wide acclaim from laymen and doctors alike because of its intensely human quality. Such a book as this could come only from one who has dealt with life in all its aspects, good and bad, as has the author, and who sees things as they are, not with sentimentality but with a wide understanding and tolerance. Incidentally, without preaching or propaganda, this book will do much to enlighten the lay reader regarding what the medical profession has accomplished and what it stands for. The publisher is Harper's and the price is \$2.75.

An inspiration to the young doctor in particular is "J. B. Murphy, Stormy

Petrel of Surgery," the biography of a man who was born in poverty and who, through ability and unlimited capacity for work, became one of our great teachers and surgeons, a man who in his time was hated and loved, reviled and defended and who today, two decades after his death, is looked upon as one who did as much as any man to advance modern surgery. The author is Loyal Davis, teacher of surgery at Northwestern. The publisher is Putnam's and the price is \$3.00.

"The Life of Chevalier Jackson—An Autobiography" is the story of an individual who has worked all his life, who never played, even as a child, keeping always busy with his hands—painting, woodcutting, working with tools and machinery—and who as a man so used his manual facility as to win fame and leadership in his chosen field. No other man has labored as has Chevalier Jackson to bring about legislation covering the labeling of household caustics and none has done more to prevent suffering and death than he has through his development of bronchoscopy and his teaching of the technic of removing foreign bodies from the respiratory tract. This is a Macmillan book and it is priced at \$3.50.

Another book which the doctor will like and which he can loan to his lay friends for their enlightenment is "Good Morning, Doctor," by Rholf, published by the Torch Press and priced at \$2.00. The simple tale of a country doctor, a man great only in the hearts of his people but full of patience, tolerance and humor, a tale of birth and death, of comedy and tragedy, of success and discouragement,

(Continued on Page 10)

**WOMAN'S AUXILIARY**

(Continued from Page 3)

and personal interest the family medical man would inject into a chat with his patient. To American childhood and youth in the schools the magazine presents in simple and sparkling style the truth about the body and its care. To the average citizen in libraries and waiting rooms it shouts the message vital to efficient living and the efficient practice of medicine: "When something is wrong with your body nature generally gives some warning. Act on the warning by consulting your doctor without delay." In the home Hygeia acts as a constant reminder that "For better health both parents and children need periodic check-ups by the family doctor."

The doctor knows that when he prescribes for his patient he has created a partnership with the ill one. The utmost cooperation is needed to facilitate the cure. Many a doctor's heart has been warmed by discovering that in homes where Hygeia is read superstition cannot live. He knows that here he will not have to engage in that disheartening activity, the combat with quacks, cults, fakers, faddists and exploiters. Superstition cannot live in an atmosphere of knowledge, so the doctor knows that in homes of Hygeia readers his prescriptions are not sharing the field with "horse collar therapy," "rabbit foot diets" and similar rubbish so widely perpetrated upon an ignorant, thus gullible, public.

In the field of preventative medicine Hygeia is a valuable aid in education of

the people. Through story, play, article and editorial it tells of the doctor's valuable "stitch in time." The value of inoculation is patiently explained, sometimes in several articles in a single issue. The reader is also acquainted with the need for an early diagnosis in such diseases as tuberculosis and cancer.

The mother learns of the necessity of competent prenatal care in the hands of her chosen medical man. She also is taught that this must be followed by a doctor's supervision of her child's health. Thus is the doctor given a chance to do his utmost for those who follow the advice of Hygeia.

Adequate health education, interestingly presented, is the great aim of Hygeia. In accomplishing this aim this magazine greatly simplifies the tasks of the medical profession.

oOo

**"YOUR HEALTH"**

Keep it in mind to tell your friends about the American Medical Association broadcasts, heard in Tacoma over KJR each Wednesday at 11:00 a. m. Subjects for the next two broadcasts are:

December 14—"What Shall We Eat?"  
December 21 — "Hidden Treasures in Foods."

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# Some Public Misapprehensions

(Reprinted from the Medical Society Reporter, Scranton, Pa.)

In times like these, states the **Blair County Bulletin**, when there is so much talk about the doctor and his future relations with his patients, it is well for us to consider that there exist a great many misapprehensions, for example, about the great amount of money a doctor is supposed to make. What we should do is to **inform the public on these facts** instead of keep quiet like we have always done.

**1. Hospital Work:** Many folks think that staff doctors in our community receive pay from the state just as the hospital receives an appropriation. Obviously this idea is a gross error. About the only ward cases a staff physician receives pay for are the compensation cases and these are far in the minority. Most of his ward work is a donation to the public.

**2. Hospital Appropriations:** Most hospitals have been running about 40 to 50% free bed days during this depression. The state appropriations cover only about one-half of the cost of these free bed days. Consequently the hospital has to make up the difference from the income from private full pay patients, income from endowments, if any, and the very small amount that charitable persons contribute. Hospitals are not run for profit but for the good of the public. As a result of the stringent circumstances of hospitals from the heavy charity load, they have had to put off making needed improvements in equipment which in ordinary times would have been made.

**3. Doctor's Income:** About 40 and in some instances 50% of his income goes to overhead such as rent, light, heat, telephone, drugs, equipment purchases and depreciations, car, nursing and laboratory service, books and special educational courses, etc. The balance, if any, can be

used to lay aside for his old age, for unlike most business enterprises, when the doctor quits working his income stops.

**4. Payment:** In these times about 15% of a doctor's practice consists of "deadbeats," meaning those people who are able to pay but fail to do so. This is not to include the worthy folks who for some reason or other are temporarily unable to meet their obligations, such as unemployment, long illness, etc. These "deadbeats" appear to have enough to buy the latest model automobile, the best in fur coats, diamonds, clothes and other luxuries, but never seem to have enough left for the doctor. In the parlance of the street, they don't "give a darn about the doctor till they need him." Many of the stories often heard about folks being unable to get a doctor comprise this "deadbeat" group. Many a youngster is running around the streets whose parents, though able to pay for many other things, yet have never been able to get enough besides all this to pay the obstetrician. A story is told about a certain town where a doctor was attending a football game and he boasted that he had "brought into this world" about every lad on the home team, and he added, "some of them are not paid for yet."

**5. Doctors' Fees:** These may seem high to some folks but when one considers that nowadays it costs about \$10,000 and nine years of hard work just to get the privilege of practicing medicine, not to consider the costs of practicing the profession, then it isn't much wonder that the fees are what they are.

**6. Admission to Hospitals:** Many folks think because they personally pay their bills to doctors that everybody else does. Doctors know differently. These folks sometimes say that nobody can get in the hospital unless the money is forthcoming.

So far as we know, there has never been any person who really needed hospital care who was refused the same due to inability to pay. Obviously if some person drops into the hospitals and demands admission on a free basis, the hospital certainly ought not to be censured if it asks that the person see a physician who will be able to determine if hospital care is necessary or whether the condition is something that can be treated either at home, the office or in the dispensary. If the State or the Federal government were running the hospitals and paying the whole bill for charity cases it might be possible to accept every person who "drops in" and "on his hook" demands care, but as stated before, most hospitals in this country are run on a private basis with only a partial subsidy to care for free cases.

**7. Fees for X-ray and Other Specialized Services:** Many people complain about the cost of these items. Some people say, "It's pretty soft to snap a picture and then say, \$10.00, please." However, if the work is such an easy thing, it's a wonder more doctors don't take it up. "But there's a rub" in it. The cost of diagnostic and therapy machines for x-ray, not forgetting radium, amounts to thousands of dollars. The depreciation and the cost of maintenance is great and the years of experience to successfully operate the equipment are many. Then, too, the specialist in x-ray, physiotherapy, electrocardiography, etc., does not get paid for every case. If he is paid for one out of two or three he is lucky.

**8. Charity Work:** This contribution to the public is so great that it cannot be computed. Just take for instance the 114,000 children who were examined and treated **free of charge by the doctors** in this state during the past five years under the Emergency Child Health program. They were not single visits either, but included where necessary, vaccinations,

circumcisions, eye examinations, tonsillectomies and other treatments. When the State Emergency Relief Board and County Institution District stopped medical payment for indigents, what happened to them? Every doctor knows that he just went on treating patients regardless of payment.

**9. "A Doctor's Life":** So many of the public think the doctor has a "soft life" simply because he does not do manual labor. But statistics show that about 25% of doctors die about age 55 to 60 of heart disease and most of them die "before their time." It is often said that the strain on a surgeon during and after a difficult operation or a medical man during some illness such as pneumonia or an obstetrician while following a complicated maternity case is much greater than the person in other occupations would have to meet more than once or twice in a lifetime: certainly greater than a banker would have to face with a "run on the bank." One may wonder why, if medicine is such a "hard life" that people take up medicine. The answer is that "medicine is a calling and not a trade." Any doctor who does not like his work had better stop practicing, for he will certainly not attain the highest success he is capable of in medicine. In other words, there are more remunerations in medicine than the modest to average income the majority of practitioners enjoy.

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*Example of severe rickets in a sunny clime*

LET US NOT FORGET—we who are of the vitamin D era—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state having a latitude between  $37^{\circ}$  and  $42^{\circ}$ , where the average amount of fall and winter sunshine is equal to that in the major portion of the United States. And yet such stigmata of rickets as *genu varum* and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

A uniformly potent source of vitamin D such as Oleum Percomorphum, administered regularly in proper dosage, can do more than protect against the gross visible deformities of rickets. It may prevent hidden but nonetheless serious malformations of the chest and the pelvis and will aid in promoting good dentition. Because the dosage is measured in *drops*, Oleum Percomorphum is well taken and well tolerated by infants and growing children. Rigid bioassays assure a uniform potency—100 times the vitamins A and D content of cod liver oil\*. Oleum Percomorphum, moreover, is a natural product in which the vitamins are in the same ratio as in cod liver oil\*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U.S.P.) per gram. Supplied in 10 and 50 c. c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

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## LIBRARY

(Continued from Page 5)

this book appeals because of its very simplicity and humanness.

A companion volume is Macartney's "Fifty Years a Country Doctor," published by Dutton and priced at \$3.50. This too deals with the experience of one who forsook city practice and cast his lot with his own people, becoming to them all that is implied in the term "family doctor"—adviser, confessor and healer. Though the personal connection is maintained throughout, this book is really a history of the development of medicine for the last half century.

Of particular interest to us here in Tacoma is a book written by Dr. Francis A. Long, who was a brother of Dr. T. H. Long, called "A Prairie Doctor of the Eighties." Dr. Long's career in medicine began during the pioneer days of Nebraska and for many years and up until the time of his death in 1937 he was editor of the Nebraska State Medical Journal. His book, which contains two

chapters written by Mrs. Long, traces the development of medicine in his state. The publisher is the Huse Publishing Company and the price is \$2.75.

William Alanson White calls his life story "The Autobiography of a Purpose." Running like a silken thread throughout this deftly woven narrative is this purpose—"the determination to find out something about man's psyche, so that I might proceed along the lines of evolution and development." The story of the early life of this famous psychiatrist, his struggles to get an education and his entry into the field in which he reached eminence makes fascinating reading. Doubleday, Doran & Company publish this book and the price is \$3.00.

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**MINUTES OF REGULAR MEETING  
OF THE PIERCE COUNTY MEDICAL  
SOCIETY—November 8, 1938**

The regular meeting of the Pierce County Medical Society was held November 8, 1938, with Dr. A. E. Hillis in the chair. Minutes of the previous meeting were read and approved.

Dr. W. B. McCreery and Dr. F. L. Scheyer presented resolutions recently passed by the staff of the Tacoma General Hospital and St. Joseph's Hospital in regard to the giving of anesthetics. This action was taken because of a recent order from the Department of Labor and Industries stating that anesthetics on state cases would only be paid for when given by a registered licensed physician. The following resolution was then passed on motion of Dr. McCreery:

"RESOLVED that the Pierce County Medical Society approve the administration of anesthetics by registered nurse anesthetists under medical supervision, as is the present custom in Tacoma Hospitals."

The program presented was as follows: Normal first stage of labor, Dr. D. H. Johnson; Analgesia, Dr. S. S. Jones; Third stage, Dr. A. L. Schultz; Complications of the second stage of labor, Dr. G. C. Schauffler, of Portland.

Adjournment.

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**MINUTES OF REGULAR MEETING  
OF THE PIERCE COUNTY MEDICAL  
SOCIETY—November 22, 1938**

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on November 22, 1938, with Dr. A. E. Hillis in the chair. Minutes of the previous meeting were read and approved.

Dr. Jess Read gave an interesting case report of hydatiform mole.

A paper on "Oral Sepsis and its Relation to Systemic Disease" was read by F. H. Francis, D. D. S. Discussion was by Drs. Duerfeldt and Griffith.

Dr. Frank B. Kistner, of Portland, gave a paper on "Sinus Infection, with Indications for Surgery," which was illustrated with lantern slides. The paper was discussed by Drs. W. G. Cameron, Howe, Griffith and Weber, of Seattle.

A communication was read from Dr. Evans, of the State Department of Health, in regard to propaganda of the American League of Medical Freedom.

The following resignation of the Secretary was read:

"To Members of the Pierce County Medical Society:

"It is with somewhat of regret, after twenty years of service as your Secretary,

Holiday Greetings

And

Best Wishes

**DAMMEIER**  
**PRINTING COMPANY**  
MAIN 1065 • 930 COMMERCE STREET

that I find it advisable to resign as Secretary, effective January 1, 1939.

"This is due entirely to new demands on my time by State Association duties.

Very sincerely,

(Signed) W. B. PENNEY."

Motion was made and carried that this be turned over to the Trustees for action.

Dr. Gregg called attention to the program of vaccination and immunization that has been in effect in the past and asked if the society wished to continue this program. Dr. Dayton moved that we reaffirm previous arrangements and that notice of the same be sent to all the members.

Dr. Hillis called attention to rumors that the City Council is considering buying the Medical Arts Building for a City Hall. Several doctors discussed the matter and on motion it was carried

that a committee be appointed to investigate and present protests to the City Council, this protest to be given to the papers and to the Chamber of Commerce. A committee consisting of Drs. W. G. Cameron, Chairman and Dayton, Murphy and Turner was appointed.

Adjournment.

## MY DOCTOR

By Daisy Thorne Gilbert

Kind angels, when you meet him there, let one  
Bright wing droop helplessly, as if in need;  
Or dim, if but a little while, the sun  
Of your perfection; for his healing plead.  
And down the golden streets of those sweet  
lands

Point out some heavenly homes; and promise  
then

That some of these will seek restoring hands  
And kindly cheer, as did the sons of men.  
For if he cannot help and come at call,  
It will not heaven be to this brave soul,  
Whose life was spent a ministry to all  
But self; love of humanity his dole.  
Let him believe, until he learns your way,  
That need of him will bless each busy day.

# GLYKERON

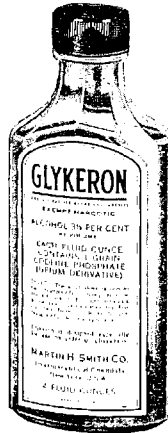
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The work of the Tumor Clinic of the Tacoma General Hospital is being expanded. For six years, the examination and treatment of patients has been carried out, and followup so far as has been possible.

We are rather gratified with the recent success of our Tumor Clinic. More men are attending, and the programs have been interesting and instructive. Dr. Terry's pathological demonstrations have covered a wide variety of conditions, although neoplasms have been emphasized, and this material alone would justify several hours of the doctors' time. We have successfully followed patients seen in the Tumor Clinic and later treated in the Radiological Department, under the direction of Dr. B. D. Harrington. Now, with the excellent cooperation of Miss Helen Morgan, Director, Social Service Department, Pierce County Hospital, all county patients will be followed, whether treated with irradiation in the Radiological Department, or treated with radium surgery, or both, at the Pierce County Hospital. We are particularly indebted to Dr. Sydney M. MacLean and the many others who have attended the clinics for their interest. Through Dr. MacLean, Miss Morgan became interested in follow-up work, and will conduct it for a while, later supervising it. The latter cannot be too well emphasized, as follow-up is the only method we have of arriving at an opinion of the success of our treatment of cancer in this community.



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**PERSONAL**

Dr. A. B. Heaton, who fell while skiing at the Mountain and fractured five ribs, has returned to his practice.

oOo

Dr. and Mrs. A. George Nace returned recently from a three-week business and pleasure trip which included stops in St. Louis and in Chicago, where Dr. Nace attended clinics.

oOo

Dr. W. B. Penney received painful bruises but no serious injuries last week when the car in which he was riding with Dr. Nelson, of Seattle, skidded into a pole.

oOo

Under the chairmanship of Dr. T. B. Murphy the committee having charge of solicitation of physicians in the recent Community Chest drive was successful

in completing its quota. Dr. Murphy's fellow-workers were Drs. D. M. Dayton, Don Willard, Jess Read, F. R. Maddison and L. T. McNerthney.

oOo

Dr. Don Willard is back in his office after a sojourn at Tacoma General.

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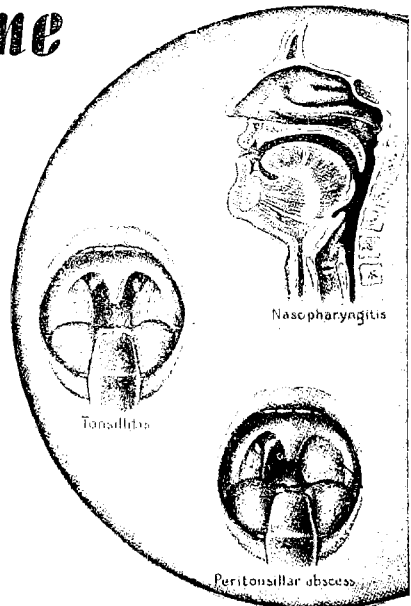
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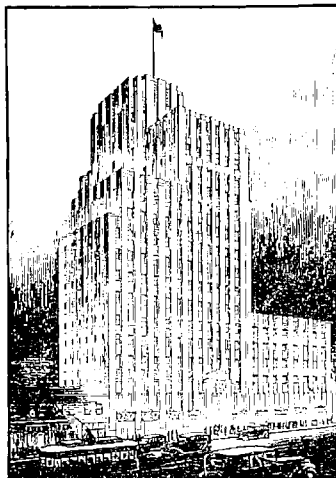
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**HOSPITAL MEETINGS**

**Tacoma General Hospital**

Clinical Pathological Conference.....  
.....January 3, 8 p. m.  
Combined Clinics.....December 15, 22, 29,  
.....January 5, 9:30 a. m.  
Orthopedic Clinic.....January 12, 9 a. m.

**St. Joseph's Hospital**

Clinical Meeting.....January 2, 8 p. m.  
Pathological Conferences.....  
.....January 6, 9:30 a. m.

**County Hospital**

Staff Meeting.....December 30, 12 noon  
Clinical Pathological Conferences.....  
December 15, 22, 29,  
January 5, 4 p. m.

**COMMUNICABLE DISEASES**

September, 1938

Smallpox .....	1
Measles .....	2
Mumps .....	5
Tuberculosis .....	6
Whooping Cough .....	26
Scarlet Fever .....	11
Chickenpox .....	20

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