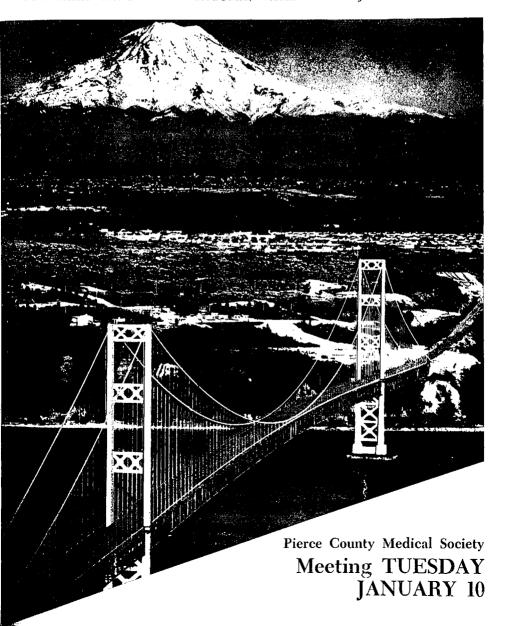
# The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 1

TACOMA, WASH.

JANUARY - 1961



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• • • •



#### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, January 10

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

#### MOUNTAIN CLIMBING

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A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

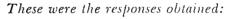
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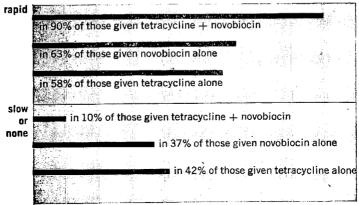
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1. Birkett, F. J., and others: Lancet 1:838 (April 18) 1959.

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#### January Calendar of Meetings

| MONDAY  | TUESDAY  | WEDNESDAY | THURSDAY                          | FRIDAY                               |
|---|--|-----------|-----------------------------------|--------------------------------------|
| 2   | 3  | 4         | 5                                 | 6                                    |
|   | Tac. Acad. of<br>Psych. & Neurol.<br>8:30 p.m.         |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | Pierce County<br>Pediatric Society   |
| 9   | 10   | 11        | 12                                | 13                                   |
| Staff of<br>Northern Pacific<br>Noon          | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |                                      |
| 16  | 17   | 18        | 19                                | 20                                   |
|   | Tacoma Surgical<br>Club—6:30 p.m.                      |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | P.C.M.B. Board of<br>Trustees—8 p.m. |
| 23  | 24   | 25        | 26                                | 27                                   |
| Tac. Academy of<br>Gen. Practice<br>6:30 p.m. | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |                                      |
| 30  | 31   |           |                                   |                                      |
|   |  |           |                                   |                                      |
|   |  |           |                                   |                                      |
|   | <u> </u>   |           |                                   |                                      |

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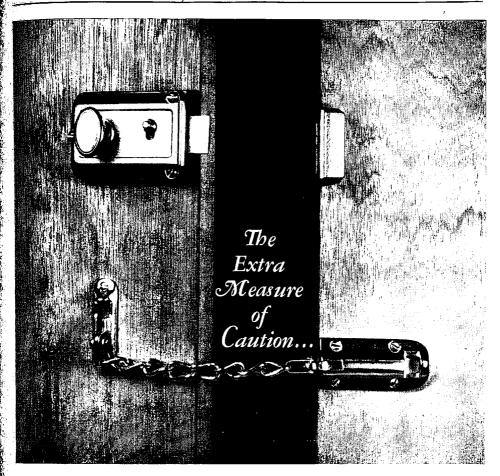
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#### **EDITORIALLY SPEAKING**

#### Lilies That Fester

The present stir of activity anticipating the new legislative propositions which came before your Legislative Committee brings about a side reaction of reflection about the ever increasing desire of certain groups for progressively constrictive legislation. Some measures are clearly directed at "elevating" the stature of the groups involved by locking others out, and other measures are designed more genuinely to protect the people.

The hospital licensing law in this State was promulgated by the Washington State Hospital Association and their carefully planned law passed in 1955 under a "friendly" administration without serious alteration. This law was sent through at that time, in part, because the Washington State Hospital Association expected regulatory legislation along these lines and felt that it would be advantageous to write their own bill. But this law has been very difficult to enforce, some of the requirements for "adequate patient care" have necessitated major changes of questionable benefit, and the benefits, even where real, may be so costly that there is serious question as to whether the patient would be willing to pay the increased resulting rates if he had his choice.

The Joint Commission on Accreditation of Hospitals, although not a strictly law-making body, has founded all its justification on protection of the patient. And this group, too, in attempting to avoid any mistakes in judgment and the horribly anticipated ensuing criticism has become more and more constrictive and demanding.

Even fire inspectors are plagued by this syndrome. They are fearful that if a fire breaks out in a building which has passed inspection, they will be held morally responsible. The move here also is for more and more regulation and control, not because the inspectors are trying to be irritating—they are, in fact, a dedicated and sympathetic group—but because they can't stand the thought of making any errors. Separate storage areas exclusively for cyclopropane cost money but appear to be safest. Therefore, cyclopropane, the inspectors tell us, needs its own little storage room with ventilation safeguards to provide a cool temperature.

This movement to regulate and control is strong and is impelled by our basic compulsion to do things right. "Nothing ventured, nothing gained" is applied willy-nilly to submission of bills to the legislators, but seldom is a similar attitude to be found in the enforcement bodies which bring the law into reality.

At the present time, the nurses are asking tighter regulations of registered nurses and, of course, are trying to define even more sharply what acts are

nursing acts. Eventually we get to the point, to draw a very extreme and perhaps unfair example, of the grandmother at home under doctor's orders to force fluids. Does the neighbor lady perform a nursing act when she says to Granny, "Your doctor says you should have this," and gives Granny a glass of water? The Nurses' Association is acting in the "interest of the patient."

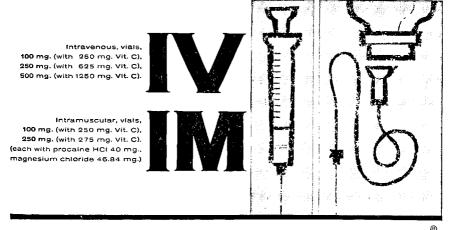
Another move to enact licensing of another paramedical body, with exclusion of all not so licensed, is also in the hopper with the bill from the physiotherapists, again in the "interest of the patient." A bill to license medical laboratories is expected but has not yet appeared. This again will be proposed as being in the "interest of the patient."

This argument is difficult to counter, because the reasoning is that, if the doctors oppose these bills which are "in the interest of the patient", then the doctors must be hostile to the "interest of the patient."

As we have seen, however, some of the best written bills tend to fester when they have been made into law.

> "For sweetest things turn sourest by their deeds: Lilies that fester smell far worse than weeds."

> > —C.C.B.



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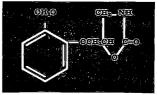
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#### In Memoriam

Volumes may be written and beautiful monuments erected to honor a man's relationship with society and still be weak memorials, for time will wash away both the words and the monument.

The greatest of all memorials are the living deeds and acts of a man in relationship to his fellow men and society. The greatest memorial to Dr. W. B. Penney is this relationship with his fellow man and society.

When we examine all the high offices of the medical fraternity to which he was elevated, we can understand in what esteem he was held. His guidance of the destiny of the Pierce County Medical Society for twenty-one years is an honor few man attain. It was a pleasure to serve under his secretary-ship, for his advice was always timely and correct.

In his medical association with younger physicians he instilled confidence in them and in their patients whom he saw in consultation. He was truly a humanitarian, for the health needs of an individual were greater than the thought of financial returns.

His interest in fraternal and service clubs was as great as those in medicine.

We of the Pierce County Medical Society and the City of Tacoma have lost one of our staunchest and most valuable members.

—ALBERTUS H. BUIS, M.D.

#### Molt's Inc. Names New Sales Manager



Horace R. Miller

Roger B. Molt, President of Molt's Inc., a Dealer in Physicians and Hospital Supplies and Equipment, announces that Horace R. Miller has been named as Sales Manager.

Mr. Miller was formerly Branch Store Manager for Shipman Surgical Company.

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## ASCR Is Accepting Applications

The American Society of Clinical Radiology is accepting Charter Membership applications from CLINICIANS (Internists, Cardiologists, Gastro-Enterologists, Chest Physicians, Orthopedists, Rheumatologists, Pediatricians, Otolaryngologists and General Practitioners) who do their own Diagnostic Radiology.

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## Variations on a Theme from Newsweek

"Ever let the fancy roam  $\dots$ " -Keats

Newsweek recalls a forty year old woman who showed diabetic symptoms and whose doctor promptly sent off a blood specimen for a blood sugar reading. Somehow, they say, the laboratory erred and a low sugar was reported. "The doctor administered glucose rather than insulin and the patient died . . . " Newsweek, October 24, 1960, page 92.

If we let our fancy roam a bit, a courtroom can be seen with the doctor in the dock being questioned by the plaintiff's attorney. "Doctor", he asks, "did you draw a specimen of blood from Mrs. Sarah Tod on September 31 which was sent to Undersell Laboratories, Inc., that same day by mail for glucose determination?"

"No, my nurse drew the specimen — under my supervision, of course."

"And what was the result of the test, Doctor?"

"Let me see. Yes. Blood glucose 40 milligrams per 100 milliliters."

"This is an abornmal result, Doctor?"

"Yes, this is a low value."

"And is diagnostic of what, Doctor?"

"This indicates hypoglycemia."

"But, Doctor, didn't the patient show certain abnormalities which made you suspect something else?"

"Yes, I suspected diabetes."

". . . Which should have a high blood sugar?"

"Yes."

"But you treated the patient on the basis of a report of low sugar. Is this correct?"

"This seems peculiar, Doctor. You have testified earlier that you are a physician licensed to practice medicine in this state and you accept a diagnosis from a laboratory as being better than your own!"

"Well, of course not. The laboratory simply issued a report on which my final diagnosis was based."

"Pretty final, wasn't it?"

"Objection! The question is impertinent!" says an indignant defense attorney.

"Objection sustained," says the Judge.

"I withdraw the question, Your Honor," says the plaintiff's attorney.

"Now, Doctor," he returns. "did you or did you not consider this report of greater diagnostic value than your own personal examination of the patient?"

"Objection! Argumentative and improper questioning!"

"Sustained."

"Now, Doctor, you have stated that this laboratory result influenced your diagnosis. You must regard this laboratory as one capable of performing diagnostic laboratory tests. Do you?"

"Yes."

"Doctor, have you visited this laboratory?"

"Well, no, not personally. But it has an excellent reputation."

"Like blood sugar tests, for instance?"

"Objection! Argumentative!"

"Sustained. Strike the last question."

"Doctor, who is in charge of the Undersell Laboratories, Inc.?"

"Mr. Turnemout."

"Mr. Turnemout? Is this person a doctor?"

"Well, no, he is a registered technician, I think."

"Registered? With whom is he registered?"

"With the Registry of Medical Technologists, I suppose."

(Continued on page 18)

"Do you know, Doctor?"

"Well, no."

"Isn't it true, Doctor that the Registry of Medical Technologists which you mentioned is the only such organization recognized by the American Medical Association?"

"Correct."

"But, Doctor, the Registry has rules declaring it unethical for their registrants to work without supervision of a physician, hasn't it?"

"I recall something like that. I believe so. Yes."

"Then, Mr. Turnemout is not recognized by your American Medical Association as a registered medical technologist."

"Well, I don't know, for sure."

"So, Doctor, you have not been inside the laboratory, you do not know the qualifications of the person in charge of the laboratory or those whom he has working for him and you personally signed a contract which states that the laboratory is duly qualified to operate a clinical laboratory."

"I don't think I signed any such thing."

"But, Doctor, here is a copy of your contract and the first line says . . . Would you look at this line, Doctor?"

"Oh! Well. But this doesn't mean that I have to check all of their tests personally and that sort of thing."

"But you did sign it?"

"Well, yes, I guess I did."

"The Court is requested to enter this contract copy as Exhibit D."

"It is so entered."

"Doctor, how much did this test cost Mrs. Tod, or rather, her estate, after you killed her with a glucose injection?"

"Objection! Argumentative! Impertinent! Irrelevant!

"Sustained."

"Doctor, how much did you charge Mrs. Tod for this test?"

"Five dollars, I believe. Let me check. Yes, \$5.00."

"And, Doctor, did you pay \$5.00 to have this test performed?"

"Well, no. This test is included in my contract."

"But, Doctor, didn't this test cost you 75c?"

No! It is included in the contract."

"Doesn't this contract agreement cost you 75 dollars per month and 75 cents each for specimens over one hundred per month?"

"Yes."

"Then is it not reasonable to say that the test cost you about 75c?"

"Yes. But this is not the point. It takes skill to collect the specimen and time to mail the specimen."

"About the collection, Doctor. For collection of these specimens do you not receive syringes and tubes and needles from the Undersell Laboratories which are included in the contract?"

"Yes."

"How much does this cost them for each specimen?"

"Well, a few cents, I suppose."

"Doctor, here is a price list of the people who make these devices. Would you say that seven cents is fairly close?"

"Yes."

"And the mailing containers require airmail postage paid by the laboratory? And they send you an airmail report? Fourteen cents, Doctor?"

"Yes, I suppose so."

"Would you estimate a minimum of twenty-one cents for all this, considering time of handling at the laboratory?"

"I couldn't say."

"But this in your opinion is a reasonable estimate?"

"I suppose so."

"Well, Doctor, even if we forget the commissions of the field representatives and the thick brochures which I have in my hand, doesn't this leave only fifty-four cents to perform the test and cover the operating expenses of the laboratory as well?"

"Well, not exactly. I can't say!"

"But somewhere around fifty cents?"

"Yes, I suppose so."

"And you charged Mrs. Sarah Tod five dollars. Why?"

"Well, this is what the profiteering labs here in town charge!"

"You refer to the private laboratory operated by Dr. Cutzem and the other one run by Mr. Stickzem?"

"Well, not specifically. The hospitals gouge the patients just as much."

"But, Doctor, do you think it fair to

charge a patient five dollars too, when the test only cost you seventy-five cents?"

"I didn't say it cost seventy-five cents!"

"But you did state that a figure of about seventy-five cents was a reasonable estimate?"

"I suppose so."

"Shall I ask the clerk to refresh your memory, sir?"

"No. About seventy-five cents, then."

"And you charged her five dollars, Doctor?"

"Yes."

"Things must be going pretty badly, Doctor, if you had to charge the patient over six times what the test cost you. Don't you think this is gouging a little bit too?"

"Objection! Argumentative! Impertinent! Wholly uncalled for!"

"I have no further questions, Your Honor."

If we let our fancy roam just a bit farther we can even hear the verdict: Plaintiff awarded one hundred sixty-eight thousand four hundred eleven dollars and sixty-eight cents.

#### Oops, Correction

Correction on page 9 of the December, 1960 Bulletin.

Some type dropped out of the next to the last paragraph and the first sentence should have read "In some states where insurers have chosen to pay for hospitalization only in those hospitals which are accredited by the J.C.A.H., accreditation has become . . . a prerequisite to survival . . ."

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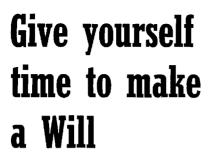
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#### To The Pierce County Medical Society

#### **AUXILIARY OFFICERS—1960-61**

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|-------------------------|-------------------------|
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| 1st Vice-President      | Mrs. M. E. Lawrence     |
| 2nd Vice-President      | Mrs. Robert C. Johnson  |
| 3rd Vice-President      | Mrs. Dudley Houtz       |
| 4th Vice-President      | Mrs. Carl O. Granquist  |
| Recording Secretary     | Mrs. Orvis A. Harrelson |
| Corresponding Secretary | Mrs. Charles M. McGill  |
| Treasurer               | Mrs. Haskel Maier       |
| Assistant Treasurer     |                         |

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|----------------------------|-------------------------|
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| National Bulletin          | Mrs. Dudley Houtz       |
| Civil Defense              | Mrs Arthur P Wickstrom  |
|                            | Mrs. Fay Nace           |
| Legislative                | Mrs Don Willard         |
| Membership                 | Mrs. Clann W Brokew and |
|                            |                         |
| Nurse Recruitment          | Man Edmand C Endander   |
| Daniel Mecruitment         | Mrs. Edward 5. Eylander |
| Paramedical                | Nrs. wayne Zimmerman    |
| Program                    | Mrs. Herbert C. Kennedy |
| Publicity—                 | 14 Bl . B B .           |
|                            |                         |
| Bulletin                   | Mrs. Herman S. Judd     |
| Revisions                  |                         |
| Safety                     | Mrs. lack Mandeville    |
| Social                     |                         |
| Speakers Bureau            | Mrs. Philip Grenley     |
| l'elephone                 | Mrs. Richard B. Link    |
| Today's Health             | Mrs. M. E. Lawrence     |
| Minute Women               | Mrs. Hillis F. Griffin  |
| Community Service          | Mrs. Jess Read          |
| Community Service          | Mrs. Edward R. Anderson |
| Community Council          |                         |
| Finance                    | Mrs. Joseph B. Harris   |
| Dance                      | Mrs. Robert W. Florence |
| Fashion Show               | Mrs. Thomas B. Murphy   |
| Game Night                 |                         |
| Midyear Conference         | Mrs. Joseph B. Harris   |
| •                          | •                       |

Mrs. M. Edward Lawrence will open her home at 3537 Crest View Drive for our January meeting. This will be a "Coffee" at 10:30 in the morning. Edith was not at home at the time of this writing to issue exact information about how to find their home, so we'll do our best to tell you and also say we didn't get lost our first time out that way. Bridgeport Way is Alexander Jackson south of Center Street and you follow Bridgeport Way to South 34th; turn toward the Sound, go over the crest of the hill and watch for the street sign of Crest View. You then turn left and go to the end of the block or thereabouts. Their home is on the left just before the curve.

Kay Lueken and Maxine Mandeville are chairmen of the Coffee, assited by Marj Wicks, Delores Havlina, Marjorie Nace, Betty May and Dorothy Lantz. Kay Willard, our legislative chairman, is happy to announce that our speaker for the meeting will be Judge Bertil Johnson. Our husbands have heard his talk and will verify that this is a meeting we should not miss.

The Board will have a "Post Season Brunch" at the Pancake House which is on Steilacoom Blvd. just off of South Tacoma Way, on January 5, 1961, at 10 o'clock. This will be for pleasure and business—to quote Ruth Brooke, our president.

Although he was a small baby, weighing in at 5 pounds, 10 ounces, the new Davis baby has a formidable name, Geoffrey Norman Tunis Davis. He arrived on November 28, 1960, and is gaining well. And his big brother is feeling fine now, for which we are all grateful.

Ruth and Sam Light will be in Mexico for a winter trip and we have asked them to bring the sun back with them. Journeying to Sun Valley later this month will be Al and Ruth Sames. Kay and Ross Wright left before Christmas for the land "Way down under" and oh, how exciting their itinerary sounded. Maybe when Kay returns she will write a description of their trip for us. Peggy and George Race and their children had a wonderful trip to Europe last year and you may look for a write-up of their adventures in next month's issue.

## MEDICAL SPACES FOR RENT IN LAKEWOOD

Two brand-new medical suites in new building in Lakewood Professional Village, suitable for part-time, full time, single or shared occupancy. Only one block from Lakewood Hospital. Contact: Margaret Smith, Building No. 2, Lakewood Professional Village, 5920 Lake Steilacoom Ave. Phone JU 8-5600. Or Les Fagg, 9227 No. Lake Dr. S.W., Tacoma 99. JU 8-3950.

#### **HOSPITALS...**

#### Saint Joseph's

Pediatrics Department bid a fond farewell to the students on December 14 with a "coffee and cake" hour. How sadly we hated to see them leave but with eagerness we greeted the new students who came to the department on December 19.

"And a good time was had by all", is only a mere expression as we, the staff, send many thanks to the Sisters for the wonderful party which was given on December 15.

Holiday time so filled with rejoicing our staff too enjoyed the party on December 22. Gifts were exchanged by the staff members following the small luncheon composed of specialties brought by each staff member.

The X-Ray Department now strongly feels the loss of Mrs. Carol Ringus due to a coming bundle of joy.

One of our staff, Miss Lenore Kuhn, is back with us after a brief illness.

On December 20 the Sisters, faculty, and head nurses assembled in the nurses' residence for the annual Sister-Faculty Christmas party. This is always one of the highlights of the Christmas season and this year as always we waited with eagerness the sight of the lounge and dining areas all decked out in their festive garb. The theme this year was "The Twelve Days of Christmas". Red and white was the color scheme and if possible the decorations were more elaborate and beautiful than ever. Our sincere thanks for a wonderful party goes to Sister Cecil and Sister Martha Joseph who spent hours in preparation.

Miss Pamela Marshall is the new secretary in the school of nursing office. Miss Marshall is a recent graduate of St. Leo high school. She is deeply appreciated by the faculty members for the many little jobs she performed for them in the last hectic days of the quarter.

The employees were the honored guests at the Christmas party given on December 15 by the Sisters. Among the happiest were Mr. David Larson, student nurse, who was the winner of the \$25 door prize, Mr. Christensen who won a 20 pound turkey, Doctors Bias and Vadheim who won a

Christmas center piece and small poodle dog respectively, and Mrs. Farrar who was the winner of the five piece coffee and tea set raffled off by the Annex.

Everyone had a wonderful time enjoying the fine food and entertainment and we would all like to extend a very sincere thank you to the Sisters for their wonderful party.

News from Maternity always brings joy and some of the most joyous news was received by the following families: Mrs. Foreman, former Medical Instructor, was blessed with a little girl, another nurse in the making. Mrs. Helen Abetz, the former Helen Ryan, received a boy named Mark Edward. Mrs. Hansen, the former Miss Zederic, was surprised with a boy whom they named David Andrew. Likewise Mrs. Mosner, Mrs. Stolenberger, Mrs. Barber, and Mrs. Simpson all received boys.

Doctor and Mrs. Richard T. Davis become the proud parents of another son, Geoffrey Norman.

The departmental Christmas party was held at the home of Mrs. Goetling and was greatly enjoyed by all. Also the maternity staff held a baby shower for Mrs. Anderson and a birthday party for Mrs. Ervin. The night crew enjoyed their Christmas party at the home of Mrs. Higginbottom and bless them, they all reported to work the next day.

When a few more details are complete we want every single employee to come and enjoy open house.

Best wishes for a Blessed and happy new year to everyone.

(Continued on Page 25)

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#### Tacoma General

Miss Lucille Larson and Miss Ann Barlow from the laboratory recently attended a series of institutes in Seattle for teaching supervisors in the eleven schools of medical technology in the state. Speakers on the program were: Mrs. Peterson and Mrs. Fine from the University of Washington and Mr. John Ohlmer from Boeing Airplane Company. The institutes were sponsored by the Washington State Society of Medical Technologists.

The School of Nursing held its annual Christmas party on December 14, in which Mr. and Mrs. Huber and Mr. and Mrs. Owens were special guests. The party was made complete by the presence of Santa Claus who was none other than Dr. Wayne Zimmerman.

Impressive ground-breaking ceremonies for new additions to the hospital were held on Friday afternoon, December 16. Master of ceremonies was Dr. R. Franklin Thompson, president of the University of Puget Sound. Mr. Harold L. Baird, president of the hospital's Board of Trustees, gave the key address entitled, "Tacoma General Hospital from 1882 to 1962". Highlight of the program was the use of gold-painted shovels to turn the first dirt in the building project.

Mrs. Margaret Miller resigned in the early part of November as Purchasing Agent, due to ill health. She has been in the Purchasing office for approximately 13 years. Her position has been filled by Mr. Hugh R. Owens.

A typing pool has been organized under the direction of Mrs. Lillian Ujick, secretary to the administrator. Personnel in the pool are Mrs. Betty Rando and Miss Gail Jurgensen. As the typing pool expands its activities, more and more of the secretarial and stenographic work in the hospital will be done by this group.

Mrs. Josephine Juberg, Personnel Director, and her husband, who works for Case Implement Company in Puyallup, recently visited Hawaii on a two-week vacation trip. The trip was sponsored by the Case Company which held a convention in Honolulu.

#### Mary Bridge

A continued decrease in the length of time that young patients are hospitalized was noted in the annual report compiled by Miss Lillian M. McDonald, administrator of Mary Bridge Children's Hospital.

"Five years ago most of our patients remained 4.3 days," Miss McDonald said. "During our last fiscal year, which ended September 30, the average stay was just 3.6 days."

The figures were included in the report submitted by the administrator during the annual meeting of the hospital's non-profit corporation.

Approximately 2,500 children were admitted as in-patients and another 2,000 emergency cases were treated during the

The four clinics at Mary Bridge received 4,014 visits from boys and girls. The total included 661 visits for orthopedic care; 705 visits for orthoptic and 2,610 visits for the speech clinic. Thirty-eight patients were seen for the cleft palate clinic.

Dr. George A. Tanbara will serve as president of the medical and dental staff during 1961, succeeding Dr. David Hellyer. Others elected for the new year are Dr. L. N. Brigham, vice president; Dr. Charles Galbraith, secretary-treasurer, and Dr. Kenneth Gross, executive committeeman.

A prominent Tacoma banking official, Gershom C. Rowland, is the new president of Mary Bridge's board of trustees. He succeeds Attorney Leo Teats, who has served with distinction since the hospital's founding.

Other officers for the new year are Dr. Charles E. Kemp, vice president; Mrs. Stanley Staatz, secretary; Leo Teats, treasurer.

The executive committee is composed of Randolph E. Green, Mrs. Harry L. Davis and Ralph Teats. Mrs. W. D. Lyness, Dr. W. D. Zimmerman and Curtiss Hill are serving on the nominating committee during 1961.

Full accreditation for three years has been accorded Mary Bridge Children's Hospital by the Joint Commission on Accreditation of Hospitals.

"The Capsule"—that's the name of Mary Bridge's brief, information-packed newsletter which is being published for all employees, officials of the Tacoma Orthopedic Association, and many hospital friends.

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#### Good Samaritan

With the resignation of Mrs. Henrietta Button as Director, various parties in her honor have taken place during the Yuletide season. Mrs. Button is leaving after three and one-half years of re-organization of the Good Samaritan Hospital, during which time it has developed into a completely modern facility, having received full Joint Commission accreditation in 1959. Parties in her honor were that of the annual Medical Staff dinner where she was presented with a gift of luggage by the president, Dr. Merrill J. Wicks. The Board of Governors of the hospital gathered in the Newell Hunt home where Mrs. Button was guest of honor. Personnel of the hospital also surprised Mrs. Button with a party in the hospital cafeteria where a number of gifts were presented.

Dr. Vincent M. Murphy took office as president of the Medical Staff for the year 1961. Other new officers are Dr. A. W. Johansson, vice-president and Dr. C. O. Granquist, secretary-treasurer.

The staff Christmas party attended by over 100 medical staff and hospital personnel, with husbands and wives, was another gala event of the season. Entertainment was under the direction of Mrs. D. Bradley, pharmacist. There was group Christmas carol singing and an appearance by Santa Claus followed with refreshments. Second Floor (Surgical) was awarded a

## MEDICAL SPACE AVAILABLE TACOMA NORTH END

New Medical-Dental Bldg.; completely equipped; on arterial street; in well populated residential area; off-street parking. Large reception office with business office adjoining (2) private offices - six treatment rooms, laboratory, (2) rest rooms, wide hallway.

For information, building plan, call or write Mr. Robt. Goldberg, 4320 N. 27th, Tacoma, Wn., days FU 3-3484—eve. SK 9-7035.

plaque as the winner of the Christmas decorating contest.

The next maternity tea and open house will take place on January 11, 1961. Expectant mothers are invited to attend in the afternoon at 1:30 p.m. and both prospective parents are welcome at 7:00 p.m. for an identical evening session.

Among new equipment items purchased during 1960 are the following: Morris Clin-Defibrillator (Surgery), Emerson Pleural Suction Pump, Emerson Resuscitator for piped oxygen outlets also equipped with auxilliary tanks for mobile use, Aqua-K-Pads for controlled temperature of wet pads, Pelvic Anchor orthopedic equipment for the operating tables, new traction equipment, a polaroid camera with overhead frame for photographing new born infants in nursery and miscellaneous surgical instruments. The most recent arrived in time to be a Christmas present for surgery—a new Shampaine Surg-a-power operating table with 100% all power positioning.

Other non-clinical equipment includes several new files, office furnishings, photo copy machine, refrigerator, time clock, floor polisher, hot water booster for dishwater, Multilith offset printing press, etc.

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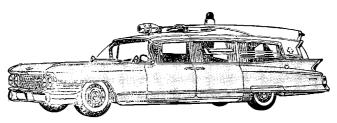
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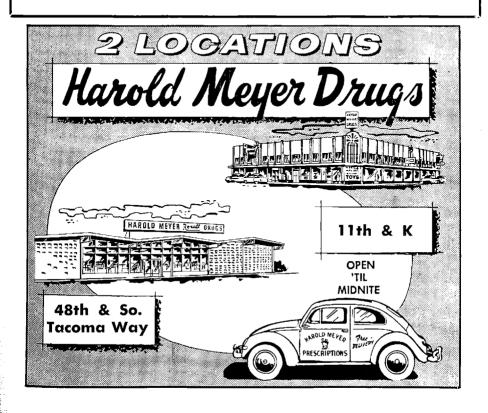
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## A

## Happy New Year

To Everyone

#### Poison Control Center Report For November

| Total Number of Calls                  | 97 |
|--|----|
| Calls for parents or other lay persons |    |
| Physicians or Hospitals                |    |

#### Age Distribution

| Less than 12 months | 2  |
|---------------------|----|
| 1 to 3 years        | 44 |
| 3 to 5 years        | 21 |
| 5 to 21 years       | 7  |
| Over 21 years       |    |
| No age given        | 13 |

#### Substance Taken

Medicinal Substances: Aspirin gr. ½ 1, Aspirin gr. 1½ 2, Aspirin gr. 1½ 1, Aspirin gr. 5 5, Bufferin 1, Alcohol, Vicks Cough Syrup 3, Senoket Powder, Sparine 50 mgm., Rauwolfia, Mulvidren, Gentian Violet Pin Worm Pills 2, Ex-Lax, Thumb Repellant, Liquid Vitamins, Soma, Blue Jay Corn Remover, Chloral Hydrate, Merthiolate, Boric Solution, Desoxyn Tablets 2, Thyroid gr. 1, Mercurochrome, Cortisone Ear Drops, Wyeth Suppository, Heat Linament, Dexamyl Spansules, Tums, Listerine Mouth Wash, Bonamine, Vicks Vapo Rub, Pencillin V, Tr. Benzoin, Cold Tablets, Foly-Vi-Sol Capsules, Unknown Medication.

Other Substances: Wright's Liquid Silver Cream, Ammonia 4, Cigarettes 2, Mothball, Mrs. Stewarts Bluing, Breck Shampoo 2, Madronna Berries, Lubophite, Mystic Cleaner, Purex 2, Vel Detergent, D'Con Rat Poison 2, TV Picture Tube, Testors Enamel Paint, Liquid Ivory Soap, Unknown Pellet, Spot Remover, Lano White Shoe Polish, Paint Thinner, Esquire Scuff Coat - Black, Toilet Bowl Deodorizer, Revlon Top Brass Hair Lotion, O'Cedar Furniture Polish, White Chalk, All Purpose Furniture Polish, Mickey Mouse Water Colors, Toadstools, Thallium Rat Poison, Nightshade Berries, Wizard Wick, Lighter Fluid, Paint Remover, Mercury, Pinesol, Dunhill Deniclean (Pipe Cleaner), Comet Cleanser, Battery Solution, Little Lulu Perfume, Avon Cologne, Lentheric Cologne, Hollyberries. Number advised to go to Hospital 15 Number advised to contact private M.D. 45 Number advised emetics and observe.....72 Number treated in ER (MVGH) 13 Number hospitalized at MVGH 1 Information from Clinical Toxicology 91

#### Bone Bank Report

No positive bacteriological cultures have been reported on bone received in the Bone Bank since institution of the new method of immediately placing bone removed from the patient into a closed glass jar with 10 ml. of saline and sending it to the Bone Bank in a second sterile jar. The contrast of this record with the previous points out that any bone stored open in the operating room or loosely folded in a towel has a much greater chance of contamination than that which is put immediately into a jar and covered.

For this reason, we of the Bone Bank Committee feel that all specimens taken for storage in the Bone Bank should be handled in the closed manner. This includes bone (cranial flaps) from the skull which are taken in neurosurgical procedures. We have received a few of these at the Bone Bone submitted in nothing more than a sterile towel. We feel that if the Bone Bank is to be held responsible for the sterility in holding this bone, it should be processed in the same manner as any other bone which we handle, that is, in a large glass jar. Here, arrangements may have to be made on the spur of the moment, such as getting a large mayonnaise jar from the kitchen and having it thoroughly cleaned and sterilized in order to contain the bone.

Other tissue which is taken for storage in the Bone Bank such as fascia or cartilage should be handled in the same manner as bone, that is, placed in an inner sterile jar from the Bone Bank with 10 ml. of saline, and then in turn placed in a second sterile jar to contain both the bone and its initial glass container. Cultures will be taken at the Bone Bank.

If bone or tissue which is taken is to be saved for a certain specific individual, this information should come with the specimen with the name of the donor, the patient for whom it is saved, and the doctor who removed the specimen. The fee for such service will of course be paid by the patient for whom the bone is to be saved.

-Dumont S. Staatz, M.D., Chairman

Bone Bank Committee.

Pierce County Medical Society Medical Arts Building Tacoma 2, Washington

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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month-noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.-6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August -8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August -6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL Fourth Friday of March, June, Sept., Dec.-12:15 p.m.

# The BULLETIN of the

PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 2

TACOMA, WASH.

FEBRUARY - 1961



#### Pierce County Medical Society

#### 1961

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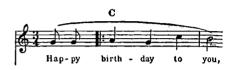
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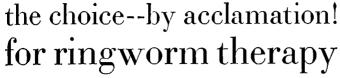


#### Happy Birthday

#### Februaru

- CHARLES B. ARNOLD
- ARTHUR P. WICKSTROM
- WILLIAM P. HAUSER
- HERBERT C. KENNEDY ALFRED I. SCHULTZ DON G. WILLARD
- 15 PAUL E. BONDO THOMAS R. WEST
- 16 IOHN I. BONICA SCOTT S. IONES
- GEORGE A. DELANEY 20
- 22 CHARLES I. GALBRAITH
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#### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, February 14

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

#### "MEDICAL EDUCATION-PRESENT PROBLEMS AND FUTURE POSSIBILITIES"

GEORGE N. AAGAARD, M.D.

Dean, University of Washington School of Medicine

A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

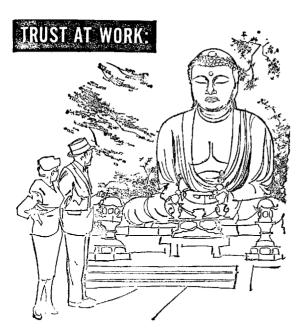
Dinner:

6:45

Place:

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## Tranquil Traveler

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When managing investments keeps you from hard-earned leisure, it's time for a talk with our trust officer.



#### TRUST DEPARTMENT

Gershom C. Rowland
Senior Vice President and Trust Officer

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

### February Calendar of Meetings

| MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY                          | FRIDAY                               |
|--|--|-----------|-----------------------------------|--------------------------------------|
|  |  | 1         | 2                                 | 3                                    |
|  |  |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | Pierce County<br>Pediatric Society   |
| 6  | 7  | 8         | 9                                 | 10                                   |
|  | Tac. Acad. of<br>Psych. & Neurol.<br>8:30 p.m.         |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |                                      |
| 13   | 14   | 15        | 16                                | 17                                   |
|  | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | P.C.M.B. Board of<br>Trustees—8 p.m. |
| 20   | 21   | 22        | 23                                | 24                                   |
|  | Tacoma Surgical<br>Chub—6:30 p.m.                      |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |                                      |
| 27   | 28   |           |                                   |                                      |
| Tac. Academy of<br>Gen. Practice<br>6:30 p.m.<br>Staff of Mt. View<br>General Hospital | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |           |                                   |                                      |

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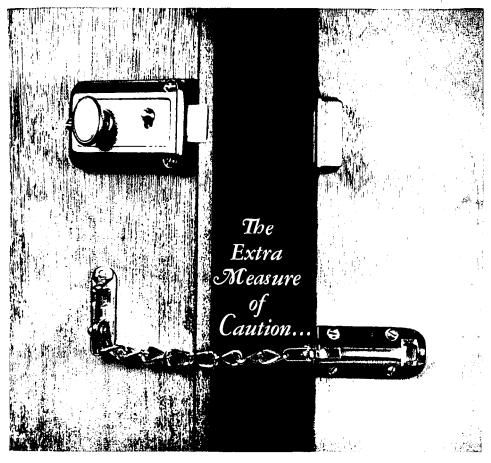
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### **EDITORIALLY SPEAKING**

### Of Nyms and Pseudonyms

The recent conclave of the Washington State Society of the American Medical Technologists in the auditorium of the Pierce County Medical Society was covered by the Tacoma News Tribune with a photograph of the presentation of the award "Diplomate in Bacteriology" to Professor C. E. Martin of the Oregon Technical Institute. This vocational type school is oddly supported by the Oregon State Division of Higher Education along with an AMA approved school at the University of Oregon Medical School, but it is not, and apparently does not care to be, recognized by the American Medical Association. It gives a certificate showing that the student has completed a medical laboratory course but this course falls short of the standards which we, as members of the American Medical Association, have written down as minimum.

Since our Medical Society has furnished a meeting place to the A.M.T., it might be worth a moment to find out what the American Medical Association considers to be a "Diplomate in Bacteriology" and what the difference is between the American Society of Medical Technologists and the Society of American Medical Technologists.

One certificate recognized by the AMA is that in microbiology, available to any physician who either holds already a certificate in clinical pathology and has spent two additional years in supervised training or else has completed five years of training in the special field with internship being acceptable as a substitute for one of these years. Such a fellow, after he has passed his examination, is a "Diplomate in Microbiology" of the American Board of Pathology.

Another certificate recognized by the AMA is registration in bacteriology available to a registered Medical Technologist, M.T.(ASCP) upon further study and passing of the examination or to an individual who meets the alternate requirements (Masters Degree or Doctorate) of specialty certification by the Board of Registry and who can pass the examination. The course of training is supervised by the Council on Medical Education and Hospitals of the American Medical Association and the American Society of Clinical Pathologists. The Board of Registry of Medical Technologists and the Board of Schools of Medical Technology are joined with the American Medical Association and do not represent any self-beknighted group.

Aside from these two certificates, one for physicians and the other for registered medical technologists, the term diplomate in bacteriology has no status in a medical discussion. Through the eyes of our own AMA, the certification by the American Medical Technologists should be looked upon in the nature of an honorary certification as a Citizen of Texas or Kentucky Colonel.

To clarify the situation, there is active a group known as the American Society of Medical Technologists, a society composed of registered medical

technologists—the kind who have bothered to take the kind of training prescribed by the Board of Schools and the examination prescribed by the Board of Registry and the Council on Medical Education and Hospitals of the American Medical Association. These are our people and they display after their names: M.T.,(ASCP).

But tagging along and doing quite well for itself is another group which, obviously for the sake of "clarity" of thought, calls itself the Society of American Medical Technologists. This group is interested in improving their "status" by confusing imitation of titles and certificates, by working for State licensure to provide them with a status independent of organized medicine and by identification with the medical profession. This they are doing by collecting and using a few members who have already attained some local recognition and respect of physicians but who did not have to be bolstered up by misleading titles to gain this position and by using as its meeting places the meeting room of medical societies. This group is composed of people who either are unable to meet the requirements of our Board of Registry or who are unwilling to uphold the Code of Ethics which "shall be consistent with the Code of Ethics of the American Medical Association". They make their own rules, they are not our own people and although they once displayed after their names, A.M.T., they now write simply, M.T.

Unlike Still and his immediate disciples, they do not represent any special cult other than for their insistence that medical laboratory technicians do not need a physician's supervision, but, like earlier day osteopaths, they are making a very real effort to "enter orthodox medicine", as Fishbein said, "through the back door."

A comparative look at current requirements for registration of each organization is in order.

#### American Medical Technologists:

## REQUIREMENTS FOR REGISTRATION AS A MEDICAL TECHNOLOGIST

- 1. Applicant shall be a citizen of the United States, Canada, or Pan-American, and of good moral character.
- 2. Applicant shall be a graduate of an approved High School or equivalent.
- (a) Applicant shall be a graduate of a course in Medical Technology wherein the curriculum is acceptable to the Board of Examiners, or:
  - (b) Applicant shall have had not less than three (3) years experience in a clinical laboratory under proper qualified supervision.
- 4. Applicant shall obtain a grade of not less than 70% in an examination conduct by the Examining Board of this organization.

Continued

#### REGISTRATION WITHOUT EXAMINATION

This is available to:

- 1. A duly licensed practitioner of the healing arts.
- 2. An applicant holding a valid license as a Clinical Laboratory Director or as a Medical Technologist, or its equivalent issued by a Board of Examiners duly constituted by law.
- 3. An applicant holding a valid certificate issued by a Basic Science Board duly established by law.
- 4. A duly certified Diplomate of the American Board of Bio-Analysts.
- 5. A Fellow in good standing in the American College of Medical Technologists.
- 6. An applicant holding a valid U. S. Government Civil Service Rating as Medical Technologists GS 6 or higher rating thereof.
- 7. A duly commissioned laboratory Officer of the Medical or Hospital Service of one of the Armed Forces of the United States of America.
- 8. A duly commissioned Public Health Officer by the U. S. Public Health Service.

#### Registry of Medical Technologists:

## REQUIREMENTS FOR REGISTRATION AS A MEDICAL TECHNOLOGIST (ASCP)

- 1. Graduate of accredited high school or equivalent.
- 2. Two years (60 semester hours) and, after January 1, 1962, three years (90 semester hours), of college work in any college or university accredited by a recognized standardizing association. The following courses must be taken: Biology, 12 semester hours; and Chemistry, one full year of inorganic and at least 3 semester hours of quantitative analysis, organic chemistry or biochemistry.
- 3. One full year of instruction in a school of medical technology approved by the Council on Medical Education and Hospitals of the American Medical Association. (Tacoma General and St. Joseph's Hospitals have such schools.)
- 4. Pass the examination prescribed by the Board of Registry.

#### REGISTRATION WITHOUT EXAMINATION

1. There is no such category. Everyone has to take the test.

From June 11 through June 16, 1961, the American Society of Medical Technologists (our group — yours and mine) will hold their 29th Annual National Meeting in Seattle, Washington. This is a fine opportunity to check up on just what our technologists are doing and also to hear some worthwhile papers.

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#### References

1. McCarthy, C. G., and Finland, M.: Absorption and Excretion of Four Penicillins, New England J. Med., 263:315, 1960.
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3. Griffith, R. S.: Comparison of Antibiotic Activity in Sena after the Administration of Three Different Penicillins. Antibiotic Med. & Clin. Therapy, 7:129, 1960.
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133216

## Whoops! Hold Everything . . .

On Page 14 of the January, 1961 Bulletin, your editor and your executive secretary inserted, with bland disregard for its significance, an announcement titled "ASCR is Accepting Applications." Your editor and your executive secretary herewith submit their apologies and, thanks to Dr. Gross, the following explanation of the matter taken from the January, 1961, American College of Radiology Bulletin.

#### New Society Announced by California; ACR Issues Informational Statement

"A number of medical journal editors as well as College members have inquired of the College office about recent announcements concerning the "American Society of Diagnostic Radiology," and "The American Society of Clinical Radiology," apparently both under the organizational impetus of a Dr. Louis Shattuck Baer, Burlingame, Cal. In response to requests for information, the College has prepared the statement below and has distributed it among editors of medical journals and bulletins.

"Several months ago, the American College of Radiology received inquires from many editors of state and other medical society journals relative to the American Society of Diagnostic Radiology which was then being promoted by Dr. Louis Shattuck Baer, a California internist. Correspondence with Doctor Baer revealed that the society had no Constitution, Bylaws or officers. The aims of the society were variously described in different communications.

"More recently, the College has received inquiries relative to the American Society of Clinical Radiology, also being promoted by Dr. Louis Shattuck Baer. The College takes this means of notifying you that this organization has no known connection with

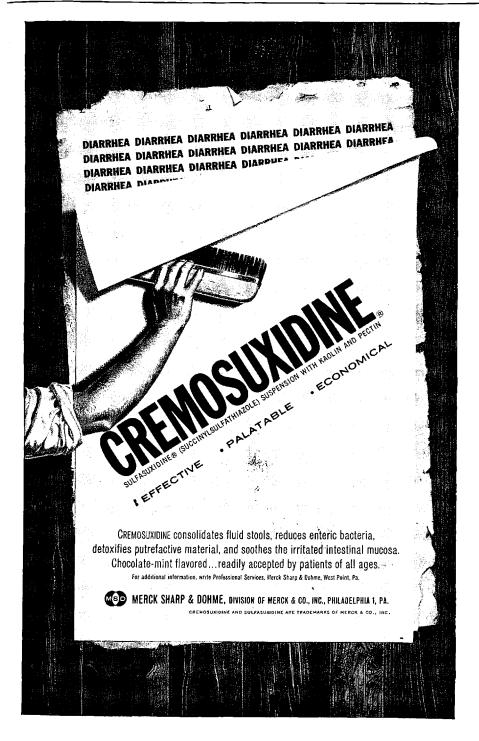
any radiological society or group. Further, it is the opinion of the College:

- That sufficient opportunities exist in the meetings of county, state, regional and national medical societies for the presentation of worthwhile papers and exhibits in the field of radiology.
- 2. That sufficient special and general medical journals now exist for the publication of meritorious medical and scientific communications in the field of radiology.
- 3. That the use of the term, radiology, in the title of an organization may unfortunately cause those not informed to identify this group as being composed of physicians who have been examined and certified to be competent in radiology by a recognized medical specialty board.
- 4. That medical journals and their sponsoring medical societies would be well advised to obtain full details concerning the American Society of Clinical Radiology before soliciting reader-members on behalf of Doctor Baer."

Footnote: For some time your Bulletin has carried sundry data about licensing teams, the increasingly troublesome problems in hospital accreditation and the crises arising from our nation-wide lack of attention to our own medical societies. This month is featured the problem of an unrecognized paramedical organization imitating practically all of the accepted certificates and titles but none of the requirements of one of our own established paramedical groups.

Our only defense against the efforts of non-physicians and stray sheep, who want to steer us and tell us what to do, is in our medical societies. Give us a few more American Societies, Colleges and Academies and we can forget there ever was a local county medical society — or private practicing physician.

—The Editor.



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### **HOSPITALS...**

### St. Joseph's

We would like to congratulate the following Doctors on their election to the Executive Staff for the year 1961-62:

President Thomas Smeal, M.D.
President-Elect Stanley Tuell, M.D.
Vice-President Walter Sobba, M.D.
Secretary-Treasurer John Comfort, M.D.
Chairman, Credentials

Committee.....Wayne Zimmerman, M.D. Members at Large—

Robert O'Connell, M.D. Myron Bass, M.D.

There hasn't been much news from Surgery so we are making up for it this month. Heading the list we extend congratulations to two brand new R.N.'s who have joined our staff: Miss Jacqueline Blakely, 1960 graduate of St. Joseph's and Miss Rosemary Brascher who graduated this year from De-Paul School of Nursing in Norfolk, Va.

New lights are being installed in Surgery I along with lowered ceiling to provide better lighting. This is the first room to be improved upon and although the plaster odors sometimes get the better of us, we manage to survive and look forward to completion of the job.

One special past event here in O.R. was the T.V. appearance of our Mrs. Raminsky on "This Is Your Life". She flew to Los Angeles for a wonderful week of fun and surprises, where she appeared on the show, with Ralph Edwards, to relate a true experinece out of the life of Bill Butler, park ranger of Longmire. Mrs. Raminsky had many tales to tell about her exciting trip.

The National AORN convention will be held February 12-16 in San Francisco. Sister Joseph Margaret and Miss Mary Ann Hondel are attending from our hospital.

Betty Anderson will be married this month and is planning on making her future home in New York. The past few years Betty has been attending UPS and working part-time here in Surgery.

Two new nurses have been added to the Pediatric staff by was of passing their State Board Examinations. Congratulations go to Miss H. Rithaller and Miss B. Zinski.

The remodeling of the delivery suite is near completion just a few more details to be added, however, it has been in use since early December.

Prenatal classes for both parents will again be resumed on the third Tuesday of every month. The next class is scheduled for February 21 to be followed as usual by a social hour.

#### Tacoma General

Kenneth Davis has joined the pharmacy staff at the hospital. He comes to us from Bremerton. At the present time he is still living there, but hopes to move to Tacoma in the near future. He replaces Earl Acker who left to take over his father's drugstore on 26th and Proctor.

A new typing pool has been organized with Mrs. Lillian Ujick in charge. Mrs. Betty Rando and Miss Gail Jurgenson are the typists who are helping with all the many jobs that must be done in the area of typing and taking dictation. The office for the typing pool is located on the second floor of the Annex Building.

The laundry has been moved to the basement of the garage across the street from the hospital. This was accomplished in about a week's time. This move was made necessary because construction of the new wing is going to take place in the area where the laundry used to be. The hospital

purchased a warehouse tractor from government surplus and converted it into a truck, so that it could be used to haul linen back and forth to the hospital. So far it has picked up several nicknames, such as, "T. G. Goose," "The Green Hornet," "The Mule" and others. Since it is painted a bright green, it might be that the title of "Green Hornet" might stick.

Miss Lucille Larson, Chief Technologist, will spend the first part of February in Houston, Texas attending a meeting of the Joint ASCP-ASMT Medical Technology Committee. This Committee of eight members serves as a mechanism for general discussion of problems of mutual concern to pathologists and technologists. While there. she will also meet with the Executive Board of the American Society of Medical Technologists to review final plans for the 29th Annual Convention of this organization which will be held in Seattle June 11-16, 1961. Between 1200-1500 Medical Technologists from 50 affiliate State Societics will attend this six-day meeting. Miss Larson is the general chairman.

#### MEDICAL SPACES FOR RENT IN LAKEWOOD

Two brand-new medical suites in new building in Lakewood Professional Village, suitable for part-time, full time, single or shared occupancy. Only one block from Lakewood Hospital. Contact: Margaret Smith, Building No. 2, Lakewood Professional Village, 5920 Lake Steilacoom Ave. Phone JU 8-5600. Or Les Fagg, 9227 No. Lake Dr. S.W., Tacoma 99. JU 8-3950.

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#### Good Samaritan

In order to better facilitate the admission of both in-patients and out-patients, plans are now complete to centralize this function in one location. The new position of patient admissions clerk has been created as a result of this change. Also new, will be multi-copy (snap out) admission sets which have been designed to reduce duplication of typing, thus speeding up the admission process.

Patient opinion polls were introduced at Good Samaritan recently and have already provided various departments with useful information. The same opinionnaires are being used in other Western hospitals which provides each participant hospital with some base for comparison. Completed opinionnaires are key punched, tabulated, calculated, summarized and charted, using IBM equipment.

A cursory review of the results indicates, generally, a high level of patient satisfaction with various services of the hospital. It is felt this process will pinpoint areas where further effort would continue to improve the hospital's services. It will also help provide a concrete basis for discussion with both medical and nursing staffs.

At a later date, it is anticipated that hospital personnel and medical staff will be similarly polled and these results correlated with those being received from patients.

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| 1st Vice-President      | Mrs. M. E. Lawrence     |
| 2nd Vice-President      | Mrs. Robert C. Johnson  |
| 3rd Vice-President      | Mrs. Dudley Houtz       |
| 4th Vice-President      | Mrs. Carl O. Granquist  |
| Recording Secretary     | Mrs, Orvis A. Harrelson |
| Corresponding Secretary | Mrs. Charles M. McGill  |
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|                            |   |
| Legislative                | Mrs. Don Willard                              |
| _                          | Mrs. Glenn H. Brokaw and<br>Mrs. Galen Hoover |
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| Newspaper                  | Mrs. Robert R. Burt                           |
| Bulletin                   | Mrs. Herman S. Judd                           |
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| Speakers Bureau            | Mrs. Philip Grenley                           |
| Telephone                  | Mrs. Richard B. Link                          |
| Today's Health             | Mrs. M. E. Lawrence                           |
| Minute Women               |   |
| Community Service          | Mrs. Jess Read                                |
| Heart                      | Mrs. Edward R. Anderson                       |
| Community Council          | Mrs. John F. Steele                           |
| Pinance                    | Mrs. Joseph B. Harris                         |
| Dance                      | Mrs. Robert W. Florence                       |
| Fashion Show               | Mrs. Thomas B. Murphy                         |
| Game Night                 | Mrs. Dudley Houtz                             |
| Midyear Conference         | Mrs. Joseph B. Harris                         |

Mrs. Wendell G. Peterson will open her home at 624 No. Yakima for our February meeting to be held at 12 o'clock on the 17th. Kay Herrmann and Bart Huff are cochairmen for the luncheon, with Ruth Sames, Helen Florence, Florence Rigos, Margaret Larson, Kay Willard and Jean Gibson assisting. Mrs. George R. Kingston of Wenatchee, our State President, and Mrs. Donald Evans of Seattle, Presidentelect, will be guests at this meeting and won't we be pleased to announce that we have 193 paid-up members, as of the middle of January! We hope that we will really turn out for this meeting to welcome our State officers.

#### Game Night Canceled

Because of the activities concerning the Mid-Year Conference, the Game Night, planned for February, has been canceled. It has been recommended by the Board that we compile a Recipe Book as a money making project and the suggestion was received enthusiastically by the members who attended our January meeting. Ruth Murphy has agreed to be in charge of this new venture and will start making plans when she and Tom return from their vacation in April. They leave on the 5th of February for Palm Desert for six weeks. Bring the sun back, Ruth!

Delores and John Havlina flew to Mexico last month and are relaxing on the Acapulco beaches. Ken and Keaty Gross are taking their two oldest children with them when they leave for Sun Valley this month.

#### Faith Home

Mary Steele, our representative on the Faith Home Board, reports that the building will be ready for occupancy by March 1 and that both physical and monetary help are needed. Since the project cannot receive UGN help for the first year, we have voted to them a gift of \$100 to help them at this time.

We were all grieved to learn of the passing of a loyal and helpful member of the auxiliary, Ethel Ehrlich, and our sympathy is extended to the family. We will miss her.

#### State Auxiliary Meeting

The Mid-Year Meeting of the Washington State Medical Auxiliary will be held at the Doric Motor Hotel on March 8 and 9. Margaret Harris is in charge of the arrangements and hopes that we will all attend and welcome the members who will be arriving from all parts of Washington. Dorothy Maier is in charge of tickets, Dot-

tie Reed will handle the registration, assisted by Miriam Doherty, Kay Willard and Jeanne Judd. Helen Florence, Gladys Hanson, Hilda Lantiere. Florence Duerfeldt, and Muriel Nelson will serve as hostesses. Maybelle Miller is in charge of the dinner on the 8th which will be held at the Fort Lewis Officers' Club. Busses from the Fort will be at the Doric at 5:45 but you must have your ticket for the dinner purchased (\$5.00) to board. There will be a no-host cocktail hour at 6:30 and dinner will be served an hour later. The tables will be decorated with scarlet tulips but the committee had not thought of a descriptive title for the dinner at this writing. Our "Gay Nincties" quartet has been requested by State to provide entertainment so they have been working on new numbers and costumes for the affair. The Officers' Club is a beautiful setting for the dinner and we hope that our membership will welcome this opportunity to see the attractive cocktail bar and the distinctive dining room.

Ruth Houtz is in charge of the luncheon on Thursday, March 9, at 12:30 at the Doric. She is planning to use a daffodil motif and assisting her will be Dee Wickstrom, Helen Florence, Nadine Kennedy, Pat Hoover, Elvina Brokaw and Ella Granquist. Reservations for the luncheon should be made with Margaret Harris, JU 8-2324.

If any of you know of any unusual or interesting activity in which a member of the auxiliary is participating, please phone Dottie Read, JU 8-1806, and tell about it. She is our Community Service Chairman and is afraid she will be asked to give a report with only a few days' notice and be unprepared. What are you doing now that the Inauguration is over?

Following is the account of the Race's European trip, as we promised you last month:

Rome, Paris, Vienna, Killarney

Don't they sound exotic, fabulous — almost untouchable? We, too, had the same

awesome regard for these faraway places until this summer when our family had the wonderful experience of visiting them and a host of other, lesser-known but interesting towns.

Our vacations are most often camping trips so we read all we could find on camping through Europe. Each country sent reams of information on campsites, facilities, costs and maps. They made the whole of the continent sound like a playground and, with the hope of finding English-speaking people to help us, we were off.

We sailed from New York on the German liner, the Bremen. During the eight days on board we enjoyed the people, the accommodations and fine food. In Bremen, Germany, we picked up a VW Kombi camper, ordered here, and headed for Holland.

Near the Dutch border we saw a fine field of tulips and stopped to wander through them. All varieties were labeled and when we came to Mt. Tacoma, a lovely white, we bowed low three times. We saw evidence everywhere of their love of the land. Every available inch is used. I was struck by the sameness of the houses and decided the Dutch housewife doesn't want to be different from her neighbor but instead strives to be just like her.

Some time later, we reached Denmark where we stayed three weeks. We were guests in three homes in three separate parts of the country and what wonderful hospitality! We were properly stuffed with the delicacies of a genuine smorgasbord, followed by their superb pastries. In Sjerne we visited Dr. and Mrs. Fynboe and while the men made the rounds, I joined Mrs. F. in her morning coffee (thick, black and STRONG) and cigar!

Leaving Denmark, we toured Germany for a month and found it an interesting and varied country. In Weisbaden we visited friends who took us to the officers'

(Continued on page 22)

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club for dinner and of course the kids ordered hamburgers. We saw Hitler's retreat near Berchtesgarden, later went through the Dachau concentration camp. Running the gamut of human emotions, soon after this we saw the Passion Play in Oberammergau. It was long, but impressive and the singing wonderful. We spent two days in Heidelberg, guided by a German student we met in Munich. In the student cafeteria we had lunch—soup, potatoes, meat, bread and coffee-for a quarter. Most expensive meal served! Because the room was crowded, we took seats wherever we could find them. Jim and I sat at a table occupied by four handsome voung men whose language was one I hadn't heard. I made motions which meant please pass the salt and one of them answered me in perfect English. How did they know we were Americans? By our clothes-skirt, blouse, sweater! This remark was made several times though I couldn't see how we looked different from most of the local people. Jess wears a crewcut and this is definitely different. He became tired of having his head rubbed by strange hands and the adults exclaiming in a language he didn't know! Oh yes, the young men were Arabs. A boat trip on the Rhine, briefly saw Belgium and Luxembourg and across the Channel to Dover.

We were in the British Isles a month. The tourist guides forgot to mention that they don't quite believe in campers, so we had to find friendly farmers and use a corner of a field for our temporary home. In London for five days we did all the standard tourist spots: Hyde Park, Waxworks,

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Changing of the Guard, Tower, Parliament, and so on. We walked over the St. Andrews golf course and wished to play but found the waiting lists for tee-off time too long. We had only a few days in Ireland, a beautiful, green country full of charming people who have all kissed the Blarney Stone, as we did, of course. Here, as in nearly every country, we saw many fine ancient churches and castles, museums and ruins. We were sorry we hadn't recently taken a course in history.

Paris and its beauty we tried to absorb in a week's time. Again, were were typical tourists and sped from the Eifel Tower to Napoleon's tomb, a day in the Louvre, and so on. South to Lourdes and the wonderful open display of faith shown by those who come to ask the Virgin's help. Another short trip—this time into Spain—just long enough for a bullfight and to wish we had a month instead of a week.

During the month following the visit to Barcelona we crossed the south of France. Saw Monaco and Monte Carlo, made cogtrain trips to see the Matterhorn and Grindlewald, and marvel at the glorious Alps, and on to Vienna. Here George attended the International College of Physicians and Surgeons.

We stayed in the home of friends, Martha and Hans Zimprick. Perhaps some of you knew this friendly young couple while Hans interned at St. Joe's and Martha worked in physical therapy.

We hurried through the north of Italy in order to be in Rome by September 2. For five days we were a part of the cheering crowd at various Olympic Games events. And then, a fitting climax to all the wonders we had seen, an audience with Pope John. This experience is indelibly etched. How the Italians love their dear "Papa" and the roar with which they greet him!

I haven't mentioned the fine foods, wines and beers. We did our own cooking, buying and trying whatever the locale offered but also ate in restaurants where we knew of some special dish—in particular the snails and fish soups of France, German Snitzels of all kinds, Viennese and Hungarian cookery, Swiss fondue and raclet, the Italian dishes and pizza.

We are convinced this is the way to see Europe. A bit inconvenient at times, especially this year which was cool and rainy, but we met so many wonderful, friendly people as interested in knowing about us as we were to know them. Our Christmas mail was so much fun. There were letters from Australia, Denmark, Scotland, England, Austria, Germany and Italy. We were delighted they would think of us.

We were sorry to have Sept. 15 arrive. We flew to New York and retraced our route to Minnesota where our younger children had spent the five months, and finally Tacoma.

Yes, it was a summer of dreams come true. We are glad we're Americans, glad to be home, but hardly able to suppress the desire to start planning another trip.

-Peggy Race

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#### Letters to The Editor

#### The Case of The Wrong Diagnosis

A certain horticulturist wrote an editorial in which he referred to the "festering lily" which causes damage to the owner's flower garden (public).

The horticulturist didn't finish his report by stating what should be done to control or cure the sick lily. Furthermore, he didn't take a complete case history.

If he had taken a complete case history he would have discovered that it was the milkweed (non-professionals) that was causing festering and producing such a purulent odor. Nor did the horticulturist consider that if the milkweed was pruned the rest of the garden might be protected from the infection.

In making such a hasty diagnosis, he only had time to write his initials, and by so doing he caused ill-repute to his society's president.

Let us remember, we still have the milkweed and the odor.

"The Sick Lily"

Editor's Note: The above letter was written in the middle of the night by a physical therapist but your editor thought it was worth a space.

It is hoped that the Society membership knows that two CCR's belong to the organization. One is a dignified, respectable type who tends to his own business and the other is a cantankerous, irritating type who some people wish would tend to his own business. Anyone who disagrees with the latter is welcome to write in their objections. It is your Bulletin and you have a right to put your words in it, provided the words are printable. Some lively criticism from Society members would improve the Bulletin considerably.

#### Well Done

Some time ago the First Presbyterian Church made an appeal through this Bulletin for surplus samples to be shipped to overseas missions.

A number of physicians responded and several loads of medications have been collected at the Medical Society office by the Church. The great need for these supplies and the sincere appreciation of the medical missionaries receiving them are expressed in the following letter which is one of many the Church has received.

"A month or two ago several big boxes full of the most wonderful gifts a charity hospital could receive arrived to help us. . . . Words cannot express the gratitude that so many of us feel for the great boost. A good number of lives have been saved with the Antibiotics which are either unavailable here or prohibitively expensive. The Antihistamines have neutralized many an allergy. The tranquilizers have calmed many anxious patients. The analgesics have eased innumerable aches and pains. The Hemantics and Multivitamins have put new life in many a 'crock'.

"One little baby in the hospital has now survived her 'death rattles' with the Staclin you sent. One often nauseated tuberculous patient literally lives on the Thorazine spansules. One anemic old lady struggles from week to week on the vitamins we can give to supplement her straight rice diet. These are only a few of the many, many folk here who thank you and from the depths of their hearts."

Ronald S. Seaton, M.D. St. Luke's Hospital Vergurla, India

So, keep this worthy project in mind and when your nurse cleans off the shelves, ask her to bring your "discards" to the Medical Society office where they will eventually be collected and put to good use.

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## Annual Report of Poison Control Center

Deaths reported during the last year, 1960 are: one 16 month old child who ingested an unknown amount of O'Cedar Furniture Polish and a two year old child who ate green nightshade berries.

The following information and treatment has been recommended by the Pierce County Poison Control Center.

#### Hydrocarbons

"The only recommended treatment if symptomatic and supportive. Because of the danger of aspiration, emetics should never be prescribed. For the same reason

## Annual Meeting . . . 2d Saturday in March

The immediate past president of the American College of Physicians, Dr. Howard P. Lewis; a prominent chest surgeon and bronchoscopist, Dr. Paul C. Samson, who teaches at Stanford; and an authority on pulmonary physiology, Dr. Donald M. Pitcairn, who teaches at Portland, will be the guest speakers on March 11 at the 11th annual meeting of the Tacoma Academy of Internal Medicine.

The full day meeting to be held at Jackson Hall will stress pulmonary disorders and their treatment. During the morning several interesting and puzzling clinical problems will be outlined for discussion by the guest speakers. In the afternoon there will be opportunity for round table discussion as well as the more formal presentations by these guests. Dr. Lewis will talk again in the evening.

The registration fee of \$7.50 will include the evening banquet and social hour at the Bayview Room of the Winthrop Hotel. some clinicians believe that gastric lavage is inadvisable. With proper caution and correct technique, however, the risk of aspiration is minimized, and if done promptly, lavage is probably always advisable after a large quantity has been swallowed."

Clinical Toxicology Gleason, Gosselin and Hodge

Hydrocarbons not to be lavaged unless over 4 ounces are taken.

Gasoline
Naptha
Petroleum ether
Mineral Spirits
Diesel Oil
Fuel Oil
Furniture Polish
Kerosene
Paint Thinner

#### Treatment

- 1. Emetics are contraindicated
- 2. Observe
- 3. Lavage if over 4 ounces
- 4. Admit for observation if any question

Hydrocarbons to be lavaged if any taken (must be checked FIRST with private physician)

Turpentine Naphthalene Toluene Xylene Benzene

#### Treatment

- 1. Emetics are contraindicated
- 2. Gastric lavage (cautious) with warm tap water

Clinical Toxicology Gleason, Gosselin and Hodge

The list of poisonous plants made up by Dr. Tyler, University of Washington and Mr. Fred Knopf, Supervisor Pierce County Extension Service, Puyallup, Wash., will be sent to each physician.

The Poison Control Center is only an information center. It will provide informa-

| tion only and the private physician must prescribe treatment.  The AMA Committee on Toxicology recommendations may be obtained at 1c | Number advised emetics and observe 884<br>Number treated in ER (MVGH) 144<br>Number hospitalized at MVGH 25<br>Information from Clinical Toxicology 1247 |
|--|--|
| a copy for your patients by writing to the   | Medicines  |
| AMA, 535 No. Dearborn, Chicago 10, Ill.  | Aspirin 132  |
| Total Calls  | Other Medications 318  |
| From Doctors 209   | Household Products   |
| From Others1129  | Bleaches40   |
| Age Distribution   | Ammonia11  |
| 1-12 Months 33   | Detergents   |
| 1-2 Years  | Other Household Items 44   |
| 2-3 Years 357  | Petroleum Products 150   |
| 3-4 Years 170  | Insecticides and Rodenticides  |
| 4-5 Years 53   | Cosmetics 100  |
| 5-6 Years 28   |  |
| 6-7 Years 14   | Plants and Berries 163   |
| 7-15 Years   | Food 30  |
| Adults 128   | Insect Bites0  |
| Unknown 222  | Miscellaneous  |
| Number advised to go to hospital 110   | Calling for information only 158   |
| Number advised to  | Mothballs 17   |
| contact private M.D522   | Toadstools and Mushrooms   |
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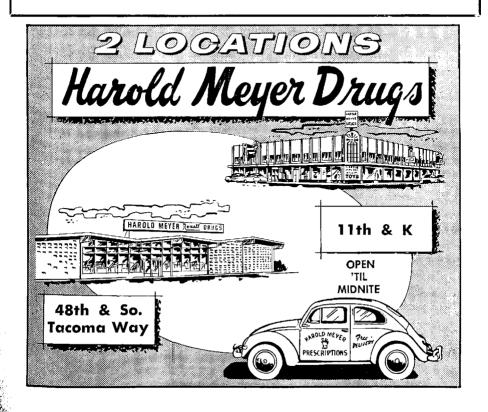
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### Our Traveling Trust Officer

Personal consultation with our Trust Officer is always available at any of our four branch offices upon appointment. Our traveling Trust Officer happily makes many trips weekly from the Main Office to consult with Trust clients and with those interested in creating a Trust. There is no obligation.

This brings us up to the matter of Wills. They are for everyone, no matter how small or large the estate. If you haven't a Will, you are risking the future of your family. It is a simple matter to relieve your wife of many complex legal business details in event of your demise.

See an attorney this week. He will give your family the protection of a properly drawn and legally sound Will. The cost need not be great.

Ask your attorney about the many advantages of naming a bank as your executor. A bank's Trust officers provide friendly, efficient service plus knowledge, broad experience and judgment necessary for the permanent preservation and growth of your estate.

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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.—6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month-noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII-No. 3

TACOMA, WASH.

MARCH - 1961



#### Pierce County Medical Society

1961

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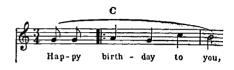
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March

- ERNEST L. RANDOLPH
- LOUIS BOSENBLADT GOVNOR TEATS
- HOWARD PRATT
- EDWARD McCABE
- 9 ROSS McPHAIL DOUGLAS TAIT
- 11 I. EDMUND DEMING
- 15 BRYCE BETTERIDGE
- RUSSELL COLLEY 17
- ROBERT O'CONNELL
- 20 FRANZ HOSKINS ALBERT SAMES
- 22 ROBERT KLEIN IOHN LIEWER CHARLES MARSHALL
- 24 ROBERT CRABILL
- 25 ROBERT BURT GERALD KOHL
- 26 ROSS WRIGHT
- ROBERT KRAFT
- 31 FREDERIC PAINE

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J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting pain in his shoulders. Later, his wrists, elbows, feet and hands became involved with swelling and loss of function. By 1951, when he was 45, the patient was helpless and had to be fed and dressed by his wife. He was frequently hospitalized during the next three years. Hydrocortisone failed to make any change in his condition.



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his activities in any way.

Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960,

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#### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, March 14

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

## "PHARMACY IN THE PRACTICE OF MEDICINE TODAY"

MR. FREDERICK DEAN

MR. DONALD HEBERT

MR. RICHARD FOWLER

MR. JOSEPH GAGLIARDI

A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

Place:

Honan's Restaurant

7391/2 St. Helens

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### March Calendar of Meetings

| MONDAY   | TUESDAY  | WEDNESDAY   | THURSDAY                          | FRIDAY   |
|--|--|-------------|-----------------------------------|--|
|  |  | 1           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | 3 Pierce County Pediatric Society  |
| 6  | 7<br>Tac. Acad. of<br>Psych. & Neurol.                 | 8           | 9                                 | 10   |
|  | 8:30 p.m.<br>Staff of T.G.<br>6:30 p.m.                | <del></del> | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |  |
| Staff of Doctor's 7:30 p.m. Staff of Good Samaritan 6:30 p.m. Staff of N.P. Noon | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    | 15          | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | Staff of Medical Arts Hospital 7:15 a.m. P.C.M.B. Board of Trustees—8 p.m. |
| 20   | 21   | 22          | 23                                | 24   |
| Staff of<br>St. Joseph's<br>6:15 p.m.  | Tacoma Surgical<br>Chub—6:30 p.m.                      |             | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | Staff of<br>Mary Bridge<br>12:15 p.m.                                      |
| 27   | 28   |             |                                   |  |
| Pierce County<br>Chapter A.A.G.P.<br>6:30 p.m.                                   | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |             |                                   |  |

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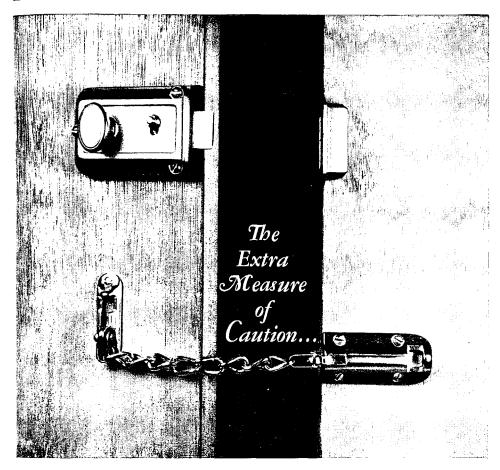
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For complete information, consult package insert or write to Profesvisional Service Department, Squibb, 745 Fifth Avenue, N. Y. 22, N. Y.

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## **EDITORIALLY SPEAKING**

#### GUEST EDITORIAL

After the Columbia Broadcasting System's television show in which the private physician was left looking like a scoundrel, there were a good many tired sighs that an enfeebled profession was sinking beneath the blind vigor of the new masses. Even though some segments of physicians and their families have lapsed into the comatose contentment of their status symbols, there is still some blood left. This letter was so deftly phrased that the editor would not change a word of it. —Ed.

Program Director, C.B.S. T.V. New York, N. Y.

Dear Sir:

As a former hospital dietitian and now the wife of a physician, I am writing to protest the nation-wide presentation on February 2nd of the C.B.S. television program "C.B.S. Reports. The Business of Health: Medicine, Money and Politics."

My husband is in general practice. We are in our late thirties and have six children. We live in a fifty year old house which we are remodeling ourselves as we have the time and money to do so. Our home is large and not completely furnished. I do all my own work and the nearest thing to mink in this house is the teddy-bear our youngest child received for Christmas. My husband has been practicing medicine since 1951. An excess of 10% of the care given in his office is free of charge. Fifteen to twenty percent is below the recommended fee. His professional ethics and qualifications are above reproach. His patients respect and trust him. No, we don't have all the luxuries others might have. We do have a healthy family and an income above that of the average forty-hour a week worker. I can hold my head up high and take pride in my husband because he is an honest person—kind, considerate and always willing to give the best services to his patients, day or night.

We watched and we listened to your program as you slowly, but surely, distorted or destroyed in the minds of millions of viewers the faith and confidence those people might have had in their doctors. I can't write about medicine, and how it is practiced in the East, but I do know how it is practiced here. My personal opinion is that the myopic C.B.S. eye saw only what it wanted to see and thereby you presented a libelous attack on the medical profession.

The amount of "no charge" service given by all physicians is high. This includes general practitioners and specialists alike. You pointed out that the well-to-do are able to pay their way. The indigent are well cared for. The middle group are the ones that you are concerned about. In your edited attack upon the medical profession no reference was made to the role of the American Physician in the care of these indigent people. These same physicians who you

so painstakingly libeled are the individuals who give so freely of their time and their skills in the care of our indigent population. Was your hour too short to point this out—or would it have reflected favorably upon the medical profession?

On your program you presented a lady who told about the treatment she received from one physician. I can't condone the attitude of that physician, BUT every county medical society has a grievance committee. Anyone who feels they have been unjustly treated by any physician can go to this committee. They function honestly here. That was the proper place for her to air her problem, not before a nationwide television audience. Also, what was the doctor's side of that problem? Was your hour too short to explain this—or would you have lost a pathetic plea in your quest for propaganda???

Was the gentleman from Seaton Hall a doctor in active practice? He certainly attacked his own American Medical Association, but has he offered his services as a delegate? Each medical society elects delegates to the State Convention, which in turn elects delegates to the central policy body. Physicians have to be encouraged to run as delegates. The Seaton Hall professor would have used his talents more effectively had he volunteered his services to his State Society. He most certainly would have been elected and been given a golden opportunity to correct the faults that he feels lie in the medical association.

Then, with great courage, you took a man to see his private physician. Then to a specialist—carefully noting the cost as you went. As you quoted fees and costs I asked my husband to compare them with the fees of our local medical bureau. You were very high. You also neglected to tell us what type of surgery cost \$500. What surgery was it that required a seventeen day hospitalization period in which a \$30.00 a day hospital cost was involved? You added the special duty nurses for atmosphere? Or did they bring your total cost up to where you wanted it?

This is a good place to inform you that physicians' fees have decreased appreciably in proportion to the rise in the cost of living. Physicians services represent one of the few commodities in which the hours of work required to pay for that service have decreased rather than increased since 1939. Even though hospital costs have shown a marked increase (mainly due to wages) the overall medical costs in relation to the average hourly wage has decreased. At my request, my husband has spent several hours going through his records of the past nine years. NOT ONLY DOES HE NOT HAVE A SINGLE PERSON, BUT HE DOES NOT HAVE A SINGLE FAMILY WHOSE TOTAL DOCTOR'S BILLS HAVE EXCEEDED \$1,000. OVER THIS ENTIRE PERIOD. This includes individuals who have had several catastrophic illnesses. The high cost of medical care is in the rising cost of hospital fees—70% of which is labor. But your camouflage covered this fact. Instead of putting the emphasis where it should be you delighted in placing the blame on the physician. I might add that because of the improved medical care that people receive today their hospital stays are shorter than they once were and, in many cases, hospital care is no longer necessary where it once would have been essential. This high standard of medicine in the United States was developed through private enterprise and not by the government of the United States. This was just one more fact you neglected to point out in your program.

You then presented an edited film strip of the HIP hearings to completely discredit all hospital staffs. The standard of medical care is the responsibility of the hospital, its staff members, and its Board of Trustees. The main guarantee that the American public has that its quality of medical care and the ethics of its administration will remain at a high level is through supervision of its hospital staff members and care in their selection. For your neglect in presenting a truly unbiased program, should the whole television industry be turned over to complete government control?

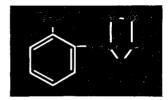
Then you presented Senator Forand promoting medical care tied to social security. He implied that twenty-five cents a week would cover the cost of this care. And he implied it would be insurance. You know the Supreme Court has ruled this is NOT INSURANCE, but they still promote it as such. One billion, two hundred million dollars—that was the social security deficit last year. How can this twenty-five cents a week pay for medical care when there isn't enough money to meet present social security payments—and they are raising benefits again. Who is going to pay the piper? Our Children! The physicians do want medical care for everyone who needs it, however, I fail to understand the reasoning of tying this to the coattail of social security when other more efficient and more economical plans have been available and have been legislated. At the recent white house conference on Aging, our Washington State Medical Society president was ruled "out of order" every time he tried to present any proposals other than the social security idea. The conference was broken down into small groups and these groups were FORBIDDEN to discuss anything that had been "ruled out of order." This conference—like your program—was rigged!

If I may add a personal note. My own mother is 62, she has an income of \$110.00 a month. She has a small savings account that she won't touch because it's for her "old age". She has two health plans that she pays for. She refuses help from us and is very proud of the fact that she and my father, a working man, were able to educate five children and still have saved enough to provide for her in her declining years (although government sponsored inflation may destroy her dream). When my mother is on her knees, she's praying. She's not there with her hands stretched out to Uncle Sam. She is the vanishing American who won't fit into this "New Frontier".

I have mentioned the Pierce County Medical Bureau. This group was the original physicians' service contract group, set up by the physicians themselves—because they do care. It is a non-profit organization in which 93 to 95% of the subscriber's dollars is returned to him in benefits. The remaining 5 to 7% covers the administrative costs. If you are familiar with Parkinson's Law you well know that the government bureau middle-man will consume much more than 5% in spite of what Ribicoff may state. You could have balanced your program if you had included a small story on our Pierce County Medical Bureau. Sixty

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My husband, I am sure, feels that it is a privilege and an honor to have gone from a neophite lumber-jack in a logging camp, through years of training, to a position of esteem in the medical profession of our community. He is the father of five sons but I am sure he will do nothing to encourage these sons into the profession of medicine when people such as you are repeatedly degrading this time-honored profession. I realize that all physicians are not above reproach, which is true of every group, but on February 2, 1961 you distorted the true picture. You searched until you found what you wanted, you edited in a slanted fashion, you walked a tight-rope of half-truths and innuendos, you defamed the American Physician. You can never repair the damage you have done, but the commandments of God say that you must try!

Very sincerely,

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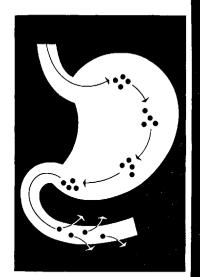
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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:320, 1960.

## In Memoriam

WILLIAM N. KELLER, M.D.

Dr. William N. Keller was born in Council Bluffs, Iowa in 1875. His premedical school was Princeton University and he graduated from Rush Medical College in 1899; he had a surgical internship under the famous Dr. J. B. Murphy at the Cook County Hospital.

Dr. Keller came to Tacoma at the turn of the century and began practicing general medicine and surgery as chief surgeon for the Northern Pacific Hospital until 1906. He then opened an office in the old Fidelity Building and for eight years served as the local Milwaukee Railway surgeon. His particular interest during these years was goiter surgery. He was active on the staffs of all the major hospitals in the community including Pierce County, Tacoma General and St. Joseph's hospitals and had a large and active practice. Dr. Keller was a regular attender and president of the Pierce County Medical Society and was extremely active in its business affairs.

In 1914 Dr. Keller was appointed by Governor Lister as the Superintendent of Western State Hospital where he served one term. From 1916-1918 he served in the United States Army as a medical officer.

In the early 1930's he was again appointed as Superintendent of Western State Hospital by Governor Clarence D. Martin and held this post up to the time of his retirement in 1949. He was certified in psychiatry by the American Board in 1940 and was also a life member of the American College of Surgeons.

While Dr. Keller made many contributions to medicine and society in general, his outstanding accomplishment was the elevation of the quality of practice in mental hospitals of the State of Washington. When Dr. Keller first became Superintendent of Western State Hospital, the standard of medical practice was indeed antiquated. He surrounded himself with a staff of fine, competent physicians and in a few years was able to qualify the hospital for residency training. Dr. Keller was an extremely competent and efficient administrator and was familiar with every detail of the operation of his hospital even including such minor things as where each and every flower was planted on the grounds.

He became an expert in the field of agriculture and dairying and his herd of cattle at Western State Hospital won many ribbons and national recognition for their quality.

Dr. Keller was loved and respected by his colleagues and employees although many regarded him as somewhat of a benevolent despot. Because he ruled the hospital with an iron hand he was able to affect the advances and improvements cited above.

Dr. Keller has been an inspiration to many young professional men who were fortunate enough to have been able to serve with him and many of these individuals currently practice in this community. He was a kind and considerate family man and leaves behind a grown son and daughter, a wife and several grandchildren.

Dr. Keller's hobbies included such diverse interests as the stock market, business and finance, horticulture, agriculture, veterinary medicine, ornithology, geology and various athletic sports. His guidance and advice will be missed by all of us who have ever been in close association with him.



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1. Clein, N. W.: Pediat. Clin. North America, Nov., 1954, pp. 949-962.

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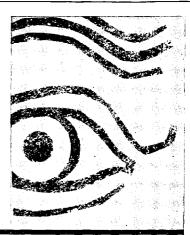
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#### Letters to The Editor

Mrs. Hopkins and I continue to enjoy life down here and a large portion of the attractiveness are the warm sunny days. Makes us feel selfish when we hear of the wet time you are having.

Mrs. Hopkins agrees I'd better latch onto some work that I have to do or I'll get hopelessly lazy. Maybe so, but it is nice to be free from house calls and tales of troubles.

A word of caution to readers of the Pierce County Medical Bulletin:

If you are approaching 65 years of age and there is a possibility you may move to California after you are 65, you should know that if you do move your Washington AAA insurance, if that is what you carry, will be cancelled by their insurance agency, the Employers Casualty Co. on the basis of their having no representatives in California.

The California Auto Association will not insure you if over 65 and in California you will not be able to secure new auto liability insurance in excess of \$25 and \$50,000 except at a high rate through Lloyds.

Advice: before reaching 65, transfer your auto insurance from AAA, if that is what you carry, to a company represented in California who will continue your coverage. This same situation may apply in other states. It is good insurance to find out.

Lewis Hopkins, M.D. 1321 Garden Street Santa Barbara, Calif.

Dear Mr. Editor,

As I sat in my living room reading the editorial in the latest issue of the Bulletin, my kids kept asking me why I would boo one minute and cheer the next. And of course I had to tell them that I was reading something that was much more exciting than the script of a class B western movie. Why I fairly bristled with anger when those dastardly A.M.T. people appeared on the scene. You could tell by their long black

mustaches that they were villains of the worst sort. And then, every once in a while, one heard sporadic gunfire and the echo of bugles rolling off the nearby hills, and the United States Cavalry (our kind of people) would come riding to the rescue.

Now first of all, Mr. Editor, the issues which you raised are not of paramount importance to the large majority of members of the Pierce County Medical Society and I feel that your use of the editorial pages of the Bulletin for the airing of a relatively personal problem was inappropriate. Seconly, in painting such a starkly black and white picture, you grossly insulted the intelligence of your readers. Anyone not acquainted with the background of your thesis, but possessed of even a shred of intelligence, would recognize your approach as being biased and possessed of moral ineptitude. Thirdly, you have taken a group of laboratory technologists, with high personal standards, and insulted them in a manner extremely unbecoming the editor of a medical society journal. Fourthly, some of the statements you made were complete falsehoods. Some were halftruth and many of your statements made a mockery of semantics. Were you simply carcless in preparing your material or did you let your obvious prejudice warp your mind?

It wouldn't have taken very much investigation on your part to discover, for example, that the Oregon Technical Institute, which received a significant share of your umbrage, is an accredited junior college of the Oregon state college system. You refer to it as a "vocational type school", but the fact is that their vocational courses were dropped six years ago. You state that "it is not and apparently does not care to be recognized by the American Medical Association". The fact is that an application is, at the present time, in the hands of the Northwest accrediting committee of the American Medical Association.

And on and on and one, Mr. Editor. You slant statements to suit your own purposes, and use such inflammatory phrases as "self-beknighted groups", "honorary certification as a Citizen of Texas", the use of "mislead-

ing titles". You make a big issue of the fact that the American Medical Technologist, "now write simply M.T." after their names. Is this a crime? Is this misleading? Why didn't you, on the other hand, state that the initials M.T. are official, and have actually been copywrited by the American Medical Technologists.

All the above, however, is simply a response to your irresponsible sniping. The real issue, of course, is whether there is a place in the paramedical field for those laboratory technologists who have been trained by people who are not pathologists. The issue goes even further. Does the performance of a laboratory procedure represent the practice of medicine, or is it the enactment of a series of chemical procedures? Is judgment involved? Do the same human factors which a doctor evaluates in making a diagnosis pertain in the determination of a blood sugar?

Obviously, Mr. Editor, your sentiments are on one side of the fence: mine on the other. It is also obvious that you feel that those technicians trained under the American Medical Technologist program, are inadequately trained and simply represent a status-seeking group. Would you answer me, then, one simple question. Why, in the laboratories which you and your group supervise, are there "four AMT technologists employed at the present time?"

Very truly yours,

George A. Race, M.D.

\*Revised to two-2-17-61.

Ed. Note: There aren't. But this is beside the point. The narrow-minded, reactionary editor employs some technicians, good

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ones, whose only official registry is with the U. S. Census.

The fact that AMT succeeds in ensnaring a few competent individuals, whom we have known as friends, but who, themselves, might have known better than to lend to the AMT their money and support, does not make this A.M.A.-independent, self-seeking, status-hungry and, indeed, "self-beknighted" organization any more tasteful. Permit a quotation from the Official Journal of the American Medical Technologists (33:48, 1961) by their Executive-Secretary, E. W. Williams, Ph.D.: "There are top medical schools that now offer the M.D. degree in six years following high school. Why be a technologist in four years, when one may be a pathologist at the end of a six-year course?" Yes, he did say "pathologist", but he might just as well have said "internist." And perhaps this is in the long range planning. Already the American Board of Bio-Analysts, to which the writer's informant sent his fee for a certificate, a card, a key, and eligibility for membership as a Dean or a Fellow in the American College of Bio-Analysts, now certifies physicians, regular or osteopathic, in Bio-Analytical pathology, lawvers in Bio-Analytical jurisprudence and a lot of people in Bio-Analytical just about everything.

This matter, in your editor's mind, does not seem far away from the matters of "paramount importance to the large majority of the Pierce County Medical Society." It is with us and it mocks the entire medical profession. —Ed.

Dear Dr. Reberger:

You are to be congratulated for bringing some life to the Bulletin. Your editorials are sure to increase thinking on medical problems.

The chief complaint I would have against your editorial regarding qualification of laboratory technicians in the February Bulletin is that you oversimplify what seems to be a complex problem. You have it boiled down to the good guys ("our group") and the bad guys. I certainly

agree that excellence in training, experience and performance is the desired objective in any profession. We get into trouble in determining who will establish the rules, who will be the judge and who will be the policeman.

Questions which come up in respect to this particular problem are in a practical vein.

- 1. Are there enough ASCP technicians to handle the laboratory needs of the country?
- 2. Is there a place for clinical laboratories which are not managed by pathologists?
- 3. What happens to technicians who take the prescribed training course and fail to pass the examination?
- 4. Are there tests for continued competence after initial acceptance by ASCP or AMT?
- 5. Is this condition comparable to that in the private practice of medicine where doctors list themselves as specialists who have inadequate training or are unable to pass specialty board examinations?
- 6. If we don't handle the problem within our profession should we pass on other people's business?
- 7. How important are the economic factors involved?

Laboratories don't exist unless physicians patronize them. The individual doctor must decide on the adequacy of the work done. The problem comes back to the ability of the physician to tell when he is

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getting good or bad lab work, and the integrity to support the good. At the present time this seems to be the only way physicians can say which laboratories and/or technicians should continue. I understand there is no licensing of laboratories and your group opposes such a move.

As long as AMT exists and has meetings to try to improve themselves I don't think they should be discouraged. Why don't we work with them to improve their abilities.

Sincerely,

G. M. Whitacre, M.D.

Ed. Note: Agreed, this is a complex problem. But it seems clear that we should support our AMA-approved schools and give proper credit to those who have cooperated and are cooperating with us in following the AMA-prescribed course of training and conduct. And it seems equally clear that we are under no obligation to "improve the abilities" of those who are freely asserting that we are incompetent to determine what is proper training and professional conduct. —Ed.

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#### News Item

While your editor wiped the blood from his bleeding head the following report appeared in Northwest Medicine (60:180, Feb., 1961). It should be emphasized that this resolution is directed at contract laboratory practice but the WHEREAS paragraphs outline more succinctly than did your editor the problems associated with the mushrooming attempts to split medicine by legal action: psycho-therapy from psychiatry, orthoptics from opthalmology, audiometry from otology, and so on.

"Complete text of the resolution, as amended by the Committee on Ethics and adopted by the trustees on January 7 reads:

"WHEREAS, The American system of private practice of medicine has given us the highest health and medical standards in the world; and

"WHEREAS, the practice of laboratory medicine, including both anatomic and clinical pathology, is the practice of medicine; and,

"WHEREAS, certain lay groups are attempting to amend the laws or their interpretation to permit the division of pathology into professional and technical services, the latter to be the work of technical assistants and not to be considered the practice of medicine; and,

"WHEREAS, the American Medical Association in 1943, in 1951, and again in 1955, has stated its unequivocal opposition to such division because fragmentation of a part of medicine would be accomplished and thus all medicine would be in danger of being so divided to the detriment of the patient; and,

"WHEREAS, the American Medical Association, by approval of the 1960 report of the Committee on Relationships of Medi-

cine with allied Health Professions and Services, has reiterated such opposition; and.

"WHEREAS, The College of American Pathologists in its Code of Ethics does not permit competition for laboratory services on the basis of fees, nor division of fees either directly or by any subterfuge with a physician; and,

"WHEREAS, operation of any laboratory in this State which charges the physician a flat periodical fee for all laboratory services, appears to constitute competition on the basis of fees, and appears to lend itself to fee splitting on the part of the referring physician:

"THEREFORE, BE IT RESOLVED, that the House of Delegates of the Oregon State Medical Society deplores the actions of the physicians who refer their laboratory services to any such laboratory as detrimental to the patient and the part of the referring physician;

"BE IT FURTHER RESOLVED, that it is undignified, unprofessional, and unethical for a physician to exploit his patients, and further, that selling services or a commodity furnished by another at a profit more than adequate to compensate for overhead and other legitimate expenses is exploitation."



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|                            |   |
|                            | Mrs. Glenn H. Brokaw and<br>Mrs. Galen Hoover |
| 57 D 24 . A                |   |
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| Community Council          | Mrs. John F. Steele                           |
| Finance                    | Mrs. Joseph B. Harris                         |
| Dance                      | Mrs. Robert W. Florence                       |
| Fashion Show               | Mrs. Thomas B. Murphy                         |
| Game Night                 | Mrs. Dudley Houtz                             |
|                            | Mrs. Joseph B, Harris                         |

Joyce Galbraith will be our hostess on the 17th of this month at twelve o'clock. Her home is at 912 North 13th St., and is easily found by going to North 13th and Eye and turning up the hill. Chairman for the luncheon will be Rosemary Dye with Billie Murphy as co-chairman. Dee Wickstrom, Nancy Buttorff, Grace Hauser, Betty Smeall, Ruth Zimmerman and Sandy Rosenbladt make up the committee.

Our program chairman is either very smart or very lucky—or both (roses to you, Nadeen) for our program for the day follows the suggestion made by Dr. Adams of Spokane at a tea following the visit to the Legislature in Olympia, i.e., that we and our husbands study and follow govern-

ment from the grass roots level on up. Mr. David Rowlands, City Manager, will speak to us at this meeting and although he had no title for his talk when this was written, we thought an appropos label might be "Suburbanitis." This affects us all, so we will see you there.

#### Legislation

Along the same vein, we are sure that those who heard our State President, Mrs. Kingston, speak at the February Meeting have their letters in the mail to their Congressmen in Washington regarding the need for the Kerr-Mills Bill rather than Forandtype legislation. The time to get those letters in the mail is NOW! Call Kay Willard, MA 7-0630, if you need additional information. On the State level of legislation is House Bill No. 244 which is called the "spare parts" or Tissue Bill. This would allow the next of kin of a deceased person to give the eyes, for use as corneal transplants, and other parts of the body as they wished without going through the red tape now required. This Bill was sponsored by Mrs. Frances Haddon Morgan, chairman of the Medicine and Dentistry Committee. and it is backed by the Medical Society on both the State and County level. So get your letters to your Representatives in Olympia also. Our Minute-Women may be alerted to do some phoning regarding these measures; if you haven't written letters already, get informed and be preparred to do so!

#### Dues Are Due

Dorothy Maier was pleased to announce 213 paid up members in February. She added that statements will be sent to those with dues outstanding. So make out your check now, if you are remiss, and save her time and postage. Mail to 2707 Henry Road.

#### Special Events

Have you marked your calendar for April 21st? It will be necessary to limit reservations as we are inviting the Dental Auxiliary and the Bar Auxiliary to share the program with us. If you make a reservation you will have to pay for your lunch-

eon whether or not you are there. Mrs. Gadsby's talk on "Civil Defense" is wonderfully humorous and enlightening, so let's plan to be there.

We are saving the night of April 29th also—are you? What is that, you say? The dinner-dance, of course!

#### Welcome

The McNerthney's welcomed a little girl on February 11th and named her Megan, to join Michael, Molly, Melissa and Maureen. Congratulations!

#### Seat Belts

Dr. Mike Irvin recently wrote the Auxiliary a very worthwhile letter regarding the use of seat belts. Many "whiplash" and other injuries might be avoided if seat belts were installed and in use at the time of a collision or other automobile accident. He suggests that the members of the medical profession and their wives equip their cars with seat belts (and not start the car until they are fastened) and, by setting an example, others might be influenced to do likewise. He knows of a shop where they may be purchased and installed very reasonably—so why not check with him at his home, or even with Judy Gordon at the Medical Society office. It is too late to suggest same as a Valentine—but certainly there are anniversaries, birthdays, and even Mother's Day coming.

And a happy first day of Spring to you, too.

## HOSPITALS ...

## Saint Joseph's

Fire prevention classes have been started by the Tacoma Fire Department for all hospital personnel. The first class was held on February 10th and will be conducted twice a week until every single employee has had an opportunity to hear this life saving lecture. In the spring there will be practice with the fire extinguishers. Fire drills are now in order.

The Maternity Department takes great pleasure in announcing open house to be held on March 17th from 2 p.m. to 5 p.m. for all hospital personnel.

Also we would like to announce the

birth of the following babies: To Mrs. Roberta Berrens (Martin) R.N., a baby girl; to Mrs. Jacqueline Barrett (Reidal) R.N., also a baby girl as to Mrs. Judy Weber (Balthazar) R.N. To Mrs. Carol Merrick (Johnson) R.N., a baby boy.

To Doctor and Mrs. McNerthney, a baby girl, Megan Susanne, on February 11th. At the same time Miss Megan was making her debut a second cousin, Lee Joseph

Knecht was born.

We now have a new Patient/Personnel Library recently opened in the Old Record Room. Books will no longer be lent directly to patients for practical reasons but may be obtained for any patient by any employee signing out on the card. No fines are being charged, but for every overdue book the "delinquent" will be asked to donate an additional book which doesn't have to be new. A very generous lending time of one month-plus is being used which should prevent many overdue books.

No active drive for books is presently being made but all contributions will be gratefully accepted.

#### Doctors

On Friday, February 10, a farewell party was held by the Doctors Hospital of Tacoma for the employees of the Pierce County Industrial Medical Bureau, Inc. The Medical Bureau had been located in the Doctors Hospital Building since 1947, and has recently been suffering "Growing Pains." They have moved into a beautiful and spacious new office located at 734 Broadway. The Welfare Medical Program, formerly located at 746 Market Street, has occupied a new office located at 732 Broadway.

The Doctors Hospital employees were sorry to see them go, and we wish them the best of luck in their new office.

Mr. Robert Still of the Aetna Life Insurance Co. was guest speaker for the employees of The Doctors Hospital on January 24. Mr. Still spoke of the Hospital Retirement Plan, its benefits and purposes. Coffee and doughnuts were served.

On Friday, February 3, a movie was shown for the benefit of any of the hospital

(Continued on page 30)



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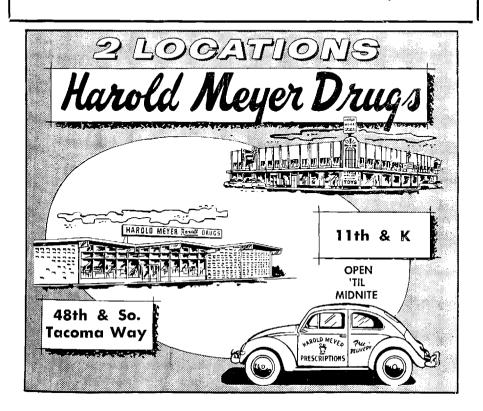
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employees who were interested. The movie was entitled "Hospital Sepsis" and was concerning Staphylococcus Infections, their control and how to avoid them. Dr. Charles Reberger was present to answer any questions regarding staphylococcus infections. Inspector Keene and Inspector Birkland of the Tacoma Fire Department were also present as guest speakers. They demonstrated the various types of fire extinguishers and explained how they work and how to use them. Their demonstration was very effective and the employees greatly appreciate the time they took to talk to us.

The State Department of Health recently carried out an inspection of The Doctors Hospital of Tacoma. Mrs. Elizabeth Erickson, R.N., Hospital Nursing Consultant for the Department of Health and Mr. John Drake, Senior Licensing consultant for the Department of Health were in charge of the inspection.

Heading the Professional Staff of The Doctors Hospital of Tacoma for the ensuing year will be, Samuel E. Adams, M.D., President; Robert S. Lantiere, M.D., Vice-President and President-elect. Other officers elected at the Annual Meeting of the Professional Staff were: Frederick J. Schwind, M.D., Secretary-Treasurer and C. B. Ritchie, M.D., Representative of the Staff.

Committee chairmen appointed by the President are: W. J. Rosenbladt, M.D., Daniel J. Thomas, M.D., Miles Parrott, M.D., B. D. Harrington, M.D., Haskel L. Maier, M.D., Russell Q. Colley, M.D., J. W. Read, M.D., and Charles C. Reberger, M.D.

## Tacoma General

On February 7th seven doctors who had recently been admitted to the medical staff were given a brief orientation to the hospital. The first part of the orientation, which deals with the policies and practices of the hospital, was given by Hugh Owens, Administrative Assistant. After a dinner with the Executive Committee, Dr. Glenn H. Brokaw gave a few remarks on the medical aspects of the hospital.

New staff members who attended the orientation were:

Erna Guilfoil, M. D.

Kiyoaky Hori, M.D. Marion Martha Larsen, M.D. William L. Rohner, M.D. Kathryn N. Scott, M.D. David L. Sparling, M.D. Thomas Q. Ziegler, M.D.

The medical technology students have prepared 1500 silk screen portfolios for the coming national convention of American Society of Medical Technologists to be held in Seattle in June of this year. Miss Lucille Larson, Head Technician, will be general chairman for the event.

## Poison Control Center

#### Substance Taken

Medicinal Substances: Aspirin Gr. ½ 2, Aspirin Gr. 1¼ 3, Aspirin Gr. 1½ 1, Aspirin Gr. 5 1, Darvon, Sleep-eze, One A Day Vitamins, Hollendex Ointment, Ex-Lax 2, Diet Pills (Unknown), Cascara Sagrada, Tr. Benzoin & Alcohol, Phenobarbital Gr. 1, Seconal, Biphetamine, Codeine Cough Syrup, Phenolphthalein, Corciden Tablets, Calomine Lotion 2, Tyzine Nose Drops, Equinol & Aspirin, Boric Acid Powder, Potassium Chromate, Watkins Multivitamins, Johnsons Baby Oil, Midol, Cosanyl Cough Medicine, Phenacetin, Nodoz.

Other Substances: Comet Cleanser, Paint from Dominoes 10-80 (Rat Poison), Rit Dye - Black, Cigarette, Lysol 2, Spray Net, Vel Detergent 2, Canned Peas, Walter Winchell Clean Fluid, Fluorescent Light, White Berry - Unknown, Horse Chestnut, Philodendrom Leaf, Begonia Leaf, Fragonard Perfume, Chiffon Liquid Soap, Le Alion Perfume, Scuff Coat Cleaner, Nair Hair Remover, Lighter Fluid, Turpentine, White Buck Shoe Cleaner. Yankee Cologne, Gasoline, Sal Soda 2, Purex 2, Fuel Oil, Value Mart Soap Powder, K-Lens Window Cleaner, Wild Rose Cologne.

The Pierce County Medical Society Office will be closed Thursday and Friday March 16, 17, 1961.

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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.-6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL FOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August -8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.-6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month-6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August -6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.-12:15 p.m.

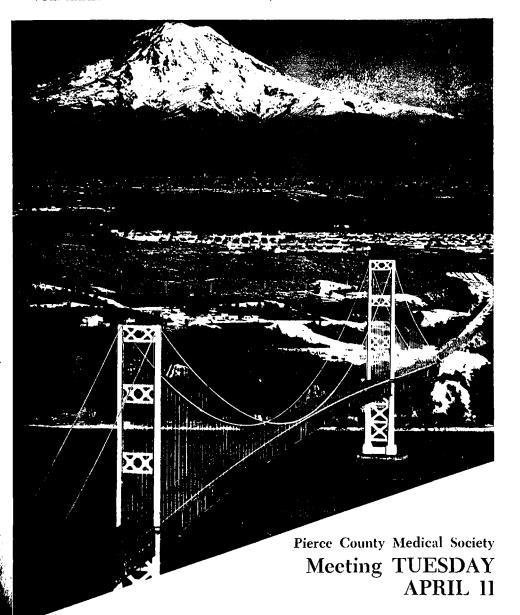
# The BULLETIN of the

## PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 4

TACOMA, WASH.

APRIL - 1961



## Pierce County Medical Society

1961

#### OFFICERS

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|---------------------|----------------------|
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| Vice-President      |                      |
| Secretary-Treasurer | Arnold J. Herrmann   |
| Executive Secretary | Judy Gordon          |

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Traffic and Safety Albert Ehrlich, Chairman Mental Health

William H. Todd, Chairman Boudwin Hugo Van Dooren James W. Boudwin

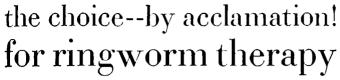
#### Bulletin Staff Editor Charles C. Business Manager Juc Appliant News Editor Reberger Judy Gordon Auxiliary News Editor Mrs. Herman S. Judd



## Happy Birthday

Anril

- LAWBENCE SKINNER
- EDWIN I. FAIRBOURN WILLIAM W. MATTSON, IR.
- B. D. HARRINGTON
- CLINTON A. PIPER
- EVERETT NELSON
- 10 IAMES BLANKENSHIP
- LAWRENCE BRIGHAM 11
- 12 CHARLES MAY Z. JOSEPH VOZENILEK
- 15 LEO HUNT DOUGLAS MURRAY
- ROBERT OSBORNE CHARLES TRIMBLE
- 20 **IOHN COMFORT**
- 21 HAROLD JOHNSTON
- 22 WILLIAM AVERY RICHARD DAVIS
- 24 EUGENE HANSON
- 25 RODGER DILLE
- 27 IOHN GULLIKSON
- 28 JAMES BOUDWIN LOUIS P. HOYER, JR. RICHARD B. LINK
- 29 A. W. HOWE
- 30 DONALD McKAY





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....



## REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, April 11

MEETING . . . 8:15 P.M.

MEDICAL ARTS BUILDING AUDITORIUM

## PROGRAM

## "LEGISLATIVE HIGHLIGHTS"

MR. RALPH W. NEILL, Executive Secretary
Washington State Medical Association

A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

Place:

Honan's Restaurant

739½ St. Helens



Size isn't everything. Even if your estate is modest it can stretch a long way for your family—in terms of time and in terms of available resources—if you *plan it so*.

In your Will, for example, you can name an experienced trustee and create *estate-stretching* trusts for the benefit of your dependents.

Without obligation on your part, we'll be glad to talk with you and your attorney about how far your estate will go. Call on us soon.



#### TRUST DEPARTMENT

GERSHOM C. ROWLAND
Senior Vice President and Trust Officer

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

## April Calendar of Meetings

| MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY                          | FRIDAY  |
|--|--|-----------|-----------------------------------|---|
| 3  | 4  | 5         | 6                                 | 7   |
|  | Tac. Acad. of<br>Psych. & Neurol.<br>8:30 p.m.         |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | Pierce County<br>Pediatric Society                          |
| 10   | 11   | 12        | 13                                | 14  |
| Staff of N.P.<br>Noon                          | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | DOCTOR-<br>LAWYER<br>ANNUAL<br>DINNER<br>Fircrest Golf Club |
| 17   | 18   | 19        | 20                                | 21  |
|  | Tacoma Surgical<br>Club—6:30 p.m.                      |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | P.C.M.B. Board of<br>Trustees—8 p.m.                        |
| 24   | 25   | 26        | 27                                | 28  |
| Pierce County<br>Chapter A.A.G.P.<br>6:30 p.m. | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. |   |
|  |  |           |                                   |   |
|  |  |           |                                   |   |
|  |  |           |                                   |   |

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## **EDITORIALLY SPEAKING**

## The New Frontier . . . Japanese Style

Shiro Ukawa, M.D., a surgical resident from Japan now completing his year of pathology training at one of our local hospitals, was asked to assemble a few notes on Japanese medicine for use in this column. His insight into a program, older than Great Britain's, of centralized medical care offers some food for serious thought. —Ed.

On Sunday, February 19, 1961, seventy thousand doctors and thirty thousand dentists in Japan took an extended holiday with the announcement from the Japan Medical Association for people to get sick at their own risk. Shortly afterward the public clamor brought about a moderate yielding so that life and death matters might receive medical attention, but the strike continues and Japan doctors and dentists are determined to fight for a 30 per cent increase in pay. The American press tended to ignore the critical financial state in which Japanese doctors and dentists have come to find themselves.

In Japan there are two types of medical practice. One group of practitioners consists of the hospital physicians and the other, the private physicians who have no hospital privileges. The private open-staff hospital as we know it in the United States is non-existent in Japan. Generally, the private physicians earn approximately twice the income received by the hospital physician. But the income of the hospital physician is not above that of the average office worker who earns just enough to feed and shelter part of a family in humble style.

At the present time, a young doctor who has spent four years in the study of medicine following completion of at least two years of college and preferably more, as in the United States, must, in order to practice medicine as he has been taught, with hospital facilities, specialize. An average residency in Japan pays the doctor nothing except in the third, sixth and seventh years when the budding specialist may earn about forty to fifty dollars spending equivalent per month. In the sixth and seventh years, with this income and the extra few dollars he gets from taking private doctors' night calls, the medic may feel sufficiently stable to take a wife, particularly if his or her family has some money. But some wait until they get their hospital appointment when their income jumps up to about eighty to one hundred twenty dollars per month. Advances are slow and small. The full-time full professors of the medical schools may achieve an income of \$200 per month, but even their incomes are usually

less. The scale is government fixed and has lagged about ten years behind an inflationary economy.

It was not always thus. The transition from a more liberal, gratifying and reasonably remunerative type of practice along German-American lines as we know it in this country, came about in 1927 with the institution of the Government medical care program. At present, the medical practice is wedged between the influence of the socialist-minded individuals and of the government officials who know full well that the country cannot, under a blanket medical care program, afford the luxuary of improving the lot of the physicians and with it the lot of the sick.

One may wonder why a young Japanese considers the profession. There are in Japan some things almost as important as money and even more important, once basic necessities are assured. To the older families medicine is a venerated profession and, if a young man will be a doctor, the family, if they can, will assure part of his support. Also, he may marry well and have two extra sources of support.

As for the private physician, he may well become a relic of the past. The medical services which are rewarded with private fees must come from an ever decreasing faction of the population since only a dwindling few are not covered by union contracts or the government medical care program. Both hospital and private physicians are paid for their services by these agencies, but the private physician is limited by not having hospital affiliation and is forced to document convincingly each patient's fees. This does not imply that private practice is dead in Japan but the trend is in operation toward increasing proportions of physicians having hospital-connected posts which mean costly specialization and complete dependence upon the government or unions.

And so it is that the private and hospital doctors have joined with the dentists of Japan to go on strike to ask for a 30 per cent increase in income, which even if won, as the nurses' strike in January was not, will leave them far below an actually justifiable request for a 300 per cent increase, and will also leave them just about as bad off as before. So far, the government has offered a 10 per cent increase. By and large, the population of Japan is not sympathetic with the strike but is sympathetic with the reasons for the strike.

It does not trouble the Japanese hospital patient very much that the hospital food is usually so nutritionally poor that they must cook food themselves or have it brought from home. This is accepted. But, for doctors, the restrictions under the insurance plan, regarding choices of diagnostic measures and courses of therapy, are almost unbearable for conscientious physicians even if their incomes could be made acceptable.

Perhaps the American patient will not find it necessary to cook his meals at the bedside, but the problem of entry into a total socialized medical care program is not far off. And what happens to patient care? What happened to Japan? "Get sick at your own risk!" The clouds of total care have no silver linings. The new frontier is not new.

#### New Members



Dr. Yukio Kumasaka

Dr. Kumaska was born in Seattle, Washington on November 4, 1927. He received his degree from the University of Washington School of Medicine in 1955 and interned at the King County Hospital; his postgraduate training was taken at the University of Oregon. Dr. Kumasaka began practice in Pierce County July 1, 1960 and he and his wife, Julianne, live at 702 North Sheridan. His practice is limited to Allergy with offices in the Medical Arts Building.

#### Dr. Marion M. Larsen

Dr. Larsen was born in Butte, Montana on September 11, 1916. She received her degree from the University of Oregon School of Medicine in 1956 and took her internship and residency at the University of Oregon Hospitals and Clinics. Dr. Larsen began practice in Pierce County July 18, 1960; she is a specialist in Internal Medicine with offices in the Medical Arts Building.



Dr. Kiyoaky Hori

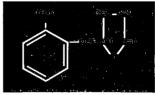
Dr. Hori was born in Idaho Falls, Idaho on November 14, 1926. He received his degree from the University of Oregon Medical School in 1956 and interned at St. Vincent's Hospital in Portland. His residencies were taken at Sacred Heart Hospital in Spokane and at Tacoma General Hospital.

Dr. Hori began practice in Pierce County July 1, 1960 and he and his wife, Audrey, live at 1408 North Cedar. He is a specialist in Anesthesiology with offices in the Puget Sound Medical Building.



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## WOMAN'S AUXILIARY

## To The Pierce County Medical Society

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|-------------------------|-------------------------|
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| 1st Vice-President      | Mrs. M. E. Lawrence     |
| 2nd Vice-President      | Mrs. Robert C. Johnson  |
| 3rd Vice-President      | Mrs. Dudley Houtz       |
| 4th Vice-President      | Mrs. Carl O. Granquist  |
| Recording Secretary     | Mrs. Orvis A. Harrelson |
| Corresponding Secretary | Mrs. Charles M. McGill  |
| Treasurer               | Mrs. Haskel Maier       |
| Assistant Treasurer     | Mrs. Glenn H. Brokaw    |

#### COMMITTEE CHAIRMEN

| COMMITTEE                                | CHAIRMEN                                      |
|--|---|
| American Medical Education<br>Foundation | Mrs. Robert C. Johnson                        |
| National Bulletin                        | Mrs. Dudley Houtz                             |
| Civil Defense                            | Mrs. Arthur P. Wickstrom                      |
| Historian                                | Mrs. Fay Nace                                 |
| Legislative                              | Mrs, Don Willard                              |
| Membership                               | Mrs. Glenn H. Brokaw and<br>Mrs. Galen Hoover |
| Nurse Recruitment                        | Mrs. Edward S. Eylander                       |
| Paramedical                              | Mrs. Wayne Zimmerman                          |
| Program                                  | Mrs. Herbert C. Kennedy                       |
| Publicity—                               |   |
| Newspaper                                |   |
| Bulletin                                 | Mrs. Herman S. Judd                           |
| Revisions                                | Mrs. Dale D. Doherty                          |
| Safety                                   | Mrs. Jack Mandeville                          |
| Social                                   | Mrs. G. M. Whitacre                           |
| Speakers Bureau                          | Mrs. Philip Grenley                           |
| Telephone                                | Mrs. Richard B. Link                          |
| Today's Health                           | Mrs. M. E. Lawrence                           |
| Minute Women                             | Mrs. Hillis F. Griffin                        |
| Community Service                        |   |
| Heart                                    | Mrs. Edward R. Anderson                       |
| Community Council                        | Mrs. John F. Steele                           |
| Pinance                                  | Mrs. Joseph B. Harris                         |
| Dance                                    | Mrs. Robert W. Florence                       |
| Fashion Show                             | Mrs. Thomas B. Murphy                         |
| Game Night                               | Mrs. Dudley Houtz                             |
| Midyear Conference                       | Mrs. Joseph B. Harris                         |

#### April Meeting

Our April meeting will be held at the Firerest Golf Club on the 21st at 11 a.m. Why the strange hour? We will have our program first to be followed by a buffet luncheon. You will be contacted by the phone committee - for you must have a reservation to be able to attend. AND, you will be charged for the luncheon whether or not you keep your reservation. Reservations may also be made by calling Hazel Whitacre, SK 9-0700, or Evelyn Osborne, SK 2-3312, and they must be in by April 18th. Because the program for the day is "stupendous", according to those who have heard it, we have invited the wives of Tacoma lawyers and dentists and also the wives of the officers at Madigan, so that they may share this treat with us. Mrs. William Gadsby of Seattle was in London during the war, has a sparkling personality, and is vitally interested in her subject, "Civil Defense." Her talk, however, is more related to the question "What would you do in case a major disaster should hit?" Following luncheon, Mrs. Gadsby will show a film, "The Invisible Enemy", which explains the peaceful and practical use of the atom. The new building of the Fircrest Golf Club is beautiful and the cuisine delectable. Hazel and Evelyn and our President will be hostesses for the gathering but it is hoped that each of us will tell friends whose husbands are lawyers or dentists, and serve as ambassadors of good will and assistant hostesses for this meeting.

#### Dinner Dance

The plans for the dinner dance are in full swing and the workers are very enthusiastic. The upper floor of the Top of the Ocean will be transformed into an Oriental garden with soft lights, Japanese lanterns—just let your imagination run wild. The decoration committee, under the direction of Ruth Houtz, is doing just that. Delores Havlina, Dee Wickstrom, Judy Bass, Ann Blankenship, Pat Hoover, Sheila Dimant, Donna Ferguson, Mavis Kallsen, Maybelle Miller, Edith Lawrence, Elvina Brokaw, Kimi Tanbara and Julianna Kumasaka are assisting Ruth.

The following are working on tickets under the guidance of Jeanne Judd: Nancy Buttorff, Florence Rigos, Ruth Zimmerman, Kay Lueken, Barbara Teats, Donna Gilman, Peggy Race, Ruth Light, Jan O'Connell, Tel McGreal, Ada Van Dooren, Ella Granquist, Pat Flynn and Helen Jarvis. They hope to contact every member of the Society for, with no game night this year, it will be the only chance for many of us to see husbands and wives together—and it is such fun! The menu for the dinner will not be Oriental; the no-host cocktail hour will be from 7 to 8 o'clock, followed by dinner. Dancing will be from 9:30 to 1:00

(Continued on page 14)

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to the music of Stan Miskowski's band. The program is still in the formative stage so we can make no announcement, but we do know there will be door prizes and favors. For this lovely affair we donate \$15.00 which is only \$7.50 per person. You must have a reservation—and you will be unable to get your ticket until your check is received. When the committee phones, say "Yes" and we'll see you there. Helen Florence is chairman for the dance this year with Jean Colley assisting her.

Elvina Brokaw is serving as our representative to the Pierce County Public Health Nurse's Association. She is also busy with the Future Nurses Group; and, since the first of the year, she has been helping with the swim program for the crippled and blind children at the YMCA. Don't know how she does it all!

Our sincere sympathy to Dr. Clay in the passing of his dear wife. She has not been active in the Auxiliary for some time, but many of the older of us remember her well and will miss her.

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1. Clein, N. W.: Pediat. Clin. North America, Nov., 1954, pp. 949-962.

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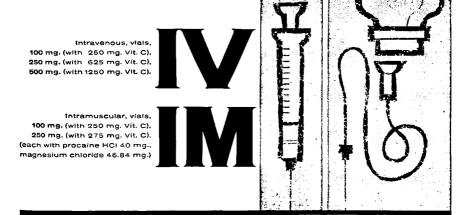


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#### HOSPITALS ...

#### Tacoma General

On March 7, the quarterly meeting of the Medical Staff was held in Jackson Hall. The program was devoted to "Fractures in the Aged". Members of the panel discussing the subject were: Robert Florence, M.D., moderator; Wayne Zimmerman, M.D. and George Gilman, M.D.

A change has recently been brought about in the location of the Personnel Office due to the building program. Mrs. Josephine Juberg, Personnel Director, and her assistant, Mrs. Dorothy Fry, moved into offices on the second floor of the Annex building. Her former office has been taken over by the Central Supply Department to be used as the splint room.

On Friday, March 17th, a state-wide meeting of the Washington Chapter of the American Association of Hospital Accountants was held in the New Washington Hotel in Seattle. Attending from Tacoma General were Mrs. Bernice Hockett, Chief Accountant; Mrs. Ethelwyn Miles and Mrs. Ilene Mills. One of the topics of considerable interest that was discussed was the plan of uniform charging of hospital rates.

The In Service Committee of the Nursing Department put on a program devoted to Oxygen Therapy on March 16. A display of equipment was set up in the recreation room in Jackson Hall where groups of nursing personnel were shown how to use the equipment.

#### Good Samaritan

Francis Chervenka, Michael Pasquier and Sheridan Svendsen have been elected to serve on the Board of Governors of Good Samaritan Hospital.

The Board is composed of 15 members, eight representing the Luthern Welfare Society Board of Trustees and seven elected by a Valley committee to represent the Valley communities.

Other members includ C. W. Myhre, President; Paul Miller, Vice-President; Mrs. Newell Hunt, Secretary; Tom Montgomery, Treasurer; Rev. Harold Aalbue, Carl Brynestad, Everett Dickison, Frank Gratias, Jack Linn, O. E. Morken, Harold Nelson and Godwin Rorem.

A guest speaker at the February meeting of the Board was Laurence Evoy, Manager of the Pierce County Industrial Medical Bureau.

The Women's Auxiliary, through their Memorial Fund, have donated a new model Emerson resuscitator in memory of William Howard Shull. The resuscitator may be used for inhalation and aspiration as well as for resuscitation. It can be moved to any area of the hospital and operated with the piped oxygen system, or if required in areas away from this system, by the oxygen cylinder attached.

Another new service being introduced by the Women's Auxiliary will be hospitality service to patients and visitors. Flowers, mail and patient opinion polls will be given to patients by Auxiliary members. The women in the cherry red smocks will also assist with such duties as escorting patients to their room, serving coffee to families of critical patients or those having surgery, and in greeting and directing visitors.

The guest speaker at the March Medical Staff dinner was Mrs. Williamson of Mountain View Hospital, who discussed eligibility and admission of patients under the County Hospital program.

#### Saint Joseph's

The big news in Central Supply is their new water still. Please remember, that it is a water still only! It makes ten gallons of water per hour.

Mr. Michael Ell, the father of Rex Niam, celebrated his 90th birthday on February 17th. Congratulations to Mr. Ell from all of us in Central Supply. God willing, he may reach the one hundred mark.

St. Patrick's Day was a great day for the Irish, but, those of us, that are not Irish enjoyed it also.

On March 17th three graduate Medical Record Technicians, Mrs. Dorothy Hillistad, Mrs. Goldie Crouch, and Miss Dee Sparkes took the National Accreditation Examination for Medical Record Technicians. If they pass this test they will be able to write A.R.T. after their names signifying that they are Accredited Medical Record Technicians.

The School of Nursing has been a "bee hive" of activity for many weeks in anticipation of the survey for National Accreditation. The week of March 20th was the big week that brought Miss Olga Krazinski, assistant Director of the Department of Diploma and Associate Degree Programs, who was chosen by the N.L.N. to conduct the survey. She reviewed school material, met with administrators, officers of the hospital, Director of the School of Nursing and faculty.

Mrs. Moe attended the fourth annual Western Conference on Nursing Education at the Biltmore Hotel in Los Angeles on March 9th and 10th. The theme of the conference was "Gateways through Dilemmas in Nursing". Over 350 delegates representing 13 western states, Alaska, and Hawaii were registered.

It is interesting to note that graduates from Diploma schools needed far less orientation than did graduates of either the Associate or the Baccalaureate Degree programs.

The Maternity Department would like to thank the hospital personnel along with other visitors who came to "open house" in our department on March 17th. We hope all 200 and more of you enjoyed yourself. National Hospital Week is scheduled from May 7th to 13th this year, perhaps we will see more of you then.

Lieutenants Call and Burkland of the city fire department are enjoying the Fire Prevention Classes very much and are pleased with the interest shown. Fire drills are in the offing and we will need volunteers.

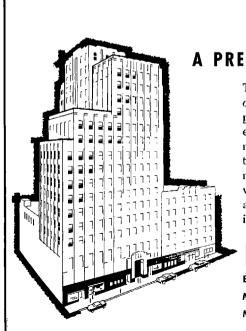
#### Doctor-Lawyer Annual Dinner

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## Big Brother Again . . . News Item

"And all day fat spiders spun their webs
. . ." James Whitcomb Riley.

From the American Hospital Association Washington Service Bureau comes the news that Secretary Ribicoff held his first formal press conference. The following is the direct quotation from their newsletter, *This Month in Washington* (No. 42, March, 1961):

"Waiting, as he said, until the President's proposals for basic health care and Federal aid to education has been presented to Congress, HEW Secretary Ribicoff delayed his first formal Washington press conference until February 20. In reference to the Administration Bill for aged health care, he was asked whether 'free choice of hospitals' would include non-accredited institutions. He replied that this was certainly not contemplated and 'we would rely wholly on the states' and recognized accrediting bodies in this area."

It seems high time that the American Medical Association, the American College of Physicians, the American College of Surgeons and the American Hospital Association look again at our Joint Commission on Accreditation of Hospitals. The time of voluntary accreditation is fast becoming an historical area and medical staff committees may be on the road to becoming puppets.

Also, in view of the recent information from Mr. John Steen of the Washington Physicians Service that Blue Cross, at least in Puerto Rico, has taken over coverage for physicians' services as well as hospital services, Mr. Ribicoff's comments on the role of Blue Cross in the establishment of fee schedules is also of interest. From the same source:

"The secretary was also asked whether, under the proposed aged care program, hospitals, for example, would be paid without question of audit. He replied that there would be an arrangement between the Federal government and hospitals regarding 'reasonable charges' which, he said, would be 'comparable to their (hospitals) arrangement with Blue Cross.' He added that he

believed 'The American Hospital Association understands this, 'as do the people in (the) social security (administration).'"

. . . And as a last dull thud comes a report from *Hospitals*, V35:107 (March 16, 1961) as follows:

"Associate Hospital Service of New York (AHS), the Blue Cross Plan for New York City and the largest Plan in the country, will no longer consider applications for participating hospital membership from institutions which are not accredited by the Joint Commission on Accreditation of Hospitals (JCAH). The resolution was announced to administrators and presidents of member hospitals in a statement by J. Douglas Colman, president of the organization.

"The statement pointed out that a growing interest in hospital standards and the recognition that these standards should be the responsibility of each hospital and its medical staff has been accompanied by the belief that they should be 'buttressed by supporting actions of responsible regulatory licensing and financing agencies.'

"'The standards of hospital care and administration established by the Joint Commission on Accreditation are the most widely accepted,' said Mr. Colman. 'They have been met by most Blue Cross member hospitals in this area. AHS has been urged both by the recommendations of the Columbia Study and by the Superintendent of Insurance of New York State to make such accreditation a condition of participating hospital membership.'

"Accordingly, the board of directors of the Associated Hospital Service unanimously approved a resolution which states its position with respect to nonaccredited institutions. The resolution states that the AHS will take steps—preferably within a three-year period—by which accreditation may become a condition of continuing participating hospital membership for present member hospitals."

Give the spiders a few more years and who will be operating the hospitals and their professional staffs? Not you, Doctor.

—Еd.

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#### Auxiliary Dinner-Dance

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#### Letters to the Guest Editor

Dear Mrs. Adams:

I am sorry that I did not see the show. It would have been interesting to compare my reactions to it with the one you received. From what you have had to say about the show, it undoubtedly did not present a full picture and therefore cannot be said to be fully truthful.

There is much activity and agitation back here in support of President Kennedy's proposal for medical care for the elderly to be tied to the Social Security Law. Apparently, there is much activity elsewhere in the country because members of Congress are receiving many letters on the subject.

It is difficult to predict just what the House Committee on Ways and Means will do with Kennedy's proposal. It is my understanding that the Chairman of the Committee has refused to introduce legislation on this subject. This may indicate that he personally is opposed to Kennedy's plan. A couple of members on the Ways and Means Committee have predicted that nothing will be done in the matter until next year.

Thank you for letting me have the benefit of your thinking. I have high regard for the medical profession and know that with few exceptions they render the kind of service you have described in your letter to CBS.

Very truly yours,
THOR C. TOLLEFSON, M.C.

Dear Mrs. Adams:

The question of TV programming has received a great deal of attention recently in the press and also by my Committee. Dur-

(Continued on page 25)

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5401 South Tacoma Way GReenfield 4-9419 ing the hearings on the nomination of Newton N. Minow to be Chairman of the Federal Communications Commission the subject of raising the quality of programming was extensively discussed. He was very pointed in his comments concerning the responsibility of the FCC in this field.

You can rest assured that I have read your letter with a great deal of interest and will keep this subject matter in mind whenever the Committee covers this area.

Sincerely yours,

WARREN G. MAGNUSON, U.S.S.

Dear Mrs. Adams:

I appreciate having the benefit of your thinking on this legislation and will have your views in mind when the Senate considers the various health insurance measures.

Sincerely yours, HENRY M. JACKSON, U.S.S.

Dear Mrs. Adams:

Thank you for your letter about our CBS Reports program THE BUSINESS OF HEALTH.

I am sorry that you were not satisfied with our treatment of the subject. Our only purpose was to present all significant viewpoints so that the viewer can, as you did, make up his own mind. We also received many letters from viewers praising the program. It is our aim to stimulate viewers—to provide them with contrasting viewpoints from which they can make their own selection.

In regard to the costs we mentioned, we were not setting an average or median. We were, as we clearly stated, illustrating what can happen to anyone stricken with a seri-

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ous illness. A total bill of \$2,000 is far from unusual in such cases. We received many letters from people who said the medical costs stated were too low. One can argue about individual costs within that total—as we also indicated—but that is less important than the central question we sought to bring out: anyone's finances can be decimated by an unexpected serious ailment.

Even though you are critical of us, we value your judgments.

Sincerely,

STEPHEN FLEISCHMAN, Producer, CBS REPORTS "THE BUSINESS OF HEALTH"

Dear Mrs. Adams:

I am certain that you realize that Secretary Ribicoff has no connection with the presentation of the CBS Reports program which you found so objectionable. His participation consisted only of advancing certain political philosophies which he feels. I am also certain that you are willing to have him express his political views with the same freedom that exists for you.

Sincerely yours,

WALLACE TURNER,
Assistant of the Secretary
Dept. of Health Education and
Welfare

Ed. Note: Apparently Mr. Turner shares with Secretary Ribicoff the notion that political views and political ideas outweigh realistic appraisal of the facts and the awareness of the human dignity acquired by individual acceptance of responsibility. But it is significant, it seems, that the Office of the Secretary did acknowledge Mrs. Adams' letter while the office of the A.M.A., did not. Perhaps the A.M.A., has become so important that it has no time for mere people. —Ed.

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Newer doctors will find their names at or near the end of the list, but if you don't find your number call the Medical Society office MA 7-2020

|            | number can the Metheat Society |
|------------|--------------------------------|
| office, MA | A 7-2020.                      |
| Call No.   | Doctor                         |
| 101        | Adams, Samuel E.               |
| 102        | Allison, Claris                |
| 103        | Allison, Donald F.             |
| 105        | Anderson, Edward R.            |
| 106        | Anderson, Horace A.            |
| 107        | Annest, Leo                    |
| 108        | Apa, Theodore                  |
| 109        | Arnold, Charles B.             |
| 110        | Avery, William E.              |
| 111        | Backup, Phillip H.             |
| 112        | Bader, Bernard A.              |
| 113        | Banfield, Ernest F.            |
| 114        | Barronian, Richard F.          |
| 115        | Baskin, Lester S.              |
| 116        | Bass, Myron A.                 |
| 117        | Batey, George                  |
| 118        | Benson, Joseph A.              |
| 119        | Betteridge, Bryce              |
| 120        | Bias, Robert                   |
| 121        | Bischoff, G. W.                |
| 122        | Bland, Leland J.               |
| 123        | Blankenship, James             |
| 124        | Blizard, Eldon C.              |
| 125        | Bogue, Charles R.              |
| 126        | Bond, Robert G.                |
| 127        | Bondo, Paul E.                 |
| 128        | Bonica, John J.                |
| 129        | Boudwin, James W.              |
| 130        | Bowen, J. W.                   |
| 131        | Brigham, Lawrence              |
|            |                                |

Brokaw, Glenn H.

Brooke, J. Robert

Brown, Burton A.

Brown, Robert W.

132

133

134

135

| UNTY ME    | DICAL SOCIETY                         |
|------------|---------------------------------------|
| 136        | Brown, William C.                     |
| 138        | Burrows, William                      |
| 139        | Burt, Robert R.                       |
| 140        | Buttorff, Douglas P.                  |
| 141        | Cameron, Walter C.                    |
| 142        | Camp, Harry W.                        |
| 143        | Clark, Thomas H.                      |
| 144        | Clay, Homer T.                        |
| 145        | Colen, John                           |
| 146        | Colley, Russell Q.                    |
| 147        | Comfort, John F.                      |
| 148        | Coon, Duane A.                        |
| 149        | Crabill, Robert P.                    |
| 150        | Cummings, Don                         |
| 151        | Davis, Richard T.                     |
| 152        | Dayton, D. M.                         |
| 153        | Delaney, G. A.                        |
| 154        | Deming, J. Edmund                     |
| 155        | Denzler, Charles H.                   |
| 156        | Dietrich, Carlisle                    |
| 157        | Dille, Rodger S.                      |
| 158        | Di Furia, Giulio                      |
| 159<br>160 | Dimant, Stevens S. Doherty, Dale D.   |
| 161        | Drucker, Gerhart A.                   |
| 162        | Duerfeldt, Treacy                     |
| 163        | Duffy, James P.                       |
| 164        | Durkin, L. Stanley                    |
| 165        | Dye, David F.                         |
| 166        | Ehrlich, Albert                       |
| 167        | Ellis, Raymond C.                     |
| 168        | Eltrich, Martin C.                    |
| 169        | Erickson, J. J.                       |
| 170        | Eylander, Edward S.                   |
| 171        | Fairbourn, Edwin J.                   |
| 172        | Fargher, Cecil R.                     |
| 173        | Ferguson, Robert M.                   |
| 174        | Florence, Robert W.                   |
| 175        | Flynn, John R.                        |
| 176        | Freeman, Robert M.                    |
| 177        | Frese, Amaly                          |
| 178        | Galbraith, Charles J.                 |
| 179        | Gay-Balmaz, Rene                      |
| 180        | Geissler, Gerald                      |
| 181        | Gerstmann, Paul E.                    |
| 182        | Gibson, Robert H.                     |
| 183        | Goering, William H.                   |
| 184        | Granquist, Carl O.                    |
| 185        | Grenley, Philip<br>Griffin, Hillis F. |
| 186<br>187 |                                       |
| 187<br>188 | Gross, Kenneth E.<br>Guilfoil, Erna   |
|            | Gullikson, John W.                    |
| 189        | Guinkson, John W.                     |

Hadfield, Dale

190

| 28       | BULLETIN of                 | the Pierce County Mi | EDICAL SOCIETY           |
|----------|-----------------------------|----------------------|--------------------------|
| Call No. | Doctor                      | Call No.             | Doctor                   |
| 191      | Haley, T. R.                | 244                  | Larson, Charles P.       |
| 192      | Hanson, Eugene W.           | 245                  | Larsen, Virginia L.      |
| 193      | Harrelson, Orvis A.         | 246                  | Lasby, Joseph O.         |
| 194      | Harrington, B. D.           | 247                  | Lawley, Thomas B.        |
| 195      | Harris, Joseph B.           | 248                  | Lawrence, Mills E.       |
| 196      | Hathaway, Stillman          | 249                  | Lee, Jack W.             |
| 197      | Hauser, William P.          | 250                  | Liewer, John P.          |
| 198      | Havlina, John M.            | 251                  | Light, Samuel E.         |
| 199      | Hazelrigg, James E.         | 252                  | Link, Richard B.         |
| 200      | Heaton, A. B.               | 253                  | Ludwig, William H.       |
| 201      | Hellyer, David T.           | 254                  | Lueken, Harold D.        |
| 202      | Hennings, Frank W.          | 255                  | Lundvick, Cyril V.       |
| 203      | Herrmann, Arnold J.         | 257                  | McBride, Glenn           |
| 204      | Herrmann, S. F.             | 258                  | McCabe, Edward F.        |
| 205      | Hess, George H.             | 259                  | McColl, C. R.            |
| 206      | Hoover, Galen H.            | 260                  | McCoy, Charles C.        |
| 207      | Hosie, M. R.                | 261                  | McGill, Charles M.       |
| 208      | Hoskins, Franz P.           | 262                  | McGreal, Robert          |
| 209      | Houtz, Dudley W.            | 263                  | McKay, Donald F.         |
| 210      | Howe, Archibald W.          | 264                  | McNerthney, James E.     |
| 211      | Hover, Louis P.             | 265                  | McNutt, Harlan P.        |
| 212      | Hovt, Wallace P.            | 266                  | McPhail, Ross E.         |
| 213      | Huff, Ralph H.              | 267                  | McPhee, William          |
| 214      | Humiston, Homer W.          | 268                  | Maddison, Frank R.       |
| 215      | Hunt, Leo J.                | 269                  | Magnussen, Norman E.     |
| 216      | James, Frank J.             | 270                  | Maier, Haskel L.         |
| 217      | Jarvis, Joseph B.           | 271                  | Maire, Frederick W.      |
| 218      | Johansson, Arnold W.        | 272                  | Maki, Henry E.           |
| 219      | Johnson, David H.           | 273                  | Malden, Marcel           |
| 220      | Johnson, Murray L.          | 274                  | Mandeville, Jack W.      |
| 221      | Johnson, Robert C.          | 275                  | Marlatt, D. A.           |
| 222      | Johnston, Harold <b>B</b> . | 276                  | Marshall, Charles E.     |
| 223      | Jones, Scott S.             | 277                  | Mattson, William W., Jr. |
| 224      | Judd, Herman S.             | 278                  | May, Charles W.          |
| 225      | Kahler, Harold F.           | 279                  | May, John S.             |
| 226      | Kalkus, J. Hugh             | 280                  | Meier, H. Herbert        |
| 227      | Kallsen, Robert             | 281<br>282           | Moosey, George A.        |
| 228      | Kanar, Edmund A.            | 262                  | Morley, Leonard          |
| 229      | Kanda, John M.              |                      |                          |
| 230      | Kass, Myron                 | Acres 1              |                          |
| 231      | Kemp, Charles E.            | [3]                  |                          |
| 232      | Kemman, John F.             | The                  | DEALLIC                  |
| 233      | Kennedy, Herbert C.         | <b>}</b>             | BEALL'S                  |
| 234      | Kittredge, George S.        | <b>}</b>             |                          |
| 235      | Klein, Robert               | ∯ TLa                | Droscription St          |

Kohl, Gerald C.

Kyle, Philip C.

Lane, Robert E. Lantiere, S. Robert

Lantz, Calvin R. Larkin, Hugh A.

Kunz, George G. R.

Kohler, D. G.

236

237 238

239

240

241

242

243

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| Call No.          | Doctor                               | Call No.               | Doctor                             |
|-------------------|--------------------------------------|------------------------|------------------------------------|
| 283               | Muir, Edwin C.                       | 335                    | Snyder, M. E.                      |
| 284               | Murphy, Thomas O.                    | 336                    | Sobba, Walter L.                   |
| 285               | Murphy, Vincent M.                   | 337                    | Srail, John                        |
| 286               | Murray, Douglas H.                   | 338                    | Staatz, Dumont                     |
| 287               | Nace, F. M.                          | 339                    | Staatz, Karl                       |
| 288               |                                      | 340                    | Steele, John F.                    |
|                   | Nelson, Everett P.                   | 341                    | Stevens, Cletus I.                 |
| 289               | Nevitt, Donald                       | 342                    | Stuen, Marcus R.                   |
| 290               | Niethammer, W. A.                    | 343                    | Sturdevant, Kenneth H.             |
| 291               | Norton, R. A.                        | 344                    | Sulkosky, Leo                      |
| 292               | O'Connell, Robert A.                 | 345                    | Sullivan, William S.               |
| 293               | O'Leary, Arthur P.                   | 346                    | Tanbara, George A.                 |
| 294               | Ootkin, B. N.                        | 347                    | Teats, Govnor                      |
| 295               | Osborne, Robert W.                   | 349                    | Thomas, Daniel J.                  |
| 296               | Paine, Frederic O.                   | 350                    | Thomas, Leon B.                    |
| 297               | Parrott, Gordon                      | 351                    | Thomas, Max S.                     |
| 298               | Parrott, Miles                       | 352                    | Thordarson, S. Stefan              |
| 299               | Peters, Frederick M.                 | 353                    | Thuline, H. C.                     |
| 300               | Peterson, Wendell G.                 | 354                    | Todd, William H.                   |
| 301               | Pinto, Sherman S.                    | 355                    | Treleaven, Joseph                  |
| 302               | Piper, Clinton A.                    | 356                    | Trimble, Charles G.                |
| 303               | Pratt, W. Howard                     | 357                    | Tuell, Stanley W.                  |
| 304               | Race, George A.                      | 358                    | Vadheim, Stanley W.                |
| 305               | Rademaker, William                   | 359                    | Van Dooren, Hugo                   |
| 306               | Randolph, Ernest L.                  | 360                    | Vaught, Charles R.                 |
| 307               | Read, Jess W.                        | 361                    | Vimont, Richard T.                 |
| 308               | Reberger, Charles C.                 | 362                    | Vegh, Julius                       |
| 310               | Reynolds, Chris C.                   | 363                    | Vozenilek, Myra                    |
| 311               | Rich, Richard I.                     | 364                    | Vozenilek, Z. Joseph               |
| 312               | Rigos, Frank J.                      | 366                    | Wahlberg, Elmer W.                 |
| 313               | Ritchie, C. B.                       | 367                    | Walloch, Antone                    |
| 314               | Robertson, J. B.                     | 368                    | Ward, James F.                     |
| 315               | Robson, John T.                      | 369                    | West, Thomas R.                    |
| 316               | Rosenbladt, Louis M.                 | 370                    | Whitacre, G. Marshall              |
| 317<br>318        | Rosenbladt, William J.               | 372                    | Wicks, M. J.                       |
| 319               | Rowen, Bernard R.                    | 373 - 374              | Wickstrom, Arthur P.               |
| $\frac{319}{320}$ | Sames, A. A.                         | 37 <del>4</del><br>375 | Willard, Don G.<br>Wright, Ross D. |
| $\frac{320}{321}$ | Sanderson, Stevens S.                | 375<br>376             | Yoachim, M.                        |
| $\frac{321}{322}$ | Scheyer, Carl J.                     | 370<br>377             | Yoder, Edwin C.                    |
| 323               | Schultz, Alfred W.                   | 378                    | Zimmerman, Wayne W.                |
| 324               | Schwind, Frederick J. Sever, Buel L. | 379                    | Spaulding, William L.              |
| 325               |                                      | 380                    | Winters, Peter V. H.               |
| 326               | Shaw, John M.<br>Sheppard, John A.   | 381                    | Tait, Douglas A.                   |
| 327               | Shovlain, Frank E.                   | 382                    | Kumasaka, Yukio                    |
| 328               | Skinner, Lawrence E.                 | 383                    | Alger, John R.                     |
| 329               | Skrinar, Thomas H.                   | 384                    | Chambers, Robert M.                |
| 330               | Sleep, Somers R.                     | 385                    | Gilman, George C.                  |
| 331               | Smeall, Thomas A.                    | 386                    | Larsen, Marion Martha              |
| 332               | Smith, Paul B.                       | 387                    | Rohner, William L.                 |
| 333               | Smith, Theodore J.                   | 388                    | Sparling, David L.                 |
| 334               | Smith, Warren F.                     | 389                    | Hori, Kiyoaky                      |
| 334               | omidi, Wallon F.                     | 900                    | 11011, IXIYOMKY                    |

#### \$67,839 Awarded Logger Over Infection Claim

A Superior Court jury awarded \$67,839 recently to a logger who claimed he was permanently disabled by a staphylococcus infection contracted in a Spokane hospital.

George E. Helman, Murray, Idaho, had asked \$100,000. While he was in Sacred Heart Hospital in 1957 with a hip injury, he claimed, an infection was transferred to him from another patient on the hands of hospital attendants.

The hospital contended the infections of Helman and the other patient were not the same.

#### Healers Propose Plan To Merge

California medical doctors and osteopaths have drawn up a unification plan which someday could lead to a national merger of the two great methods of healing.

The California plan was submitted for approval of the American Medical Association at the meeting in Washington, D.C. last month.

There is no question of submitting it to the American Osteopathic Association. That group recently revoked the charter of the California osteopaths because they insisted on negotiating with the California medical group.

In California there is little difference between a medical doctor and an osteopath. Each must have four years in an accredited school after graduation from college, plus two years of resident work in a hospital.

Their state board examinations are similar. And their licenses—to practice medicine and perform surgery—are identical.

Originally, osteopaths stressed massage and spinal adjustment over medicine and surgery. In California, however, this emphasis declined, to a point where osteopaths and medical doctors are immingled on hospital staffs.

As Dr. Dorothy Marsh, president of the California Osteopathic Association, puts it:

"In California we no longer place such great emphasis on manipulation of the parts of the body.

"At the same time, we have made an im-

print on the purely medical school of thought. Medical men now recognize what they call "physical therapy" and rehabilitation. In a way it's a victory for both sides."

"If unification comes to pass, no D. O. licenses would be issued in California." She further says, "This may mean an end to osteopathy in this state."

A big stumbling block to unification is the question of reciprocity.

Osteopaths from other states must be able to meet the California Osteopathic Association's high standards.

The problem of screening osteopaths from states with low standards is one reason the AMA has refused to approve the California unification plan in past years.

#### Tacoma Surgical Club Annual Meeting

SATURDAY, MAY 6

Jackson Hall Guest Speaker . . .

HARRIS B. SCHUMACKER, JR., M.D.

Professor of Surgery

Indiana University Medical Center

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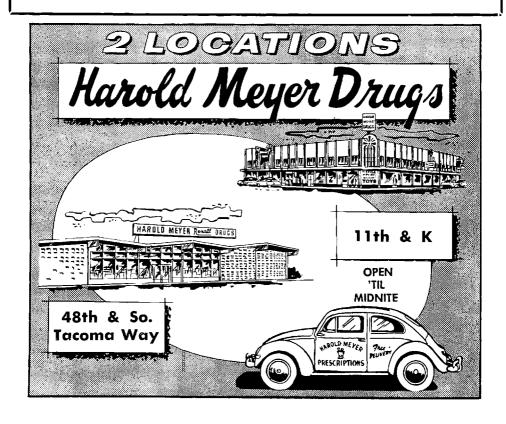
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#### Letter to the Editor

Dear Editor,

I wish to call attention to the article on the use of parental thio-TEPA (TSPA) combined with radical mastectomy in the April 3rd issue of Newsweek. It is another deplorable instance where the public has been prematurely informed of a medical advancement before it has been fully reported in the medical literature. As a consequence, many of us will be questioned about it by patients thereby causing problems. Some of us will be stimulated by this article to begin using it since it was "recommended for routine use by all surgeons" at the recent American Surgical Association meeting. This is not bad provided we are sufficiently informed about its proper usage. A few of us locally have been using it in this way over the past year or so but I doubt that any of us has had over eight cases.

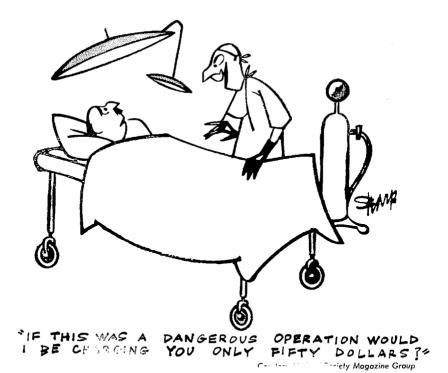
The literature contains very little about the adjuvant use specifically in breast surgery. The full preliminary report (26 month followup) on the adjuvant breast group by the VA hospitals and medical schools has not yet appeared but it will be published later on this year in the Annals of Surgery. Meanwhile dosage and morbidity information on their series is hard to find. However, a letter from Dr. Moore last month (March) recommends using "eight tenths of a milligram per kilogram of normal body weight. This should be given in four equal doses of two tenths of a milligram per kilogram per day." The total dose over the four days should therefore rarely exceed fifty milligrams. I am not aware of any bone marrow depression in our cases and I believe that with this small dosage it should be unusual. And I doubt there have been any deaths attributable to this dose in the adjuvant breast group at all. We should, however, follow closely the precautions in the Lederle circular enclosed with the drug and if toxicity should be detected we should utilize the considerable experience many local physicians have had using the drug palliatively.

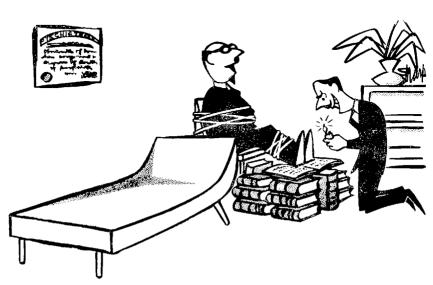
From the literature it is clear (and we are so advised by Moore) that we should not use it as an adjuvant to surgery on tumors other than breast at this time. Also, it should not be given to anyone over seventy.

One recent comment on this therapy is worth quoting. Henry T. Randall (S. G. & O., Feb. '61, Pg. 248) says: "The results . . . with breast cancer are startling." ". . . these early results are highly suggestive that in this particular setting in this particular disease, we may at last have something that will supplant our ability with surgery and radiation therapy to affect at least the immediate mortality of human breast cancer."

-Ted Haley, M.D.

Ed. Note: Dr. Halev's timely letter arrived only a few days before the publication of the report, "Status of Adjuvant Cancer Chemotherapy" from The Veterans Administration Cancer Chemotherapy Cooperative Group, Arch. Surg., 82:466 (March '61). For those concerned with the problem, this preliminary report is a must on the reading list. The authors share Dr. Haley's concern with the indiscriminate use of alkylating agents in any and all types of cancer surgery and point up the hazards of conclusions based on small series studies. Even though Newsweek indicates that it is "recommended for routine use by all surgeons", thio-TEPA is not innocuous. —Ed.





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|-----------------------|--|---|--|---|---|---|
| ANESTHESIA            | L. Morley  | D. Hadfield   | E. Eylander                              | P. Backup   | W. H. Pratt   | J. Bonica                                     |
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| INTERNAL              | R. Kallsen<br>T. Smith                                     |   | H. Anderson<br>T. Duorfeldt<br>J. Harris | R, Barronian<br>R. Lane<br>R. O'Connell               | G. Race<br>B. Rowen<br>G. M. Whitacre                       | E. Fairbourn<br>R. Huff<br>M. Thomas          |
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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m.

Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Tuesday of each month—8:30 p.m. Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August -8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August -6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m.

at New Yorker Cafe. STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the

#### PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 5

TACOMA, WASH.

MAY - 1961



#### Pierce County Medical Society

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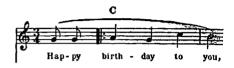
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#### Happy Birthday

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- 12 C. R. FARGHER THOMAS B. MURPHY
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- 31HUGH LARKIN

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Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960.

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#### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, May 9

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

#### REVEREND EINAR PETERSON

A missionary to Cuba for the past 20 years, Rev. Peterson was forced out of the country in December, 1960.

His subject will be . . .

#### "CUBA - PAST, PRESENT AND FUTURE"

A no-host social hour and dinner will precede the meeting

Social Hour: 6:00

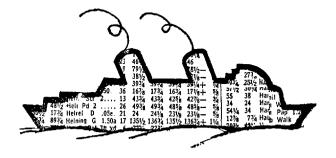
**Dinner:** 6:45

Place: Honan's Restaurant

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#### May Calendar of Meetings

| MONDAY  | TUESDAY  | WEDNESDAY | THURSDAY                          | FRIDAY   |
|---|--|-----------|-----------------------------------|--|
| 1   | 2  | 3         | 4                                 | 5  |
|   | Tac. Acad. of<br>Psych. & Neurol.<br>8:30 p.m.         |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | C.P.C. of St. Joe's<br>9:00 a.m.<br>Pierce County<br>Pediatric Society   |
| 8   | 9  | 10        | 11                                | 12 .   |
| Staff of N.P.<br>Noon<br>M.D. Annual<br>Bowl-E-Rama<br>Tower Lanes<br>9:00 p.m. | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | C.P.C. of St. Joe's<br>9:00 a.m.   |
| 15  | 16   | 17        | 18                                | 19   |
|   | Tacoma Surgical<br>Club—6:30 p.m.                      |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | C.P.C. of St. Joe's<br>9:00 a.m.<br>P.C.M.B. Board of<br>Trustees—8 p.m. |
| 22  | 23   | 24        | 25                                | 26   |
| Pierce County<br>Chapter A.A.G.P.<br>6:30 p.m.                                  | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |           | C.P.C. of T.G.<br>Hosp.—8:30 a.m. | C.P.C. of St. Joe's<br>9:00 a.m.   |
| 29  | 30   | 31        |                                   |  |
|   | MEMORIAL<br>DAY  |           |                                   |  |

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#### References

1. McCarthy, C. G., and Finland, M.: Absorption and Excretion of Four Penicillins, New England J. Med., 263:315, 1960.
2. McCarthy, C. G., Hirsch, H. A., and Finland, M.: Serum Levels after Single Oral Doses of 6-(a-phenoxypropionamido) Penicillanate and Penicillin V, Proc. Soc. Exper. Biol. & Med., 103:177, 1960.
3. Griffith, R. S.: Comparison of Antibiotic Activity in Sera after the Administration of Three Different Penicillins. Antibiotic Med. & Clin. Therapy, 7:129, 1960.
4. Editorial: New England J. Med., 263: 361, 1960.
5. Editorial: New York J. Med., 60:498, 1960.

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#### **EDITORIALLY SPEAKING**

#### NATIONAL HOSPITAL WEEK-1961

May 7-13 has been set aside for National Hospital Week for 1961. The Public Information Division of the American Hospital Association has established the theme of "Your Hospital—A Community Partnership." The A.H.A. points out that the hospital and the community have a reciprocal relationship; neither can be really healthy without the other.

The A.H.A. states that the hospitals' responsibilities are patient care, education of health personnel, research and preventive medicine and that the community should support the hospital by volunteering of personal service, encouraging young people to enter health careers, participating in a pre-payment program such as Blue Cross, which helps assure stable financing of hospitals, supporting programs for adequate reimbursement of the hospital by state and local governments for the care of welfare patients, and keeping informed about the hospitals' problems, plans and progress.

One wonders, amidst these fine sounding phrases, just where the physician occupies a spot. The only place "physician" is mentioned in the press releases is in the sentence, "All physicians and nurses receive part of their training in the hospital." Possibly the A.H.A. would just as soon put aside the fact that the doctor is somehow related to the services provided in a hospital so that some of the recent anti-private practice propaganda might be more exclusively directed at doctors alone. This, particularly, since most of the news "revelations" about doctors dwell on the hospital expenses more than they do the doctor bill in computing the high cost of medical care for which doctors are blamed. But for publicity purposes the A.H.A. gives the impression, at least, that the hospital takes care of patients, researches and practices preventive medicine all by itself.

Concern is also caused by the specific endorsement of Blue Cross this year by the A.H.A. and the eagerness with which the A.H.A. is supporting any program of the pouring of government money into the hospitals' till.

One very difficult problem which hospitals must face is whether they really wish to remain individual, non-profit, physician-community enterprises or become appendages of national pre-payment and government health programs. This year's call to the people from the A.H.A. seems to be an attempt to do both.

Remember National Hospital Week.

—Editor

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| Fashion Show                             | Mrs. Thomas B. Murphy                         |
| Game Night                               | Mrs. Dudley Houtz                             |
| Midvear Conference                       | Mrs. Joseph B. Harris                         |

The last meeting of the 1960-61 year will be a "Beachcombers Luncheon" at the home of Jan Moosey on Wollochet Bay. This will be at 12 o'clock and we are hoping for a "bee-u-ti-ful" day. We are asked to meet at the parking lot of the Narrows Bridge at 11:30 so that we can junction on transportation. And here are the instructions as to how to find the Moosey's home. At the west end of the bridge, turn left at the Span Drive-In and follow the road over the hill. There will be a Stop sign eventually, where you will cross the highway and turn right, following the Wollochet Bay sign. Keeping the bay to your left, you follow around. When you reach a branch road, still keep to the left, following the East Cromwell sign and proceed about a mile. There will be flags out and a sign—to tell you you have reached a safe moorage. Pat Flynn is chairman for the luncheon, with the assistance of Beth Hennings. Nancy O'Leary, Lorraine Kunz, Janet Marlatt, Georgia McPhee, Sheila Dimant and Margaret West will serve on the committee. The program, under the direction of Hazel Whitacre, will be a "fashion show on the do's and don'ts of water safety"—but at this writing, due to the difficulty in finding props, we are unable to tell you who will be participating. It does sound like lots of fun and we will see you there.

Board Meeting

Our president, Ruth Brookes, has called a Board meeting for the morning of May 12th at 10 o'clock. This will be in the home of Lorna Burt—and don't be misled by the address . . . which is 6638 Hilltop Lane, S.W. You go out Nyanza Road and when you reach the area with a high embankment to your left, watch for their mailbox on the left but then turn right toward the lake. Please be prompt, as there is much to be discussed and settled at this meeting.

#### New Arrivals

Steven Andrew Kennedy surprised everybody, particularly Nadeen and Herb, by arriving early—on the 18th of April. He weighed in at 4½ pounds and so had to remain in the hospital a little longer than his Mom, but is eating "like a little chow hound."

We really missed on an item of news in January. The Taits of Buckley, welcomed not one, but two babies on December 31st, 1960, and (this will make Dud Houtz green) they had a girl and a boy! Garnett and Garth and their Mom and Dad are due our apologies—and our congratulations!

Please let us know your vacation plans so that the June Bulletin can contain a chatty, newsy epistle with which to round out the year. Thank you.

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#### HOSPITALS ...

#### St. Joseph's

The Medical Record Department would like to extend sincere congratulations to Mrs. Goldie Crouch and Miss Dee Sparkes who recently got word that they passed their National Examination and are now Accredited Record Technicians.

On Friday, April 29th Medical Record Technician students, Miss Ann Roberts and Miss Janene Duey accompanied by Miss Sharon Weinreich and Miss Dee Sparkes attended the Washington State Convention of Medical Record Librarians held in Longview. There were many interesting speakers and much information was gained.

The combined graduation of Medical Technology and Medical Record Technician students will be held at St. Joseph on May 20th. A High Mass will be celebrated in the hospital Chapel followed by breakfast in the Cafeteria for the graduates.

The Pharmacy would like to extend a word of welcome to their new pharmacist, Miss Irene Chikata. Irene graduated from the University of Washington College of Pharmacy just a year ago. St. Joseph is very happy to have her and it is our hope that her stay with us will be long and fruitful.

Surgery II is getting a new look with lowered ceilings, indirect lighting, stainless steel cupboards with sliding glass doors and dual spotlights. We are grateful to everyone helping to make this improvement a reality.

A party was held in honor of Doctor Fornusek who left in April to tour Europe and take some important examinations.

Everyone is enjoying the new addition to our culinary department in the form of a new 50 cup percolator from Western Clinic. Many thanks for your generosity.

The May meeting of the Catholic Nurses will be held here at St. Joseph in the school of nursing lounge. The topic will be Catholic Charities.

We would like to extend congratulations to the following: Mrs. Patricia Gearhart, R.N., a son; Mrs. Betzendorpher, a daughter; Mrs. Mary Winkler, R.N., a daughter; and Mrs. Mary Louise Taylor, a son.

The new glass doors on the South end of Maternity sure add a touch of luxury and we are now able to see into Pediatrics.

National Hospital Week, May 7-13 means open house which will be from 1 p.m. to 4 p.m. All are invited to come and bring a friend.

The Freshman class worked for weeks preparing for the "Open House" which was held to introduce prospective student nurses to our school. Tours were held through the hospital and nursing home, experiments performed in the lab, and a smorgasbord was held afterward.

Sisters Marie Magdala, Philomene Marie, Othelia, Columba, Rose Eileen and Evelina attend the Convention of Western Hospitals held in San Francisco April 23-27.

Pediatric Department played host to many of the medical staff. We had the enjoyment of caring for Kathy Coon, daughter of Dr. and Mrs. Coon, John Smeall, son of Dr. and Mrs. Smeall, and Diane and Michelle Lasby, daughters of Dr. and Mrs. Lasby.

Former RN's of our department have also had their little ones with us; Tom Zurfluh son of Bonnie Zurfluh and Marty Guirsh, son of June Guirsh.

Have you seen the new Patient/Personnel Library yet? During May it will be open regularly during the afternoon coffee break to give you a chance to get acquainted with the fine and exciting books that are available to our St. Joseph personnel. The library is located right next to the cafeteria in the old record room.



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### PIERCE COUNTY MEDICAL SOCIETY PLAN FOR CIVIL DISASTER

In case of disaster of any magnitude, the MEDICAL DISASTER PLAN may be initiated by either of the following methods:

- A. The Sheriff's office, the office of the State Patrol, the City Fire Department, the City Police Department, or any other responsible agency shall notify the PHYSICIANS EXCHANGE (BR 2-3166) of the occurrence of the disaster, its location, estimated number of casualties, and other pertinent data.
- B. Any hospital whose emergency room capacity is taxed to the point of overloading, and/or when additional information indicates that casualties are arriving from unaccounted sources, may notify the PHYSICIANS EXCHANGE.

#### I. THE PHYSICIANS EXCHANGE will then:

- a. Notify a doctor listed as a member of the Civil Disaster Committee who will evaluate the situation.
- b. In the meantime, the operator at the Physicians Exchange will locate the scene of disaster on the map provided and mark it with a red cross. Numbered thumb tacks immediately adjacent to this area will be identified on the numbered list of doctors placed as a legend on the map.

  The tacks will be located on 2 maps, one for nights and week-ends

depicting the doctor's residence; the other, for daytime use, depicting offices.

- c. The Disaster Committee Chairman or his designee will be consulted for extent of the alert status.
- d. A number of doctors (established by the Committee member) in the immediate area will be dispatched to the site by announcing "Disaster at . . . location", and advising them to report there to an identifiable official car immediately.
- e. The rest of the Civil Disaster Committee members will then be notified to proceed to their liaison posts at their assigned hospitals. Meanwhile, the first notified physician of the committee will have proceeded to the C. D. Headquarters controlling the site of the disaster, to establish liaison with other branches of C. D.
- f. Notify hospitals with code terms "Disaster, please establish your emergency plan."

#### II. DOCTORS DISPATCHED TO THE SITE OF DISASTER BY THE PHYSICIANS EXCHANGE WILL:

A. IMMEDIATELY PROCEED TO THE OFFICIAL CAR AND IDENTIFY THEMSELVES BY THEIR CIVIL DEFENSE IDENTIFICATION CARDS. THIS IDENTIFICATION MAY ALSO BE NECESSARY TO PASS THROUGH POLICE AND FIRE LINES.

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L. Clein, N. W.: Pediat. Clin. North America, Nov., 1954, pp. 949-962.

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| GENERAL<br>PRACTICE   | S. Adams<br>O. Harrelson<br>L. Rosenbladt<br>W. Rosenbladt |   |  | G. Dru<br>J. Haz<br>G. Hoo<br>R. John |
| INTERNAL<br>MEDICINE  | R. Kallsen<br>T. Smith                                     |   | H. Anderson<br>T. Duerfeldt<br>J. Harris | R. Bar<br>R. Lar<br>R. O'C            |
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| ORTHOPEDIC<br>SURGERY | W. Goering   | D. Staatz   | D. Murray                                | D. Alli<br>W. Zir                     |
| PATHOLOGY             | C. Reberger  | C. Larson   | C. Reberger                              | C. Lar                                |
| PEDIATRICS            |  | L. Brigham<br>D. Hellyer<br>G. Kittredge<br>R. Norton<br>G. Tanbara |  | C. Ken<br>D. Spa                      |
| RADIOLOGY             | B. Harrington<br>A. Sames                                  | K. Gross  | S. Sanderson                             | Н. Ма                                 |
| SURGERY               | L. Annest<br>J. Read<br>D. Willard                         | T. O. Murphy<br>C. Piper  | R. Gibson<br>A. Herrmann                 | E. Ban<br>M. Joh<br>W. Sm             |
| UROLOGY               |  |   | — <u> </u>                               | R. Osl                                |
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| G, Race<br>B. Rowen<br>G. M. Whitacre                           | E. Fairbourn<br>R. Huff<br>M. Thomas                          |                                    |  | F. Maire  |  |  |
| J. Mandeville   | W. Cameron  |                                    |  |   |  |  |
| R. Florence   | W. Peterson   |                                    |  |   |  |  |
| R. Vimont   | C. Larson   | C. Larson                          |  |   |  |  |
| B. Bader  | E. Nelson   |                                    | P. Gerstmann                                       |   |  |  |
| J. Flynn  | F. Rigos  |                                    | J. Jarvis  | M. Vozenilek                                      |  |  |
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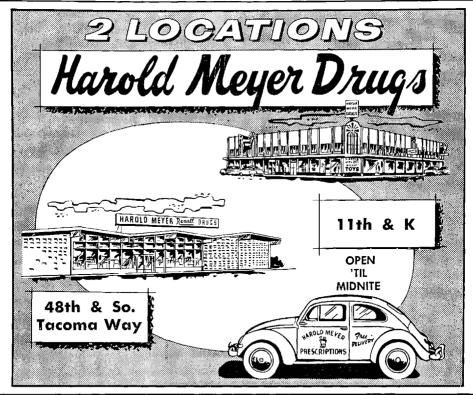
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#### III. AMBULANCES

- a. No ambulance will leave the area without first clearing through the physician at the official car as to the number of casualties he carries and to which hospital he is being dispatched.
- b. Police and Fire officials will refrain from dispatching ambulances to any hospital and will insist upon the ambulance clearing through the official car physician.

#### IV. HOSPITALS alerted will:

- a. Immediately inaugurate their hospital Civil Defense Plan notifying doctors assigned as members of their Civil Disaster team and throw their Disaster Plan into action.
- b. Hospitals will AVOID calling Fire, Police or other law enforcement agencies. If additional assistance is needed, information will be communicated to the doctor at C. D. Headquarters who will correlate this information with the appropriate authorities at that Center.

#### V. CIVIL DISASTER COMMITTEE MEMBERS will:

- a. The first one notified will establish the magnitude of the disaster and the extent of the alert necessary. He will then notify the Physicians Exchange as to the extent the plan should be put into effect. He will then proceed to the C. D. Headquarters controlling the site of disaster (City at 420 Fawcett; County in the County-City Bldg. Room B33 in the basement). He will there monitor the short-wave communication regarding medical personnel and care of casualties and coordinate medical activities with those of other C. D. branches.
- b. Other members of the Disaster Committee will proceed to the hospitals assigned to them to man the radio communications, phones, etc. and will keep in close contact with C. D. Headquarters and the disaster area through these media. They will not leave the area of communication system, serving as coordinators and advisors only.

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#### 110th Annual AMA Meeting in New York

The American Medical Association's 110th annual meeting, the "world's fair of medicine," will bring an estimated 50,000 persons, including 25,000 physicians, into New York City, June 25-30.

The five-day convention, biggest of its kind in the world, will attract not only doctors, but also their wives and families as well as residents, interns, exhibitors; in fact, people connected with all the allied fields of medicine.

Technical exhibits, numbering 827 and displaying everything from medical books to diapers, and more than 350 scientific exhibits largely developed, designed and manned by physicians reporting their research, will take up practically every inch of space on all four floors on New York's big Coliseum.

The A.M.A. meeting will open formally on Sunday, June 25, with a special preview luncheon and showing in the Coliseum for A.M.A. officers and committee chairmen, members of the Board of Trustees, representatives of the Pharmaceutical Manufacturers' Association, and invited guests.

In the past, A.M.A. conventions opened on Monday, but as a convenience to physicians and in anticipation of the heavy attendance, both the registration facilities and the technical and scientific exhibits will be open and staffed until 5 o'clock Sunday afternoon.

Registration hours, Monday through Thursday, will be from 8:30 a.m. to 5:30 p.m., and until 12 noon on Friday, the final day. The Coliseum will be open, however, to physicians only on Tuesday, Wednesday, and Thursday morning.

Dr. Leonard W. Larson, 63-year-old pathologist and clinic executive from Bismarck, N. D., will be inaugurated as president of the A.M.A. at 8:30 p.m., Tuesday, in the Waldorf-Astoria ballroom. Dr. Larson, who will give his inaugural address that time, succeeds Dr. E. Vincent Askey, Los Angeles surgeon.

Dr. Larson has attended all but one of the A.M.A. conventions since 1926.

#### Scientific Sessions

More than 2,000 physicians will take part in the A.M.A. scientific program, which is designed to keep doctors abreast of what's new in medicine.

Teaching mediums will include lectures, symposiums, panel discussions, movies, and closed-circuit television.

More than 300 physicians will deliver lectures before 20 different section meetings. Each section represents a specialty in medicine. The section meetings, which run simultaneously, will be held not only in the Coliseum, but also in hotels nearby: Essex House, Barbizon Plaza, the Plaza, Henry Hudson and the Sheraton-Park.

Highlights of the scientific program include a one-day meeting devoted to chest diseases; a Research Forum in six sections with more than 200 participants representing a corss-section of every medical specialty; a Section on Otolaryngology; a program on high blood pressure due to kidney diseases; sections on surgery and on physi-

(Continued on page 23)

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cal medicine. There also will be conferences on diabetes and nutrition with special exhibits in conjunction with the lectures.

Meetings of the House of Delegates will be at the Statler-Hilton. Matters to be considered by the house will probably include: A supplemental report relating to closer cooperation between the American Medical Association, the American Hospital Association, the National Association of Blue Shield Plans, and the Blue Cross Association in promoting "maximum development of the voluntary non-profit prepayment concept to provide health care for the American people."

Also up for consideration by the House will be a report by the A.M.A. Judicial Council, the "supreme court" of medicine, which will cover the relationship between doctors of medicine and doctors of osteopathy; group disability insurance for all members of the American Medical Association: a status report by the A.M.A. Commission on the Cost of Medical Care, which is presently studying all facets of the broad medical care cost problem; a final report by a committee which studied all mechanisms for disciplining members of the medical profession; Washington legislation, especially various aspects of President Kennedy's program for health care of the aged through social security.

#### Woman's Auxiliary

Approximately 3,000 members of the Woman's Auxiliary will hold their 38th annual convention in New York City simultaneously with the A.M.A. meeting. Headquarters will be at the Hotel Roosevelt.

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#### From Japan . . .

Last month's Bulletin featured a discussion of the strike of Japanese doctors and dentists. It was stated that "by and large the population of Japan is not sympathetic with the strike but is sympathetic with the reasons for the strike."

The following article appeared in the April, 1961, Bulletin of the Hennepin County Medical Society as a translation from the column "Tensei Jingo" by Asahi Shimbuii. It points out clearly that in this hassle to provide medical care for everybody at somebody else's expense the forgotten man is the patient.

—Editor.

#### MEDICAL ILLS

About 8,000 practicing doctors affiliated with the Tokyo Metropolitan Medical Association put out signs saying "No Treatment Today" on Tuesday and took the day off. The same thing has been done before by doctors in Osaka and Nagasaki, and doctors in different parts of the country will continue to take days off.

Regardless of the current "flu" epidemic, the Japan Medical Association is organizing a whole series of walkouts and doctors will refuse to treat their patients. Such coldness is indescribable. The public is deeply disturbed.

In the protest rally which they staged in Tokyo, the doctors carried placards bearing quite strong language. Some of the slogans were exceedingly rugged, such as "Once medicine was magic; now it's mathematics," "The Health and Welfare Ministry Ignores Human Life," "Y54 for examining a human being; Y80 for mending a tire," and "Your Life is cheaper than a pig's."

When it drafted the budget, the Government did not settle the question of whether to raise the charge per point or to increase the number of points for different types of treatment under the health insurance scheme. All it did was to approve a 10 per cent increase in medical charges. It left the central question to be settled later. This is why the Medical Association is trying to

attain its objective of a 30 per cent increase in the charge per point by applying pressure through doctors' strikes.

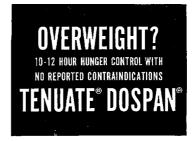
The Medical Association has, of course, designated hospitals for emergency treatment during the strikes. But most families have their own family doctor. They do not like to be treated by other doctors. If they go to a different hospital, they also have to pay the initial examination fee all over again.

There have, fortunately, been no unfortunate accidents or confusion. But even if no one has yet died because of the doctors' refusal to give treatment, the possibility is always there. What with strikes by private doctors and the intermittent strikes at hospitals, this is a bad year for patients.

Yoshimi Furui, the Health and Welfare Minister, says the doctors are conducting a sumo match with themselves, with no opponent. He says loftily, "If they refuse treatment for their patients, they are only hurting themselves since they lose income. We will stand on the sidelines and watch."

His remark reflects an over-hostility and ignores the existence of the patients. If patients were forced to conduct sumo matches with themselves without an opponent, it is the people who will suffer. The Government must come down from its Olympian aloofness.

The doctors should realize that the public will never support their heartless refusal to give treatment. The patients are in a weak position in relation to the doctors. They do not complain directly to the doctors, but they are complaining in their hearts.



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#### TB Assn. and Thoracic Society Annual Meet

The Washington Tuberculosis Association and the Washington Thoracic Society will hold their Annual Meetings at the Winthrop Hotel May 5 and 6. Members of the Pierce County Medical Society are welcome to attend any of the meetings.

Friday, May 5th, at 12:30 p.m., there will be a luncheon meeting, at which John R. Goldsmith, M.D., Head, Air Pollution Medical Studies, California Department of Public Health, Berkeley, will be the speaker. His subject will be: "Does Man's Health Depend on the Air He Breathes?"

At the 7 p.m. dinner meeting, Martin J. Fitzpatrick, M.D., Chief, Pulmonary Disease Section, Department of Internal Medicine, University of Kansas Medical Center, Kansas City, will speak on "The Changing Spectrum of Pulmonary Disease". Reservations for luncheon and dinner may be made at MA 7-1891.

The Washington Thoracic Society will hold Clinical Sessions Saturday morning, ending with a luncheon meeting at 12:30.

Dr. and Mrs. C. V. Lundvick left April 13th for six weeks in Europe where Dr. Lundvick will attend a series of medical meetings — the Barraquer Seminar of Ophthalmology in Spain, the French Academy of Ophthalmology in Paris and Eye Clinics in Cologne, Amsterdam and London.

### More News on . . . California Osteopathy

In the April Bulletin it was noted that a real effort was being made in California to bring the M.D.'s and D.O.'s together. From the California Medical Association Public Relations Committee comes the following progress report:

#### HOUSE OF DELEGATES TO ACT ON MERGER INTO MEDICAL ASSOCIATION

The first of the last three steps toward the unification of the members of the medical and osteopathic professions into a single medical organization and the conversion of the Los Angeles College of Osteopathic Physicians and Surgeons into a medical school was taken here (March 30 in Los Angeles) today.

Signers of the all embracing agreement, which next goes to the members of the House of Delegates of the California Medical Association and the California Osteopathic Association for final approval, were Dr. Paul D. Foster, president of CMA, and Dr. Dorothy J. Marsh, COA president.

"Prime objectives of the merger of the two professions," said the two presidents in a joint statement, "is to improve the health services available to the citizens of California and to expand present medical teaching facilities.

"Meanwhile, it should be stressed that this agreement in no way attempts to alter or diminish the practice rights of individual physicians, or to limit their opportunities of future practice in caring for their patients. Hospital privileges of the members of the two groups will remain unchanged.

"After the final approval of the agreement it is contemplated that individual members of the COA will obtain a degree of Doctor of Medicine.

#### Advisory Educational Committee

"The CMA has agreed to accept such procedures for the change of the osteopathic school to a school of medicine and for the issuance of medical degrees as agreed upon by the Advisory Educational Committee."

The presidents of the two organizations explained that the educational committee composed of the three deans of the local medical schools, Drs. Clayton G. Loosli, University of Southern California; Walter E. Macpherson, College of Medical Evangelists; and Stafford L. Warren of the University of California at Los Angeles, along with Dr. Grace Bell, dean of the osteopath's school, and other leaders in both professions have been in conference for several months working out satisfactory arrangements for the change-over of the college to a medical school.

During the press conference called to witness the signing of the agreement it was brought out that "both parties agree to use their best efforts" for the enactment of any enabling legislation necessary to further the unification agreement.

#### Can Use Only One Degree

Contemplated legislation sets October 31, 1962, as the final date when properly licensed osteopathic physicians who receive a Doctor of Medicine degree may elect to use the term or suffix "M.D." After making the medical selection, a former doctor of osteopathy shall discontinue the use of the suffix "D.O." It was made clear that he may elect to continue as an osteopathic physician and surgeon using the "D.O." identification after his name, but he is precluded from using both "M.D." and "D.O."

#### End To Osteopathic Licensing

Other mutually agreed upon legislative proposals would eventually end the licensing of doctors of osteopathy and eliminate the California Board of Osteopathic Examiners.

This action, said both presidents, would be in the natural course of legislative procedure since at the present time both the osteopathic board and the Board of Medical Examiners issue identical licenses with equal rights for doctors of medicine and doctors of osteopathy. When given legislative approval, the Board of Medical Examiners will have at least one member who previously held a "D.O." degree.

"We have been impressed," concluded the joint statement, "with the patience, the sincerity and the objectivity of the representatives of both professions who have brought our unification program to the point where all details have been resolved and, as of this date, been given official approval.

#### More Medical Students

"Much credit is due to the members of the Advisory Educational Committee who will have a continuing responsibility to see that the interests of the current students at the highly esteemed osteopathic college are respected and that the change to a medical school will be accomplished as expeditiously as good judgment dictates. The opportunity for an increased number of medical students is a factor that every person in fast-growing California can appreciate."

Other signatories to the agreement were Drs. Samuel R. Sherman, CMA council chairman. and Glenn Gordon

secretary.

CMA has a membership nearing the 18,000 mark while there are 2,200 members of COA.

CMA's House of Delegates will act on the agreement at its Los Angeles meeting on May 3. The COA meeting is scheduled for May 17 in Long Beach.

Certainly the California Osteopathic physicians may be commended for a solid accomplishment. There will be problems. Reciprocity licensure by California for non-California trained osteopaths will be a trying experience and the confusion of specialty certification of osteopaths who become M.D.'s will trouble every American specialty board.

But the California D.O.'s are on the march and, at their own risk, they have disowned the late Major A. T. Still, D.O., founder of this science which consists of "exact, exhaustive, and verifiable knowledge" which restores normal equilibrium of form and function in the body in "accord with its own mechanical principles, molecular activities and metabolic processes." Those who continue to follow Still's version of God's law ("Osteopathy is God's law"-Still) in other states are not pleased with their California brethren but a large number, also outside California, would prefer to forget A. T. Still and his war of osteopathy vs. poison (i.e. medicine).

#### Heart Assn. To Offer Work Classes

The Pierce County Heart Association announces the start of work simplification classes for homemakers. The Spring Series consists of four class sessions — Tuesday. May 16; Thursday, May 18; Tuesday, May 23; and Thursday, May 25. The class are held from 7:30 p.m. until 9:30 p.m. at the Heart Association Office, 120 North Tacoma Avenue. There will be no charge for any of the classes.

Registrations are now being taken at the Heart Association office, BR 2-7854.

The classes are taught by a trained Occupational Therapist, and are open to any homemaker who would like to learn to "Take It Easy, Work Smarter not Harder."

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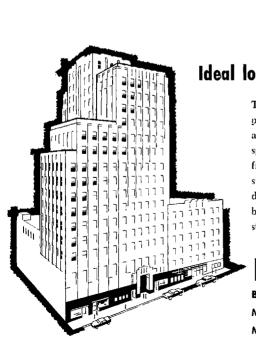
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Information from clinical toxicology......106



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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC
Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m. TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August

—6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m.

at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

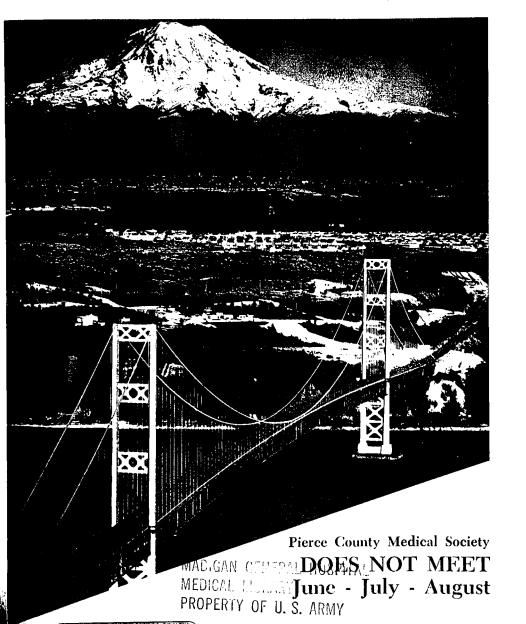
# The BULLETIN of the

#### PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 6

TACOMA, WASH.

JUNE - 1961



#### Pierce County Medical Society

#### 1961 Onnione.

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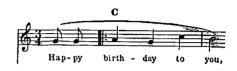
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references: (1) Hirshfuller, 1: Adjunctive therapy in cardiacs, presented at the Spring Scientific Symposium, Connecticul Acad. Gen. Piacl., Hartford, Conn., March 16, 1961. (2) Frohman, 1. P.: The Alteriation of Stress in the Elderly Cardiac Patient, Ibid. (3) Kent, 5, 8: Management of the Hyperactive Geneticie Patient, Ibid.

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#### **EDITORIALLY SPEAKING**

#### C.C.C.P.

Over the past few months there have been received in the library of your Pierce County Medical Society a number of journals translated abroad from the Russian with support from our national agencies, published in England or Israel at our government's expense and mailed unsolicited and postpaid. Strangely, some of the journals printed in England arrive by registered mail from Poland. So far there has been little interest shown in these specimens and many of these journals in the library have not even been opened. Apparently, it has not been questioned why the National Institutes of Health, the National Science Foundation and the Department of Health, Education and Welfare have provided libraries, free of charges other than taxes, with translations of Russian literature in preference to all other sources of medical writings. This is not to imply that the National Institutes of Health et al are motivated by a pre-meditated pro-Moscow line, but it suggests that for some reason forces are at work in our national organizations which lead them to the conclusion that this Russian literature is more valuable than all other forms of foreign or domestic literature and therefore should be provided at government expense even to those whose interest in this literature is negligible.

This policy of supplying literature free of charge to the Medical Society Library is not limited to Journal publications but has also been extended to books. The most recent acquisition to the library is a book published by the Pergamon Press entitled, "New Soviet Surgical Apparatus and Instruments and their Application," edited by M. G. Anan'yev. This book bears a price mark of \$12.50 and enclosed with it is a "with compliments" note coming from the Pergamon Institute which says "Sent to you with the compliments of the National Institute of Health, Bethesda, Russian Translation Programme." In view of the known cold, calculating, unsympathetic attitude of the proponents of International Socialism, the publisher's notice to reviewers and researchers which is found in this book raises some question of the overall sanity of our National policies. It also suggests a subtle, if stupid, reason behind this obvious favoritism of Russian literature.

This note states "The cost of translating scientific and technical work from the Russian in time, money and publishing effort is very considerable. In the interest of getting the Soviet Authorities eventually to pay the usual author's royalties to Western authors, the Pergamon Press is voluntarily paying to the Russian authors the usual writers' Royalties on this publication, in addition to the translators' and editors' fees. This and the somewhat limited market and the lack of any kind of subsidy accounts for what may appear to be a higher than usual publishers price." Essentially, however, the National Institutes of Health is subsidizing this program when they agree to buy these books at \$12.50 to be sent willy-nilly to all the medical libraries in the country. It may be true that there are a few people in this country who might be interested in owning such a book, but it does not seem in accord with sound national policy to contribute financially to this program set up by the Pergamon Institute in the interest of getting the Soviet authorities eventually to pay the usual authors' royalties to Western authors. The program itself appears too naive for serious consideration and yet the National Institutes of Health and we, the taxpayers, wind up supporting just such a program.

So far, the library has received about 100 shelf inches of this material, much of it discarded to make room for publications which doctors occasionally read. At present, we have on hand about 40 inches of shelf packed with such journals and books; Anan'yev's book at \$12.50 is 11/16 inches in thickness. This literature is naturally scientific and totally non-political, e.g.—

"Scientific research has filled my whole life with interest and joy, and I hope that I shall have the possibility of developing and solving many scientific problems which arise, in the *big and friendly collective group* of physiologists in the Ukraine." (1)

Da da da, Eto-science!

1. G. V. Fol'bort, The Paths of Development of My Research, Problems of the Physiology of the Processes of Fatigue and Recovery, Acad. Sciences of Ukranian S.S.R., Page 52, Kiev, 1958.

-Editor.

#### PHYSICIAN-DENTIST FIELD DAY FRIDAY, JUNE 30

#### June Calendar of Meetings

| MONDAY   | TUESDAY                                      | WEDNESDAY | THURSDAY | FRIDAY   |
|--|--|-----------|----------|--|
|  |  |           | 1        | 2<br>C.P.C. of St. Joe's<br>9:00 a.m.  |
| 5  | 6 Staff of Tacoma General Hospital 6:30 p.m. | 7         | 8        | 9<br>C.P.C. of St. Joe's<br>9:00 a.m.  |
| Staff of Good Samaritan Hosp. 6:30 p.m. Staff of N.P. Noon | Staff of Doctor's Hospital 7:30 p.m.         | 14        | 15       | Staff of Medical<br>Arts Hospital<br>7:15 a.m.<br>C.P.C. of St. Joe's<br>9:00 a.m. |
| Staff of St. Joe's<br>6:15 p.m.                            | 20   | 21        | 22       | Staff of M. Bridge<br>Hosp.—12:15 p.m.<br>C.P.C. of St. Joe's<br>9:00 a.m.         |
| 26 Staff of Mt. View General Hospital                      | 27   | 28        | 29       | 30<br>C.P.C. of St. Joe's<br>9:00 a.m.   |

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- —"When called to a patient, find out from his messenger as much about him as you can before you arrive. Then, if his pulse and urine tell you nothing, you can still surprise him with your knowledge of his condition."
- —"When feeling the patient's pulse, allow for the fact that he may be disturbed by your arrival and by the thought of the fee you are going to charge him."
- —"When asked how long recovery will take, specify double the expected period. A quicker recovery will rebound to your credit."
- —"Do not look lecherously on the patient's wife, daughters or maid-servants, or kiss them, or fondle their breasts, or whisper to them in corners. Such conduct distracts the physician's mind from his work."
- —"Avoid the company or friendship of laymen. They make a habit of mocking doctors, and besides, it is not always easy to extract a fee from an intimate."

Reprinted from Medico Legal Digest.

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#### What's For Lunch?\*

My span of attention is very short. I distract easily. Recently, it's been getting worse.

I read the scientific articles presented to this Journal for publication, you know, and now and then make comment on the scientific material therein. This month I was brought up short. Among the manuscripts there was on on the subject of hypnosis in surgery.

We depart from science, therefore, to deal with the art of medicine. It is my deal. This is about hypnosis and it may be said of me, truly, "He doesn't know his id from his ego."

I have tried to fit hypnosis into my picture. Not hard, but once in a while I give it a little go. I'm furtive about it, like a small boy watching a peep show. It's interesting, but I'm not quite sure I would like to be caught doing it.

I have closed my eyes on command. I have looked for the blackboard to draw the circle on. I have looked for the table with the vase to put the flowers in. It is one of the things I am a failure at. When I close my eyes, it gets dark. I can't see anything. Keep it up for long and I go to sleep.

I have tried my version of it on an occasional patient, only it's not really hypnosis, it's more like friendly persuasion on a man to man basis, or in this case man to woman. This woman with the hemorrhoids was concerned.

"Will it hurt?" she asked the night before surgery.

"Heavens, no," I said. "When you wake you will be relaxed and drowsy and there will be no pain then or ever. There will be nothing to it." I stopped twirling my watch and put it back in my pocket. Then I patted her hand, which is always a nice touch, I think.

Well, after the operation I was all quiet confidence as I opened the door to her room. Not she. "Damn you," she roared. "You are a lousy liar. It hurts like hell."

(Continued on page 10)

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(Continued from page 8)

You must have the full cooperation of the patient, of course. How was I to know she wasn't with me all the way?

There is one time when the patient is most receptive to suggestion and that is when he is emerging from anesthesia. I am told this is true, anyway. You think he is asleep, but he is not, see? And any message you implant at that time is received, accepted, and acted upon without question, just as soon as he wakes up. This is the reason you shouldn't sing, whistle, tell lewd stories, or insult the patient while the incision is being closed. It all registers and you may regret it. On the other hand, you may take advantage of this receptive phase to plant positive suggestions.

"When you wake," you intone with confidence, "you will have no pain, there will be no gas, no nausea, your intestine will work smoothly, and you will have no trouble passing your water."

Then in the morning after you have renewed the order for morphine, grains ¼ every 4 hours, checked the nasogastric suction, emptied the emesis basin, and irrigated the inlying catheter, you can be thankful you have made your suggestions. Think how much sicker he might have been without them.

I have thought seriously of taking one of those courses they keep advertising in the mail. You have seen them, I am sure. A panel of experts barnstorms like they used to do on the old Chautauqua circuit. They have a dentist, a psychologist, and a couple of doctors. They hit it from all angles for I day, 2 days, or whatever seems indicated, in better hotels in San Francisco or Las Vegas or Seattle or wherever else seems likely. You learn all about it and then practice on each other.

The program varies a little depending on how long you are at it. The price runs from \$50.00 to \$150.00. And there is 1 footnote which is standard in the program. Always, after the price quote, it says, "Luncheon is included."

It seems to me that I am not a good sta-

tion either for sending or receiving hypnosis. One of those courses might make all the difference, but lacking confidence, as I do, and being stingy, as I am, before I would put out that kind of money I would like to know just one thing. It might turn out to be all I would get for my money. "What's for lunch?"

-Eric R. Sanderson, M.D.

\*Reprinted from Western Journal Surgery, Obstetrics and Gynecology, 68:172, 1960.

#### Notice

The Governor of the State of Washington has proclaimed the week of June 11 through June 17, 1961 as Medical Technology Week in recognition of the Annual Meeting of the American Society of Medical Technologists to be held in Seattle during the second week of June.

Nellie May Bering, M.T. (ASCP), President of the ASMT has extended through this office a welcome to the membership of the Pierce County Medical Society.

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There've been some changes made during the past five years. If you doubt it, take a look at the 1956 Pictorial Roster. Not only are there many new faces here since then, but the "old" ones have . . . well, altered somewhat. So, at the May meeting of the Society, the membership approved a recommendation to publish a new, up-to-date edition.

All photos will be taken by Perler's Studio and in the near future they will contact you for an appointment. This will involve no cost to you, no obligation whatsoever, and only enough of your time to have your picture taken. It is hoped that all photographic work will be completed during the summer months so that the Roster may be published this Fall.

You will hear from the Studio soon so be prepared to make your appointment. The cooperation of every physician is requested.

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#### and Post REPRINTED BY REQUEST PIERCE COUNTY MEDICAL SOCIETY PLAN FOR CIVIL DISASTER

In case of disaster of any magnitude, the MEDICAL DISASTER PLAN may be initiated by either of the following methods:

- A. The Sheriff's office, the office of the State Patrol, the City Fire Department, the City Police Department, or any other responsible agency shall notify the PHYSICIANS EXCHANGE (BR 2-3166) of the occurrence of the disaster, its location, estimated number of casualties, and other pertinent data.
- B. Any hospital whose emergency room capacity is taxed to the point of overloading, and/or when additional information indicates that casualties are arriving from unaccounted sources, may notify the PHYSICIANS EXCHANGE.

#### I. THE PHYSICIANS EXCHANGE will then:

ing offices.

- a. Notify a doctor listed as a member of the Civil Disaster Committee who will evaluate the situation.
- b. In the meantime, the operator at the Physicians Exchange will locate the scene of disaster on the map provided and mark it with a red cross. Numbered thumb tacks immediately adjacent to this area will be identified on the numbered list of doctors placed as a legend on the map.

  The tacks will be located on 2 maps, one for nights and week-ends depicting the doctor's residence; the other, for daytime use, depict-
- c. The Disaster Committee Chairman or his designee will be consulted for extent of the alert status.
- d. A number of doctors (established by the Committee member) in the immediate area will be dispatched to the site by announcing "Disaster at . . . location", and advising them to report there to an identifiable official car immediately.
- e. The rest of the Civil Disaster Committee members will then be notified to proceed to their liaison posts at their assigned hospitals. Meanwhile, the first notified physician of the committee will have proceeded to the C. D. Headquarters controlling the site of the disaster, to establish liaison with other branches of C. D.
- f. Notify hospitals with code terms "Disaster, please establish your emergency plan."

#### II. DOCTORS DISPATCHED TO THE SITE OF DISASTER BY THE PHYSICIANS EXCHANGE WILL:

A. IMMEDIATELY PROCEED TO THE OFFICIAL CAR AND IDENTIFY THEMSELVES BY THEIR CIVIL DEFENSE IDENTIFICATION CARDS. THIS IDENTIFICATION MAY ALSO BE NECESSARY TO PASS THROUGH POLICE AND FIRE LINES.

(Continued on page 19)

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1. Clein, N. W.: Pediat. Clin. North America, Nov., 1964, pp. 949-962.

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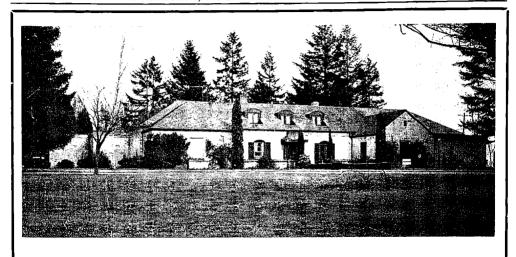
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| P. Grenley  | H. Kennedy  |                                    |  |   |  |  |
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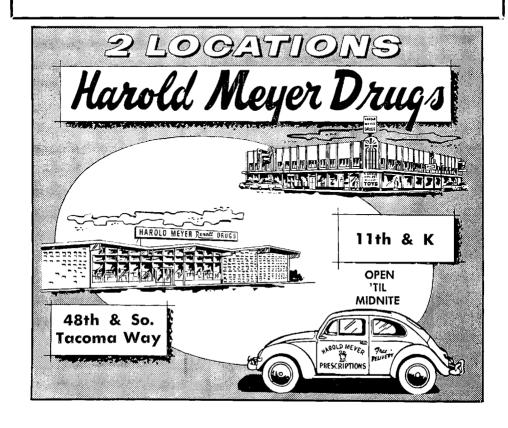
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- D. THE DOCTOR STATIONED AT THE RADIO-PHONE WILL ANNOUNCE TO THE HOSPITALS THE NUMBER OF CASUAL-TIES BEING DISPATCHED TO EACH HOSPITAL AND WILL KEEP IN TOUCH WITH THE DOCTOR AT C. D. HEAD-QUARTERS.

#### III. AMBULANCES

- a. No ambulance will leave the area without first clearing through the physician at the official car as to the number of casualties he carries and to which hospital he is being dispatched.
- b. Police and Fire officials will refrain from dispatching ambulances to any hospital and will insist upon the ambulance clearing through the official car physician.

#### IV. HOSPITALS alerted will:

- a. Immediately inaugurate their hospital Civil Defense Plan notifying doctors assigned as members of their Civil Disaster team and throw their Disaster Plan into action.
- b. Hospitals will AVOID calling Fire, Police or other law enforcement agencies. If additional assistance is needed, information will be communicated to the doctor at C. D. Headquarters who will correlate this information with the appropriate authorities at that Center.

#### V. CIVIL DISASTER COMMITTEE MEMBERS will:

- a. The first one notified will establish the magnitude of the disaster and the extent of the alert necessary. He will then notify the Physicians Exchange as to the extent the plan should be put into effect. He will then proceed to the C. D. Headquarters controlling the site of disaster (City at 420 Fawcett; County in the County-City Bldg. Room B33 in the basement). He will there monitor the short-wave communication regarding medical personnel and care of casualties and coordinate medical activities with those of other C. D. branches.
- b. Other members of the Disaster Committee will proceed to the hospitals assigned to them to man the radio communications, phones, etc. and will keep in close contact with C. D. Headquarters and the disaster area through these media. They will not leave the area of communication system, serving as coordinators and advisors only.

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(Continued from page 21)

hands which must immobilize the cervix. Dr. Emig then pointed out that one of the biggest difficulties in performing a conization of the cervix is the moving target and that a good cone does not result if the cervix is allowed to wiggle about.

With the cervix well held, the nondilating sound is placed gently into the external os and guided into the cervix. The function of the sound is to act as a fulcrum about which to direct the knife.

The actual cone he recommends at 3 mm, in thickness. This may result in one piece of cone if the os is reasonably round, but in cases of old tears the contour of the external os may necessitate several directions of cut and more than one piece of cone.

Once removed, the tissue is given to the pathologist for flattening and pinning prior to fixation. Serial cuts may then be prepared from this flattened cervix and since they are now fixed they will not curl or shrink out of shape in processing. For correlative study with the Schiller test, the sections may be numbered and a reasonably accurate distribution of abnormal epithelium may be mapped out for the entire circumference of the cervix.

Dr. Emig stated that 3 mm. depth is sufficient to allow evaluation of gland penetration vs. invasion and yet this depth is not sufficient to interfere with the cervical function and cervical dilatation may be done at this point for subsequent curettage. Again, however, it was pointed out that never should a cone biopsy be preceded by dilatation of the cervix.

As to the role of frozen section in the case of the patient with a cervix which appears not involved with cancer but

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which has a Papanicolaou postive exfoliation, it was noted that there was one famous Clinic in this country which does this. But, even so, such an approach was regarded as highly undesirable. It was also noted rather vigorously that the biopsies of the cervix obtained with miniature grappling hooks do not produce very good diagnostic material. It is often too difficult to find the small scales of squamous epithelium which usually separate from the base.

Dr. Emig emphasized his stand on attention to careful detail in performing a cone biopsy of the cervix by stressing that if a patient is justified in a several hundred dollar hospital bill to determine the state of the cervix she has a right to expect the most complete diagnostic procedure. Impressionistic slivers of cervix mixed with curettings and fixed in blood clot hardly seem worth such an expense.

—Ed.

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## HOSPITALS ...

#### Tacoma General

Various activities were held at Tacoma General in observance of National Hospital Week which was from May 7 through May 13. Open house was held on Sunday, May 7, with approximately 200 visitors touring the hospital. Mrs. Evelyn Stein, Health Service Nurse, was in charge of the tours. Refreshments were served in Jackson Hall under the direction of Mrs. Eudora Fulkerson, Chief Dietitian.

A three-act play "Janus" by Carolyn Green was presented by members of the Tacoma Little Theater. Jackson Hall auditorium was used for the play which took place on the 5th, 11th, 12th, and 13th of May.

Mrs. Edgar Eisenhower opened her home for presentation of awards to Volunteers on May 13. About 55 persons were present.

The second annual Personnel Day was held on May 10, in the hospital dining room. Employees with 5, 10, and 20 years of service were honored. Mr. Fred Boehm, Chief Pharmacist, was honored for his 20 years of service to the hospital. Hal Magelssen, from the Tacoma Vocational School, was the guest speaker for the occasion. Presentation of the awards was made by W. L. Huber, Administrator.

The X-Ray Department has a new receptionist, Mrs. Jill Feldman. Things are back to normal in the X-Ray Department now that the therapy machine has been moved to its new location.

On May 17, the new Audograph recording equipment went into operation in the hospital. Two recording machines have been placed in the Medical Records Department which tie in with the ordinary telephones which are in the building. It is now possible for a doctor to dictate from any telephone anywhere in the building, by following simple instructions. These telephone instructions are posted throughout the hospital.

## St. Joseph's

Central Supply would like to extend a sincere welcome to Valerie Troger who came to us from Australia.

During this month several girls from Surgery have attended various conventions. Mrs. Wetsch traveled to Seattle with other members from St. Joseph's for the Washington State Nurses Convention. The Operating room nurses convention was held in Portland and attended by Sister Joseph Margaret, Jackie Blakely and Mary Ann Hondel. They brought home to us, much worthwhile and interesting information about new trends in the operating room.

A dinner party was held in honor of Mrs. Helen Stewart who left Surgery after many years of service. The Embers, in Lakewood, served as our dining room and the evening was enjoyed by all.

Bowling season is over for the summer and now Mrs. Alma Thomas must return to her other hobbies of gardening and rock collecting. Mrs. Hilda Pennert and Mrs. E. Shanks are anticipating the return of the concert season and it is rumored they already have their seats reserved for the coming performances.

Colleen Kenyon and family had a pleasant trip to Eastern Washington over the Memorial Day weekend where they visited her family. Dorothy DiRe is busy weeding her 50 tomato plants; we can all taste the delicious pizza they will make.

Sister Margaret Catherine and Mrs. P. Smith attended the yearly orientation meeting for faculties of affiliating schools in Seattle, Washington. The discussion was centered around T.B. nursing and the affiliation our students take at Firlands.

Mrs. Reidinger and Mrs. Moe attended the Washington State Convention held in Seattle May 18th and 19th.

Each member of the faculty wishes to express her congratulations to our seventeen graduates and ask that God bless the

(Continued on page 27)

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(Continued from page 25)

years that lie ahead of them with success and happiness. It is our further hope that having passed the first mile-stone in Nursing they will keep the high standards of the Nursing Profession and prove themselves worthy of the name "Professional Nurse".

Step by step everything falls in place as remodeling moves on in Pediatrics. We are so proud of our play room which has taken on a "come hither look" to the children and parents as new drapes were hung and new furnishings installed. Soon we will move our nursing station around the corner to the very lovely and compact chart and medicine room.

Home and around again is Elizabeth Betteridge, daughter of Doctor and Mrs. Betteridge who was a patient here not too long ago. We hope she will continue feeling better.

A luncheon at Mrs. Reidinger's was enjoyed by the student nurses in our department preceding the field trip to Buckley where they visited the Rainier School for Retarded Children. This trip enables them to see how retarded children act and what care is given them.

The annual hospital picnic will be held Thursday, July 13th at Lake Geneva from 12 noon until closing time.

Graduation exercises were held Saturday, May 20th for the Medical Technology and Medical Record Technician students. The graduates attended Holy Mass in the hospital chapel and afterwards had brunch in the cafeteria where they received their diplomas.

Medical Technology students are: Ramonita Serrano, Luzviminda Gamban, and Celerina Feliciano.

Medical Record Technicians students are: Miss Janene Duey, Colleen Harrison, and Ann Roberts.

Last Tuesday the student Medical Record Technicians with Mrs. Arness and Sister Emmanuel spent a very enjoyable and profitable day in Seattle visiting the Medical Record Departments of Providence,

King County, and the United States Public Health Hospitals. This is a yearly event and is one of the highlights of the year for the students.

We would like to extend a sincere wish for a happy vacation to the doctors and personnel of St. Joseph Hospital.

#### Good Samaritan

The City Fathers of the Valley towns were given a brief introduction to the hospital's services and facilities on the morning of May 10 in observance of National Hospital Week. C. W. Myhre, president of the Hospital Board, greeted the group and introduced other representatives of the hospital including several other Board members, Mrs. Lovitt, Director of Nursing; Mrs. Button, Consultant; Dr. James Duffy, Medical Staff; and Paul Teslow, Administrator; all of whom spoke briefly. A tour of the hospital followed the breakfast.

#### Rehabilitation Brochure

A new pamphlet, "A Total Approach to Physical Rehabilitation", depicting the program of the Good Samaritan Rehabilitation Center, was completed recently and is now undergoing distribution. The leaflet outlines the various activities of the Center, which operates under the medical direction of its physiatrist, Sherburne W. Heath, Jr., M.D. The inside portion graphically portravs the team concept of coordination between the various medical and para-medical personnel working together in the areas of physical therapy, occupational therapy, social service, clinical psychology, rehabilitation nursing, vocational counseling, chaplain service, speech therapy, prosthetic service and academic tutoring. Also noted is the participation of voluntary and State agencies which provide the financial sponsoring of patients referred to the Center on both an out-patient and in-patient basis.

#### PATRONIZE YOUR ADVERTISERS

#### WOMAN'S AUXILIARY

## To The Pierce County Medical Society

#### AUXILIARY OFFICERS—1960-61

| President               |                         |
|-------------------------|-------------------------|
| President-elect         | Mrs. Kenneth E. Gross   |
| 1st Vice-President      |                         |
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| 3rd Vice-President      | Mrs. Dudley Houtz       |
| 4th Vice-President      | Mrs. Carl O. Granquist  |
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| Corresponding Secretary | Mrs. Charles M. McGill  |
| Treasurer               | Mrs. Haskel Maier       |
| Assistant Treasurer     | Mrs. Glenn H. Brokaw    |

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| COMMITTEE                  | CHAIRMEN                |
|----------------------------|-------------------------|
| American Medical Education | Mrs. Bolost C. Johann   |
|                            | Mrs. Robert C. Johnson  |
| National Bulletin          |                         |
| Civil Defense              |                         |
| Historian                  |                         |
| Legislative                | Mrs. Don Willard        |
| Membership                 | Mrs. Galen Hoover       |
| Nurse Recruitment          | Mrs. Edward S. Eylander |
| Paramedical                | Mrs. Wayne Zimmerman    |
| Program                    | Mrs. Herbert C. Kennedy |
| Publicity-                 |                         |
| Newspaper                  | Mrs. Robert R. Burt     |
|                            |                         |
| Revisions                  | Mrs. Dale D. Doherty    |
| Safety                     | Mrs. Jack Mandeville    |
| Social                     | Mrs. G. M. Whitacre     |
| Speakers Bureau            | Mrs. Philip Grenley     |
| Telephone                  |                         |
| Today's Health             |                         |
| Minute Women               | Mrs. Hillis F. Griffin  |
| Community Service          | Mrs. Jess Read          |
| Heart                      | Mrs. Edward R. Anderson |
| Community Council          |                         |
| Finance                    | Mrs. Joseph B. Harris   |
| Dance                      | Mrs. Robert W. Florence |
| Fashion Show               | Mrs. Thomas B. Murphy   |
| Game Night                 | Mrs. Dudley Houtz       |
| Midyear Conference         |                         |

We were indeed lucky on the day of our meeting in May, for the sun was shining brightly and the weather was superb for the program — it was wonderful. Hazel Whitacre had really gone to a lot of work and research—we are sorry more of the membership were not there to enjoy it. We did see some faces that we hadn't seen for quite a spell—Oleva Jones, Kay Wright and Jeannie Schwind!

Our outgoing president, Ruth Brooke, who was given a standing vote of thanks at the conclusion of the business meeting, handled said business with finesse and rapidity. After Pat Hoover, acting secretary, read the minutes of the Board meet-

ing, there was a short discussion about finances. We have been deluding ourselves into thinking we were financially strong, when in actuality we have been dipping into our savings account for several years. Of our dues of \$6.00 the past few years, \$1.00 went for hostess fees. Now where can you get as many luncheons as we have had since September for that price? It doesn't even cover the cost of the extra chairs and tray liners for each meeting, not to mention food! So that leaves \$5.00 of each person's dues to account for - and \$3.50 of that goes to State and National dues. And we are assessed \$2.00 per member for the American Medical Education Foundation. So we have been taking out more than we have been putting into the Treasury. Needless to say, the motion to raise the dues to \$10.00 per year was passed. This will be separated into \$8.00 for dues and membership and \$2.00 for hostess

Where was the regular secretary, Bev Harrelson? Home caring for young Robert Atkin who weighed in at 8 pounds, 4 ounces on April 30th. Both Mother and Baby are doing fine and congratulations!

Our congratulations to Eugenia and John Colen—they received their citizenship papers last month.

There has been some discussion about the "donation" on tickets for the activities in which we participate. We sell tickets to earn money for our philanthropies—so it is a deduction and a donation for the organization but *not* on the individual level. This may solve the discussion and argument on the "family level."

#### Operation Coffee-Cup

By now you must have heard about "Operation Coffee-Cup," from friends or from one husband! This is about a recording by Ronald Reagen, which all of us

should listen to—and then invite anyone whom you have reason to feel may be "with us" and who can write an intelligent letter to hear the record. It is suggested that you drink lots of coffee and write lots of letters to our Representative, Thor Tollefson, to Senators Warren Magnusson and Henry Jackson, and to Wilbur D. Mills, Chairman, House Committee on Ways and Means.

About the letters, do the following:

- 1. address them properly
- 2 be local
- 3. be businesslike
- 4. be specific
- 5. be polite
- 6. be reasonable
- 7. be yourself
- 8. request action
- 9. asked for an answer
- 10. be appreciative

Mrs. C. W. Reade, our State Legislative chairman, has told Kay Willard that she firmly believes that the Social Security measure will be "sneaked" into the last meetings of Congress, probably during July and that it is too late for education-letters are our only hope. So during the month of June, get your friends and neighbors in to hear this record—and get those letters written. We were allotted four of the records and Kay has apportioned them out to the following: Margaret Harris, JU 8-2324, in the Lakes District; Keaty Gross, SK 9-2223, in the near North end; Lorraine Adams, SK 2-1492, in the far North end, and to herself, Kay Willard, MA 7-0630, in the Main area. This is most urgent so please phone of these helpers and line up "Operation Coffee-Cup" so that we can live to live and fight again.

#### Western State Hospital Project

We have been asked to assist with some project at Western State Hospital and have

decided to help them with clothing for patients who are ready to return to every-day life. Miriam Doherty has offered to be chairman for this plan and we are asked to save underwear, stockings, shirts, trousers, dresses—anything for teen age and adult people in order that they can have changes as they resume normal activity.

#### Civil Defense

Margaret Harris contacted Civil Defense on the County level after hearing Mrs. Gadsby's talk in April, and so on June 13th and 15th at Custer Elementary School, there will be a "Home Preparedness" workshop—with a choice of attending either the afternoon sessions from one o'clock until four, or the evening from seven-thirty until ten-thirty. This is not just for residents of the Lakes District but for anyone in the County who may be interested. Mrs. Gadsby has offered to come down from Seattle to give a day's course, but the date has not yet been set. Phone Dee Wickstrom, at SK 2-3435, if you are interested in this session.

#### Auxiliary Cookbook

Ruth Murphy, with Jan O'Connell as cochairman, is already making plans for the "Cookbook" of the Auxiliary and the Society (we would like to include the favorite recipes of the "chefs" also) and volunteers will be welcomed to help with this. You are also invited to check your recipes so that they will be available when they are needed.

We had hoped to make this a chatty epistle for you and yet there has been all of this to bring to your attention. So the news items that we have will be saved for July and the new Bulletin correspondent, Mavis Kallsen, can take it from here. Have a wonderful summer and we'll see you in the Fall.

#### PATRONIZE YOUR ADVERTISERS

### Medical Dictionary Circa 1847

The following definitions were taken from Medical Dictionary, 7th Edition, printed 1847 by Harper and Brothers.

Phimosis—A constriction of the extremity of the prepuce, which, preventing the glans from being uncovered, is often the occasion of many troublesome complaints. If the constriction cannot be overcome by leeches, poultices, or the hot bath, the prepuce is to be divided by a bistoury passed along a director previously introduced.

Mortality—The rate or proportion of deaths in a given place, disease, etc. The mortality of different countries differs from the climate, food, and moral condition of the inhabitants. The statistical details upon which the estimates of mortality in any place must be based, are seldom of much value except those formed within a few years. It would appear from these that in the United States the average duration of life is forty years, while in South America it is but thirty years, and in Europe about forty-three years.

Hospital Gangrene—Generally supposed to arise from specific contagion. It consists in a very rapid destruction of parts, not by the formation of ordinary sloughs, but by the conversion of the parts into an ash-colored viscid substance, interspersed with bloody specks. It appears to be an affection intermediate between phagedenic ulceration and ordinary gangrene. It prevails only in hospitals, where it is sometimes a perfect scourge, attacking every wound, however trivial, so that the slightest operation cannot be performed with safety.

Odontalgia—A violent pain in the teeth, most frequently in the molares. Toothache arises from caries, inflammation of the gums, nervous diseases, etc.

Many empirical remedies have been proposed for its cure. When the affection is purely rheumatic, blistering behind the ear

will almost always remove it; but when it proceeds from a carious tooth, the pain is much more obstinate. In this case it has been recommended to touch the pained part with a hot iron, with oil of vitriol or creasote, in order to destroy the aching nerve; to hold spirit or ether in the mouth; to put a drop of oil of cloves, cajeput, or thymein to the hollow of the tooth, or a pill made of camphor, opium, and oleum caryophylli. But one of the most useful applications of this kind is strong nitric acid, diluted with three or four times its weight of spirit of wine, and introduced into the hollow of the tooth either by means of a hair pencil or a little cotton. If the tooth be not too carious, cleaning the cavity and filling it with gold, tin foil, dry phosphate of lime, etc., is usually practiced. When the pain is not fixed to one tooth, leeches applied to the gum are of great service. But very often all the foregoing remedies will fail, and the only infallible cure is to draw the tooth.

Nephritis—Inflammation of the kidney. This disease is known by fever, pain in the region of the kidneys, and shooting along the course of the ureter; drawing up of the testicles; numbness of the thigh; vomiting; urine high colored, and frequently discharged; costiveness and colic pains. Nephritis may be symptomatic of calculus, gout, etc.

When the disease is protracted beyond the seventh or eighth day, and the patient feels an obtuse pain in the part, has frequent returns of chilliness and shiverings, there is reason to apprehend that matter is forming in the kidney, and that a suppuration will ensue.

The disease is to be treated by bleeding, general and local, the warm bath, or fomentations to the loins, emollient glysters, mucilaginous drinks, cathartics, and the general antiphlogistic plan. Blisters are inadmissible in this disease; but the linimentum ammoniae, or other rubefacient application, may in some measure supply their place.

Opium will often prove useful, particularly where the symptoms appear to originate from calculi, given in the form of glyster or by the mouth. In affections of a more chronic nature, where there is a discharge of mucus or pus, by urine, in addition to suitable tonic medicines, the uva ursi in moderate doses, or some of the terebinthinate remedies, may be given with probability of relief.

Globus Hystericus—The air ascending in the oesophagus, and prevented by spasm from reaching the mouth, is so called because it mostly attends hysteria, and gives the sensation of a ball ascending in the throat. This globus, or feeling of a ball in the throat, is a very common annovance to persons of a nervous temperament; and it is with them and others, a common attendant, not only in hysterical, but also in nervous and hypochondriacal complaints. Fits of passion, both of anger, grief, and fear, produce it, and often to an extent that threatens suffocation. Many emotions of the mind, even in the strongest, whose minds were well regulated, give rise to this affection. Steadying the mind, cold water about the throat, and a small piece of ice, or very cold water in the mouth, generally relaxes the spasm, when an idiopathic disease.

### Poison Control Center

| Total Number of Calls109                     |
|--|
| Calls from parents or other lay persons $87$ |
| Physicians or Hospitals                      |
| Age Distribution                             |
| Less than 12 month 4                         |
| 1 to 3 years                                 |
| 3 to 5 years                                 |
| 5 to 21 years 4                              |
| Over 21 years 8                              |
| No age given 39                              |

#### Substances Taken

Medicinal Substances: Aspirin gr. ½ 1, Aspirin gr. 1½ 4, Aspirin gr. 5 5, Aspirin gr. 2½ 1, Sero-syntan, Trisol Vitamins, Anacin, Coricidin, Phisoderm, APC with Codeine gr. ½, Calomine Lotion, ExLax 3, Super-Plenamin Vitamins 2, Thorazine Spansules, Flava Vitamin 2, Nytal, Thyroid gr. 1, Vicks Medicated Cough Syrup, Amoban Mouth Wash, Bactine, Aspergum, Chalk Candy Vitamins, Sominex.

Other Substances: Barnheim Wetting Solution, Insecticide Vaporizer Solution, Crest Toothpaste, Indelible Pencil Lead, "Mouse" Poison, Drano 2, Contents Thermometer 2, Interior and Exterior Paint. Windex 2. Rowell Cement, Gasoline 3, Air Wick, Peggy Sage Finger Nail Polish, Peggy Sage Mascara Oil, Peggy Sage Cuticle Oil, High 12, Old English Furniture Polish, Embroidery Coloring, Cream Rinse, Rock Salt, Snarol Pellets, Pactro Liquid Plastic Cement, Mr. Clean, Sulphate of Ammonia, Mennens Baby Magic, Toadstools, Easy Off 2. Scribbs Ink, Old Spice Shave Lotion, Amino-Triazole, Lighter Fluid 2, Shell Handy Oil, Ajax Cleanser, Cope Insecticide, Coty's Bubble Bath Capsule, White Enamel Paint, Prussian Blue Water Paint, Mothballs 3, Red Pencil, Lindane, Isotox, Charles Antell Hair Preparation, Carbon Monoxide, Aqua Cleaner, Pine-Sol 2, Blue Ink, Wilt, Ivory Detergent, Black Leaf 40, D.C.W. Spray Paint, Kerosene 2, Lime Powder, French Perfume, Plant Abbs, Hazelnuts, African Violet Leaf, Philadendron Leaf, Philadendron Roots, Peony Leaf, Hyacinth Bulb, Mushrooms 2.

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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m.

Auditorium of Medical Arts Bldg. STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.—6:30 p.m.

STAFF OF NORTHERN PACIFIC
Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August

STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

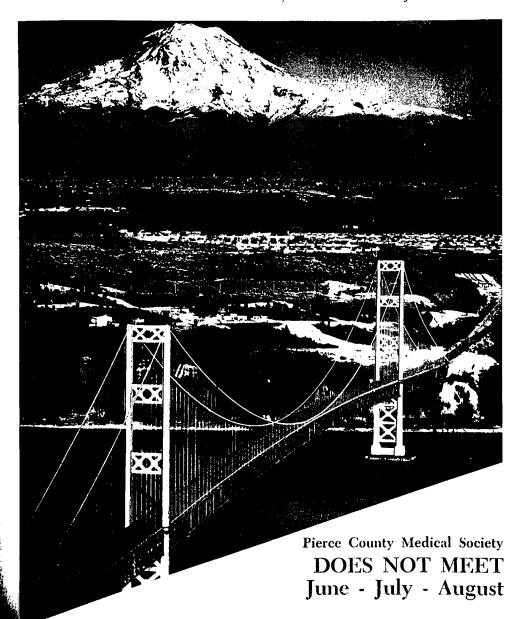
# The BULLETIN of the

PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 7

TACOMA, WASH.

JULY - 1961



## Pierce County Medical Society

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| Vice-President      | Robert M. Ferguson   |
| Secretary-Treasurer | Arnold J. Herrmann   |
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## Happy Birthday

Iulu

- PHILLIP BACKUP
- SIDNEY KASE IAMES LAMBING
- 10 CLARIS ALLISON HOMER CLAY IOHN KANDA
- HARRY CAMP WALLACE HOYT
- ROBERT FLORENCE 12 ROBERT JOHNSON
- 13 FRANK MADDISON
- JOSEPH TRELEAVEN 16
- HENRY MAKI 17
- 21 GEORGE KITTREDGE
- CHARLES DENZLER CHARLES McCOY
- 24 IOHN SHEPPARD
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For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N.J.

5-860

#### 4

# **EDITORIALLY SPEAKING**

#### From A Circular File

James Harwood, Staff Reporter for *The Wall Street Journal*, headlined his story on Colorado's health problems with "Health Plan's Ills" and this eyecatcher succeeded in causing the Editor to pull the June 9, 1961 issue of "*The Journal*" out of a more successful gentleman's waste basket.

Mr. Harwood reports that a little more than three years after it began, Colorado's once widely heralded program of medical care for the aged is undergoing emergency surgery. He points out that the emergency surgery was a stiff cutback in benefits following disclosure that the cost of the old age medical program was far outstripping the \$10 million budgeted for the fiscal year ending June 30; a \$1.4 million deficit was looming. But the cutbacks were not going to do the job and even with them the state officials were anticipating a deficit of more than \$600,000 by the end of the fiscal year.

He points out that the rise of hospital costs contributes to the woes but that the bulk of the problem is wrapped up in the phrase, "over utilization of facilities". In fiscal 1957-1958 the first full year of the plan, costs were \$6.5 million; the next year they climber to \$8.2 million and the third year, this one, the costs are up to \$10.3 million.

Mr. Harwood carefull analyzes the reasons for utilization of facilities from abuses of patients who like hospital food and attention, to patient's relatives who benefit from "baby-sitter service" to relieve them of the burden, temporarily at least, of taking care of the oldster in the house, to hospitals' altering of the books, to doctors who admit patients who don't need to be in a hospital at all.

In an unusually sensitive bit of reporting, Mr. Harwood brings out the reasons for this seemingly irresponsible action of doctors which has received sharp criticism. He does not leave out the fact that it is easier to see many patients in one hospital than an equal number scattered in as many houses, but he does bring out the pressures brought to bear on the doctor by the patient and the patient's family. He quotes Dr. Robbins of Denver who said "Take the doctor in the small town for instance. He's got to live in that town. It's hard for him to turn folks down. And even the city doctor has to remember that

each elderly patient has about 15 members of his family who are also patients and who won't be too happy if the old man isn't treated well." (Ah so!)

It is of interest that Colorado hospitals have a new hospital committee now, even without the help of the Joint Commission on Accreditation of Hospitals. The Welfare Department ordered hospitals to set up admissions committees of three staff doctors who rule on the condition of all patients. This is for now. One wonders how long it will take before officials in states plagued by the Care for the Aged Programs will put up with three biased staff doctors and resort to a more impartial tribunal of three distinguished and public-spirited citizens. One wonders too why such a watch-bird should limit its activities just to the hospitals. Why not a complete review of all cases by disinterested boards?

Possibly a solution to this problem is to put all the doctors on a salary so that the government and its boards can control doctors activities more effectively. So long as there are other states to which to escape it would be difficult to place suddenly under a payroll all the doctors of a state but if the federal government succeeds in passing its Forand type legislation there will be no escape.

It's still not too late to write some letters to your Representatives and Senators . . .

Senator Warren G. Magnusson Senator Henry M. Jackson Senate Office Building Washington 25, D.C.

Representative Thor Tollefson House Office Building Washington 25, D.C.

—Ed.

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# On High Heels and Broken Bones

For the past few days the Pierce County Medical Society office has had only short visits by our executive secretary, Mrs. Judy Gordon. She has thrown aside her stylish high heels for a bit of plaster footwear styled by two of our local plaster masters. On Friday, June 16th, she came home ("Sober," I regret to state!) flashing her high-heel spikes and stepping ("Who knows? It happened too fast!") on or off a board in Judy's alley. The crunch betrayed the fact that Jaunty Judy had done something more serious than loosing a heel. Her opinion was verified by our plaster artists and they enclosed the ailing tibia and fibula in their latest design wrap-around. Even if Judy has to go to several female gatherings and be accused of failing to wear something different each time, she has to wear this creation for at least eight weeks.

It might be noted that if heels keep getting any thinner, the day may soon come when they disappear entirely and ballet points become the thing. Then our ladies could tippy-toe around on the point with no heels at all! Who knows what the ladies would fracture in a fall from such a height? With the heel-less women prancing around Ulanova, the linoleum makers, carpet men and even the Boeing Company designers—all concerned with these hole punching heels—could lean back and sigh with relief. At least they would enjoy relief until the toes too become spiked.

At any rate, this episode has put the Russian literature to some use. These varying sized books and journals stack very nicely for a foot rest. The Safeway box was too low and soft in the middle and the Society chairs are too hard and too high. The stack of periodicals like baby bear's mush, was just right.

But these proved too unpredictible. As this goes to press Judy will be in bed at T.G. —Ed.

# RANKOS

#### PHARMACY

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| Cortisone                  |   |   | 25   | mg. |
|----------------------------|---|---|------|-----|
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| Prednisone or prednisolone | ٠ |   | 5    | mg. |
| Triamcinolone or           |   |   |      |     |
| methylprednisolone         |   |   | 4    | mg. |
| Dexamethasone              |   |   | 0.75 | mg. |

Although the incidence of significant side-effects is low, the usual contraindications to corticosteroid therapy apply to Haldrone.

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# New Hope For Alcoholics

DPN (oxidized form) is a drug worth watching for. This coenzyme from yeast, remembered from biochem days as diphosphopyridine nucleotide has been used in IV and IM therapy for drunkenness and delirium tremens by Dr. O'Hollaren of Seattle with some dramatic results. He reports his findings in the current Western Journal of Surgery, Obstetrics and Gynecology. The problem now is that Abbott, which has sewed up the production rights, is having almost their entire production of DPN drained off to Lexington, Kentucky where DT's are as common as dental caries. Remembering Inferon and mice, if the food and drug boys do not find that DPN causes cancer in the sea cucumber, we may soon find DPN on the market available for use not only in treating and curing acute DT's but also in relieving hang-overs and helping alcoholics achieve abstinence.

Dr. O'Hollaren points out that DPN is not a drug to make social drinkers out of alcoholics but, if the material becomes readily available, it may come to be requested by nearly every patient with a hangover. For the man who wants to get soaked and hopes to avoid a hangover, this stuff will fix that too. For the habituated (addicted) alcoholic, DPN eliminates the physiological craving for more alcohol. It is as dramatically helpful for the surgical patient who, having been removed by hospitalization from alcohol, comes out of anesthesia suffering with acute delirium tremens as it is for the alcoholic who develops DT's without medical aid.

The action of DPN in alcoholism and delirium tremens is not clear since this coenzyme is so ubiquitous in its sites of activity. It is reasonable to assume that it helps clear the system of acetaldehyde but one is led to wonder if the alcoholic may not have more than acetaldehyde pile-up.

Dr. O'Hollaren feels that alcoholics belong in two very different groups: the true

alcoholic who is basically intolerant to alcohol; and the escape drinker who gradually exhausts his tolerance for alcohol. O'Hollaren, with Freund, has developed an alcohol tolerance test which may prove to be of great value. This test determines the ratio of acetaldehyde to alcohol and acts as an index of the body's ability to keep down the acetaldehyde level. The more "far gone" the alcoholic becomes, the higher will be his accumulation of acetaldehyde in proportion to alcohol.

Dr. O'Hollaren has opened the door to a vigorous approach to diagnosis of alcoholism as an organic disease. His substitution of a depleted coenzyme may completely revolutionize alcoholic management. Undoubtedly the effects of DPN invite its abuse but its actions have been extremely valuable in changing the history of some alcoholics and it is hoped that it will serve to improve the picture of alcoholism in the United States. It might, with injudicious use, make it worse.

—Ed.

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# Medical Meeting DeLuxe

By George G. R. Kunz, M.D.

I arrived recently in Miami Beach—but my luggage didn't. Nobody knew where it was or when it would arrive and there I was as an alternate delegate to the American Academy of General Practice Annual Meeting—using Time magazine as a fig leaf.

In Miami Beach the girls get prettier every year, the bathing suits get scantier and the men get fatter. The bigger the men's stomachs, the skinnier their legs seem to egt and, as they stand around tri-focaling the girls, they look like a flock of pregnant flamingos.

After "batching" for a week, my wife arrived by slow freight (then I had to stop ogling). The meetings at the Miami Beach auditorium had been excellent, well attended, and sitting in on the policy-making meetings of the Academy was instructive (though long-winded). We boarded our Carribean Cruise ship the next day for a post-convention "Invitational Scientific Congress."

The medical lecturers aboard were Dr. Ed Rynearson, chief of Endocrinology at the Mayo Clinic, and Dr. Jack Glassman, chief of Surgery at Miami University Medical School, and some other lesser luminaries. Incidentally, Dr. John Middleton of Seattle who is on the Board of the Academy, was along as a moderator. This M.D. has an excellent chance of becoming president of this group (now second only to the A.M.A. as the largest medical organization in America) in the next few years. This would be a real honor for our Northwest.

Dr. Rynearson, taking the usual ribbing about Mayo, stated the situation succinctly. He said there are three greatly over-rated items on the American scene today—Southern fried chicken, home intercourse, and the Mayo Clinic.

Our group, composed of 130 doctors and their wives from all parts of the United States, listened to lectures in the mornings and then had the run of the ship during the afternoon. Perhaps the nicest part was being able to discuss medical problems, theories and practices with those professors informally around the pool. I believe it possible to absorb much more with hours of this than through didactic lectures. Also, talk turns to widely different phases of medicine which are not commonly discussed from a speaker's platform—such as medical economics, politics and the lecturer's personal ideas.

Our ship was the Franca-C, a pure white Italian vessel staffed with 35 cooks for her 260 passengers. She sailed us a total of 3400 miles. During the cruise we were entertained by a group of singers, dancers, magicians and comedians, together with a well-planned social program. We visited four parts of call, going as far as St. Thomas and Martinique. Medically, the most interesting was San Juan, Puerto Rico where we spent a day with the local General Practice Academy. They lectured us on the island diseases, showed us through the hospitals and in the evening provided a banquet with speakers.

Puerto Rico's main problem today is the Schistosoma of Manson's disease. This liver fluke which affects 10 to 40% of the population, passes through an intermediate host, the small snails found in the drainage ditches of the island, and back to human beings. It produces a large spleen and liver, an eosinophilia of as much as 80%, and a WBC of 50-100,000. Outside of this major problem, on which five agencies are now working, San Juan's health record has been amazing. Thanks largely to the American dollar, life expectancy has risen from age 45 to age 70 in just the past twenty years. Malaria has been eradicated and T.B. mrakedly lessened.

Some medical peals picked from both

(Continued on page 12)

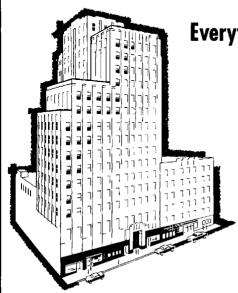


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(Continued from page 10)

the National meeting and the ship-board Congress are as follows:

The first from Dr. Rynerson who gave us an interesting talk on "Hot and Cold Thyroid Nodules."

The third most common cause of auricular fibrillation is undetected hyperthyroidism—usually from an adenoma. Twenty per cent of single adenomas are malignant, 5% of multiple are malignant. Too many people are dying from these, and they should be operated without exception.

Hashimoto's disease, or lymphocytic infiltration of the thyroid, is increasing. Surgery, and not merely watching, is the treatment today as 3 to 8% are malignant.

Nodular goiters in children are especially dangerous and should always be removed. The procedure of choice is removal of all single or multiple nodules with a radical on the nodular side, and a subtotal on the other.

The physician today is being subjected to a vast number of drugs—products which vary so slightly from one another as to be almost indistinguishable chemically. Drug salesmen and literature clutter up our offices unnecessarily. Often drug companies will advertise and push an Rx even after it has been proven useless or dangerous. The tail is almost wagging the dog in that drug lobbies are so powerful they are dictating to the doctors instead of submitting the prescription to be used.

On cancer of the breast: high school age is not too young to teach girls to check their breasts monthly or more often. This should be part of hygiene classes for early mass detection of this No. 1 carcinoma in females.

Pre-menopausal females should all have bilateral oophorectomies in the presence of carcinoma of the breast.

If a female has no results following oophorectomy she will have none follow-

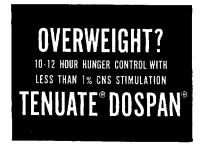
ing adrenalectory. If intractable pain continues advise total hypophysectomy, but before this, try the new testosterone hormones.

On Functional disease — learn to like these patients and to treat them adequately and frankly. Live by the 4-pointed cross of life which is Love, Worship, Work and Play. Be unhappy for the guy who always wants to be at the top of the pyramid—but be unhappier still for the poor guy whose wife wants him there. Don't be a slave to your work or patients to the point where your wife or children suffer.

Indications for Anti-Ovulation therapy: dvsmenorrhea. menorrhagia, excessive menses, infertility, mittleschnertz. From day 5 through day 25 of the cycle give estrogen-progesterone agent such as Enovid, Norlutin, etc. A girl need no longer be inconvenienced by her menses interfering with her honeymoon, an athletic event, a vacation, etc. 20-30 mgs. Enovid daily starting one week before her period will postpone it easily, successfully and without danger. Norlutate in the past few weeks is now accomplishing the same thing at less price in that it is twice as potent and therefore only half the dosage need be used.

Vaginitis patients must be treated as a whole: factors such as emotions, nutrition, anemia and vaginal pH must be considered. Douches are vastly overrated. Pick any good drug, but use it consistantly for a long period of time. If monilia is not

(Continued on page 14)



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(Continued from page 12)

cleared from the G.I. tract it will reoccur. Use mycostatin—in trichomonas treatment will take 6 months. Husbands should have 3 prostatic smears with trichomonas exams as 90% of males are positive.

Dr. Glassman spoke on hernias and on a series of four huge blackboards with step-ladders, drew with fluorescent chalk under ultraviolet lights. He sketched beautiful anatomical drawings depicting the main hernial varieties and stressed anatomy as the keyword in hernia repair. 10% of all general surgery is herniorrhaphy, and there is no such thing as a "simple" hernia.

Dr. Alton Oschsner stated a person who has had a gastric resection has twice the chance of forming a cancer in the remaining pouch as then ormal. These are usually missed because they are not looked for. Post-gastrectomies should be followed carefully and gastroscopy is the best way to detect pathology here.

20-30% of cases of polycythemia vera have major complaints referable to the extremities. Therefore, it must be considered in all cases of peripheral vascular disease.

The relationship of substernal pain to exertion is a far more important factor in the diagnosis of angina pectories than is radiation of pain to the left arm.

Unexplained anemia in a man always means something. Among other things, examine his caecum and ascending colon carefully—even in patients under 30.

Pruritis and eosinophilia may be your only clues to a Hodgkin's disease.

Always consider mesenteric vascular accident if (1) abdominal pain is very severe, (2) physical finds are scarce, (3) pulse and white court are high with a low temperature, and (4) if vomiting, diarrhea, or other signs of obstruction are present.

In the management of old people use medication cautiously and make no sud-

den changes in their established habits of many years.

Bet with the odds. Call every pain in the belly appendicitis and every chest pain pneumonia and 90% of the time you will make a brilliant diagnosis; the rest of the time everyone else will also be wrong.

"Do not harm" is the first principle of therapy.

Let's close with the beautiful blonde in the Cadillac who pulled over to the curb and said to the sailors, "Hey, you guys, e'mere and I'll give you something you've never had before!" And one sailor said to the others, "Run like Hell, fellas—she's got leprosy!"

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1. Kane, S.: Am. Pract. & Digest Treat. 8:65 (Jan.) 1957.





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# HOSPITALS ...

#### Tacoma General

On June 26th and 27th a hospital legal institute was held in Seattle at the Benjamin Franklin Hotel. Various speakers told about recent trends in hospital and medical legal suits and various opinions from courts throughout the country. The Institute was sponsored by the Association of Western Hospitals; there were representatives there from nine of the eleven Western states. Those attending from Tacoma General were: Mrs. Hoffman, Mrs. Morus and Mrs. Turner from the nursing department, and W. L. Huber and H. R. Owens from administration

The annual Hospital picnic will be held on July 6th at Point Defiance. This is an all day affair making it possible for employees from all shifts to attend.

On June 28th the School of Nursing held a tea in honor of the National Council of Jewish Women at Jackson Hall. This was in recognition of the number of scholarships that this organization has provided for girls to attend the school.

Lucille Larson reports a successful meeting of the American Society of Medical Technologists at the Olympic Hotel in Seattle. Miss Larson was the general chairman for the event which drew members from all parts of the country.

#### **Doctors**

A luncheon farewell party was held in the office of the Doctors Hospital of Tacoma honoring Mr. Kenn Trimble. Mr. Trimble had been an employee of the hospital for over fourteen years, and recently terminated his position, that of Purchasing Agent, to become Assistant Superintendent of Wesley Terrace, a Methodist Retirement home, located at Des Moines, Washington. Luggage was given to Mr. Trimble for a trip to California and Nevada which the family had taken before Mr. Trimble started his new position.

The Hospital office welcomes Miss Helen Schwartz. Miss Schwartz is the new Purchasing Agent for the Doctors Hospital of Tacoma. The Hospital also welcomes Mr. William Zambella, who is the new day-time orderly.

A belated wedding party was held by the employees of The Doctors Hospital in honor of Mr. and Mrs. Douglas Williams. Mr. Williams is with the X-Ray Dept.

Miss Betty Jo Pfeiffer, of the Credit Department is enjoying a two week vacation trip to the Hawaiian Islands.

The Doctors Hospital recently purchased an Autoclave. This is a high speed Thermomatic Instrument and dressing sterilizer which provides an automatic positive check of proper sterilization.

## Hymn To The Welfare State

The Government is my shepherd, Therefore I need not work.

It alloweth me to lie down on a good job, It leadeth me beside still factories;

It destroyeth my initiative.

It destroyeth my initiative.

It leadeth me in the path of a parasite for politics sake.

Yea, though I walk through the valley of laziness and deficit spending,

I will fear no evil, for the Government is with me.

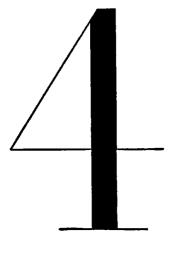
It prepareth an economic Utopia for me, by appropriating the earnings of my

grandchildren.

It filleth my head with false security; My inefficiency runneth over.

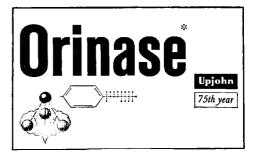
Surely the Government should care for me all the days of my life! And I shall dwell in fool's paradise forever.

> —(from Bulletin Los Angeles Medical Society)



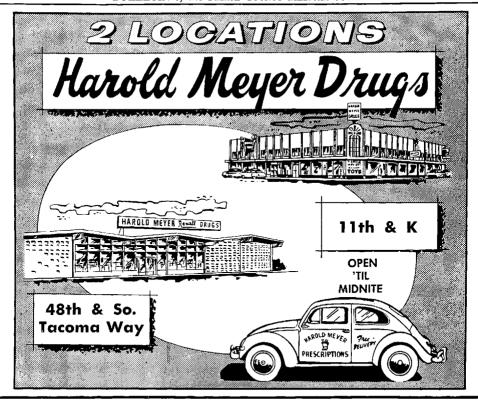
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| COMMITTEE CHAIRMEN         |  |  |  |  |
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| Telephone                  | Mrs. Richard B. Link                                   |  |  |  |
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| Cancer                     | Mrs. J. Robert Brooke                                  |  |  |  |
|                            | Mrs. J. Robert Brooke                                  |  |  |  |
| Community Council          | Mrs. John F. Steele                                    |  |  |  |
| Dance                      | Mrs. John S. May and                                   |  |  |  |
|                            | Mrs. David F. Dye                                      |  |  |  |
| Fashion Show               | Maybelle Miller and<br>Mrs. Russell Q. Colley          |  |  |  |
|                            | Mrs. Thomas B. Murphy and<br>Mrs. Robert A. O'Connell  |  |  |  |

Auxiliary's Board met June 9th at president Keaty Gross' house for coffee and discussion of plans for next year's program, as well as a preview of the recording "Operation Coffee Cup". This record by Ronald Reagan on the topic of socialized medicine is sponsored by AMA Auxiliary, to be used as a tool in re-cultivating our position in the eye of the general public. It should be heard by many of our well-meaning misinformed friends and neighbors, plays well at an informal coffee hour, and was designed for this purpose. If you are interested in this type of gentle crusade, contact Keaty for particulars. Several records

are available, and tapes may be available by the time this is off the press.

Also discussed at this Board meeting was a possible change of date for our fall fashion show. Maybelle Miller is in charge and will try to move the date up to early October if that is feasible.

Elvina Brokaw appounced the Nurses Scholarship award to La Deema Jenkins of Puvallup. This outstanding girl won over close competitors by reason of her especially well-phrased essay on why she wants to be a nurse. Her scholastic record, her achievements in the study of science, and her experience working in a local doctor's office after school hours will indicate this young lady to be quite worthy of the \$600 scholarship award. Auxiliary can be justifiably proud of this program which has not only assisted these girls in pursuance of their nursing careers, but has also been instrumental in creating more interest in nursing as a career for girls of better-thanaverage capabilities.

The Cook Book will be cooking during the summer. Ruth Murphy is chairman of this interesting project which replaces Game Night of years past. Judging by Auxiliary's wonderful luncheon meeting menus we may hit the best seller lists with this publication. The Book is still in embryonic stage, so if you have any ideas toss them into the hopper. Besides having the best cooks in town among our membership, we have a fair sampling of foreign cookery experts, and some gourmet husbands . . . such as Arnie Herrmann and his famous bean soup, Sam Adams' Swedish pancakes, Bob Kallsen's boiled egg.

#### From the Beach

Columnizing from Burton, news may be a little rancid, just as our front lawn is since Joan Anderson's boys dissected a

(Continued on page 21)

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barn door skate here the other hot evening. Typical of the Anderson genius, one boy bicycled off with the skate's still-pulsating heart in a paper cup, to announce his findings along the beach.

Before heading east early last month to visit her mother, Jeanne Judd sent us a list of potential news items including, "Ruth and Bob Brooke will retreat to a mountain cabin on Mt. Hood after a family wedding in Portland", which we print with trepidation. While Jeanne was away, construction began on their new backyard swimming pool, and it may be completed this week. The Robert Florences are also enjoying a beautiful new swimming pool at their home

Tom and Billie Jean Murphy are news again with a fabulous new sailboat. Launched the Sundance just last mouth by its new owners, this gorgeous 47 foot sloop was originally built by Harbine Monroe, is registered Tacoma No. 1, and races in the A class. One Sunday afternoon Sundance swept into Quartermaster Harbor on a brisk south wind, and had all of us on the beach diving for our glasses to watch with real pleasure this magnificent sight. Flying along just between the wind and the water, Sundance skirted the beach, leaving the assortment of moored boats in her wake like insects bobbing on choppy water.

Lorraine and George Kunz and their six children are beaching it at Tallequah. The Kennedys, including their new baby, are out at their beach place on the peninsula for the summer. The Schwinds took their children to Ocean Lake, Oregon for ten days. The Arnold Herrmann family toured Disneyland the last two weeks in June.

The Mandevilles are trailer-camping on Vancouver Island. The Hoyers plan a trailer trip to Wyoming this month if they can get away from their new ski-boat, since teenage children and ski boats work like contact cement.

The Hausers have moved out to the south forty. If you've called Doctor Hauser

recently and were told he was out installing a bathtub don't be alarmed . . . he has not given up medicine for plumbing. A man of many talents, handy Bill did most of the work himself improving their new home. It's on ten acres next to McChord Field, close by the thirty acres where they keep their horses, and just down the road from the Pipers on their fifteen. Doctor and Mrs. John Alger will now make the Hauser residence on Madrona Way their home.

Doctor and Mrs. George Gilman have moved into another of Tacoma's best view homes, on North Union. They plan to spend the summer entertaining relatives from the East. Marge and Jim Wicks toured New York while their boy paddled his way to Alaska. Peggy and Ted Haley and their children went to Yellowstone the last week of June.

The John Shaws and their six children also stopped at Yellowstone on their way back to Michigan for a two weeks' visit at the DeTar's summer place on Torch Lake.

We talked with Wibby Bischoff after her return from the Hague, Holland. She and three year-old Joanne had visited Dr. Bischoff's mother there for six weeks. Wibby speaks a little Dutch, since she and Knoest had lived there a year and a half before coming to Tacoma, gets along well in conversation with friends and relatives, but was absolutely stymied the evening

(Continued on page 28)

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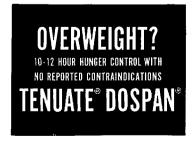
(Continued from page 21)

they went to see My Fair Lady . . . the fair lady spoke in Dutch cockney. Wibby said the weather there wasn't the best, but she had a very pleasant visit nonetheless, and stopped several days in New York to visit her own family on the way home.

Ruth Houtz, Elvina Brokaw, Pat Hoover, and Dee Wickstrom left husbands at home and took their children to Seaside for four days. While Ruthie was gone we went out racing with Dudley one evening, on that beautiful sailboat of theirs, the Twinkle. Like a real dude, we brought along a nice picnic supper for the boys, but as it turned out our long legs, our fried chicken and asparagus sandwiches were everywhere tripping the crew. Twinkle tore across to Manzanita and back anyway, was fifth out of twenty-one around the flag. Handicaps placed us second wniners in the race. Sundance waltzed third around the flag, won third.

## St. Joseph's Picnic

St. Joseph's Hospital will hold its annual staff picnic on Thursday, July 13th at Lake Geneva. Anytime from noon on, all doctors, and nurses from St. Joe's are invited to come and bring their families and enjoy a day of swimming, boating, etc., and a wonderful picnic supper.



# Trademarked Drugs . . . or "drugs anonymous"?

Doctor: This message is brought to you on behalf of the producers of prescription drugs to help you answer your patients' questions on this current medical topic. For additional information, please write Pharmaceutical Manufacturers Association, 1411 K Street, N.W., Washington 5, D.C.

In the field of medicine, as almost everywhere else in a free economy, the trademark concept has evolved over the years. As with most human institutions, there are some who may not consider it ideal; but it has brought about three signal benefits:

- A. To the physician it gives assurance of quality in the drugs he prescribes—assurance backed by the biggest asset of the maker, his reputation.
- B. To the manufacturer it gives one of the greatest possible incentives to produce new and better curative agents.
- C. To the pharmacist it gives preparations which he can dispense with confidence.

If trademarks are done away with, a whole new setup must be created:

- 1. An enormously expanded, expensive system of government quality control.
- 2. A new system of generic nomenclature which would magically turn out names not only rememberably simple, but also conforming to the principles of complex chemical terminology.
- Something new to fill the gap left by the elimination of the trademark incentive to produce new and better drugs.

The American system has been preeminent in producing and distributing good medicines. Above all it has been successful in creating new advances in therapy. In a dubious effort to provide cheaper medicines by abolishing the trade names upon which the responsible makers stake their reputations, let us beware of sacrificing this success.

—Medical Society Magazine Group Editorial Service

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Each MARAX tablet contains: ATARAX® (hydroxyzine HCl) 10 mg.—an antihistaminic tranquilizer beneficial in bronchial asthma and allergy.¹ Ephedrine sulfate 25 mg.—to reduce congestion. Theophylline 130 mg.—for bronchospasmolysis.

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If your asthma patients do not respond to standard therapy, they may need the "little MORE" that MARAX offers.

Usual adult dosage: One tablet 2 to 4 times daily. Full prescription Information on request. Supplied: Bottles of 100 light blue, scored tablets. Prescription only.

References: 1. Santos, I. M. H., and Unger, L.: Ann. Allergy 18:172 (Feb.) 1960. 2. Charlton, J. D.: Ann. Allergy, in press. 3. Shaftel, H. E.: Clin. Med. 7:1841 (Sept.) 1960.



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#### Poison Control Center

| Total number of calls                   | 123 |
|---|-----|
| Calls from parents or other lay persons | 89  |
| Physicians or Hospitals                 | 34  |

#### Age Distribution

| Less than 12 months | 1  |
|---------------------|----|
| 1 to 3 years        | 43 |
| 3 to 5 years        | 21 |
| 5 to 21 years       | 10 |
| Over 21 years       | 10 |
| No age given        | 38 |

#### Substances Taken

Medicinal Substances: Aspirin gr. 1 1, Aspirin gr. 1¼ 3, Aspirin gr. 1½ 2, Aspirin gr. 5 4, Bufferin 1, Vicks Cough Syrup, Tincture of Benzoin, Mylison, Boric Acid. ExLax, Ascarel, Thyroid, Purepac Derma Rub, Dexamyl Spansule, Phenobarbital, Complexion Liquid, Calomine Lotion with Phenol, Tera-corid Opth. drops, Dociden, Peritrate with Phenobarbital, Penicillin Caps 10,000 units, Bactine Antiseptic, Tri-Vi-Sol Vitamins, Micrin Mouth Wash, Unknown Medication 2, Med-Rol.

Other Substances: D'Con Rat Poison, Avon Deodorent for Men 2, Calgonite, Cyanide, Sodium Fluoride, Chigger-Tox, Revlon Polish, Brake Fluid, Antu, Pine Sol, Stanley Baby Lotion, Bleach, Gum, Dieldrin, Paint Thinner 2, White King Water Softener, Washing Machine Oil, Corries Slub Bait, Toilet Bowel Deodorant, Toadstools 2, Clorox, Perfume, Turkey, Ammonia fumes, Snarol Slug Bait 2, Warfarin, Paradise Purifier, Rodent Poison, Chlor Ridz, Commercial Fertilizer, Cigarettes, Arpage Cologne, Ammonium Sulfate Fertilizer, Indelible Ink, Nickel, Cellulose, Gladiolus Bulb, Rapid Grow, Lily of the Valley, Bug-

getta Pellets, Lyric Bubble Bath, Blue Ink, Purex, Vigoro Fertilizer, Old Spice After Shave Lotion, Ajax Cleanser, Ortho Rose Dust, Thunderbird Wine, Castor Beans, Acrilic plastic cement, Hoppes Gun Cleaner, Rust Stain Remover, Organic Nu Life Pellets, O'Cedar Furniture Polish Triox Weed Killer, Gasoline, Avon Deodorant, Tame Hair Rinse, Drano, Revlon Angel Base, Noreen Color Rinse, Alaska Fish Fertilizer, Tracinets, Hyponex Powder.

Number advised to go to oHspital 5

Number advised to contact Private M.D. 42

Number advised emetics or observe 48

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Number hospitalized at MVGH..... 1

Information from Clinical Toxicology....116

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## Dr. Hopkins Returns

Dr. and Mrs. Lewis Hopkins' many friends will be happy to know that they are back in town and settled in their Fox Island home for the summer.

## Alcoholic Workshop Set For October 19

An Alcoholism Workshop for physicians is tentatively scheduled for October 19, 1961. It will be jointly sponsored by the Pierce County Medical Society Public Health Committee, Chairman Dr. Max Thomas, the Tacoma-Pierce County Health Department, the Washington State Depart-

ment of Health Alcoholism Program and the Tacoma Committee on Alcoholism.

In May, 1960, all physicians received a questionnaire on alcoholism, circulated by the Tacoma Committee on Alcoholism. Nearly 100 forms were returned. Fifty per cent of those physicians answering were involved in the treatment of alcoholics. Half the questionnaire participants indicated a need for a workshop.

In Wenatchee earlier this year, the first physician workshop was held in this state. The workshop pertained to the common medical problems in alcoholism, with some consideration given to the family, and the use of community facilities.

Your interest in planning topics for the Tacoma workshop can be indicated to Drs. Max Thomas or Charles McGill.



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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month-noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec. -\$:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.-12:15 p.m.

# The BULLETIN of the

# PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 8

TACOMA, WASH.

**AUGUST - 1961** 



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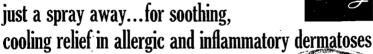


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- CHARLES P. LARSON 15 HUGO VAN DOOREN
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# **EDITORIALLY SPEAKING**

## The Nurses Have Spoken. What Nurses?

As the Bulletin goes to press, the hearings on HR 4222, the King Bill will, in all probability, be over. Prof. Wilbur Cohen's brainchild introduced by Cecil King of California is not different in principle from the Forand Bill and has been condemned by the A.M.A. for much the same reasons. The most compelling reason has not been that it would be "a foot in the door" for socialism, that it would destroy doctor-patient relationships, that it could soon raise the Social Security from its 3% level (adding employee and employer contributions together since the employee ultimately pays this) of 1935 to 20% in the near future and lead to a graduated Social Security payroll tax, or that it would bankrupt the country; but it has been that patient care would be made worse with some of the above factors contributing to the decay. Japan's gasp of "Get sick at your own risk" is not impossible to anticipate in any country.

It is surprising to many physicians that the American Nurses Association should come forth in support of HR 4222 particularly since many nurses in our own sphere of personal knowledge are strong in their personally formed opinion that the King Bill leads to no good.

What is alarming is the language of the stand which this particular group of nurses is taking. The following is a verbatim copy of the "Legislative Bulletin regarding National Legislation", June 30, 1961, published by the Washington State Nurses Association with the note "Share this information with a friend, a non-member nurse and others who are interested."

It is felt that this information should be passed along, but certainly not without comment. The comments are enclosed in brackets so that there will be no confusion as to who said what.

# SOMEBODY KNOCKING ON YOUR BACK DOOR?

Has anyone been talking to you lately about "socialized medicine" . . . "the opening wedge" . . . "right to choose your own physician"? Powerful words, powerful phrases . . . because of their emotional content. Often when you hear these words, your brain stops functioning and your built-in emotional reactions take over.

If you haven't yet been subjected to pressure from members of the American Medical Association to change your way of thing about Health Insurance for the Older Citizens under Social Security . . . you will be. The AMA is mounting a full-scale attack on the King Bill, which registered nurses, members of the ANA, have endorsed in principle. This back-door, grassroots approach to nurses is in their powerful and highly financed scheme to defeat the bill.

[The phrases "socialized medicine" and "opening wedge" are not unique to the A.M.A. The December 1, 1960, supplement to "New America" says, in part, "The Forand Bill will not be paid for on insurance principles, according to the factors of estimated 'risk'. It will be paid for through the tax mechanisms of Social Security—that is, Americans will pay according to their means, and receive (within limits) according to their needs. . . . Once the Forand Bill is passed, this nation will be provided with a mechanism for socialized medicine, capable of indefinite expansion in every direction until it includes the entire population."]

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816 A St., Tacoma Mark Dolliver Jack Galbraith It means that we, as nurses, will have to begin to THINK  $\dots$  and think hard  $\dots$  about what we believe in.

[In contrast to the statement by the WSNA it is apparent that some nurses have been thinking before the WSNA advised them to do so. Some have thought so hard that they stand in shock at the attitude of the WSNA and some have dropped their membership accordingly.]

THINK about the day when you'll be 65, when you retire from your profession, to try and live on what you've managed to save or on the amount of social security you've earned.

[The conception of Social Security as insurance has been popularized but is as false as the "New America" statement by the Socialist Party says it is.]

THINK of the day when you may fall ill, when a major operation may wipe out your savings, when the money you've earned through social security may not be enough to pay your hospital bills.

THINK of the possibility that you might have to sell your home and your possessions to pay those bills.

THINK of the way you'd feel if, after having worked hard all your life, you suddenly find yourself reduced to accepting public assistance in order to get the hospitalization you need.

THINK of paying now, while you're working and earning, for the care you need at a time when you can no longer work and pay for that care.

(Continued on Page 6)

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(Continued from Page 5)

THINK of your mother, father, husband or other members of your family who face the same situation.

[And THINK about what a terrible thing personal responsibility is!]

THINK, in a practical, business-like fashion, of the simplest, most economical, most efficient way of paying for that health protection.

THINK OF HEALTH INSURANCE UNDER SOCIAL SECURITY. Then you'll understand why millions of your fellow Americans support this legislation.

[But "health insurance under Social Security" makes meaningless the term "insurance."]

Today we know that members of the American Medical Association are making a particular attempt to get nurses to change their point of view about the King Bill, which provides hospital coverage for those receiving social security payments.

In their attack on the position of nurses, which was established as far back as 1958 by vote of the House of Delegates at ANA Convention, and confirmed by most state associations since, doctors are taking advantage of the close working relationship between members of the two professions. They are relying on the traditional paternalistic, authoritative pattern to suggest that they—the doctors—know best. Some nurses will still, unthinkingly, be influenced by the dominant position that these doctors assume.

Doctors may demand space on programs of state and district nurses' associations to criticize the position that you, as members of ANA and WSNA have taken. They may imply that nurses are not competent to make intelligent decisions about a social issue with them in public with the intent of undermining confidence in the judgment of nurses.

You do not have to debate this issue with them, either in public or in private.

(Continued on Page 8)

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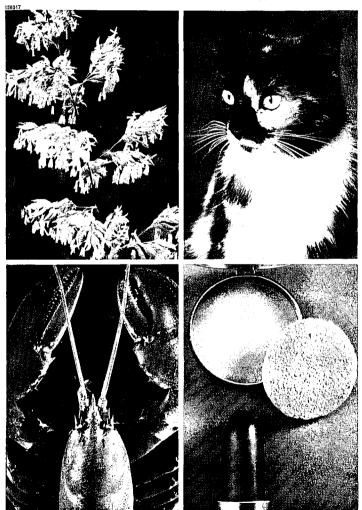


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(Continued from Page 6)

ANA represents you and will appear before the House on July 5 when the King Bill is scheduled for debate.

But you should be prepared to defend your position when and where you want to. Just because a doctor says AMA is right and ANA is wrong does not make it so.

[There is real question here whether nurses are being asked to defend their individual positions or the position of the A.N.A. Admitted there is a close relationship between doctors and nurses. There is also a strong feeling of mutual respect. Why is the WSNA implying that this is repugnant? Are they concerned about patient care or a status battle with their allies?]

Not all doctors agree with AMA's position, either. Many doctors are beginning to examine their own position under social security, for example, as the recent poll conducted among their members showed. In the nation, 50 per cent were for compulsory social security for themselves. In Washington State, 60 per cent of the doctors queried decided that physicians should be included in the federal Social Security Act. And doctors, as you know, have a far higher level of income than most other professions, including nursing.

[Figures concerning present "benefits" under the Social Security Act, beg the question of the doctors' attitude toward health care under Social Security. What does a physicians' comparative income have to do with patient care?]

Doctors have a right to their opinions and have a right to attack when they feel any of their privileges are being threatened . . . if in fact they are.

[And indeed they are—Right along with the privileges of the patient.]

BUT THE KING BILL DOES NOT AFFECT PAYMENT TO DOCTORS.

[And this is a straight falsehood. A look at Colorado's problems should correct this mistaken impression. The King Bill already calls for an admission committee for the hospital and any program of care must be regulated. This is why we have a physician examining and evaluating each billing sent through our welfare office on Broadway. As Mr. Forand said, This is but "a foot inside the door."

And you, too, have a right to your position, a right to defend your way of thought, a right to remain strong and united.

[This is very true. It is hoped that nurses will make their opinions heard. It is highly probable that more nurses think straight than the ANA realizes.]

In 1958, ANA members through their House of Delegates, passed a resolution stating that "the American Nurses' Association support the extension and improvement of the contributory social insurance to include health insurance of beneficiaries of Old-Age Survivors and Disability Insurance." This was followed by an even stronger reaffirmation in 1960.

The ANA House of Delegates showed concern for the health needs of millions of

(Continued on Page 10)

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(Continued from Page 8)

Americans. And they also recognized that nurses have small incomes and on retirement will be faced with the problems of maintaing a decent standard of living and securing and paying for necessary health care.

The nurses who voted for this policy thought long and hard before supporting it. They used their brains first, their emotions second. They heard research reports, discussions and arguments. As nurses, they had seen, too often, what lack of adequate health insurance meant to their patients; had seen, too often, families reduced to public assistance through the illnesses and disabilities that strike in old age. Perhaps some of those nurses felt both sorrow and indignation at what they had seen and learned.

[Nurses are not unique in their concern for the hardships of life. The problem is whether or not the King Bill removes these.]

As Edward P. Morgan said on his ABC broadcast, May 23: "Actually, professional opposition to the AMA opposition is more impressive than the public at first may be able to see through the smokescreen of AMA propaganda. A prestigious swath of organizations, publications and individuals, ranging from the 1960 Governors' Conferance to Business Week, from Life Magazine to Dr. Spock, has endorsed old age medical care through the social security system."

Mr. Morgan continued: "It may well be that it required more devotion and courage for the American Nurses' Association to take this stand than for any other group.

. . . The nurses' official position seems all the more courageous against the fact that AMA at a 'secret' strategy meeting in Chicago earlier this year decided, as one grass roots approach in opposition to the Kennedy program, to pressure local nursing groups to repudiate the stand of their association."

[There has been no attempt to pressure anyhody. The attempt to encourage people to stand up and be counted has been too feeble.]

Doctors, doctors' wives and all whom they are able to influence are making a great point of writing to their representatives and their senators in Washington opposing this bill. One of their directives to members suggests that it would be particularly useful if nurses could be persuaded to write opposing the King Bill and to sign RN after their names.

Perhaps it would be particularly appropriate if you and your nursing friends write in support of the King Bill for health insurance under social security.

[If anyone who has concern for patient care can support the King Bill honestly then they should make their voices heard. . . . So should those who oppose such legislation.]

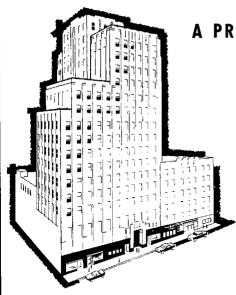
Here are the answers to some of the points raised regarding health insurance coverage under social security.

It provides for hospital, nursing home, outpatient diagnostic and home health services. Hospital services would be provided up to 90 days, subject to a deductible paid by the patient of \$10 a day for nine days or a minimum deduction of \$20. Nursing home services would be provided for, after transfer from hospital, for up to 180 days. Outpatient diagnostic services would be subject to a \$20 deductible "for each complete diagnostic study". Home health services would be provided up to 240 visits a year.

[This is for now. As ex-Congressman Aime Forand said, "If we can only break through and get our foot inside the door, then we can extend the program after that."]

There is general agreement among those responsible for health care that a definite problem exists that is not being adequately met by voluntary health insurance plans. Statistics gathered by the Senate Subcommittee on Problems of the Aged and Aging, show that the number of those 65 years and over has been growing at an increasing rate. In 1900, the total of those 65 years and over was 3,080,000; by 1940 it was 9,019,000; by

(Continued on Page 12)



#### A PRESTIGE LOCATION . . .

The Medical Arts Building—Tacoma's only Class "A" medical building—provides everything from the fully equipped hospital and laboratories to a medical supply house. People know they can depend on finding the best in medical care here because only those with highest ethical standards are accepted as tenants. Your inquiry is invited . . .

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# Medosweet



Tacoma, Washington

(Continued from Page 16)

recorded history. Woman has always been an instinctive nurse, bringing comfort and gladness to her family and friends. Every mother is a nurse to her children, and the midwife (in French, sage-femme—"wise woman") still delivers most of the world's babies. In a readable book, White Caps: The Story of Nursing (1946), Dr. Victor Robinson, who taught history of medicine and nursing at Temple University for many years, described the nurse as, "the mirror in which is reflected the position of women through the ages." It was appropriate that the ancient Greeks personified health in Hygieia, an attractive young woman, and the Romans subsequently adopted her as Salus, a name recalled by our word "salubrious".

Florence Nightingale, a remarkable English woman of the past century, built the foundations of nursing as a professional career. Before her time the nurse was first a servant or slave, then a domestic, then a nun who tended the sick for Christ's sake. A paradox in history, the nurse remained indispensable but untrained and without social status or professional ethics. St. Catherine Benincasa of Siena (1347-1380), patroness of nursing and a noble woman in the annals of medieval nursing, tended plague victims at the Hospital of Santa Maria della Scala, still located opposite the Cathedral of Siena in Italy. She was later canonized for her heroic service to God and man. Like Florence Nightingale centuries later, St. Catherine carried a small lamp when she visited the hospital at night.

Florence Nightingale, creator of modern nursing, was named for her birthplace, Florence, Italy, where her parents were living when she was born in the year 1820. She was the older daughter in a home of culture and wealth; her family owned two estates in England and were of high social standing. A Unitarian in belief, Florence rejected a frivolous life in "polite society" and sought service in nursing the sick, after a mystical experience which she interpreted as a call from God to His service. Seeking to work as a nurse at Salisbury Hospital, this English lady was regarded by many as

an eccentric, and a chasm of misunderstanding developed between herself and her family.

In the autumn of 1842, Miss Nightingale was told the Prussian Ambassador in London of Pastor Theodore Fliedner and his wife, Caroline, who, in 1833, had equipped an attractive house near the Rhine River as a refuge for destitute and sick, discharged prisoners. This was the beginning of the famous Kaiserwerth "Institution for Protestant Deaconesses and Nursing Sisters," opened in 1836, and comprising a hospital with 100 beds, a school for poor children, an orphan asylum, and a training school ("Motherhouse") for nurses. Similar institutions developed in many cities in Europe through the dedicated efforts of this clergyman, his wife, and other members of the Lutheran Church. In 1851, Florence Nightingale spent three months in training at Kaiserwerth, where work was hard and life Spartan.

Earlier, in 1849, Pastor Fleidner had visited the United States, accompanied by a colleague, the Rev. William A. Passavant, and four deaconesses. They established an infirmary at Pittsburgh, Pennsylvania in that year, and went on to expand their efforts to other American cities. The Passavant Memorial Hospital in Chicago today honors the name of this missionary and the Lutheran Deaconesses continue their ministry of nursing at such institutions as the Lankenau Hospital in Philadelphia. A Proposal (No. 44) in the pioneer sanitary report of Massachusetts prepared by a Boston legislator, Lemuel Shattuck, in 1850, described Fliedner's work and mission and recommended "that institutions be formed to educate and qualify females to be nurses of the sick . . . to make themselves honored and imminently useful to others." It was this "Shattuck Report" which led to the creation of the first state health department in the United States—that of Massachusetts in 1869. The Lemuel Shattuck Hospital in Boston today honors this visionary American and friend of Pastor Fliedner.

Following her experience in Germany, Miss Nightingale worked in Paris with the

(Continued on Page 21)

#### WOMAN'S AUXILIARY

To The Pierce County Medical Society

#### **AUXILIARY OFFICERS—1961-62**

| President               | Mrs. Kenneth E. Gross    |
|-------------------------|--------------------------|
| President-Elect         | Mrs. Herman S. Judd      |
| 1st Vice-President      | Mrs. Philip Grenley      |
| 2nd Vice-President      |                          |
| 3rd Vice-President      | Mrs. William Burrows     |
| 4th Vice-President      | Mrs. Dale Doherty        |
| Recording Secretary     | Mrs. Dudley W. Hontz     |
| Corresponding Secretary | Mrs. Arthur P. Wickstrom |
| Treasurer               | Mrs. Haskel L. Maier     |
| Assistant Treasurer     | Mrs. Glenn H. Brokaw     |

#### COMMITTEE CHAIRMEN

|                            | LE CHAIRMEN   |
|----------------------------|---|
| American Medical Education |   |
|                            | Mrs. Elmer W. Wahiberg                                |
|                            | Mrs. Jack Mandeville                                  |
|                            | Mrs. Robert R. Burt                                   |
|                            | Mrs. Charles J. Galbraith                             |
|                            | Mrs. Samuel E. Adams                                  |
| _                          | Mrs. Galen H. Hoover and<br>Mrs. M. E. Lawrence       |
| Nurse Recruitment          | Mrs. G. W. Bischoff                                   |
| Paramedical                | Mrs. Myron A. Bass                                    |
| Program                    | Mrs. M. J. Wicks                                      |
| Publicity                  | Mrs. Robert C. Johnson                                |
| Bulletin                   | Mrs. Robert A. Kallsen                                |
| Revisions                  | Mrs. Richard F. Barronian                             |
| Safety                     | Mrs. Robert W. Osborne                                |
| Social                     | Mrs. Robert W. Florence and<br>Mrs. Charles P. Larson |
| Speakers Bureau            |   |
| Telephone                  | Mrs. Richard B. Link                                  |
| Today's Health             | Mrs, Bernard R, Rowen                                 |
| Minute Women               | Mrs. George A. Race and<br>Mrs. Thomas R. West        |
| Community Service          | Mrs. Orvis A. Harrelson                               |
| Heart                      | Mrs. Edward R. Anderson                               |
| Cancer                     | Mrs. J. Robert Brooke                                 |
| Finance                    | Mrs. J. Robert Brooke                                 |
| Community Council          | Mrs. John F. Steele                                   |
| Dance                      | Mrs. John S. May and<br>Mrs. David F. Dye             |
|                            | Maybelle Miller and<br>Mrs. Russell Q. Colley         |
| Cook Book                  | Mrs. Thomas B. Murphy and<br>Mrs. Robert A. O'Connell |

Auxiliary's Board will meet during the month of August for its annual summer meeting. Time and place have not yet been set. President Keaty Gross will notify Board members.

#### Members of the Wedding . . .

Bulletin was glad to learn we were not in error last month, Ruth and Bob Brooke DID retreat to Mt. Hood after a family wedding in Portland, but it was someone else in the family who was married. The Brookes had a wonderful time that week, and returned home to celebrate their 25th wedding anniversary. Popular past President of Auxiliary, Ruth turned over the gavel for that job and signed on for an-

other large one as District Lay Representative on the State Board of American Cancer Society, Ruth has now taken on Mason, Thurston, and Grays Harbor Counties too, as her district. Their latest effort is to make sure the information on smoking and cancer gets into the high school and college health classes. In September Ruth will conduct a training program for volunteer units throughout the state.

#### Conservation or Kidservation . . .

Another busy Auxiliary member this summer is Marge Cameron. However you look at it . . . whether it's conservation of our natural resources, help for the handicapped, or just plain fun for kids . . . this latest project of Marge's is stupendous.

Marge Cameron is sort of a tycoon in this business of community good works, has been on the ground floor of so many of our community enterprises she could sit in on a meeting of almost any board in town and they'd think she was chairman. But Marge says she doesn't accept chairmanship of anything anymore. Mostly single-handedly this lady operates, and without fanfare. In fact, this latest project of hers has been working for a year and we just now heard of it.

Disguised by the protective coloring of a Garden Club, and aided immeasureably by the local Forresters Association, Marge Cameron arranged eight tours this past year for the children at the School for Crippled Children to the E. G. Griggs tree farm near Orting. In wheelchairs, in braces, on crutches, these children were given the wonderful opportunity of a day in the woods, and an experience that makes the lesson in conservation unforgettable. The program was such a success its first year, it has now become a part of the regular curriculum at the School for Crippled Children.

The children were taken in the school's buses to Tomalla, the Griggs' tree farm, accompanied by their teachers, six or eight forresters, four or five women volunteers, and on some of the trips, volunteer squadrons of soldiers from Fort Lewis. One can



Perhaps you have hesitated to prescribe the benefits of a topical steroid because of concern about effectiveness or high cost.

Perhaps you have felt that the usual packaging of topical steroids provides inadequate, uneconomical quantities to suffice for a complete course of treatment.

If any of these considerations reflects your thinking, we believe you will be interested to learn that a truly effective and reasonably priced topical steroid now is available for your patients with dermatologic disorders... DILODERM<sup>TM</sup> Cream (brand of dichlorisone acetate).

As to effectiveness, here is what a recent report\* stated on the use of DILODERM in 53 cases of poison ivy dermatitis: "A satisfactory response... was seen in all cases. There were no cases of primary irritation or other side effects..."

As a matter of fact... you will find not only that DILODERM Cream is exceptionally beneficial in a wide variety of dermatoses responsive to topical steroids, but also that it costs less in most instances than generic hydrocortisone creams. In addition, DILODERM affords even greater savings over other topical steroids. Actually, the 15 Gm. tube of DILODERM Cream costs less than virtually all all other topical steroid preparations now prescribed.

As a matter of economy...the 15 Gm. tube of DILODERM is ideally suited for the treatment of large skin areas or extensive lesions. It covers more with less waste; it provides three times as much medication for only slightly more than double the cost of a small 5 Gm. tube of unbranded hydrocortisone.

We believe your patients with dermatoses will appreciate the significant savings DILODERM Cream affords, and that you, too, will agree... DILODERM in the 15 Gm. tube is effective, economical in price, and even more economical in use.

Also available: DILODERM Cream, 6 Gm. tube; NEO-DILODERM® Cream 0.25%, 5 and 16 Gm. tubes; DILODERM and NEO-DILODERM Foam, 19 Gm. dispensers; DILODERM and NEO-DILODERM Acrosols, 50 Gm. containers.

\*Gant, J. Q., Jr.: M. Ann. District of Columbia 30:267, 1961

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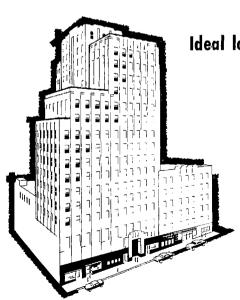


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(Continued from Page 16)

his administrative responsibilities shall:

(1) Prepare and submit to the director rules, regulations and procedures for the exercise and performance of the administrative powers and duties vested in or imposed upon him not inconsistent with the law."

Such rules and regulations have the force of law when appropriately processed and approved by the Director of the Department of Public Assistance.

Submitted herewith are two documents as exhibits. These are examples of government regulations which, in our experience, definitely result in the lowering of the quality of medical care. The exhibits are:

Exhibit 1: Memorandum No. M-9-'61, issued May 10, 1961. Subject: Curtailment of Medical Care Expenditures Effective May 15, 1961. [Note: Most pertinent to the subject is one paragraph of Section I. Because of space limitations, the other 26 pages of rules and regulations are omitted.—Ed.]

"The Department is required by law to remain within its appropriation. An increased caseload with heavy utilization this past winter has resulted in a possible deficiency this biennium. In addition, the legislative appropriation of a lesser amount than anticipated indicates that strict control of medical expenditures will be required for the 1961-63 biennium. Therefore, the following will become effective May 15, 1961.

#### "l. Elective Surgery

In general, no elective surgery shall be authorized on persons over the age of 65. All requests for elective surgery must be submitted by SF 5873 to the State Office, accompanied by adequate justification prepared either by the attending physician or the Screening Physician. In no instance will elective surgery be approved retroactively.

#### "2. Glasses

The glasses budget is discontinued. Glasses will be provided only in

exceptional hardship cases. Authorization by SF 5873 must be transmitted to the State Office for approval with adequate justification. It should be pointed out that approval will be subject to the strictest limitations.

#### "3. Drugs

Screening Physicians are instructed to carefully scrutinize all requests for non-formulary drugs and authorization should be granted only when they are actually life-saving or absolutely essential in the patient's care.

#### "4. Appliances

The provision of appliances is discontinued. Appliances will be provided only in exceptional hardship cases. Authorization by SF 5873 will be transmitted to the State Office with adequate justification. Again, this should be pointed out, the approval will be subject to the strictest limitations.

#### "5. Hospitalization Screening Physicians shall place spe-

cial emphasis on hospital screening. Unnecessary care will be denied. Chronic care shall be subject to strictest limitation and every effort will be made to reduce the length of long-stay hospital cases. A constant review of all hospital cases should be accomplished by the Screening Physician and every effort should be made to confine hospital care to the limitations of the hospital budget.

"6. Medical Care Provided for Recipients of Non-Continuing Assitance Costs of providing care for persons on Non-Continuing Assistance are increasing monthly. The Screening Physician is requested to adhere strictly to the rules and regulations that have been promulgated to control the cost of care provided for this category of assistance.

"In instituting the above list of controls,

(Continued on Page 21)

#### WOMAN'S AUXILIARY

To The Pierce County Medical Society

Auxiliary does not meet in September, as State Auxiliary holds its annual meeting then. The traditional fall tea, which has evolved into the more adaptable coffee hour, will launch Auxiliary's active year in October.

Members anticipate another successful year for Auxiliary and a lot of fun with new President Keaty Gross in charge. Well qualified for this position of importance, Keaty has long been active and influential in community affairs inside and outside of Auxiliary. A friendly out-going patrician Irish lady with a wonderful sense of humor and an ample stock of good sense. Keaty is a firm believer in those prescriptive qualities of duty and honor, pursues the right always, hence is held in high regard by everyone who knows her. She definitely enjoys hard work for a good cause, and assumes the heavy responsibilities of this office cheerfully. The only noticeable defect about Keaty is that she's more than a little nutty over skiing. The Fashion Show may be heavy on ski-wear, and during the Season board meetings may be scheduled at White Pass, and we may all be doing exercises at January meeting.

#### Board Luncheon

About thirty Board members met on August 15 at Edith Lawrence's home for luncheon, and the annual summer meeting to formulate Auxiliary's plans for this year.

Among the several announcements from this meeting was the reminder that we members voted for a raise in dues last year, and we may now pay \$10.00 for our largesse. Eight dollars are dues, and the hostess fee is two dollars, minimal for four luncheons and three coffee parties. The dues aren't exactly minimal, but you must pay or your name and number won't be in the handbook the year following, a little something that has inconvenienced several staunch Auxiliary supporters this last year. If your dues are paid on or before the date of the October coffee party you will receive

your new handbook then. Send your check for ten dollars to Elvina Brokaw, the new dues chairman

#### Fall Fashion Show

The date for the Fashion Show has been set for October 26 at the Top of the Ocean. Andrews will provide the show this year. Since this earlier date doesn't allow for the organization of ticket sales after our first meeting, the ticket committee will go to work in September. Reservations will be made for purchased tickets only, and tickets will not be refundable after the date of the coffee party. This should eliminate the last-minute hassel that has always plagued the Fashion Show committee, and will guarantee a full house for the party.

#### More Announcements From the Board

Marion Doherty is in charge of the collection of clean clothes in good repair for the use of patients being discharged from Western State Hospital. Skirts and blouses in misses sizes are especially needed. Nothing in sizes smaller than children's six. The clothing should be brought to the October coffee hour, but can be delivered directly to Marion if that is more convenient.

Dorothy Grenley announced that Margaret Reberger is in charge of collecting vitamins and drug samples for the girls at Faith Home.

Lorna Burt, Civil Defense chairman, announced that Mrs. William Gadsby from Seattle, who entertained at last April's luncheon, will come to Tacoma to conduct an all-day worshop on Survival one day next month. This should be of interest to the many members who are becoming increasingly aware of the troubled world situation. For more particulars, and to sign up for the workshop, call Lorna.

Board members at the annual luncheon found Edith Lawrence's patio an ideal setting for the discussion of Auxiliary business, and everyone was much impressed by Edith's garden, and especially the neat play



basic in exchange

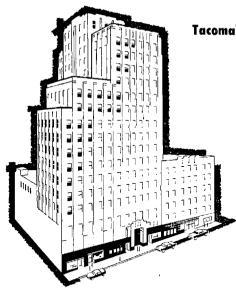
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Tacoma, Washington

(Continued from Page 16)

this coming year. Dorothy will head the Finance committee, and Ruth will be Program chairman. As Ruth says, "By Program we mean the work program and not the entertainment." Both of these jobs are big ones, and our Pierce county talent will be a real asset at State level.

Our local representatives there for all or part of the sessions were Nadeen Kennedy, Bev Harrelson, Keaty Gross, Hazel Whitacre, Ruth Brooke, Dorothy Maier, Dottie Reid, Doris Kunz, Delores Havlina, Betty Johnson, Katherine Humiston, Hilda Lantiere, Ruth Murphy and Helen Florence.

#### Joan on Tour

Here's one winning team we are really backing this season. The whole team is Joan Anderson, who ordinarily turns out for something very chic, and has this month launched a Conquer Uterine Cancer campaign. She'll tour all year, and just between October 4 and the middle of November Ioan has seven dates to lecture and show films to Women's Clubs all over the county on the importance of the Pap smear. The American Federation of Women's Clubs worked this out with the Cancer Society as a national program, to indoctrinate each member of any Club belonging to the American Federation with the facts pertaining to uterine cancer. Not only will Joan's influence on this important topic be taken quite seriously by hundreds of women in the area, but as fringe benefit Auxiliary wins by having this sociable, intelligent and suave emissary out in front. Joan's presentation will be assisted by local M.D.'s arranged through Dorothy Grenley's speaker's bureau, to answer questions from the audience. It just might happen that, in order to be well turned-out vou'll have to have your Pap smear, ladies.

#### Higher Education

Fond memories of college days are due for a jolt. Suddenly these Auxiliary children are growing up and it's back to the ivy-covered walls, only this time you're mailing the boxes of goodies. On the receiving end are Doug Willard, sophomore at Dartmouth, Hugh Judd in his first year at Stanford, two Rigos boys at the U. in Seattle, Roddy Rosenbladt at the U., Barbara and Betsey McBride at the U., Lael Harris at Oregon, Ned Fairbourn in his last year at Pomona, Jane Fairbourn at the U., School of Nursing, Carmella Lantiere and Sue Huff at Washington State, Kay Mattson at Washington and Jim Jr., in his third year at the U., Mary and Bill Rademaker at the U., Roger Nace and George Teats at U.P.S.

Bob Brooke, Jr., is studying electronics at Boston at Sam's expense. He is in the Naval Reserve program and will crew the U.S.'s first missile-launching ship, the U.S.S. Robinson, when it is completed. The Robinson's first assignment on the traditional world cruise will be Century 21 in Seattle.

Emma and John Bonica returned from a visit to Bogota and Caracas just in time to send Angela off to Dominican College in San Rafael, where she will study Music and French. Micheal Larkin is back at Gonzaga for his second year of Pre-Med. Now with two married and one away at school, Charlotte only has seven children at home.

#### Sad Story of the Month

George and Helen Kittredge took a week in San Francisco as sort of a last fling before school started. Having an elegant time at the St. Francis, Helen had the works at the hotel beauty salon one morning, had her hair bent and face done, felt younger than springtime as she tripped out. Tripped she did, took a flyer into the elevator and spent that evening in the hospital. With her fractured arm and dislocated shoulder in a sling, Helen is trying to be pleasant about

(Continued on Page 21)

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#### American Diabetes Association

The American Diabetes Asociation today released the program for the Tenth Post-graduate Course Diabetes in Review: Clinical Conference, 1962. The Course will be held January 17, 18 and 19 in Detroit and Ann Arbor, Michigan. The sessions of the first and third days (Wednesday and Friday, January 17 and 19) will be at The Statler Hilton in Detroit, which will serve as headquarters. The second day's lectures (Thursday, January 18) are scheduled at the University of Michigan, Ann Arbor.

The Committee on Professional Education of the American Diabetes Association, chairmaned by T. S. Danowski, M.D., of Pittsburgh, is responsible for the Course, which is offered in cooperation with the University of Michigan Medical School, Wayne State University College of Medicine, Wayne County Medical Society and the Michigan Diabetes Association. Dr. Danowski is Director of the Course, and Frank S. Perkin, M.D., of Detroit, is Chair-

man of the local Committee responsible for arrangements.

The Wednesday, January 17, morning session will be devoted to "Fundamental Considerations" and will close with a question and answer period. Wednesday afternoon's lectures on "Pathogenesis" will conclude with a panel discussion on "Diabetes and Prediabetes—Pathogenesis and Prevention."

The Thursday sesisons at Ann Arbor will offer a half-day each on "Insulin Assay—Antagonism and Acidosis" and "Related Metabolic Problems."

On Friday morning, January 19, the main topic, "Treatment of Diabetes Mellitus," will also include two panel discussions: "Problems in Management of Brittle Diabetes" and "Pregnancy and Diabetes." They will be followed by a luncheon address, "Myocardial Metabolism in Diabetes," by Richard J. Bing, M.D., Chairman of the Department of Medicine, Wayne State University College of Medicine.

The final afternoon of the Course will cover "Complications of Diabetes Mellitus"

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J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting pain in his shoulders. Later, his wrists, elbows, feet and hands became involved with swelling and loss of function. By 1951, when he was 45, the patient was helpless and had to be fed and dressed by his wife. He was frequently hospitalized during the next three years. Hydrocortisone failed to make any change in his condition.



On April 2, 1955, the patient was placed on METICORTEN and improved promptly. Two weeks later he stated, "I feel very well now." He was able to go back to work as a mine electri-

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his activities in any way.

Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960.

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(Continued from Page 16)

and will use these funds to support candidates with our best interests at heart. Lorraine wants us all to avail ourselves of the current literature on the Kerr-Mills bill and the King-Anderson bill, communicate with our congressmen, and allow lay friends and neighbors the same advantages as far as keeping informed. The theme of this year's auxiliary aim lends well to Lorraine's theme at membership meeting . . . we can be politic, and we definitely should be informed.

#### New Members

Bulletin met seven of the new members at President Keaty Gross' house last month at the informal welcome coffee staged by membership chairman Pat Hoover and the executive board. This was a little jewel of a party, not only because of Keaty's usual Gross hospitality, but because we always look forward with interest to meeting the new members, and these comprise one of the most interesting crops personalitywise.

Beverly Graham ,whose husband has taken over Orv Harrelson's practice, is from California, but she doesn't knock the climate here since her husband is from Aberdeen and Tacoma is like the Riviera. Judy Brachvogel and Dorothy Truckey are both from Seattle. Dorothy says they've folded their tents about every three years and she's anxious to make Tacoma her permanent home. Laine Lindstrom is a very personable new member who belies her All-American type beauty by introducing herself as an Estonian by birth, just recently from Sweden. Loretta Kase and her husband have been on the staff of the City of Hope. Loretta worked as a nurse in the pediatric leukemia wards there, and has a most intriguing story to tell of that compassionate experience. The funniest story we've ever read is true, according to Gloria Virak. She and her husband lived with the riotous Montana tribes of Stay Away Joe, and Gloria says the book wasn't at all exaggerated. They were also with the Zuni tribes in New Mexico on their three-year tour with the Public Health Services. Audrey Hori is studying Japanese conversation at U.P.S. two nights a week, not just to flex her mental processes, but in order to converse with her husband's parents.

It was a pleasure to meet these outstanding young women and we hope the entire membership soon has the opportunity to know them.

#### Faith Home

Dorothy Grenley tells us Faith Home plans to open this month. Quite illustrative of Auxiliary's slogan "Speak your belief in deeds", this important community project has been accomplished by a small dedicated group unwilling to even consider defeat in the face of financial odds. As Dorothy puts it, "We've gone ahead and remodeled on faith, and we'll open with a full house and a waiting list." This home for unwed mothers has moral support to spare, all they lack are the matching funds.

As a member of the Board of Trustees of Faith Home, Dorothy has been responsible for setting up the medical services program for the home. Working with the Medical Society, Dorothy constructed the framework for the volunteer medical services under the direction of Doctor Myron Bass. Anesthesiology will be available at a big discount for the patients of the home, and dental care has been offered by the Dental Society. Shaw Supply has generously offered to completely furnish the examining room at the home. Our thanks go to Dorothy for her tireless efforts on behalf of this worthwhile project, its

(Continued on Page 21)

## The Esophageal Hiatus Hernia and Its Significance

By Leo Annest, M.D.

Although much change has occurred in the management of esophageal hiatus hernia it remains a controversial subject. The entity is considered to be congenital, however its natural history is one of progression in the majority of cases and is more frequently encountered in older age groups when the tenacity and tone of the diaphragmatic muscles has decreased remarkably with age. When symptomatic it stimulates several other intra-abdominal and some intra-thoracic diseases. It has appropriately been designated as the masquerader of the upper abdomen. When associated with cholecystic disease and diverticulosis of the colon, it is known as Saints Triad as described by Muller in 1948. Removal of the gall bladder in these cases may result in only slight relief of symptoms. When subsequent hiatus hernia repair is accomplished, marked relief of symptoms is obtained. Saints Triad with removal of the gall bladder only may account for some of the cases which have been diagnosed as post cholecystectomy syndrome in the past and actually are due to a symptomatic unrepaired hiatus hernia.

Many hiatal hernias are asymptomatic after varying degrees of medical management, the most important of which is weight reduction in the obese. However, Blades reported 45% massive G.I. hemorrhage from 66 cases of esophageal hiatus hernias which were otherwise asymptomatic. There are many authorities who believe that every hiatus hernia should be reapired. Harrington, whose basic work with hiatal hernia, is widely known, stated that all symptomatic hiatus hernias should be treated surgically unless the patient's

condition will not permit. Prof. Allison from Oxford University, known for his monumental work on the anatomy and physiology of the diaphragm and the hiatus, pointed out four factors which rule on the competence of the cardia. These are (1) the circular muscle of the esophagus, (2) angulation by which the esophagus becomes stomach, (3) the diaphragmatic crus and (4) the important inter-relationship of the first three factors to each other. In regard to competence, these are the very words that he stated at the 1961 session of the Ogden surgical meeting, quote, "I leave you to make your own deductions as to how these fit in with the scheme of things and produce competence. I have 16 facts to put before you. The first fact on the anatomical side, I have already mentioned is that the angle between the esophagus and the stomach is snugly filled by the right crus of the diaphragm. One effect obviously of this is that as the domes of the diaphragm descend during respiration, if the cardia stayed where it was, the angle between the esophagus and stomach would obviously open out. The simultaneous contraction of the crus insures that the cardia descends at the same as the domes and that the angle is maintained. The second fact is that we know from maesurements that there is a zone of high pressure in the esophagus about 2 centimeters long at this level. The third is that we know that relaxation and re-

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Tacoma, Washington

(Continued from Page 16)

"dumping syndrome" was produced in dogs by the intrajejunal instillation of hyperosmolar glucose solutions. The peripheral circulatory and gastrointestinal effects of this response can be transferred to other dogs by intravenous infusion of portal vein plasma. This humoral agent, the authors postulate, might be serotonin and its effect is blocked by serotonin antagonists (Aldemet, periactin). These same serotonin antagonists help ameliorate symptoms in patients with severe "dumping".

The University of Oregon group (Dr. Dunphy et al) showed some interesting work with the common duct. The importance of motility of the common duct has long been a problem and an attempt to evaluate this was made by wrapping Teflon around the duct to produce immobility. Although these preparations stayed open and were able to drain properly, there uniformly occurred dilation of ducts above the area, mild changes in the liver possibly in the direction of biliary cirrhosis, impairment of liver function (some elevation of alkaline phosphatase), increased GB pressures, etc. All cases showed some abnormality of function. It is postulated that grafts of the common bile duct fail because of interference with some type of neuromuscular mechanism, and it is suggested that successful anastomosis and transplants must avoid rigidity.

Louis P. Hoyer, Jr., M.D.

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#### ATTENTION!!!

Anyone interested in entering the rackets, please continue reading! If enough of you are interested, it is proposed that we start with a small racket (table tennis).

A Challenge Cup will be competed for by different groups—Tacoma Academy of Internal Medicine, Tacoma Surgical Club, American Academy of General Practice, House Staff of Mt. View General Hospital, Tacoma Academy of Psychiatrists and Neurologists, Pierce County Pediatric Society, and the left-overs (all those not included in any of the groups).

To start it out, a one game short-stop table tennis tournament will be held the night of the Tacoma General Hospital staff meeting, December 5, 1961, starting at 5:30 p.m.—interrupted by dinner and the meeting. It will be finished that night in both singles and doubles (designate your partners). Three tables will be available, if needed; bring paddles and balls, if possible.

To help defray the cost of the Perpetual Challenge Cup, a donation of one dollar will be gratefully accepted—payable immediately to anyone listed below.

The initial possessor of the cup will be based on the number of wins and losses for each group. Help your group by showing up and participating.

#### The Racket Squad

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|----------------------------|--------|--|--|--|--|--|
| Marsh Whitacre BR          | 2-6533 |  |  |  |  |  |
| Residence SK 9-0700        |        |  |  |  |  |  |
| Bob Johnson FU             | 3-1303 |  |  |  |  |  |
| Residence SK 2-8652        |        |  |  |  |  |  |
| Bud BanfieldFU             | 3-1641 |  |  |  |  |  |
| Residence SK 2-2869        |        |  |  |  |  |  |
| George TanbaraFU           | 3-5777 |  |  |  |  |  |
| Residence BR 2-5235        |        |  |  |  |  |  |
| James Boudwin FU           | 3-2413 |  |  |  |  |  |
| Residence JU 8-7848        |        |  |  |  |  |  |
| Dale Doherty (Left Over)BR | 2-1661 |  |  |  |  |  |

Residence JU 8-4548

#### **HOSPITALS...**

#### Tacoma General

Miss Helen Maddex was recently named to the position of Administrative Assistant being in charge of the business office and still maintaining her work with the public relations department. Miss Maddex had become a familiar figure in the hospital community due to her work in organizing an auxiliary at the hospital. She has considerable experience in hospital business circles having served in San Francisco and Kansas City in business manager positions.

Four members of the hospital staff attended the annual Washington State Hospital Association convention Yakima which was held on October 26 and 27. Those attending were Miss Sally Mount, Medical Records Librarian; Miss Helen Maddex; Mr. Hugh Owens and Mr. W. L. Huber. The principal speakers at the convention were Mr. Frank S. Groner of Memphis, Tennessee, who is a past president of the American Hospital Association, and Dr. Leon Lewis, author of several articles on hospitals. Mr. Groner spoke about the hospitals of the future and what we might expect from hospitals in the years to come. Dr. Lewis gave his ten rituals about hospitalization which he had expounded in several articles including the one entitled "The Hazards of Hospitals."

The flowers which have been located in the front of the hospital are going to be transferred to the area behind the hospital. This is made necessary because the addition of the front wing will use the area where the flowers were formerly located. Although the hospital may not win the first prize for its flower gardens in the future, we shall have a small garden in the rear.

On Thursday, November 16, the X-ray

unit was at the hospital to obtain chest X-rays of 140 employees. The X-ray mobile unit was located in the doctors' parking lot from 7 a.m. to 4 p.m.

Also on that same date, the new Safety Committee met for the first time to review objectives for the coming year. Special guests at the meeting were the Director of Nursing Service and the Executive Housekeeper from the Good Samaritan Hospital in Puyallup.

#### St. Joseph's

#### News From The Annex

A new supervisor has been appointed to the Annex, Mrs. M. Craton. R.N. She comes to us from third floor. We wish to extend our congratulations and best wishes to her in her new job. We also wish to express our appreciation to Sister Helene, our former supervisor and wish her success in her new position.

We are happy to announce that Miss Coleen Reis, who recently left us, was married on Saturday, November 18.

Congratulations.

Mrs. Linda Fareberger, R.N., also left us for the wide open spaces of North Dakota. Guess she did not like all the Tacoma rain.

Mrs. Cleveland, whom many of you knew and worked with, died of cancer on November 10. We were all very sorry to have lost such a wonderful person as Mrs. Cleveland and we wish to ex-

press our deepest sympathy to her family.

There are quite a few new faces among the Annex staff, although some of them are not completely new. Mrs. Reed, R.N., the former Miss Garrison and Mrs. Homestead, R.N., the former Miss Hardy will be working relief on the 3-11 and 11-7 shift.

Mrs. M. Miller, R.N., a graduate of T.G. will be our regular 3-11 nurse.

Mrs. Due, L.P.N., is back with us now. Some of you may remember her better in the blue student practicles uniform.

Glad to have you all with us.

We also have some new orderlies, the most recent to join the ranks is Mr. Tom Bull. The others are Mr. Ed Creach, Mr. Ed Baines, and Mr. Ed Smith. It can get quite confusing with all the "Eds" around.

Two of our staff members are celebrating their birthdays this month, Mrs. C. Bellamy and Mr. Jim Birge. We wish you many happy returns of the day.

One last word, some time in the early part of December, the Annex will be having a sale. Here is a good chance to pick up some Christmas gifts and help support the Annex O T Department.

#### Maintenance Department

The five Hall on second floor is finally completed. all new terrazzo

(Continued from page 10)

July, 1958, it had jumped to 15,041,000. Though voluntary health insurance in the United States has had a tremendous growth in the past 20 years, less than half of the older population has any kind of health insurance.

Persons over 65 and persons who are disabled have difficulty in securing coverage either because of their age or disability denies them the opportunity to purchase insurance or because their income is so limited they cannot afford it.

When an individual having voluntary group health insurance retires at 65 he is frequently required to drop his group insurance and can continue coverage only with an individual policy at a higher cost.

Many of the older people in our population are on fixed incomes. This may be limited to social security benefits.

[Certainly there is a medical "need" for those over 65 but there is a "need" for those under 65 or even under 21 or six. There is also a need for food, clothing, education and a checking account at the bank. The responsibility for these "needs" has been met in this country by individual responsibility and not with centralized government. The growth of health insurance in this country has indeed been "tremendous". Given a little time the medical "need" for those over 65 may become imperceptible. But the socialists are in a hurry to get their program in before their phrases become completely empty.]

Insurance coverage against the cost of illness under the social security system would be paid for by the future beneficiaries during their working years. Payment would be spread over many years but would cease when the individual's income is reduced following retirement. Under most voluntary plans, the individual must continue to pay premiums after retirement and usually at an increased cost.

At present, with many older people unable to obtain adequate health insurance, they must often depend on public assistance when faced with a major medical expense. Nt only does such dependence tend to be

degrading to the individual but it increases the tax burden on all citizens in maintaining public assistance programs.

[The states and counties provide hospital services for those who can't afford private care and they do an excellent job of it. If it is downgrading to seek public assistance, then why downgrade every last American by forcing everyone to the welfare status?]

Under laws which have been in existence for many years, five risks are already covered by compulsory contributions. Such contributions provide for (1) workman's compensation (2) retirement income (3) survivor's insurance (4) disability insurance, and (5) unemployment compensation.

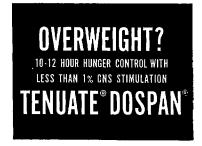
[What else can we afford without paying for permission to have an occupation?]

Proposed legislation would extend already established social security to provide benefits to meet the cost of health care after retirement for age or disability.

Patients are admitted to hospitals on the recommendation of a physician, and the length of stay also is usually determined on the advice of the physician. ANA has also urged that nursing care, including nursing care in the home, be included as a benefit of any prepaid health insurance program. This would make it possible for more older people to be adequately cared for in their homes.

[The King Bill is specific in its admission committees' determining these matters—not the patient's doctor.]

(Continued on page 14)



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(Continued from page 12)

Socialized medicine means that doctors work as employees of the government or that hospitals are owned and operated by the government. No such system is here proposed. The bill provides that, when an attending physician decides that the insured individual should be hospitalized, the physician would make the necessary arrangements with the hospital as he does now. The only change in relationship would be that the hospital would be guaranteed payment for the insured services.

[The hospitals might appreciate this support at first. But then the government would, after all, be responsible to see that hospital costs were "reasonable." Someone has to supervise this.]

The bill provides for a specific prohibition against any supervision or control over the details of administration or operation of any hospital or over the selection, tenure or compensation of its personnel.

[This is an unrealistic provision which would, of necessity, be changed. After all, the Federal government is not interested in irresponsibly dumping funds down ratholes, even though, at times, it may appear to do just that.]

The full cost can be paid during early years by an increase in the total payroll tax rate of about one-half of one per cent. The tax base would be raised from \$4800 to \$6000. For a person earning \$100 a week, this would mean an increase in his contribution of 25 cents a week and a similar increase from the employer. The cost of administering the plan would be less than the administrative costs under existing private insurance plans. Administrative facilities already exist for administering it. No new agencies would have to be established. The bill would help to reduce relief costs to the federal, state and local governments and to private charities. It would cut into public assistance costs.

[This Bill will do no such thing. How can a Federal program do more economically what the states and our own Bureaus are already doing? Obviously, as in everything else, it can't. Already Social Security

contributions are on the way up even without a medical program. If the program goes through, as Jack Steele reported on Meet the Press (Feb. 18, 1961), "A great many people will be paying more Social Security taxes than they pay income taxes." He said "taxes" and not "insurance premiums." ]

[It is hoped that doctors will take a few minutes to talk to their own nurses and their nurses in the hospitals to help strengthen the nurses' individual positions. It is not easy for a nurse to be publicly vocal in an opinion contrary to the state and national groups which hold themselves out to speak for all nurses unless she knows that the concern felt by doctors for the patient is just as real as hers.

[The ANA implication that what is bad for the doctor is good for the patient is as phony as Arthur Schlesinger's comment on January 31 that the welfare state is the best defense against communism.

[Oddly enough, the WSNA Bulletin was printed on pink paper.]

#### No Gripes?

The editor has been troubled by the evidence, namely, no letters to the editor in the mailbag since the A.M.T. became disturbed by the unkind attention it received, that nobody has been provoked to write a few words of protest, complaint or condemnation. The editor again invites a few comments and repeats that the Bulletin is for the whole Medical Society. It is not a soap-box for a single editor.

Furthermore, if any members have a medical, para-medical, economic or political opinion which pertains to medicine and which should appear in these pages, his or her contribution of copy is urged.

—Еd.

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Easily Prepared. Mothers need add only water to either Sobee liquid or Sobee instant powder to prepare a formula with a nutritional balance comparable to cow's milk formulas.

1. Kane, S.: Am. Pract. & Digest Treat. 8:65 (Jan.) 1957.





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#### In Memoriam

JOSEPH P. KANE, M.D.

Died in Palo Alto, Calif, June, 1961, at the age of 86.

Joseph Kane was a successful physician. Because his professional life did not conform to the usually accepted present day measurements of success we may unconsciously lose sight of the real contributions of this man.

Why he wanted to become a doctor we never knew, but there was a compelling ambition which guided him through years of patient study and difficult financial struggles. He came up, as we say, "the hard way" and this is probably the reason why through his years of medical practice his help and sympathies were always for the less fortunate, whether doing general practice in Tacoma or among the Indians in Arizona.

The difficult task of being both father and mother to a family of young children was given to him and the useful lives of these two sons and five daughters are eloquent testimony of the valued guidance he gave them through those years. In the years to follow, their large contributions to the welfare of our country are the high measure of Dr. Kane's successful life.

Those whose privilege it was to have more than a passing acquaintance with him will always remember his simple philosophy, his kindly judgments, and the twinkle of his bright eyes, with him to the end.

Joseph Kane was a valued friend of many, and in his retiring, unselfish life he was a true credit to our profession.

-Lewis A. Hopkins, M.D.

#### The Light Within Us\*

FRED B. ROGERS, M.D.

(\*Read at Hospital and Nursing Week Service, Church of the Holy Trinity, Rittenhouse Square, May 7, 1961 and reprinted from the Bulletin of the Tarrant County Medical Society of July, 1961.)

During its Fifth Annual Hospital and Nursing Week, opened by a traditional service of worship, Philadelphia pauses to consider man's humility to man—a noble chapter of civilization in which women play a leading role. The nursing profession, in particular, blends humane and scientific traditions of helpful service. Professional nursing, now a century old, has as its ultimate goal what Dr. Albert Schweitzer has called "devotion of self to others." Selections from the writings of this medical missionary, whose wife trained as a nurse while he studied medicine preliminary to their work in Africa, recently appeared in an anthology, "The Light Within Us" (1959). This small volume, published first in German as Vom Licht in uns, provides my theme for a review of nursing, its achievements and ideals. In our cynical age, ideals still enrich personal, family, and community life. Such idealism has motivated much that is best in the history of nursing and allied fields.

In her daily work the nurse, like the physician, meets all sorts and conditions of people. The nurse's cap of cloth and starch is an honored symbol—both an emblem of the school which it identifies and a crown of service in all parts of the world, Society expects much from the nurse-dedication and dependability, skill and sympathy. The nurse is able to contribute fine qualities of heart and mind in human health and happiness. Florence Nightingale and others of high rank in the past gave much of themselves and, in turn, much was given to them. Our recognition of merit is multiplied manyfold in your careers by personal satisfaction and public appreciation.

The beginnings of nursing are lost in antiquity for the nurse was present before



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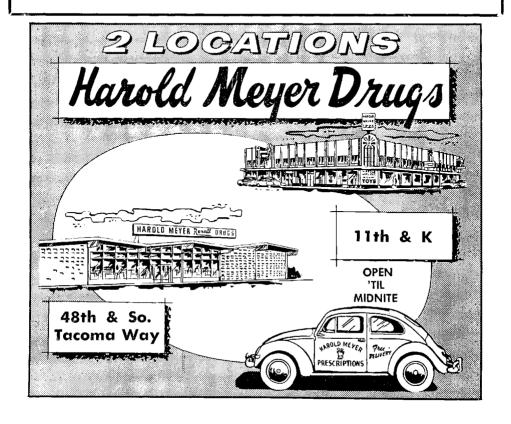
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(Continued from Page 19)

Sisters of St. Vincent de Paul, a Roman Catholic Order which had been introduced into France in the seventeenth century. (A tablet in the entrance of the Philadelphia General Hospital today records the heroic service of these devoted Sisters of Charity to the poor victims of cholera in the city during the epidemic of 1832.)

At age thirty-three, Miss Nightingale became superintendent of the "Establishment for Gentlewomen during Illness" in London, serving during 1853-54 in this position. In the summer of 1854 a severe epidemic of cholera swept London and she was called to superintend the care of patients at the Middlesex Hospital. In those terrible days she gained experience which was to serve her well in the Crimean War. On the battlefield of war Florence Nightingale, the Nurse, became Florence Nightingale, the Reformer. In October, 1854, the Secretary of War, Baron Sidney Herbert, asked her to recruit nurses for a mission of mercy to the British soldiers in an unprepared war against Russia. She selected twenty-four nuns from religious orders and fourteen secular (non-ecclesiastical) nurses to serve with her in an inferno of filth and horror at the Turkish barracks bospital of Scutari in the Crimea. These dedicated women made that miserable place Scutari, a shrine in human history. This opportunity demonstrated the value of trained nurses. The efforts of these thirty-nine courageous women-in nursing, housing, sanitation and statistics-greatly relieved suffering and death. Within a few months of their arrival at Scutari, the mortality rate among the

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soldiers there fell from 42% to 2%. This was the result of systematic daily care plus nightly rounds, soap, water, clean linen and humane treatment. The small band of women introduced a proper nursing service to the British Army and become heroines to the nation. When they returned home in 1856, a tremendous welcome was accorded them in London. By national subscription a Nightingale Fund of £44,000 was collected, which was used to establish a training school for nurses.

In June 1860, after much careful planning, the first fifteen probationers were admitted for one year's training to the Nightingale School at St. Thomas' Hospital in London. At the completion of one year these women joined the hospital staff for a further two years' experience. By the innovation of a prescribed period of training and a graded curriculum nursing became a respected profession, an independent career for women whose position was recognized. Nightingale nurses were soon in great demand. Many hospitals in Great Britain and elsewhere asked Miss Nightingale for trainees from her school to join their staff so that they might organize training schools and improve the standard of nursing.

In the Nightingale system the control of the nurses was vested in a matron, or director, who must herself be a trained nurse. Florence Nightingale's book, Notes on Nursing, first published in 1859 and reprinted many times, is still worth reading. Miss Nightingale combined gentleness and tact with crusading zeal. She could be firm and resolute, as many bureaucrats found out, when pushing for reforms. A woman with common sense, a talent for organization, and abundant human kindness, she focused her energies on the basic care of patients. The nurse's uniform was devised by her for the Nightingale School, incorporating the cap, apron, sleeves and stockings of a fashionable lady in Victorian England. Vestiges of this original uniform still grace the student nurse's attire.

In 1862, Florence Nightingale aided in the establishment of the first District Nurs-

(Continued on page 23)

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(Continued from page 21)

ing Association in Liverpool, England. From this early enterprise came the school, industrial, visiting and public health nurses of today. In this country, the first District Nursing Associations were organized in Boston and Philadelphia in 1886.

Trained nurses became more essential with the introduction of antiseptic and aseptic procedures in surgery and the profession gained more self confidence and skill. Though much has changed in hospital and nursing practice with the passing of one hundred years, the helpful spirit of the early trained nurses continues to inspire. Florence Nightingale lived to become the greatest figure in the history of nursing: she died at the age of ninety in the year 1910. Her unique position in nursing history and the strength of her personality are reflected in much writing about her. A play The Lady with a Lamp, by Reginald Berkeley (1929) is a fine dramatic tribute. She has rightfully been called the greatest English woman—the patron saint of trained nurses—one who created nursing as an art, a vocation, and a career.

From women across the sea, the torch of organized nursing soon came to America. In 1839 a Nurses' Society of Philadelphia was formed, composed largely of Quaker ladies, under the direction of Dr. Joseph Warrington (1805-88) of the Philadelphia Dispensary staff. Practical instruction was given in bedside, home and maternity nursing at the "Nurses Home." and the students were supervised by a "lady visitor." A certificate was presented to the "pupil nurses" who completed this short course. By 1850, this voluntary Society had employed more than fifty nurses to care for the sick-poor, particularly in childbirth at home. A decade later, in 1861, a profesthe Nursing School of sional group, Woman's Hospital, Preston and Parrish Sts., was organized and continues active to this day. The Pennsylvania Hospital School followed in 1883, and the Philadelphia General Hospital School one year later. Miss Alice Fisher, a graduate of St. Thomas' Hospital in London, headed the "Blockley School" for many years. The double-frill on the cap of a PGH graduate is a hallmark of quality to this day. There are now 42 schools of nursing, professional and practical, in the five-county metropolitan Philadelphia area, graduating some 1500 nurses each year.

The annals of nursing history are rich in humanity; heroines, known and unknown, inspire us by their deeds and idealism: Clara Barton, schoolteacher, leader of the "angels of mercy" who performed nursing services during the Civil War, first president of the American Red Cross; Dorothea Lynde Dix, long a crusader for humane care of the mentally-ill and a Civil War nurse; Edith Cavell, humanitarian-martyr of the First World War; the heroic nurses on Corregidor in World War Two: Genevieve de Galard, "the Angel of Dien Bien Phu" in 1954. These are your forebears and colleagues—serving throughout the world, in times of peace and war, with benevolent concern for human welfare.

To conclude these remarks, words from The Light Within Us, by Dr. Schweitzer, are appropriate:

The power of ideals is incalculable. We see no power in a drop of water. But let it get into a crack in the rock and be turned to ice, and it splits the rock; turned into steam, it drives the pistons of the most powerful engines. Something has happened which makes active and effective the power that is latent in it. . . . No ray of sunlight is ever lost, but the green which it wakes into existence needs time to sprout, and it is not always granted to the sower to live and see the baryest. . . .

We live, spiritually, but what others have given us. . . . Much that has become out own in gentleness, modesty, kindness, veracity, loyalty, we owe to people in whom we have seen or experienced these virtues at work, sometimes in a great matter, sometimes in a small. A thought which had become act sprang into us like a spark and lighted a flame within us. . . . We have each of us cause to think with deep gratitude of those who have lighted such flames within us. . . . The final decision as to what the future of a society shall be depends . . . on the degrees of worthiness in its individual members.

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References: 1. Santos, I. M. H., and Unger, L.: Ann. Allergy 18:172 (Feb.) 1960. 2. Charlton, J. D.: Ann. Allergy, in press. 3. Shaftel, H. E.: Clin. Med. 7:1841 (Sept.) 1960.



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hardly imagine how such a complicated enterprise as taking these crippled children on a tour through the woods, and trout fishing too, could possibly be accomplished. There must have been many near-crises. "Men are wonderful with these children," Marge Cameron says, "and especially these men of the outdoors. The forresters made the program possible, by their intense interest in making each tour worthwhile for each child. The soldiers were indispensible on the tours for the blind children. We just went along to cook lunch."

While Marge went along to cook lunch, 262 crippled children and 49 blind children toured the Griggs' farm, which is actually a sort of forest preserve, set up to demonstrate conservation methods. The tours will continue this next year with added features. Smokey the Bear visited the children while they are lunch in the lodge on this year's trips, maybe next vear Casper Coyote will come in to say hello too. Marge has plenty of ideas. We were so impressed by this program's educational value for any child we asked Marge if it would be possible to arrange tours for other children, possibly through the city schools. This brought the tycoon gleam to her eyes and she said that sounded like a very good idea, and we suspect she had probably been working on that idea for some time already.

#### Caterpillar's Song

Betty May and Wibby Bischoff have accepted Junior League invitations and will be in this fall's provisional class. Caterpillar always singes merrily on these occasions—

"Some may say the Ladies' League Is dominated by intrigue But when the annual list is read We all know that's just stew-ped And anyone may get the call Who measures over four feet tall."

Caterpillar is a character of Adele Durkin's creation, inflicted upon us by Bianca Mattson's energetic productivity, and downstaged by Peg Haley as the Cheshire Cat in probably the most clever and apt amatuer theatrical we've ever msised seeing. We anticipate the day when some other funny thing will spark Adele's talented imagination.

#### Boat of the Month . . .

Stan Durkin's new Cat is definitely not the kind you're allergic to. This lovely sleek white things purrs musically and behaves. When he says "Go cat, go," it really goes. We took off like a rocket one July afternoon, went speeding along the beach so fast the Burton population hardly had time to come out of their hogans to see who was hollering, "Hey, look at this!" before we had gone on around the point. Like magnificent Toady's dream, this is the fastest thing on the water. The Durkins find the new Cat has broadened their travelling horizons considerably, at 50 miles an hour they see a lot of Puget Sound . . . and having a few minutes, they can dine at Gig Harbor if the menu at home palls. Stan says he's a little disappointed it doesn't go faster. As far as we're concerned, the Cat broke the sound barrier that day, when everyone on the beach heard us go by after we had gone.

#### HOSPITALS ...

#### Tacoma General

Vincent Armatis has recently joined the X-Ray Department as head technician. He comes to us from Fitzsimmons Army Hospital in Denver. He has served a total of 21 years in the Army Medical Corps. Mr. Armatis replaces Mrs. Louise Cameron who returned to her native Canada.

The hospital employees' picnic which was originally scheduled for July 6 has been postponed to July 27. The weatherman forecasted on the day previous to the picnic that it would rain on the 6th, but he was wrong. Nevertheless, the picnic committee felt it better to postpone the date until later in the month.

New residents in the Pathology Department are Drs. Renedo, Wood, and Apa. They replace Dr. Nordmo, who completed his residency at T.G., Dr. Strunk, who was called by the research bug to continue training at the University of Washington, and Dr. Ukawa, who returns to Japan to complete his residency in surgery.

New residents in Anesthesia Department are Drs. Maier, Poh, Star, Flynn, and Baird.

New students in the School of Medical Technology are Anne Keith, Linda Moore, Judy Johnson, Jacqueline Cook, and Glenda Gee. A new student in Histologic Technic is Jean McCrimmon. These students are all from the University of Puget Sound and are spending the fourth year of their training with us.

#### St. Joseph's

We would like to extend a sincere welcome to our new interns Thomas Hinrichs, University of Nebraska; Norma Santos, Manila Central University, Philippines, and Yasuo Kanda, Mie Prefectural University, School of Medicine, Tokyo, Japan. Also a sincere welcome to our clinical clerks, here for the summer, from the University of Mississippi James Day, Jay Pennington, and Douglas Cain and from the University of Washington Marvin Bourne.

We have three Maryknoll seminarians with us learning some of the basic fundamentals of medical care such as giving shots, taking blood pressure, learning some of the various diseases that are common in the foreign countries that they will be serving in, and so forth. These future priests, Fred Zierten, John Hudert, and Donald Doherty, will put these experiences into practice in the various Maryknoll missions to which they will be assigned throughout the world.

Mrs. Riedinger's brother, Father Zahn, stopped to see her and those he knew at the hospital. Father spent the last six years as a missioner in Japan.

The Sisters, Doctors, Nurses, and all at the hospital wish to thank Doctor James for the wonderful time had by all at the annual

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picnic held at Lake Geneva on July 13. This is something that is looked forward to every year.

For the last month the Record Room has been located "around the corner," while we wait for a completely new record room with new terrazzo floors, files, drapes, desks, lights and telephones. We should be back in the "new" record room by the end of the month.

Vacation time has rolled around again and we in the record room are taking full advantage of it with our various vacations. Dee Sparkes will fly by jet to Hawaii for a 15 day stay and Ruth Delle will be leaving for Colorado Springs for two weeks. We wish them a happy vacation lounging in the sun while we are hard at work here in this hot room wilting away. Also a happy vacation to Mrs. Thyra Arness who is fishing and swimming at a nearby lake. We hope she catches a big one—fish, that is. Mrs. Olga Maki is just going to stay home this year.

The Sisters have spent their vacations at the beach and already are back with beautiful tans and revived spirits to settle down to another year of hard work.

The month of July has been filled with summer activities. On July 13 Lake Geneva buzzed with activity of all sorts, swimming, sports and dancing filled the hours as the Doctors, their families and the members of the staff at St. Joseph enjoyed their annual picnic.

The student nurses of St. Joseph Hospital School of Nursing entertained the faculty and student body of Tacoma General Hospital School of Nursing at a barbecue lawn party on July 11.

The evening was spent renewing old acquaintances and exchanging tales of nursing experiences of the students.

Second floor South is not being used this summer as all the rooms from 214 to 222 are being remodeled with new terrazzo floors, beds, furnishings, etc. Even though the noise is something we can do without, the finished product will be worth all the inconveniences.

Have you noticed the files in the hall and all the carpenters hammering around the switchboard? Well take a closer look. That switchboard is new! Take it from Mrs. Nish everyone is real pleased with it.

Lucille Boyle and Aose Tovoli, from the Business office, have "gone east" for their vacation. They will be staying in Philadelphia, and plan to take in New York before driving home.

If you have noticed any new faces gropbewilderingly through chances are they are the three new x-ray students who joined us last June 19. Miss Scott and Miss Baxter are from Franklin Pierce and Miss Baumgartner from Saint Leo's are in the process of being oriented on the "S.O.P." of x-ray. After a week of observing the second year students at work, they began developing films and will gradually work up to actual taking of x-rays. In September they will begin classes which include nursing procedures, anatomy and physiology, terminology and x-ray fundamentals.

Two years of hard work, midnight studying and call duty should see these ambitious young girls taking their registry examinations. Let's wish them all the luck in the world.

#### Rehabilitation of Stroke Syndromes

A postgraduate course in Rehabilitation of Stroke Syndromes for physicians will be conducted at the University of Washington School of Medicine October 6 and 7.

Sponsors are the School of Medicine, Washington State Medical Association, Washington State Heart Association and Washington State Department of Health.

The course presents information, concepts and demonstrations concerning medical management and rehabilitation of stroke patients. The material to be presented is designed to assist the physician in his practice in managing stroke patients, in working with the family and community to assist in maximum rehabilitation and in making the most effective use of referral to comprehensive rehabilitation facilities.

Guest faculty for the course includes Robert L. Bennett, M.D., Executive Director, Georgia Warm Springs Foundation; Albert L. Cooper, M.D., Director of Physical Medicine, Swedish Hospital; Paul M. Ellwood, Jr., M.D., Medical Director, Elizabeth Kenny Institute; Frederic J. Kottke, M.D. Director, University of Minnesota Rehabilitation Center; Frank H. Krusen, M.D., Director of the Elizabeth Kenny Institute.

Participating faculty from the University of Washington School of Medicine include Drs. Richard I. Birchfield, Bernard Bucove, W. E. Fordyce, Justus Lehmann, Donal R. Sparkman, Walter C. Stolov; James A. Carrell, Ph.D., George D. Brunner, Bertha L. Doremus, and Geraldine Shevlin.

Registration is unlimited. The course is open to graduates of medical schools approved by the Council on Medical Education and Hospitals of the American Medical Association or those licensed to practice medicine and surgery in the state of Washington. There is no tuition fee. A total of 9 hours credit will be given members of the Academy of General Practice who attend. Registration information is available at the Heart Association, BR 2-7854.

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#### Auxiliary President Calls For More Community Service

Physicians' wives must accept the community's challenge for knowledge and honest effort in helping to solve local problems. In taking office as the president of the Woman's Auxiliary to the American Medical Association, Mrs. Harlan English, Danville, Ill., called on members across the country to develop strong local public service programs built on community needs.

A number of community projects that local doctors' wives can take on voluntarily were cited by Mrs. English. They include: homemaker service programs; practical programs to help meet nutritional and recreational needs of older persons; civil defense educational programs; mental health activities especially dealing with alcoholism; programs for safety, poison control and water safety; fund-raising for medical education.

Mrs. English succeeds Mrs. William Mackersie, Detroit, Mich. The new presidentelect is Mrs. William G. Thuss, Birmingham, Alabama.

Other Auxiliary officers installed at the 38th annual Convention in New York include: Mrs. Paul E. Rauschenbach, Paterson, N.J., first vice president; regional vice-presidents — Mrs. Harry F. Pohlmann, Middletown, N.Y., eastern; Mrs. C. Rodney Stoltz, Watertown, S.D., north central; Mrs. W. W. Hubbard, Nashville, Tenn., southern; Mrs. Stanley R. Truman, Oakland, Calif., western; Mrs. William H. Evans, Youngstown, Ohio, constitutional secretary; Mrs. C. R. Pearson, Baraboo, Wisc., treasurer.

A check totalling \$195,264.22 was presented to the American Medical Education Foundation by the Auxiliary at a luncheon honoring national past president. For the second time, the "Ethel Gastineau Trophy" was awarded to the Woman's Auxiliary to the Tennessee State Medical Association for outstanding service in behalf of the AMEF.

The convention delegates also voted gifts of \$10,000 each to the American Medical Research Foundation and AMA's newly-organized scholarship and honors program and \$1,000 to aid an AMA effort to put Today's Health magazine in high schools.

AMEF awards of merit were presented to the Auxiliaries to the following state medical societies: Ohio, Texas, California, Indiana, New York, Nevada, Tennessee, Alaska, New Hampshire and Alabama. The national Auxiliary also received a merit award.

Highlights of the convention:

Dr. E. Vincent Askey, then AMA president, urged physicians' wives to help recruit qualified young people into medical careers.

Mrs. Neil W. Woodward, Auxiliary civil defense chairman, discussed the importance of preparing for family survival in the event of disaster.

Dr. George E. Gardner, professor of psychiatry at Harvard Medical School and member of AMA's Council on Mental Health, warned that among other things teen-age anxiety over college admission is becoming a mental health problem in this country.

Business sessions were devoted to state and national sports, discussions and speeches by medical leaders and AMA staff personnel.

Registration for the four-day meeting totalled 1,194.

A bit stumped by the case at hand the doctor told the young lady, "You've either got a cold or you're pregnant."

"I must be pregnant," decided the patient. "I don't know anybody who could have given me a cold."

One way to keep your teen age daughter out of hot water is to put dirty dishes in it.

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#### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m.

Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.—6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month-noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November TACOMĀ ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.-8:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m.

at New Yorker Cafe.

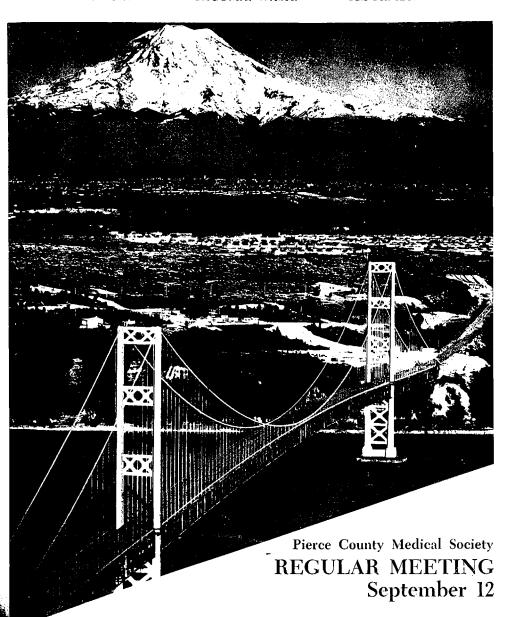
STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 9

TACOMA, WASH.

SEPTEMBER - 1961



#### Pierce County Medical Society

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#### September Birthdays

#### HAPPY BIRTHDAY!

- MYBA VOZENILEK
- IOHN MAY
- IAMES DUFFY
- 10 MAX THOMAS
- 11 CHARLES BOGUE MARION LARSEN GORDON PARROTT DANIEL THOMAS LEON THOMAS
- 12 MYRON BASS
- ELDON BLIZARD
- 16 FRANK HENNINGS
- 19 CYRIL LUNDVICK
- 22 I. W. BOWEN, IR.
- 23 THOMAS SKRINAR
- WALTER SOBBA
- 26 CARL EKMAN
- ARNOLD JOHANSSON
- 30 S. STEFAN THORDARSON

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#### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## **Tuesday, September 12**

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

Discussion by W.S.M.A. Delegates of Problems
and Resolutions to be Considered
at the State Meeting

A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

Place:

Honan's Restaurant

7391/2 St. Helens Ave.

#### September Calendar of Meetings

| MONDAY   | TUESDAY   | WEDNESDAY | THURSDAY | FRIDAY   |
|--|---|-----------|----------|--|
|  | 10200.11  | WEDNESDAI | HORSDAT  | Pierce County<br>Pediatric Society             |
| LABOR DAY  | 5 Staff of Tacoma General Hospital 6:30 p.m. Tacoma Acad. of Psych. & Neurol. 8:30 p.m. | 6         | 7        | 8  |
| Staff of Doctors Hosp.—7:30 p.m. Staff of N. P. Hospital—Noon Staff of Good Samritan Hosp. 6:30 p.m. | PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.   | 13        | 14       | Staff of Medical<br>Arts Hospital<br>7:15 a.m. |
| Staff of<br>St. Joseph's<br>Hospital<br>6:15 p.m.  | Tacoma Surgical Club—6:30 p.m.  | 20        | 21       | P.C.M.B. Board<br>8:00 p.m.                    |
| 25 Staff of Mt. View General Hospital Tacoma Academy of General Practice 6:30 p.m.                   | Z6  Tacoma Academy of Internal Medicine 6:00 p.m.                                       | 27        | 28       | 29 Staff of M. Bridge Children's Hospital      |

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#### **EDITORIALLY SPEAKING**

#### The Para-Medical Racket

"It is necessary, at times, to identify a marrow cell by the company it keeps." —Edwin Osgood, M.D.

Occasionally a wise student who is interested in pursuing a paramedical specialty will consult with a doctor about his or her choice of schools. It is a regrettable fact, that over the nation, doctors are unfamiliar with the quality and means of inspection of their A.M.A. approved schools and the nature of many trade, commercial, and occupational schools which offer courses of training which, at best, have difficulty in arranging transfer of credits with recognized colleges and universities and, at worst, are conniving diploma mills.

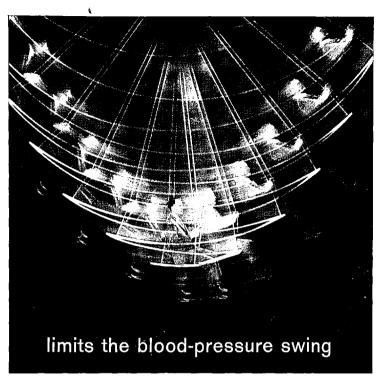
In the February, 1961, Bulletin there was a plea for doctors to refuse to associate themselves with a single group, the American Medical Technologists Inc., by denying the A.M.T. use of the Medical Society offices for meetings on the grounds that A.M.T. was not A.M.A.-approved and that its interests were at variance with the interests of patient care.

This particular organization was selected, rather than the National College of Radiography Technicians, the American Board of Bio-Analysts and similar infested groups because of the existence of one of its chapters in Tacoma and because of the writer's familiarity with the subject.

The writer is convinced that the local members of the A.M.T. are still unaware of the fraudulence, misrepresentation and faking which abound in the organization and hopes that they will find out. But the pressure will remain on local physicians to "help" the members by speaking at their meetings and lending their moral support. Local doctors could help the members more by encouraging them to dissolve their affiliation.

The problem today is that the Accrediting Commission for Medical Technology Schools established in 1959 by the American Medical Technologists and the National Council of Medical Technology Schools has busied itself in "accrediting" a number of commercial schools which range from reasonably good ones to the scandal-ridden Carnegie College of Cleveland and its affiliates in Boston, Detroit, New York City, and Los Angeles. They accredit almost anybody who wants accreditation and it is suggested that any school which would seek accreditation from such an organization is of questionable quality.

As national president of the A.M.T. and dean of Elkhart University School of Medical and Dental Technique of Elkhart, Indiana, Hugh A. Woolsey was scheduled to receive his Order of The Golden Microscope, the A.M.T.'s highest "honor" at the June convention of A.M.T. Hugh Woolsey, B.S., Sc.D., Ph.D., DABB-A, got his Sc.D. from Great Lakes College, named by the Cleveland Press as a degree-mill in Detroit. The DABB-A was purchased, says the Cleveland Press, from the American Board of Bio-Analysts for \$75 and the Ph.D.



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(Continued from Page 6)

was "earned" at Colonial Academy of Rockford, Illnois which was accused by the Federal Trade Commission on Sept. 8, 1960 of using misrepresentation to sell its courses. On Oct. 19, 1960, the cease and desist order was issued by the FTC to the Colonial Academy and also the Pioneer Theological Seminary and the National Association of Bible Schools, Inc., operated jointly with Colonial Academy.

The chief inspector of the A.M.T.'s accrediting commission for schools of medical technology is A. Stephan Michaelson, Ph.D., FACMT, DABB-A. This man is also secretary for the American Board of Bio-Analysts and asserts that his Ph.D. was awarded by Stanford in 1936. But Stanford has no trace of "Dr." Michaelson

Charles Feistkorn, administrative dean of Carnegie College, an A.M.T. accredited school, told the Cleveland Press that he was working on his Ph.D. at Avon University in Boston but an inquiry by the Boston Better Business Bureau and the Press got the explanation that Avon "University" in Boston is Avon "College" and does not grant degrees but that Avon "University" in Washington state does grant degrees. There is deposited at the Puget Sound National Bank in Tacoma, Wash., a small sum which was to serve for incorporation of Avon University in Washington and this incorporating was carried out in September, 1952. But Avon University has no address and it would appear that Mr. Feistkorn will have some difficulty in obtaining his degree here.

Mr. Haskell of the Trust Department of the Puget Sound National Bank, assures the writer that the deposit is still in the bank. He is not familiar with the machinations of Carnegie College and was amused to find out that he had received mention in the Cleveland Press. But Avon University is still incorporated and judging from the information available, is not so reputable as Dr. Andrew Fuller, dean, chancellor and president of the University would have it appear.

This is part of the sordid portrait of A.M.T. and recalls the non-A.M.A. schools of radiology, office-aids and other profiteering schools which dupe the unsuspecting and eager student and recalls also the other conscience-lacking boards and registries which certify them and urge the states to license their graduates.

The audacity of the A.M.T. is awesome. The writer was asked, as late as Aug. 29, 1961, to speak before the local chapter. Another local doctor will undoubtedly be asked. But it is emphasized that our local A.M.T. members are obviously in the dark as to the real nature of the organization. Most got their training the hard way and believe that the A.M.T. is a beneficient body with officers just as sincere as themselves. This isn't true.

If inquiries are received about schools for specialty training, the following list may provide a clue as to what to avoid recommending. Some of these schools are of good standing and record, but the affiliation with A.M.T. raises

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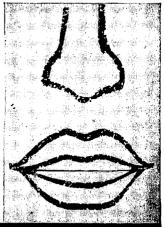
serious doubts about their intentions for the future and also about their concern for their students.

These commercial schools of medical technology are accredited by the A.M.T. commission: FLORIDA, Fla. College of Med. Tech., Miami; ILLINOIS, Amer. Academy of Med. Tech. and Chicago School for Med. Technologists, Chicago; INDIANA, Elkhart University; OHIO, Carnegie College, Cleveland; MASS., Carnegie Inst., Boston; PENNA., Franklin School of Science and Arts, Philadelphia; MINN., Northwest Inst. of Med. Tech. (two Minneapolis schools provisionally accredited are the College of Med. Tech. and the Professional Business Inst.); MISSOURI, Gradwohl School of Laboratory Technique; NEW YORK, Eastern Schools for Physicians' Aides, and the Manhattan Medical and Dental Assistants' School, Inc., N.Y.C.; NORTH CAROLINA, Dell School of Med. Tech., Asheville; TENN., Southern Academy of Clinical Technoolgy, Nashville; TEXAS, Commonwealth College of Sciences. Avon University has not yet made the list.

If you have patients and friends who want information about the A.M.A.-approved school of medical technology or radiographic technic it is advisable to refer them to St. Joseph's Hospital or Tacoma General Hospital.

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#### H. R. 4222 Again

Last month the Bulletin discussed the King Bill, HR 4222, by attempting to analyze the arguments in favor of the bill contained in a statement from the Washington State Nurses' Association. It is predicted that this Health Insurance Benefits Act of 1961, a piece of legislation which is no more a program of insurance than the Social Security Act itself, will die in committee. But no serious person predicts that the pressure for Fabian socialistic entrapment of medicine will cease with the death of HR 4222.

The following presentation clearly illustrates that we already know a great deal about centralized programs of medical care in our own state, where, incidentally, the control of such programs should remain. Washington's program, with all of its faults, is at least workable and reasonably fair. And it gives us a working base from which to discuss intelligently and factually any program of federal medical care.

The paper was prepared for presentation before the Committee on Ways and Means of the United States House of Representatives on August 1, 1961. The speaker needs no introduction other than his own.

-Ed.

Mr. Chairman and Members of the Committee:

I am Dr. Homer W. Humiston of Tacoma, Washington. I am appearing here today as President of the Washington State Medical Association. I am also the full-time Medical Director of the Pierce County Industrial Medical Bureau, a physician-sponsored organization which furnishes medical and hospital services to the public on a prepaid service plan basis.

Those of us who have been actively associated with prepaid medical care in the State of Washington have had some experience which may be of benefit to the members of this Committee in considering H.R. 4222.

Specifically I should like to cite our experience with respect to:

- 1. The trend of demand by persons covered by medical care plans, and
- 2. The effect on the quality of medical care when medical care is furnished in kind by government.

In the State of Washington a significant segment of persons covered by prepaid medical care plans are enrolled in the sevcral county medical bureaus. These bureaus are physician-sponsored non-profit organizations which furnish medical care on a service basis, by which is meant paid for in full, and with free choice of physician by the patient. The bureau in Pierce County is representative of similar operations throughout the State, and happens to be the oldest one, having been established in 1917. The Pierce County Bureau covers 67,000 persons, 21% of the population of the county. Statewide coverage by bureaus is of this same order through the several county bureaus.

In the early years the coverage offered by the Pierce County Bureau was very limited, and was furnished for a monthly charge of less than a dollar. This payment was a realistic charge for the limited coverage furnished. The reason that the coverage was so limited was that the subscribers were willing to pay only for that amount of care. As subscribers had experience with prepaid medical care their desire for broader coverage developed along with an understanding willingness to pay the necessary increase in monthly premium. We

(Continued on Page 16)

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(Continued from Page 14)

now provide quite comprehensive coverage to most of our subscribers.

This process of evolution from quite limited coverage to more comprehensive coverage is not unique to Pierce County. It has also been the experience of everyone I know of engaged in providing prepaid medical care.

In our State the recipients of medical care furnished in kind by government under our welfare programs have constantly pressed County Commissioners, and in recent years, the State Legislature for more and more comprehensive care, which care, of course, if paid for out of tax funds.

In the case of the Bureau operation we are dealing with persons who correlate their desires for coverage with their own willingness to pay the cost. The decision as to the level of coverage is made in this instance by the individuals or groups covered, and is fully under their control.

In the case of recipients of medical care paid for out of tax funds, there is no such correlation. This lack of correlation does not, however, reduce the pressure for more comprehensive coverage under the tax supported program. The decision as to the level of coverage is made in this instance by a legislative body either by enumerating benefits or by establishing a budget.

I am sure that the attitudes of the people in the State of Washington are representative of those in all these United States, and that any program either financing medical care or furnishing medical care in kind will be under constant and quite possibly, irresistible pressure in the direction of more comprehensive care. We have observed this for decades and believe this point to have been adequately demonstrated.

In my opinion the most important question before this Committee and the Congress is the long term implications of embarking on a program of limited medical care furnished in kind by government as proposed in H.R. 4222. Our experience in the State of Washington pretty well demonstrates that the real issue is whether or

not medical care furnished in kind to the whole population is the way to achieve the best quality of medical care for the people of this country.

At this point I should like to relate some observations we have made in the State of Washington with respect to the effect on the quality of medical care of a program through which medical care is furnished in kind by the government.

In our State we have now, and have had for some years, a quite comprehensive plan for furnishing medical care in kind paid for by government. Under the program which I refer to medical care is furnished to the needy and near needy. We are of the belief that this program is one of the most comprehensive in the country. Close association with the administration of this program enables us to observe in actual practice the effect of regulation on the quality of medical care.

Medical care furnished in kind by government is purchased by the State "... for providing needed medical, dental, and allied services to recipients of public assistance and medical indigents . . ."

The medical care section of the Washington statutes is found in the Session Laws of 1959.°° In this Chapter the Division of Medical Care is charged with taking ". . . into consideration the appropriations available."°°° The law further provides that "The Assistant Director in the exercise of

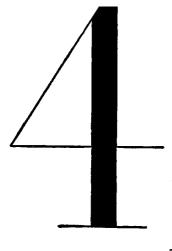
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<sup>\*</sup>R.C.W. 74.09.030

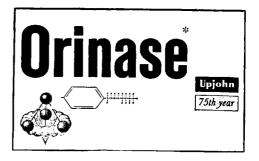
<sup>°</sup> R.C.W. 74.09.010 through 74.09.900

<sup>\* \* \*</sup> R.C.W. 74.09.090



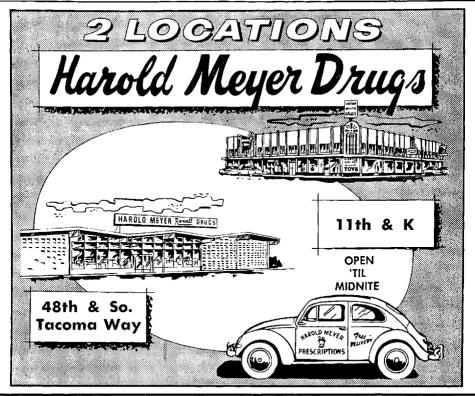
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(Continued from Page 19)

the Department has limited the cost of such goods and services in such a manner as not to disturb the medical well-being of the recipients of Public Assistance. The Department has always insisted and will continue to insist that recipients of public assistance shall receive necessary medical and hospital care as provided by law."

Exhibit 2: Part One, General Rules & Regulations of the State Department of Public Assistance Medical Care Program, as revised October 1, 1960.

"C. STANDARDS OF CARE (Revised October 1, 1960)

"Within the limitations of available funds, the Department shall furnish only essential medical care for:

- "1. Essential chronic, emergent and acute conditions of continuing assistance recipients.
- "2. Conditions currently endangering life or a medical condition which if not immediately treated would necessitate extended hospitalization and/or surgery for recipients of non-continuing assistance, medical assistance for the aged and medical indigent care."

Before proceeding I wish to make it clear that as a physician and as a citizen of the State of Washington I am not registering any criticism of the basic statute nor of the rules and regulations that have been promulgated.

I wish to commend the intent of the statute but also point out that the administrative procedures are necessary and inescapable evils whenever government furnishes medical care in kind.

The very essence of the problem facing those charged with administering any program which furnishes medical care in kind paid for out of tax funds is very easy to pin point. It is simply the responsibility to define the adjective "needed" as applied to medical care in the Washington law.\*

A comparable responsibility would fall

on the Secretary of Health, Education and Welfare under the provisions of H.R. 4222, and this will be pointed out later.

Attention is now called to Memorandum M-9-'61 which was introduced as Exhibit 1. Paragraph (1) entitled "Elective Surgery" which reads in part as follows: "In general, no elective surgery shall be authorized on persons over the age of 65." Thus most patients with hernias, varicose veins, bunions, and women with perineal relaxation are not furnished surgical treatment by this program. The surgical treatment thus denied is in no case life saving nor even life prolonging. This category of surgical treatment has the purpose of increasing the patient's comfort. It is not deemed to be "necessary" medical care. The type of quantitative regulation of medical care has the effect of lowering the overall quality of care. An individual who, for example, has his gall bladder removed under this state program, receives medical care which is identical with that received by other patients. The impact of regulations on the quality of medical care is caused by restrictions imposed which delineate the choices a patient and a physician may agree upon in the patient's best interest.

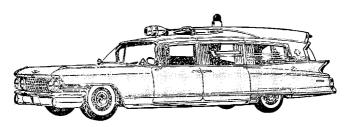
Paragraph (3) of this memorandum reads as follows: "Screening physicians are instructed to carefully scrutinize all requests for non-formulary drugs and authorization should be granted only when they are actually life-saving or absolutely essential in the patient's care." The formulary referred to is published by the Department of Public Assistance. Here again the regulations restrict the choices a patient and a physician may agree upon in the patient's best interest.

Paragraph (5) of this memorandum entitled "Hospitalization", reads in part as follows: "Screening physicians shall place special emphasis on hospital screening. Unnecessary care will be denied." Here again the regulations restrict the choices a patient and a physician may agree upon in the patient's best interest.

<sup>°</sup>RC.W. 74.09.030

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(Continued from Page 21)

Again, I wish to emphasize that the foregoing is not in the nature of criticism of the regulations promulgated by the State Department of Public Assistance in the State of Washington. These regulations are, as I said before, necessary and inescapable evils whenever government furnishes medical care in kind.

In writing a law to govern the use of tax funds in providing medical care in kind there are two approaches possible. The law could provide for any care which a patient and his physician agreed upon as being in the best interest of the patient. This is not the approach used in H.R. 4222. In Sec. 1609 and in Sec. 1615 of H.R. 4222 are found the basic authorizations for regulating medical care comparable to the provisions of the Washington statute cited above.

Sec. 1615 of H.R. 4222 reads as follows: "When used in this section, the term 'regulations' means, unless the context otherwise requires, regulations prescribed by the Secretary."

To skip through Sec. 1609 we find that "... payment for services ... may be made ... only if ... a physician certifies in writing ... as may be provided in regulations ... such services are or were required ..."

Sec. 1606 relating to hospitals provides in (a) (5) for a "hospital utilization committee", the duties of which are defined in Sec. 1606 (e) which reads as follows: "'A hospital utilization committee' in the case of any hospital means a committee, composed of physicians, or of one or more physicians and other professional personnel, which reviews (from the standpoint of the necessity therefor) admissions into, the duration of stays in, and the services furnished in such hospital". Such a committee would, of course, have to be guided by the regulations which the Secretary would prescribe under Sec. 1615.

#### Conclusion

We have had extensive experience in the State of Washington with both prepaid

medical care and medical care furnished in kind by government.

We have learned that there is constant pressure from those covered by both types of medical care plans to make their plans more comprehensive.

We feel, consequently that pressure would be exerted by recipients of care under a law such as H.R. 4222 for many more benefits than this bill provides. This pressure for more steps beyond this first one leads us to believe that the long term effects of embarking on such a program as H.R. 4222 represent a more important consideration than the details of this bill. We are concerned that if the Congress accepts the principle of furnishing medical care in kind to other than the needy or near needy we may well be on the way to a universal program of this type, a monolithic program.

We have learned from experience that medical care furnished in kind by government is regulated medical care and the quality of that care is adversely affected. Under such a program we can anticipate trusses instead of operations for hernia, elastic stockings instead of vein stripping operations. This type of regulation can be tolerated and does exist in our welfare program. However, this is a small island in a large sea of other ways of furnishing medical care. Consequently, such a regulated program is constantly up for comparison with the care others in the community are receiving. For the sake of the quality of the care, we need to preserve our present variety of ways of paying for medical care, including that for the aged. There are no other considerations with respect to medical care that are of more importance than the quality of the care.

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References: 1. Santos, I. M. H., and Unger, L.: Ann. Allergy 18:172 (Feb.) 1960. 2. Charlton, J. D.: Ann. Allergy, In press. 3. Shaftet, H. E.: Clin. Med. 7:1841 (Sept.) 1960.



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#### Fall-outs Are In

It was our good luck at Jean Vadheim's for lunch one day to be caught in the midst of Auxiliary's cosmopolitan clique, namely Ada VanDooren, Gonja Klein, Jean Malden, Sheila Dimant, and that very attractive newcomer Faye Goodson. The conversation was fascinating and involved bomb shelters, or fall-out shelters as they are now called. The Dimants are installing one behind their garage, with double walls three feet thick. It will eventually be equipped with its own generator and oxygen supply. The Gross family had a shelter installed adjacent to the basement of their home in lune.

This luncheon conversation was unique, for each of these young women had experienced the stark necessity of the shelter. Ada VanDooren, who holds a medical degree of her own, was at school in Amsterdam most of the war, feels the shelter is inevitable. The VanDoorens and their neighbors on Browns Point are talking up a cooperative shelter that can also be put to use as a neighborhood recreation room. Raised in the Dutch East Indies during the war, Gonja Klein couldn't see much purpose in building an expensive shelter, but after a quick thought came up with the idea that perhaps a shelter could double as a guestroom without a view, or as a blast-proof teenager's room . . . wonderful idea! However Doctor Bob doesn't share his wife's light view and has called in a contractor to see about having a shelter built in their basement. Jean Malden, from the midlands of England, said they appreciated having a shelter in their garden during two raids that almost leveled her home town. Faye Goodson, who spent a good deal of her childhood in a London shelter. felt it was the worst way to live, and maintained brayely that she would never subject her children to such misery. We remember having said the same thing about orthodontia years back, before producing five candidates. But Faye's attitude is tempered by a very practical idea . . . it might be desirable to have a home shelter once public shelters have been provided.

We encountered the Governor on the logs the other evening and inquired about state support for public fall-out shelters. He suggested that since we're so excellent with the shovel when it comes to clamming-out his beach, we could probably do the excavating for the city of Tacoma ourselves.

#### Delegates Sign In Here

The annual meeting of the State Medical Auxiliary takes place in Seattle September 17 through 20. This is always a lot of fun to drop into for several meetings. Good representation at these meetings is an absolute must, and Delegates who can look alive all day are needed. If you are interested, but would be unable to attend the whole session, you may still participate as an Alternate. Call Keaty Gross for this.

#### To Welcome New Members

Pat Hoover and Edith Lawrence will be in charge of the informal party to welcome new Auxiliary members next month, two weeks previous to the October meeting. Pat will call new members and executive board members in invitation to this. The Hoovers had half a nice trip to California last month, were plagued by car trouble on the return half, drove in reverse on the freeways on the last lap.

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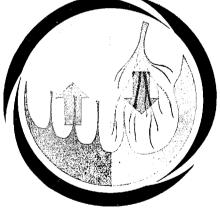
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## Mental Health and Industry

The 8th Pacific Northwest Industrial Health Conference (Portland, Oregon September 11-12—Multnomah Hotel) offers first-hand information of actual programs in industry and their relationship to industrial health costs, higher morale, greater efficiency, less absenteeism, improved public relations, lower insurance and workmen's compensation.

Such topics as:

- Mental Health: Cause of absenteeism, alcoholism, lower production, low morale—
- 2. Are These Management's Responsibility?
- 3. Environmental Health: Labeling, handling, using of toxic chemicals.
- 4. Where Are We and Where Are We Going? Health programs—by business . . . by insurance carriers.

will be discussed by top men in psychiatry and industry.

Dr. Herbert Modlin (Menninger Foundation) well known for his work in the field of psychiatry will speak on "Emotional Problems of Employees" and "Psychological Techniques in Handling Stress."

James W. Hammond, M.S., Chief Industrial Hygienist, Humble Oil and Refining Co., Houston, Texas, will discuss the problems of "Handling, Labeling, and Storage of Chemicals."

"Health Programs by Industry" will be covered by B. Dixon Holland, M.D., Secretary, Council on Industrial Health, American Medical Association, Chicago, Illinois.

"Health Programs by Insurance Carriers" will be the topic of Earl T. Dewey, M.D., Medical Director, Metrooplitan Life Insurance Co., San Francisco.

Mr. A. G. Halverson, Vice-President, Occidental Life Insurance Co. of Los Angeles, will dwell on the subject "Expanded Health Programs—Whose Responsibility."

Registration fee for the two day conference is \$10.00.

# Faith Home Supplies

The Medical Auxiliary has established in the offices of the Pierce County Medical Society a collection station for contributions to the Faith Home. The contributions asked for are drugs.

The Auxiliary will appreciate it if your office samples of drugs are collected and deposited with Judy Gordon. Dr. Bass suggests that the most valuable items are iron, calcium, vitamins, tranquilizers, diuretics, nausea controllers, etc.

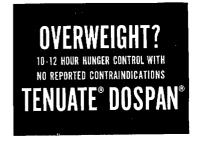
This will be a continuing program and will provide an easy but effective way of supporting the Faith Home program. . . . DON'T FORGET!

# AAMA To Hold 5th Annual Meeting

New wonder drugs, medical quackery, future training programs and professional liability are among subjects to be considered by medical assistants when they gather October 13-15 at Reno, Nev., for the fifth annual convention of the American Association of Medical Assistants.

More than 1,000 medical assistants are expected to attend the meeting at the Holiday Hotel to hear talks by physicians, professional management experts, educators and officials from governmental, pharmaceutical and military fields.

Additional information may be obtained from the AAMA headquarters, 510 North Dearborn Street, Chicago 10, Illinois.



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### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.-6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL POSTURAL

Last Monday of February, June, September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—8:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June. July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Friday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe.

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the

# PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 10

TACOMA, WASH. OCTOBER - 1961



## Pierce County Medical Society

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# October Birthdays

#### HAPPY BIRTHDAY!

- DUDLEY HOUTZ HELEN PRICE SMITH
- LESTER S. BASKIN M. R. HOSIE
- 4 EDWARD R. ANDERSON ARNOLD J. HERRMANN SOMERS SLEEP
- I. ROBERT BROOKE DAVID DYE KENNETH GROSS THOMAS LAWLEY
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- 9 IESS READ
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- MYRON KASS
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- 15 JAMES McNERTHNEY
- MURRAY JOHNSON WILLIAM LUDWIG
- 17 C. B. RITCHIE
- 19 DAVID HELLYER VINCENT MURPHY
- 20 DUMONT STAATZ
- 21 BUEL SEVER
- 23 H. A. ANDERSON
- 24 GIULIO DI FURIA
- DONALD ALLISON CHARLES McGILL
- JOHN KEMMAN 31 JOHN SRAIL

PATRONIZE YOUR ADVERTISERS

## Dr. Robert B. Truckey



Dr. Robert B. Truckey was born in Seattle, Wash., on January 31, 1923. He received his degree from St. Louis University in 1950 and took his internship and residency at Providence Hospital in Seattle.

Dr. Truckey began practice in Pierce County July 1, 1961, and he and his wife, Dorothy, live at 634 Vista Drive. He is a specialist in Ear, Nose and Throat with offices in the Medical Arts Building.

## Dr. John Colen

Dr. John Colen was born in Haarlem, Netherlands on November 29, 1923. He received his degree from the State University of Leiden College and Medical School in 1950 and interned at Leiden Medical Center Hospitals where he also took his residency. Additional residencies were taken at the University of Pittsburgh Medical Center Hospitals, the Montfiore Hospital, Pittsburgh, and the Kaiser Foundation Hospitals, Vancouver, Wash. Dr. Colen began practice in Pierce County in September, 1958; he received his U.S. citizenship in May, 1961. He and his wife, Eugenia, live at 517 North 6th. Dr. Colen's practice is limited to allergy with offices in the Medical Arts Building.

## Conference on Disaster Medical Care

The 12th County Medical Societies Conference on Disaster Medical Care will be held in Chicago, Nov. 4-5, at the Palmer House.

"A How Do You Do It at the County Level" is the basic theme of the national meeting which is sponsored by the American Medical Association's Council on National Security.

The two-day conference will be divided between symposiums and regional workshop sessions. One symposium will be devoted to "The County Medical Society and Disaster Medical Care." A second will include pertinent topics under the general heading of "Training of Allied Health Professions and Services."

Regional workshop groups will have a wide variety of topics for discussion designed to acquaint the participants with disaster planning at the city, county, state, and regional levels.

Among the featured speakers will be Frank B. Ellis, Washington, D.C., newly appointed director of the Office of Emergency Planning. Mr. Ellis has the responsibility for planning for the continuity of state and local governments' defense programs, the natural disaster relief program, the defense mobilization program, and the strategic and critical materials stockpiling programs.

Additional information regarding the conference can be obtained by writing Mr. Frank W. Barton, Secretary, Council on National Security, American Medical Association, 535 N. Dearborn, Chicago 10, Ill.

## UGN

On the matter of contributions, UGN is getting under foot again and this year the solicitations will be by mail. Let us hope that everyone can chip in generously and make the mail program a success. There is a practical reason for supporting this year's program. If its results are not so good as the person-to-person style approach, you may be asked to solicit next year.

## REGULAR MEETING

## PIERCE COUNTY MEDICAL SOCIETY

# Tuesday, October 10

MEETING . . . 8:15 P.M. MEDICAL ARTS BUILDING AUDITORIUM

### PROGRAM

Dr. S. F. Herrmann
"SURGICAL EXPERIENCES IN
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A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

Place:

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# October Calendar of Meetings

| MONDAY   | TUESDAY  | WEDNESDAY | THURSDAY                           | FRIDAY  |
|--|--|-----------|------------------------------------|---|
| 2  | 3  | 4         | 5                                  | 6   |
|  | Tacoma Acad. of<br>Psych. & Neurol.<br>8:30 p.m.       |           | Pierce County<br>Pediatric Society | C.P.C. of St.<br>Joseph's—9 a.m.                                |
| 9  | 10   | 11        | 12                                 | 13  |
|  | PIERCE<br>COUNTY<br>MEDICAL<br>SOCIETY<br>8:15 P.M.    |           |                                    | C.P.C. of St.<br>Joseph's—9 a.m.                                |
| 16   | 17   | 18        | 19                                 | 20  |
|  | Tacoma Surgical<br>Club—6:30 p.m.                      |           |                                    | C.P.C. of St.<br>Joseph's—9 a.m.<br>P.C.M.B. Board<br>8:00 p.m. |
| 23   | 24   | 25        | 26                                 | 27  |
| Tacoma Academy<br>of General Practice<br>6:30 p.m. | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m. |           |                                    | C.P.C. of St.<br>Joseph's—9 a.m.                                |
| 30   | 31   |           |                                    |   |
|  |  |           |                                    |   |

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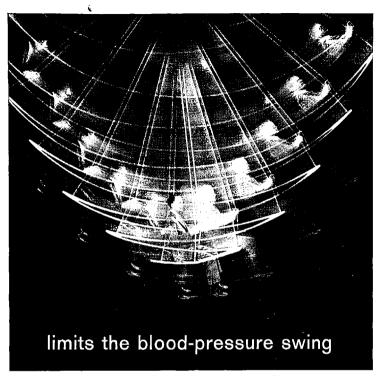
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# **EDITORIALLY SPEAKING**

# On Hospitals and Hotels

Last month, Northwest Medicine carried a letter to the editor comparing the rates in hotels with those in hospitals and the comparison justified, in that writer's mind, the excessiveness of the cost of hospital service. This letter raised some indignant cries not only from doctors but from hospital administrators.

But who was the culprit who called attention to the use of the word "hotel" in hospital management? It was not the writer of that letter. Rather, it was the hospital administrators and their colleagues themselves.

The Washington State Hospital Association has used for some time in statistical coding the handy phrase "hotel-type services" to cover those areas of hospital cost which generally are regarded as being of non-professional nature. The term is not unique with them but keeps popping up in the hospital literature for the whole country. Since this misuse of words is so prevalent among hospital administrators and statisticians, why then should anyone blame the writer of the Northwest Medicine letter for employing this equation in drawing his conclusions?

We know that an executive hospital housekeeper is not in the same league with the hotel housekeeper, that a dietician is not the same as a hotel cook and that hospital laundry problems are far more complex than those of any hotel. Yet, we persist in parroting "hotel-type service" in spite of our knowledge that this service is not at all hotel-type. Dr. Zimmerman's man-in-point, Keynes, would have been delighted with such a semantic cross-over since it suits the purposes of Fabian Socialists quite admirably, namely to confuse everybody so much that they feel inadequate to deal with a problem and readily turn it over to *salariat* watch-birds in government.

But we must not be confused ourselves. Dr. Zimmerman's analysis of the causes may be criticized as over-simplification by any economist who thrives on complicating simple matters. But the reasoning in his letter is sound and it is, even if over-simplified, entirely accurate.

The new hospital rates are with us on November 1, 1961. There is reason for the new rates and that reason is not one of inept administration of hospitals. Centralized government won't run them any more economically than our own administrators but the silence, if it persists, of the hospital boards, administrators and doctors will contribute to the setting of the groundwork for our people to request the government to try.

—Ed.

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# **GUEST EDITORIAL**

# John Keynes and Hospital Costs

In these days when our people seem to be preoccupied with hiding in bomb shelters and to neglect the obligation to strengthen themselves and their country, a parallel attitude of retreat from reality may be found in the tendency of our hospitals to hide from public opinion and to neglect facing up to the fact that their failing honestly to present the facts leads only to further misunderstanding and eventual frank hostility. In view of the recent rise in hospital rates and the ominous quiet which accompanies it, Dr. Zimmerman's letter is most timely.

—Ed.

Have we lost the public opinion battle? Practically all public information media, popular magazines, television, newspapers, radio and especially the labor publications, have thundered about the high cost of medical care. Kefauver has attempted to distort the true picture of the drug industry. And who is to blame? Why, the doctors, of course. The doctors prescribe the drugs, doctors hospitalize the patients and run the hospitals, don't they? While doing so aren't the doctors all getting very rich? And we, in effect, have been taking the fifth amendment! We have failed to explain the many factors involved, and are, therefore, losing the battle because of our own inarticulation.

From the last statistics I have available, hospital costs have gone up over 310%, while the cost of living went up 107%. Physicians' fees went up about 78%, and drug costs went up only 47%. During this rapid rise in hospital costs the wages paid to nurses and labor in the hospitals went up over 350%. Now, why? Nurses were poorly underpaid, and are now getting a more equitable payment for their services. People should realize that the government deficit spending, which has produced progressive inflation, is not going to lower hospital costs, that they will keep rising as long as inflation is present because over 70% of hospital costs go into wages and salaries. Our own Pierce County Hospital Council recently met and raised the ward rates to \$24.50 per day, but there has been a complete lack on their part in explaining how the money is used and why their costs have gone up. If they are silent the doctors will continue to take the blame. The hospitals could also educate the public as to how many employees are necessary per patient, and why they are necessary, and why their operation is not the same as that of a hotel.

The real targedy is that in each of these items, when people think they are paying too much, they fail to see the source of their trouble and that lies in our Keynesian philosophy of the new deal and the new frontier that deficit spending and inflation are a good thing. They didn't study far enough, because Lord Keynes, himself, thought that labor would not be smart enough to demand progressive raises with each cost of living boost. However, labor turned out to be smarter than Lord Keynes, and Keynes' political philosophy, which is not a scientific economic order, is now ruining the economic stability of our entire country. Only by a thorough presentation of the true reasons for hospital costs, and by cooperative explanation by hospital administrators can any progress be made in educating the public and business leaders. We physicians should keep pounding away at an obvious fact, namely that government defic't spending equals inflation, equals higher wages, equals higher hospital costs. Stop government deficit spending and costs can be stabilized.

# Surgical Approach To Otosclerosis

(Presented at Sept. Staff Meeting of Medical Arts Hospital by Dr. Robert Truckey)

Dr. Truckey stated that otosclerosis involved a process of new bone formation in the labyrinthian capsule with eventual fixation of the Stapes at the oval window. The overall incidence is between 0.5 and 1 per cent with women outnumbering men in a ratio of approximately 6-1. Dr. Truckey stated that the etiology is not clearly defined. There appears to be some role of inflammation and it has been noted that otosclerosis is exaggerated by pregnancy and that this may show some relationship between calcium, phosphorous and hormone levels. The physical E.N.T. findings are usually negative to examination. Deafness usually occurs in the late teens or early twenties. The audiogram findings characteristic.

Dr. Truckey presented the normal audiogram and compared this with the audiogram in otosclerosis in which the bone conduction remains relatively normal, but in which the air conduction is sharply reduced, particularly in the low cycle range where deafness of minus 45 to 60 decibels is not uncommon. He compared this with the type of audiograms seen in nerve loss deafness in which the depression is more marked in the higher cycles. He pointed out that in this latter condition women's voices become bothersome and ambient noises are extremely annoying. These patients, because of the type of deafness, do not tolerate well a hearing aid in contrast to otosclerosis where hearing aids offer considerable improvement. He pointed out that there is no known medical or surgical treatment at the time for nerve loss deafness.

The anatomy was presented and the pathology consists of a process of new bone formation over the stapedius foot-plate and oval window which in extremely advanced cases may amount to a formation of truebone plate. He pointed out that the drum may, or may not, be thickened and that often-times the drum appears practically

normal. The surgical procedure was presented. The drum is incised with a semicircular incision just peripheral to the tympanum. This is developed as a flap and the tympanum is lifted. At this point, he said, the incus is readily visualized with its capitulum attached to the stapes. The oval window is in direct view. At this point the cura may be cut, the oval window thinned and finally fractured.

He contrasts this procedure with the earlier fenestration-type of procedure as devised by Lempert. This procedure involved a modified mastoid surgery with fenestration of the lateral semi-circular canal. Dr. Truckey pointed out that this is a major procedure and often these patients end up wet with their ossicles removed. They frequently have marked vertigo and occasionally require hospitalization for as long as a month.

Dr. Truckey stated that with the stapes mobilization procedure, in older individuals, solid bone may be present and it may be necessary to drill to get the stapes out. The oval window is fractured with a fine pick and gelfoam is placed to protect the labyrinth. The incus is hooked up with a polyethylene tubing from the incus to the foot-plate.

Dr. Truckey stated that complications are not completely known, since this procedure has only been popular for the past three years. Among the known complications, he mentioned sterile labyrinthitis which results in vertigo and a dead ear. This may result in about one per cent of these patients. He stated that good results may be expected in 80 to 90 per cent of individuals, but in a few where nerve deafness is also present, the troubles may be added to. Another complication was refixation of the stapes. The incidence of this is approximately 30 to 60 per cent, if only the stapes is mobilized. Another complication is the slipping off of the polyethylene strut which fastens from the incus to the gelfoam membrane and the last complication was the necessity of sacrifice in some individuals of the chordae tympani nerve. Ordinarily, he stated, this is not a particularly worrisome problem, since only about one-fourth of the taste buds are affected

(Continued on Page 14)

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(Continued from Page 12)

by the sacrifice of this nerve; but in cases of bilateral surgery, elaborate steps are taken to preserve this structure.

Dr. Judd asked about anesthesia and the answer was that the anesthesia consists of one milliliter of two per cent Xylocaine and a pre-medication of three grains of Nembutal; 100 milligrams of Demoral and 1/100 grains of Atropine. Dr. Truckey stated that one of the advantages of the local anesthetic was that surgery could be carried to the point where hearing was restored and stopped. He emphasized that this is a procedure which must be performed with the end result in mind and that he stops at any point where hearing is restored.

Dr. Larson asked what antibiotics were used on these patients and Dr. Truckey was enthusiastic in his endorsement of antibiotic medication for these people and stated that he prefers a combination and preferably Penicillin with Triple Sulfa. Dr. Larson also mentioned the failure of routine antibiotic coverage for usual surgery and Dr. Truckey stated that he thought that this was a different consideration. Dr. Truckey said that he uses post operative eustachian tube insufflation and that the patients usually stay in the hospital for about two days; but that in some people, where uncapping of the labyrinth may bring about nystagmus, they may require a few days further hospitalization. Ordinarily, the procedure takes from 60 to 90 minutes.

Dr. Camp asked what is done when the external auditory canal is of such nature as to prevent visualization, and Dr. Truckey replied that in these cases, the endaural approach is still preferable, even if it means drilling to make the opening accessible.

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## Alcoholism Workshop To Be Held Oct. 19

An alcoholism workshop for Pierce County physicians will be held at the Doric Motor Hotel on October 19.

The program will begin with a film at 10:15. Dr. A. L. Ruprecht will speak on the "Treatment of Medical Problems in Alcoholism," in the morning session.

Dr. Frederick Lemere will talk on "Drug Treatment of Alcoholism," at the noon nohost luncheon in the Mar Monte Room at the Doric.

At the afternoon session beginning at 1:45, Dr. Ruprecht will discuss "Early Diagnosis of Alcoholism." At 2:30 a panel on "The Para-medical Team and Other Resources" will be given covering the health department program, hospitalization, Alcoholics Anonymous as a resource, counselling for family needs, and in-state resources for alcoholics. A discussion period will follow at 3:45.

This program was arranged by Doctors Max Thomas and Charles McGill of the Medical Society Public Health Committee, and Dr. C. R. Fargher, director of health.

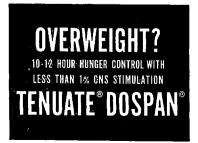
### AP Release

From the pages of the Tacoma News Tribune . . .

". . . Anyhow, the hore finally got tired. Johnson dismounted, had a doctor look at a couple of his bruises and went back on duty.

"It's all in a day's work for a New York police officer."

(We admire candid reporting. —Ed.)



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| American Medical Education | 1  |
|                            | Mrs. Elmer W. Wahlberg                           |
| National Bullatin          | Mrs. Jack Mandeville                             |
|                            |  |
|                            |  |
| instorian                  | Mrs. Charles J. Galbraith                        |
| Legislative                | Mrs. Samuel E. Adams<br>Mrs. Galen H. Hoover and |
| Membership                 | Mrs. Galen H. Hoover and                         |
|                            | Mrs. M. E. Lawrence<br>Mrs. G. W. Bischoff       |
| Nurse Recruitment          | Mrs. G. W. Bischoff                              |
| Paramedical                | Mrs. Myron A. Bass                               |
|                            | Mrs, M. J. Wicks                                 |
| Publicity                  | Mrs. Robert C. Johnson                           |
| Publicky                   |  |
|                            | Mrs. Robert A. Kallsen                           |
|                            | Mrs. Richard F. Barronian                        |
| Safety                     | Mrs. Robert W. Osborne                           |
| Social                     | Mrs. Robert W. Florence and                      |
|                            |  |
| Speakers Bureau            | Mrs. Charles P. Larson Mrs. Philip Grenley       |
| Lelenhone                  | Mrs. Richard B. Link                             |
| Today's Health             | Mrs. Bernard R. Rowen                            |
| Minute Woman               | Mrs. George A. Race and                          |
| Namute wonten              |  |
| C : C :                    | Mrs. Thomas R. West                              |
| Community Service          | Mrs. Orvis A. Harrelson                          |
| Heart                      | Mrs. Edward R. Anderson                          |
| Cancer                     |  |
| Finance                    | Mrs I Robert Brooks                              |
| Community Council          | Mrs. John F. Steele                              |
| Dance                      | Mrs. John S. May and                             |
|                            | Mrs. David F. Dye                                |
| Fachion Show               | Mrs. David F. Dye<br>Maybelle Miller and         |
| rasmon snow                |  |
| C. d. D. d                 | Mrs. Russell Q. Colley                           |
| COOK BOOK                  | Mrs. Thomas B. Murphy and                        |
|                            | Mrs. Robert A. O'Connell                         |
|                            |  |

October 20 is the date of the Auxiliary membership meeting. It will be a coffee party at 10:30 at Maybelle Miller's home in Lakewood. Maybelle will post signs to help everyone find her place, which is at the end of Lake Steilacoom Drive.

Remember to bring along the clothing you have for the rehabilitated patients at Western State Hospital. A neat suit or coat may make it a bright future for someone. Many of these discharged patients will be looking for employment. You may have something you don't wear anymore, but it's too good for the rummage sale . . . bring it along to Auxiliary meeting, and bring along that tired suit of your husband's.

Before then we hope you all have your tickets and reservations for the Fall Fashion Show on the 26th of this month. To reserve one of the best tables for your party, send your check to Edith Lawrence now, it's \$3.00 per person. This is an excellent

way to take care of luncheon obligations collected through the year, as non-Auxiliary members dearly love this affair. This year your ticket money must be in before your reservation is made, and if you cancel out after the 20th, you've just donated your money to a worthy cause. No-host cocktails begin at 11:30 and luncheon will be served at 12:30. Theme of the party is Harvest of Fashion, and Andrews has everything that's new and beautiful for this show.

#### State Auxiliary Meeting

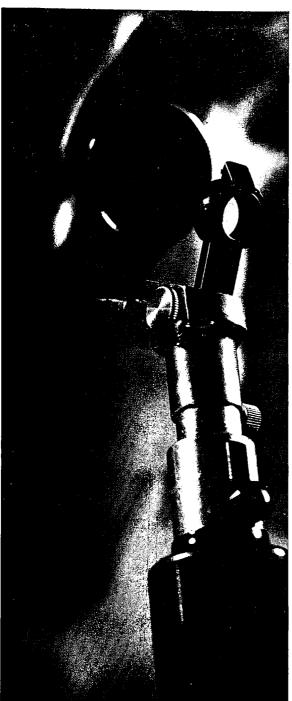
President Keaty Gross will relay the news from the State meetings in Seattle last month. Bulletin made the scene for one day of the meetings and reports here in our usual biased fashion.

At the meetings on Tuesday the State President-elect, Mrs. Donald Evans, reported on the National Auxiliary Convention, and the County past-presidents throughout the state gave their annual reports. Mrs. Evans gave the Auxiliary goal for the coming year . . . "To create a better image of the doctor, his wife and his family in the minds of our fellow citizens." The idea being, How Do We Project? The impression doctors' wives make in the community may have some bearing on the public attitude towards the medical profession. National and State Auxiliary urge us to make our contributions to the community's benefit as politic as possible, make them worthwhile and make them known.

The County reports showed just how different individual Auxiliary groups can be. Especially good were the reports from Spokane and Grays Harbor counties, two very active Auxiliaries who really enjoy their membership. Ruth Brooke made a wonderful impression for Pierce county, reporting on our successful open meeting in April when we invited the Dentists' wives and Lawyers' wives to our Civil Defense program.

Dorothy Maier and Ruth Brooke have been chosen to serve on the State Board

(Continued on Page 19)



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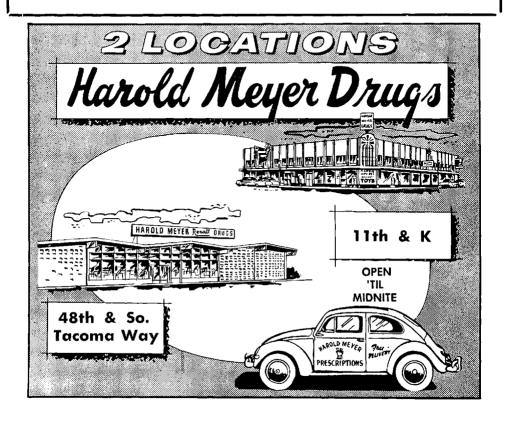
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In 1960—only 326 physicians out of a total of 2850 licensed practitioners from Washington State contributed \$14,200 to the American Medical Education Fund—and included in this \$14,200 was the contribution of \$4,000 from the Women's Auxiliary. We sincerely thank them.

At the September Pierce County Medical Society meeting, our erudite Secretary, A. Herrmann, M.D., local representative on the A.M.E.F. Committee of the State Association, succinctly commented on the sum

(Continued from Page 19)

it and says it's really good to get away for a week, you come back so refreshed!

#### Civil Defense Workshop

A Civil Defense workshop which should be of great interest to doctors' wives will be held at Jackson Hall the second week of October.

The one-day course will include instruction and demonstrations of preparation of a fall-out shelter, the use of radiation detection equipment, etc., and will be conducted by Mrs. William Gadsby and Colonel Beech, former Director of Civil Defense for the Seattle area.

The exact date of the workshop had not been set at the time the Bulletin went to press but this and other information may be obtained by calling Mrs. Robert Burt, JU 4-1813. Registration must be made in advance and is limited to 30, so don't delay.

contributed by the Pierce County physicians in two words: "It stinks!".

Chlorophyl is that "green stuff" that eliminates bad odors. So, fellow physicians, let's do better with that "green stuff" commonly known as money in \$5, \$10, or \$20 bills or more during 1961 in donations to the A.M.E.F.

Please designate the school to which your contributions are to be sent—your Alma Mater will appreciate your generosity.

This is an appeal to the physicians of Pierce County who have not donated to the A.M.E.F. to send their check of \$5, \$10, \$15 or more.

Please send your check today, payable to A.M.E.F. and mail to:

American Medical Education Foundation 535 North Dearborn Street Chicago 10. Illinois

or

Washington State Medical Association 1309 Seventh Avenue Seattle 1, Washington

F. M. Lyle, M.D., Chairman Washington A.M.E.F.

381 Paulsen Medical & Dental Building Spokane, Washington

The school you support may some day supply you with a well-trained assistant or future partner.

This private support can forestall federal aid and controls. It is up to all physicians to forget their individual differences and unite as one, and help maintain our freedom, this democracy, and our republic. Let us show the rest of the State that our Pierce County Physicians can lead the way! Remember, "You can't take it with you!".

-- P.C.M.S. Education Committee

# American College of Allergists

American College of Allergists Graduate Instructional Course and Eighteenth Annual Congress, April 1-6, 1962, Hotel Radisson, Minneapolis, Minnesota. For further information, write to: John D. Gillaspie, M.D., Treasurer, 2141 14th Street, Boulder, Colorado.

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# HOSPITALS ...

## St. Joseph's

X-ray's new students are now more familiar with the department and can find their way around the hospital, especially when bringing patients to and from their rooms.

We are very grateful to Sister Margaret Catherine for the many helps we received in our Nursing Procedures class. We shall always endeavor to put them in practice.

Within the department these young ladies are becoming very proficient in the processing of films and learning the chemicals that combine to make the solutions. In the practice of taking x-rays, they were very glad to have the student nurses to take their first on. The second year students are now showing their skills in the more advanced procedures and are also taking night call.

During the month of August we have seen the completion of floor work in second floor south. All the rooms have now had a new terrazzo floor installed and have been redecorated in pleasing pastel colors.

New furniture has been placed in the private rooms and the balance of the two bed rooms will soon have the new Hi-Lo beds and appropriate furniture installed. The housekeeping department has added new drapes to go with each color scheme and altogether it makes a very pleasant room for the patients.

A fun-filled picnic was enjoyed by the students and faculty on July 26 at Point Defiance Park. Then off they sailed for a cruise on Commencement Bay on the 23rd of August which brought a close to the summer activities.

Polished and shining, September 5, the school of nursing greeted thirty-four new students embarking on their three year journey to become professional nurses. Traveling from near and far the young ladies come from the northwest and one student from the seemingly far off east coast for their education.

These past few months brought many new changes in the Medical Record Department but most important a brand new office. Five new students began the course for Medical Record Technicians on September 6. They are Delores Knight, Gail Hoban, Judy Pace, Betty Terhaar and Dianne Moore.

We are in the process of moving our old charts to the new file room just inside the back door on the first floor. We hope to be finished in another week. The charts from 1960 on will be filed under middle digit filing. This is the newest method of filing and is more practical than the terminal digit filing with which most of us are familiar.

When our remodeling is complete we plan to have open house to show off our new department and in appreciation to all who worked so hard to give us such an up-to-date office.

#### Good Samaritan

Arnold W. Johansson, M.D., became the new president of the medical staff of Good Samaritan Hospital at the staff quarterly dinner meeting in September. He succeeds Vincent M. Murphy, M.D. Other officers elected were: John Kanda, M.D., vice-president, and Sidney Kase, M.D., secretary.

On Friday, October 13, Good Samaritan personnel will undergo an exercise in disaster preparedness. Just prior to 3 p.m. on that date, a mock catastrophe will occur. The nature and extent will be disclosed with a telephone call to the hospital approximately 10 minutes before the first casualties arrive. Members of the Future Nurses Club at Puyallup High School will serve as victims. It is anticipated that the disaster will involve a power failure, consequently, the hospital's stand-by generator will furnish emergency power. Other obstacles to hurdle will be a contaminated water supply and lack of telephone service. All phases of the hospital's written plan will be practiced to test the plan's soundness and completeness.

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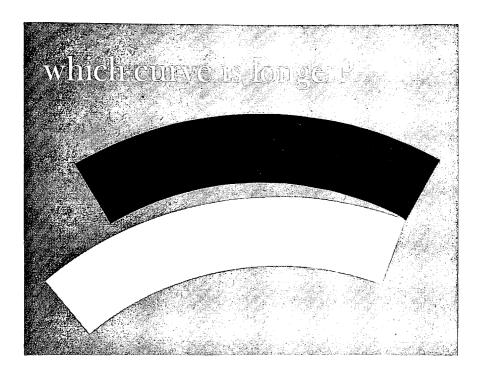
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1. Griffith, R. S.: Antibiotic Med. & Clin. Therapy, 7:129, 1960.



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and will include a panel discussion on the same subject. Dr. Charles H. Best of Toronto, co-discoverer of insulin, will present the closing lecture "Present and Future Research Problems in Diabetes Mellitus."

Accreditment: The American Academy of General Practice will give 19 hours of Category II Credit for the Course. Registration: The three-day Course is open to Doctors of Medicine. The fee is \$40 for members of the American Diabetes Association and \$75 for nonmembers. Social Activities: All registrants will be guests of the Association at a Banquet to be held Wednesday evening, January 17. This occasion will be preceded by a Social Hour (by subscription).

**Further Information:** Additional data and registration forms may be secured from:

American Diabetes Association 1 East 45th Street New York 17, New York

## Meet General Crawford



Brigadier General John L. Crawford, a veteran of 29 years of service in the Medical Corps, assumed command of Madigan General Hospital, July 17 replacing Colonel William A. Todd, Jr., who has commanded the hospital since May when Brigadier General George M. Powell left for his new assignment as the head of Brooke General Hospital, San Antonio, Texas.

General Crawford commanded the 9th Hospital Center and Landstuhl Army Medical Center in Germany for three years before being assigned to the Pacific Northwest.

The general was commissioned in 1932 after earning a Bachelor of Science and M.D. degree from Indiana University. During World War II he served in Europe; first as division surgeon of the 78th Infantry Division, and later as commander of the 112th Evacuation Hospital.

Returning to the United States in May 1946, he was assigned as executive officer of the medical section 5th US Army Headquarters in Chicago until 1947.

In 1949 he again returned to Europe where he was surgeon of the Frankfurt Military Post and later commandant of the European Command Medical Field Service School in Bavaria. Upon his return to the United States in 1952, he was placed in command of the Medical Replacement Training Center, Camp Pickett, Virginia.

In 1952 he was appointed surgeon of what is now known as Headquarters, Continental Army Command, serving in this capacity until reassigned to Europe and promoted to his present rank in 1958.

General Crawford who participated in the Normandy, Northern France, Ardennes-Alsace, Central Europe and Rhineland campaigns, has been decorted with the Legion of Merit, Bronze Star Medal with oak leaf cluster, French Croix de Guerre with palm, Czechoslovakian Military Medal of Valor and the Brasileria de Medicine Militar.

Madigan's new commander holds a degree of Master of Public Health from Harvard, and his professional affiliations include membership in the American Public Health Association as well as a Fellowship in the American Medical Association.

General and Mrs. Crawford, she is the former Josephine L. Drury, have three daughters: Mrs. Michael (Caroline) Blitch, whose husband is associated with the Massachusetts Institute of Technology; Lorraine, who has just accepted a direct commission in the Women's Army Corps and reports for duty at Fort McClellan, Alabama, next month; and Marlene 14, who will make her home with her parents at Fort Lewis.

### Twelfth Annual Strauss Lecture



The Department of Surgery, University of Washington, sponsor of the Annual Alfred A. Strauss Lecture, takes particular pride in announcing the Twelfth Annual Lecture guest speaker, the eminent Philadelphia surgeon, Dr. Jonathan E. Rhoads.

The Strauss Lecture, in itself an institution of growing renown, will be held this year on November 3, 8:15 p.m., in the Health Sciences Auditorium at the University of Washington, School of Medicine.

Former Provost of the University of Pennsylvania, and presently the John Rhea Barton Professor of Surgery at the University of Pennsylvania, Dr. Jonathan E. Rhoads will address the Strauss Lecture audience on "The Growth of Preventive Surgery in the Field of Cancer". Dr. Rhoads has long pursued, with intense interest, the study of the role of surgery in the field of cancer, and he has received many honors in that area of endeavor.

He has also attained prominent recognition for his singular work in the fields of Nutrition of Surgical Patients; Physiological Factors Regulating the Level of Prothrombin; Factors Affecting Adhesion Formation; and Penicillin and Other Antibiotics.

In 1957 he was the single recipient of the American Cancer Society Award for Distinguished Service in Cancer Control. In 1960, the University of Pennsylvania bestowed upon him its much-coveted General Alumni Society Award of Merit, and an honorary Doctor of Laws.

A native son of Pennsylvania, Dr. Rhoads was born in Philadelphia in 1907. He attended Haverford College, Pennsylvania, receiving a B.A. in 1928. This was followed by the study of medicine at Johns Hopkins from which he received his M.D. degree in 1932. He was awarded a D.Sc. in Medicine from the University of Pennsylvania Graduate School of Medicine in 1940.

Dr. Rhoads' subsequent training was taken at the University of Pennsylvania, School of Medicine and at the Hospital of the University of Pennsylvania. Following his internship and residency, he joined the staff of the University of Pennsylvania School of Medicine. His academic and professional career has been characterized by a rapid and impressive growth of successively higher rank and stature. He was appointed the J. William White Professor of Surgical Research in the University of Pennsylvania School of Medicine in 1949. He was Professor of Surgery and Surgical Research in 1951, and was appointed Chairman of the Department of Surgery of the Hospital of the University of Pennsylvania in 1959. In the same year he assumed the noted John Rhea Barton Chair of Surgery.

Dr. Rhoads is a member of the Phi Beta Kappa, Alpha Omega Alpha, the Philadelphia Academy of Surgery, The American Surgical Association, The International Society of Surgery, and numerous other medical and scientific societies. He is a former Governor of the American College of Surgeons and is a past-president of The International Surgical Group.

As an executive member of the National Research Council, he has rendered distinguished service to that organization and to numerous other civic activities. He is a Board Member of the American Cancer Society, Philadelphia Division, and a Delegate member to the National Society.

Dr. Rhoads is currently serving on the Editorial Board of the Annals of Surgery. He has made significant contributions to medical literature, including his work as a co-editor with Dr. Henry Harkins of the new edition of the textbook, Surgery, Principles and Practice.

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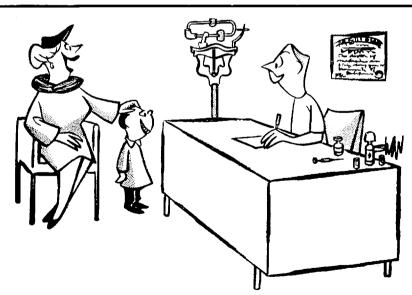
The request for drug samples in last month's Bulletin was greeted by an enthusiastic response of one box-full of drugs from one doctor. Surely someone else has some samples of useful drugs, but where are they? One thing for sure, one box of drugs from one doctor will not go very far unless it is joined by some others.

If you find some iron pills, calcium pills, vitamins, tranquilizers, diuretics, anti-urp drugs, etc., wrap them up in an old newspaper or box or copy of the Bulletin and drop them off at the Medical Society office. This is a really easy way of making a contribution.

## "Sig" Returns

It is not necessary to write details about Dr. S. F. Herrmann's service with project HOPE. We all know what he has done and may be sincerely proud of his work. His contribution he himself tends to discount and he has honest questions about the ultimate effectiveness of the HOPE project. But there is no question that his service has brought honor to his medical colleagues and his community. He did his work well and deserves our thanks as truly as the thanks of the little boys with rotting colostomies who now have normal bowels and working ani.

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### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m.

Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.—6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month—noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.-6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August —8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July & August —6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 10

TACOMA, WASH.

NOVEMBER - 1961



## Pierce County Medical Society

#### 1961

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| Vice-President      | . R | obert | M.  | Ferguson |
| Secretary-Treasurer | A   | rnold | Τ.  | Herrmann |
| Executive Secretary |     |       | Ĵud | y Gordon |

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#### **Bulletin Staff**





## Happy Birthday

#### NOVEMBER

- CHARLES KEMP 1
- 3 CARL GRANQUIST I. HUGH KALKUS GEORGE MOOSEY
- WILLIAM BROWN 5
- SHERMAN PINTO 6
- WAYNE ZIMMERMAN 8
- 9 BERNICE HAZEN
- 11 KENNETH STURDEVANT
- DALE DOHERTY 13 PAUL GERSTMANN
- 14 THOMAS CLARK KIYOAKY HORI
- GALEN HOOVER 16
- 17 T. R. HALEY
- 18 G. M. WHITACRE
- 19 CALVIN LANTZ
- 20 JOSEPH BENSON
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## Public Health Committee

The Public Health Committee of the Pierce County Medical Society held a meeting on October 25 to discuss the controversial oral polio vaccine. Those present were Dr. Max Thomas, chairman, Dr. C. R. Fargher, Dr. Orvis Harrelson, Dr. George Tanbara and Dr. Chris Reynolds.

At this meeting, Dr. Ernest Ager, Epidemiologist of the State Department of Health, gave information which is not generally available to most physicians regarding polio, Salk vaccine and Sabin vaccine.

Because it was felt that this would be of sufficient interest to our Society at this time, Dr. Ager has been invited to our next meeting on November 14.

This promises to be a most worthwhile discussion for you and the committee has a recommendation which will be presented for your vote.

See you there.

GEORGE A. TANBARA, M.D.

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### REGULAR MEETING

#### PIERCE COUNTY MEDICAL SOCIETY

## Tuesday, November 14

MEETING . . . 8:15 P.M.
MEDICAL ARTS BUILDING AUDITORIUM

#### PROGRAM

CHARLES P. LARSON, M.D.

"Boxing and Wrestling"

ERNEST A. AGER, M.D.

Head, Communicable Disease Control Washington State Department of Health

"Polio Vaccine . . . Sabin and/or Salk"

A no-host social hour and dinner will precede the meeting

Social Hour: 6:00

**Dinner:** 6:45

Place: Honan's Restaurant

7391/2 St. Helens Ave.

## November Calendar of Meetings

| MONDAY   | TUESDAY   | WEDNESDAY | THURSDAY                              | FRIDAY                           |
|--|---|-----------|---------------------------------------|----------------------------------|
|  |   | 1         | 2                                     | 3                                |
|  |   |           | Pierce County<br>Pediatric Society    | C.P.C. of St.<br>Joseph's—9 a.m. |
|  |   |           | C.P.C. of Tacoma<br>General—8:30 a.m. |                                  |
| 6  | 7   | 8         | 9                                     | 10                               |
|  | Tacoma Acad, of<br>Psych, & Neurol,<br>8:30 p.m.<br>C.P.C. of Mary<br>Bridge—8 a.m. |           | C.P.C. of Tacoma<br>General—8:30 a.m. | C.P.C. of St.<br>Joseph's—9 a.m. |
| 13   | 14  | 15        | 16                                    | 17                               |
|  | PIERCE COUNTY MEDICAL SOCIETY   |           | ]                                     | C.P.C. of St.<br>Joseph's—9 a.m. |
|  | 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.  |           | C.P.C. of Tacoma<br>General—8:30 a.m. | P.C.M.B. Board<br>8:00 p.m.      |
| 20   | 21  | 22        | 23                                    | 24                               |
|  | Tacoma Surgical<br>Club—6:30 p.m.   |           | НАРРҮ                                 | C.P.C. of St.<br>Joseph's—9 a.m. |
|  | C.P.C. of Mary<br>Bridge—8 a.m.   |           | THANKSGIVING                          |                                  |
| 27   | 28  | 29        | 30                                    |                                  |
| Tacoma Academy<br>of General Practice<br>6:30 p.m. | Tacoma Academy<br>of Internal<br>Medicine<br>6:00 p.m.                              |           | C.P.C. of Tacoma<br>General—8:30 a.m. |                                  |

Grand Rounds-Mt. View General Hospital-Every Saturday 8:30 to 10:00 a.m.

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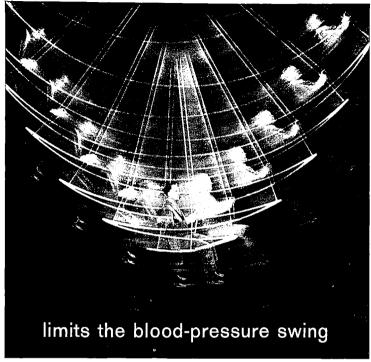
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November 12 Diseases of the Colon

November 19 Herniated Discs

November 26 Alcoholism

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## Resolution Concerning Laboratory Supervision Adopted by A.M.A.

During the recent American Medical Association meeting in New York the following resolution was endorsed unanimously by the Reference Committee on Miscellaneous Business, Kenneth C. Sawyer, M.D., Chairman, and passed without dissent by the House of Delegates.

Subject: Laboratories Should be Supervised by Qualified, Licensed Physicians.

Whereas, The practice of pathology, both clinical and anatomical, has been declared repeatedly to be the practice of medicine by the A.M.A., by the Illinois State Medical Society, by other state and county medical societies, by the College of American Pathologists, and other special professional societies, by courts of record having certain legal jurisdictions, and by opinions of record of attorneys general of certain states; and

Whereas, There are medical laboratory technicians and other non-professional persons operating independent medical laboratories on a commercial basis without medical licensure, without adequate education or training, and without proper professional supervision; and

Whereas, Persons operating such commercial laboratories are not constrained by law or by their education and training to adhere to professional ethical principles guarding the public interest; and

Whereas, Such commercial laboratories frequently charge fees to physicians under conditions fostering the division of fees between the laboratory and the referring physician; and

Whereas, It is desirable to encourage scientists of professional status, such as

chemists and bacteriologists with doctoral degrees to work cooperatively with physicians for the welfare of patients and in the interest of public health; and

Whereas, The independent practice of laboratory medicine, generally known as pathology, by persons without medical licensure degrades the practice of medicine and of pathology in particular, is against the public interest and seriously lowers the medical and scientific standards of medical practice; and

Whereas, The continued operation of commercial medical laboratories operated by unqualified persons is not possible without the patronage of the medical profession; and

Whereas, The medical profession generally has always placed the common good above self interest and has adhered to ethical and moral principles; therefore be it

Resolved, That the American Medical Association hereby declares that the proper conduct of laboratory analyses is a medical professional responsibility and all specimens for such analysis should be referred to laboratories supervised by fully qualified and licensed physicians.

### New Editor . . .

With this issue of the Bulletin, the editorship of Dr. Charles C. Reberger comes to a close. Dr. Reberger has been our editor since October, 1960, and he has done much research and put in many hours writing and assembling material for the Bulletin. It is with regret that I have accepted his resignation.

However, I am happy to announce that Dr. Stanley Tuell has agreed to become the Bulletin editor and will take over in that capacity immediately.

CHRIS C. REYNOLDS, M.D. President

## **HOSPITALS...**

## St. Joseph's

Excited and somewhat nervous, the members of the class of '64 began their first year at St. Joseph Hospital School of Nursing. After a three-week orientation, the preclinicals began learning chemistry equation, microbiology terms, and basic procedures, and memorizing sociology definitions and anatomy factors. This active class planned the decorations for the school's Halloween Dance on October 27 and is also making plans for their semiformal dances.

A very fortunate preclinical is Judy Horne, who has just recently been awarded a \$530 scholarship from the Nurses' Guild. Because of her intellectual ability and her other admirable qualities as a student nurse, Miss Horne received this special honor.

Sister Martha Joseph and Sister Maria Magdala attended a meeting on curriculum development in Salt Lake City on October 12 and 13.

Mrs. Moe and Mrs. Smith attended a meeting October 10 in Olympia concerning the interpretive rule on the Definition of Nursing Aids as applied to student work for hire.

#### Pediatric News

Our intradepartmental meetings are once again in full swing following the summer vacations. The first meeting was held on September 19 at which time Mrs. M. Joselin was voted the recording secretary for the year. It was also voted on to place a question and suggestion box in the department for the benefit of the personnel and the department. Such questions and suggestions will then be answered and discussed at each following monthly meeting. It was also de-

cided upon to have a report by a member of the staff at each of these meetings on topics pertinent to all. Our meetings then will be adjourned with a short social celebrating the birthdays of the staff during the month. Our meetings have proved to be worthwhile and beneficial to each of the staff.

#### Record Room News

Our departmental director, Sister Mary Emmanuel once more has her feet upon the ground after returning from the Medical Record Librarians convention held in Philadelphia this October. Sister Emmanuel arrived home with new ideas for improving her department's efficiency and usefulness in the hospital.

One of the many interesting aspects of the trip was the opportunity to tour some of Philadelphia's many historic spots with her fellow colleague and friend Sister Peter Olivaint from Providence Hospital in Seattle.

All of us are truly glad that Sister's trip proved to be such an educational and enjoyable one.

After a few months of orientation, our Medical Record Technician students are now right at home in their new surroundings.

There are few idle moments in the life of our students since equal time is given to acquiring skills and the knowledge needed to practice their chosen profession. Several hours each day are spent in the medical record office where our students' services are quickly utilized, learning and helping with the daily discharge and admission procedures. When not hard at work, our students may be found in class where such subjects, as Anatomy, Medical Terminology and Medical Record Science are being taught.

(Continued on Page 14)

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(Continued from Page 12)

#### Maintenance Department

Today we have completed the laying of terrazzo floors in Five Hall on second floor. Rooms 224, 227 and 229 were laid at the same time and we hope to have this entire wing completely painted and back in service before the end of the month. There remains only one class room and one nurses' lounge to be terrazzed in order to complete the second floor. Eventually we plan to complete the rooms on the other floors as the time and funds permit.

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(2) rest rooms, wide hallway. For information, building plan, call or write Mr. Robt. Coldberg, 4320 N. 27th, Tacoma, Wn., days FU 3-3484 — eve. SK 9-7035.

## MEDICAL SPACES FOR RENT IN LAKEWOOD FURNISHED OR UNFURNISHED

DOCTOR, do you want a completely furnished Lakewood Office with ample parking? Two brand-new medical suites are now available in new Lakewood Professional Village building, suitable for part-time, full-time, single or shared occupancy. Located between new Lakewood Hospital and Villa Plaza Shoping Center. Contact: Mitch Gasparovich, 3660 Tahoma Place, Tacoma 66. Phone SK 2-2033.

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## Rapid Reading Course

A course in rapid reading, designed to increase reading speed 3 to 5 times, will be offered in Tacoma this Fall by the Reading Dynamics Institute.

The first session of the 12-week course will be held on November 17th. Classes, which are limited to 30, will be held in the Broadway Theater Building at 9:30 a.m., 4 p.m. and 7 p.m. and are to be attended one day each week (Friday) at the assigned time for 2½ hours. A complete course is a minimum of 30 hours of instruction. Cost of the course is \$150.

If you would like further information, call the Medical Society Office or write to: Reading Dynamics Institute, 506 Security Building, Seattle, Wash.

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#### AUXILIARY WOMAN'S

## To The Pierce County Medical Society

#### **AUXILIARY OFFICERS—1961-62**

| President               | Mrs. Kenneth E. Gross    |
|-------------------------|--------------------------|
| President-Elect         | Mrs. Herman S. Judd      |
| 1st Vice-President      | Mrs. Philip Grenley      |
| 2nd Vice-President      | Mrs. Robert R. Burt      |
| 3rd Vice-President      | Mrs. William Burrows     |
| 4th Vice-President      | Mrs. Dale Doherty        |
| Recording Secretary     | Mrs. Dudley W. Houtz     |
| Corresponding Secretary | Mrs. Arthur P. Wickstrom |
| Treasurer               | Mrs. Haskel L. Maier     |
| Assistant Treasurer     | Mrs. Glenn H. Brokaw     |

| COMMITTEE                  | CHAIRMEN   |
|----------------------------|--|
| American Medical Education |  |
| Foundation                 | Mrs. Elmer W. Wahlberg                           |
| National Bulletin          | Mrs. Jack Mandeville                             |
| Civil Defense              | Mrs. Robert R. Burt                              |
| Historian                  | Mrs. Charles I. Galbraith                        |
| Legislative                | Mrs. Samuel E. Adams                             |
| Membership                 | Mrs. Samuel E. Adams<br>Mrs. Galen H. Hoover and |
|                            | Mrs M E Lourence                                 |
|                            | Mrs. G. W. Bischoff                              |
| Paramedical                | Mrs. Myron A. Bass                               |
| Program                    | Mrs. M. J. Wieks                                 |
| Publicity                  | Mrs. Robert C. Johnson                           |
| Bulletin                   | Mrs. Robert A. Kallsen                           |
| Revisions                  | Mrs. Richard F. Barronian                        |
| Safety                     | Mrs. Robert W. Osborne                           |
| Social                     | Mrs. Robert W. Florence and                      |
|                            | Mrs. Charles P. Larson                           |
| Speakers Bureau            | Mrs. Philip Grenley                              |
| Telephone                  | Mrs. Richard B. Link                             |
| Today's Health             | Mrs. Bernard R. Rowen                            |
|                            | Mrs. George A. Race and                          |
| 0 " 0 "                    | Mrs. Thomas R. West Mrs. Orvis A. Harrelson      |
| Community Service          | Mrs. Orvis A. Harrelson                          |
| neart                      | Mrs. Edward R. Anderson                          |
| Cancer                     | Mrs. J. Robert Brooke                            |
| r mance                    | Mrs. J. Robert Brooke                            |
| Community Council          | Mrs. John F. Steele<br>Mrs. John S. May and      |
| Dance                      | Mrs. David F. Dve                                |
| Eachion Chour              | Mrs. David F. Dye<br>Maybelle Miller and         |
| r asmon snow               | Mrs. Russell O. Colley                           |
| Cook Book                  | Mrs. Thomas B. Murphy and                        |
| COOK DOOK                  | Mrs. Robert A. O'Connell                         |
|                            | Mis. Robert A. O Connen                          |

The November meeting at noon the 17th will be a luncheon at Billie Jean Murphy's home. State Auxiliary President Mrs. Donald Evans will make her annual visit then.

The October meeting at Maybelle Miller's home on Lake Steilacoom was not distinguished by large attendance, but Maybelle's home proved to be so easy to find and the meeting itself was so enjoyable it was the membership's loss. Program chairman Marge Wicks provided a wonderful short entertainment by Kit Carson, director of the Little Theater. This was too good to have been missed by any of the members.

Mrs. Ralph Schaeffer, Auxiliary's first President, was honored guest at October meeting in celebration of our thirtieth year as an organization. It was an honor

to meet this charming woman, who insisted we all looked so young, but the reverse was closer to the truth. Mrs. Schaeffer commented gently upon the importance of Auxiliary, as being the one club which exists solely to further our husband's professional interests.

It was announced at the meeting that Wibby Bischoff's Nurse Recruitment committee had met to discuss whether or not the nurse recruitment program should be continued, and decided that the future nurses clubs that had been active will continue with the same sponsors as last year, other schools will have to find outside sponsorship. Evidently the girls who are really potential nurses are not necessarily the ones who join these clubs as afterschool activity. Conversely, membership in a future nurses club does not seem to inspire the girls to go into nursing.

#### How Will You Have Your Medicine?

If you hadn't been aware of our Legislative Chairman before, you will certainly know we have one now. Attractive Lorraine Adams, a regular firebrand with her red hair and signal-type green eyes, insists that it is our responsibility to educate ourselves politically, we should know what is going on in government and we should take up thinking. Lorraine performs a real service, adds spice to the conservative view, her authorities running the gambit from Jack Paar to the diety. Among other things she acquainted the membership with the medical profession's new lobby, AMPAC, the American Medical Political Action Committee, formed along the same lines as COPE, the labor lobby. AMPAC is non-partisan, will operate on funds donated by interested doctors,

(Continued on Page 19)



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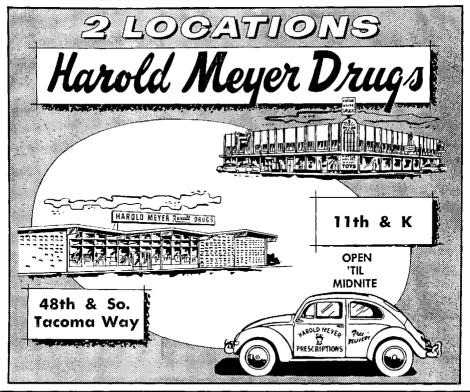
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#### (Continued from Page 19)

successful completion in a way reflects well on all doctor's wives.

#### What's Cooking

Every physician's wife in the county, Auxiliary member or not, is being contacted by the Cook Book committee for her three favorite recipes. This ambitious committee hopes to have its work done by the end of this month. The idea is being enthusiastically received and recipes are coming in.

Excellency is not the requirement. If you're admittedly a mediocre cook, send your favorites in anyway. The sales appeal of the book is based on a recipe sent in by you, whether or not it's edible.

The Book will be illustrated by Delores Havlina, Ruth Houtz, and Beth Hennings.

#### Newsasthenia

The Wendell Petersons and Robert Florences attended an orthopedic meeting in Dallas last month. The Petersons took in Los Angeles on the way to the meeting, the Florences visited in Oklahoma City and New Orleans after the meeting.

Billie Murphy spent a week in Portland at the horse shows last month, missed sailing her Davidson dinghy at the yacht club on the day she returned. Dee Wickstrom, who also skippers one of those neat small sailboats, turned out in spite of the gusty wet cold day. Ruth Houtz crewed on another boat in that race, and Chris Kanar crewed their Sea Scouter.

Overlooked in the back-to-school line-up last month were two very important Medical Students at the U. in Seattle, the McGill boys .Edith, unsuccessfully trying to mask great pride, said she didn't know how long they would be there.



Courtery Medical Society Magazine Group

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### Letter to the Editor

Dr. Charles C. Reberger, Editor Bulletin of the Pierce County Medical Society

Tacoma, Washington

Dear Doctor Reberger:

Although the 11,000 members of the American Medical Technologists appreciate your devoting three pages of the "Bulletin of the Pierce County Medical Society" to the organization, we must ask that you "spell the name right."

It is not the Society of American Medical Technologists, but rather the American Medical Technologists, that was chartered under New Jersey law in 1939 and registered in Washington, D.C. The designation M.T. is legally reserved as the official title to be displayed only after the names of medical technologists registered with the American Medical Technologists.

One might question your reference to the A.M.T. "tagging along," since as you correctly point out, the American Medical Technologists is not organizationally "joined with the American Medical Association." Such joining would be an undesirable monopoly.

A working identification with the medical profession is, of course, inherent in the field of medical technology in that medical technologists perform tests for the purpose of presenting resultant findings to physicians. Registrants of the American Medical Technologists, in support of a Code of Ethics consistent with that of the medical profession, have the highest respect for this working relationship.

Organizational autonomy, however, is a principle in which the A.M.T. registrants take justifiable pride. They quite logically hold that professional interrelationship need not be synonomous with organizational interrelationship.

The American Medical Technologists has for 22 years registered top quality medical technologists who are enthusiastic in their support of a self-governed registry. Both the Washington State Society and the Oregon State Society of the American Medical Technologists are composed of such registrants. They are a credit to their national registry and to the field of medical technology.

Professor Charles E. Martin, M.T., DABB-A, whose recognition as a diplomate in microbiology by the American Board of Bio-Analysts . . . is a man who embodies the finest principles of the A.M.T. He is a highly trained medical technologist of long experience, a respected educator, and an outstanding official of the American Medical Technologists.

While Professor Martin received the certificate as diplomate in microbiology prior to an A.M.T. meeting, the certification was not granted by the A.M.T., but by the American Board of Bio-Analysts, which maintains offices at 5057 N. Tripp Ave., Chicago 30, with A. Stephan Michaelson. Ph.D., as secretary.

Terrance B. Quarton, Ph.D., long respected as a member of the American Medical Technologists and a diplomate of the American Board of Bio-Analysts. presented the certificate. We add our congratulations to the many that Professor Martin has received on his continued advancement in his chosen field.

Sincerely yours,

AMERICAN MEDICAL TECHNOLOGISTS

E. W. Williams, Ph.D. Executive Secretary

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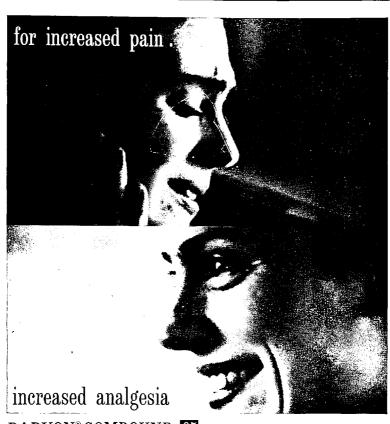
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duction pressure at this level takes place as an integral part of the act of swallowing. The initial reflex of swallowing which is stimulated when food touches the part of the pharynx carries with it simultaneous relaxation of this area of the diaphragm. Fourthly, when we swallow we close our glottis for very obvious reasons. And when you close your glottis you relax your breathing, your breathing muscles become relaxed. Now, a lot of people will suggest that when you breathe in and hold your breath that your muscles are in a state of inspiration. But most people when they breathe in and hold their breath, as soon as they have got enough breath and they close their glottis and then their muscles go into an expiratory relaxation, so position of the muscles is in expiration though the position of the lungs is in inspiration. This obviously is associated with a relaxation of the crus of the diaphragm. These things can be confirmed radiologically. There is an immediate relaxation and if we swallow something that is very very fluid it passes straight through into the stomach. If on the other hand we swallow something which is solid the relaxation may take place at the time when nothing is going down that can go through and this area may close down again. But the peristaltic wave, as it comes down, will then usually be sufficient to open it up again. Not only can we confirm these things radiologically but with esophagoscopy we find a length of resistance at this level asosciated with a deviation of the esophagus. Seven, when the parts are in their normal relation the cardia is

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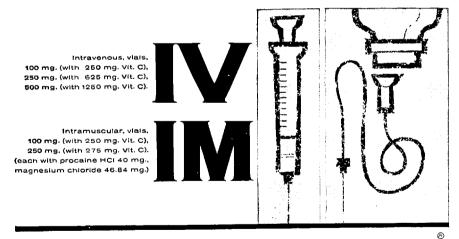
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competent. Eight ,when the relation of the parts is disturbed, as in a hernia, the cardia becomes incompetent. At this point I would just like to digress for a moment to say that we should not, in any circumstances, allow our diagnosis of a sliding hiatal hernia to be dependent on the radiologists ability to demonstrate a hernia. We should take due regard to his ability to demonstrate regurgitation but not to demonstrate a mass of barium which he says is the stomach. This is of no clinical importance at all and this applies whether we are seeing our cases for diagnosis in the first place or whether we are checking up our results afterwards. Nine, we can make our cardia incompetent voluntarily as in belching or vomiting and some people are more expert at this than others. Ten, incompetence sometimes occurs unwillingly when we assume a slouching position and I imagine that there may be doctors here who had a fair amount of brandy the night before and feeling a little liverish, feel all right after they have had a little breakfast but when they get into their car in a slouched position and have to drive a long way with tight belts, feel a nasty burning pain behind the sternum and have to get out to take a Bisodol on the walk along the verge. This is incompetence of the cardia with esophagitis. We all have incompetence but it doesn't burn us unless we have maltreated our esophageal mucus membrane the night before. Eleven, competence can be completely restored by the replacement of the organs in their proper position. Twelve, if you make a savage cut across those fibers of the right crus of the diaphragm which come around the left side of the esophagus, the cardia becomes incompetent. I can't claim to have done this but I have had the problem of having to stitch up one where somebody else had done it. Thirteen, competence is restored if the diaphragm has been so injured, is neatly and accurately sutured back and retains its function. Fourteen, if you do a Heller's operation, a myotomy of the lower end of the esophagus just going over onto the stomach which is used for carrying cardiospasm you do not get incompetence of the cardia. And I say this with some conviction, knowing that many people have had incompetence after Heller's operation and had bad esophagitis and these have been reported in the literature. But if this is done properly and if it is done in the absence of other changes of the hiatus such as the sliding hiatal hernia, or if a sliding hiatal hernia is present and is properly reduced at the time of operation you do not get incompetence and you do not get reflux into the esophagus. Fifteen, the cardia becomes incompetent if you leave a tube in it and I put that in really as a sly thrust perhaps, but I think it is important that all of you who are keen on leaving ubes in the stomach should realize that you are

making the cardia incompetent. That if you don't continue a very adequate aspiration you get reflux of gastric juices around the tube into the esophagus and that you may get an esophageal stenosis afterwards. Sixteen, incompetence occurs in debilitated and comatose people and those people lying on their back for any length of time may easily get severe esophageal stenosis. Whatever all these sixteen facts add up to, I think it does at all events impress upon us the need to respect and try to restore the normal anatomy in a sliding hiatal hernia. After all sliding hiatal hernia is a simple mechanical derangement of the body but may give rise to severe functional results and in dealing with it we should be simple and humble people and deal with it in a simple way. We should not try to improve on nature and lose our faith by doing complicated things like gastric resections, vagus resections and so on in the uncomplicated



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cases. Now having put the cardia in his right position in relation to the diaphragm, if the diaphragm is good there may be no need to do anything else at all. In the same way, as in a small child with good abdominal muscles, we may excise an inguinal hernia sac and leave the muscles to come back into position and take charge of it. A few people, I would imagine, would dream of putting a lot of stitches through the lovely muscle which guards the inguinal canal in a child of that sort. In the same way, in the adult, occasionally you get such good diaphragms that you needn't put any more stitches in it."

When asked the question, which is the best method of repair, trans-abdominally or trans-thoracically, Mr. Allison answered, "The surgeon should do the procedure which ever way he feels most comfortable. I have never done one trans-abdominally." He admitted a 10% recurrence in his hands by the transthoracic route.

Recently Seattle's Lucius Hill and associates have presented what perhaps is the greatest advancement in scientific evaluation of hiatus hernia. Using esophageal ph and pressure studies, accurate surgical, postoperative and recurrent evaluation of hiatu shernia can be made.

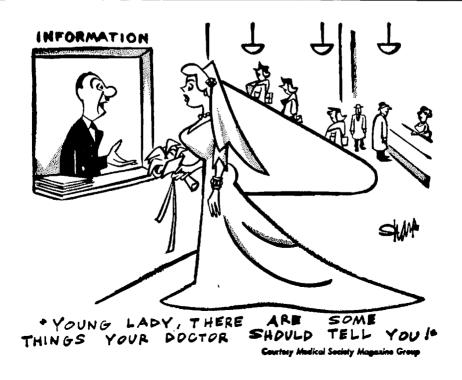
I am for a government that is rigorously frugal and simple, and not for one that multiplies offices to make partisans, that is, to get votes, and by every device increases the public debt under the guise of being a public benefit.

-THOMAS JEFFERSON

#### **NEW ADDRESSES**

Dr. Donald F. McKay has opened a second office, the Summit View Medical Clinic, at 11019 Canyon Road.

Dr. Arthur P. O'Leary is now located at the Tacoma Medical Center, Building No. 37.



## Happy Thanksgiving Day





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### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA Second Monday of March, June, Sept., Dec.—7:30 p.m. Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.-6:30 p.m.

STAFF OF NORTHERN PACIFIC Second Monday of each month-noon.

STAFF OF ST. IOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August -8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month-6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE Fourth Monday of each month except June, July & August -6:30 p.m. at Honan's

PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

# The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXXII—No. 12

TACOMA, WASH.

DECEMBER - 1961



## Pierce County Medical Society

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|--|----------------------|
| President-Elect.                           | G. Marshall Whitacre |
| Vice-President                             | Robert M. Ferguson   |
| Secretary-Treasurer                        | Arnold J. Herrmann   |
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#### December

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- 3 BERNARD R. ROWEN
- S. ROBERT LANTIERE FREDERICK W. MAIRE
- HOMER W. HUMISTON WOODARD A. NIETHAMMER
- STANLEY W. TUELL 9
- 12 ARTHUR P. O'LEARY
- ROBERT E. LANE 13
- 14 SAMUEL E. ADAMS DAVID H. JOHNSON
- 15 WARREN F. SMITH
- 16 ROBERT M. FREEMAN MAURICE YOACHIM
- 19 J. B. ROBERTSON
- 21 GERALD GEISSLER PHILIP GRENLEY
- 23 CARL J. SCHEYER
- 24 JOHN R. FLYNN
- 26 FRANK E. SHOVLAIN
- 31 LEWIS A. HOPKINS

### New Addresses

Dr. Sidney Kase has opened additional offices at the Lakewood Center Medical Building.

Dr. Gerhart Drucker is now located at 7923 Steilacoom Blvd.

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# Two Communities Seek Doctors

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A General Practitioner is wanted in Waterville, Washington—a community of 1,000 population. The agricultural economy consists of wheat and fruit with some livestock. There are good recreational facilities nearby—hunting, fishing, skiing, boating. The trade area has a population of approximately 3,500 and there is a grade school and a high school in Waterville. The elevation of Waterville, County seat of Douglas County, is 2.850 feet.

County, is 2,850 feet.

The Douglas County Memorial Hospital in Waterville has 15 beds, is wellstaffed and has complete surgical and obstetrical facilities as well as laboratory and X-ray. The hospital was opened in 1949 and financed by donations. This is a community hospital and has operated in the black for the last 6 years.

For further information, contact Mr. C. A. Wilson, Waterville, Washington.

Connell, Washington

The recent disability of the doctor practicing in the town of Connell, Washington, has left the town without a practicing physician. We are seeking a general practitioner interested in serving this community for a six month period. The possibility of remaining in practice there is very real.

Connell is 35 miles north of Pasco on the Spokane highway. The population is about 2,000 with a rather large surrounding rural area. The clinic office is well-equipped and can easily accommodate two doctors.

Any interested persons should contact Mrs. M. G. Fellows, Connell Clinic, Connell, Washington Phone: BE 4-3707 or BE 4-3827).

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## REGULAR MEETING

## PIERCE COUNTY MEDICAL SOCIETY

## **Tuesday, December 12**

**MEETING . . . 8:15 P.M.** 

MEDICAL ARTS BUILDING AUDITORIUM

### ELECTION OF OFFICERS

#### PROGRAM

"School Health vs. Private Practice"

ORVIS A. HARRELSON, M.D.

A no-host social hour and dinner will precede the meeting

Social Hour:

6:00

Dinner:

6:45

Place:

Honan's Restaurant

7391/2 St. Helens Ave.

Perler's Studio which, of necessity, declared a moratorium on the Pictorial Roster during the pre-Christmas rush, will resume photographing physicians on December 10. All those who have not yet been "mugged" will be contacted for an appointment or, if you prefer, call the studio after December 10 and make your appointment at a time most convenient for you.

It is important that the Roster be complete and the cooperation of every doctor is requested. Remember, there is no charge and no obligation.

Season's Greetings

## December Calendar of Meetings

| MONDAY  | TUESDAY  | WEDNESDAY | THURSDAY  | FRIDAY  |
|---|--|-----------|---|---|
|   |  |           |   | C.P.C. of St.<br>Joseph's—9 a.m.  |
| 4   | 5 Staff of T. G. 6:30 p.m. Tacoma Acad. of Psych. & Neurol. 8:30 p.m. C.P.C. of Mary Bridge—8 a.m. | 6         | 7 C.P.C. of Tacoma General—8:30 a.m. Pierce County Pediatric Society 6 p.m. | 8<br>C.P.C. of St.<br>Joseph's—9 a.m.   |
| Staff of Good Samaritan 6:30 p.m. Staff of Doctor's 7:30 p.m. | PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.                               | 13        | C.P.C. of Tacoma<br>General—8:30 a.m.                                       | Staff of Medical<br>Arts—7:15 a.m.<br>P.C.M.B. Board<br>8:00 p.m.<br>C.P.C. of St.<br>Joseph's—9 a.m. |
| Staff of St. Joseph's 6:00 p.m.                               | Tacoma Surgical<br>Club—6:30 p.m.<br>C.P.C. of Mary<br>Bridge—8 a.m.                               | 20        | C.P.C. of Tacoma<br>General—8:30 a.m.                                       | Staff of Mary Bridge 12:15 p.m. C.P.C. of St. Joseph's -9 a.m.  |
| 25  MERRY  CHRISTMAS  | Tacoma Academy of Internal Medicine 6:00 p.m. C.P.C. of Mary Bridge—8 a.m.                         | 27        | C.P.C. of Tacoma<br>General—8:30 a.m.                                       | 29  |

Grand Rounds-Mt. View General Hospital-Every Saturday 8:30 to 10:00 a.m.

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# Pierce County Medical Society Nominees . . . 1962

Ballots received by mail November 28, 1961, are to be returned to the Medical Society office not later than . . . 5:00 p.m. Tuesday, December 12, 1961.

President-Elect (Vote for one)

Woodard A. Niethammer, M.D. Stanley W. Tuell, M.D.

Vice-President (Vote for one)

Frederick J. Schwind, M.D. Don G. Willard, M.D.

Secretary-Treasurer Arnold J. Herrmann, M.D.

Trustees (Vote for three)

Thomas H. Clark, M.D.

John F. Comfort, M.D.

Robert M. Ferguson, M.D.

Edmund A. Kanar, M.D.

Warren F. Smith, M.D.

George A. Tanbara, M.D.

#### Delegates (Vote for six)

Douglas P. Buttorff, M.D. Woodard A. Niethammer, M.D. Arnold J. Herrmann, M.D. Stanley W. Tuell, M.D.

George S. Kittredge, M.D. G. M. Whitacre, M.D.

Wavne W. Zimmerman, M.D.

#### Alternate Delegates (Vote for six)

Richard F. Barronian, M.D.

Charles R. Bogue, M.D.

Robert M. Ferguson, M.D.

Robert W. Florence, M.D.

Glenn H. Brokaw, M.D. Glenn G. McBride, M.D.

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## PRESIDENT'S PAGE

1961 is rapidly drawing to a close and I want to take this opportunity to express my appreciation to the membership for allowing me to serve as President of the Pierce County Medical Society. It has been a real honor and privilege.

I also want to especially thank the officers, trustees, and the chairmen of the many committees who have made it possible for the Society to function. Without their cooperation nothing could have been accomplished.

Our executive secretary is an untiring worker for our Society and I want her to know we do appreciate her efforts.

This has been an interesting and busy year. The meetings have been fairly well attended with a high of 99 and a low of 61. This is really not too good for a Society of almost 300 members. We hope that this will be improved.

Our television program, "Ask Your Doctor", is continuing to be well received. Much credit should go to Dr. Robert Ferguson, chairman of the Public Relations Committee, and to Dr. A. J. Herrmann, moderator, as well as to the panel participants. Station KTNT-TV is to be congratulated for continuing to show this program on a sustaining basis.

One of the busiest committees was the Grievance Committee. During the year 19 complaints were received against 10 doctors; 10 of these were complaints of over-charging and in 5 of these cases, the committee felt the charges were unjustified and the doctors and complaining parties were so advised. The other cases were settled by committee action.

Since this was a legislative year in the State, and with the King Bill active on the national level, our Legislative Committee has been very busy. Due to pressure of the King Bill proponents, a special committee is working in this area. It would help immensely if each of us would talk to one patient a day and explain why we do not like the King Bill and point out how the Kerr-Mills plan, already in operation, will better serve the medical requirements of the aging population.

At the last meeting of the A.M.A., the machinery was set up so that AMPAC (American Medical Political Action Committee) could be organized. This has now been accomplished The local committee members will soon be contacting each of us and their efforts may well determine the future of medicine in this country. We should give them our whole-hearted support.

These, and other activities have combined to make this a most interesting year.

CHRIS C. REYNOLDS, M.D.,

President.

## The Lowly Committee

Sorry, but committee-appointing time is here again! If you get trapped on one and are depressed about it, cheer up. The lowly committee, the handiest butt of parliamentary procedure jokes, is actually the conscience of our medical profession. Hear!

Webster defined "conscience" as a principle conceived to decide as to the moral qaulity of one's own acts. If we modify this to read "moral and scientific quality", we can accept the premise that committees—especially tissue, ethics, surgical, medical, credentials and executive—are the conscience of our profession. Self-righteous though it may sound, there is no doubt that the only persons qualified to judge, criticize or mold the moral and scientific quality of medical practice in a community, are the doctors themselves. If we fail to do this in an efficient and organized manner, we are not only failing in our obligation to provide the best possible medical care for our community, but we are inviting interference from non-professional interests—we are abetting the cause of those who would inflict socialized medicine on our patients.

To those of you who have the responsibility of electing or appointing committees. I urge you to choose men whose opinions have already earned the respect of the other members of the staff or society. Avoid an appointee whom you think could be capable of making decisions based on personal prejudices. Since a committee is human, it can err. Democracy requires that the entire staff have the power to overrule an unwise committee action. But if the component members of a committee are men generally recognized by their colleagues for their fairness and high scientific and moral standards (like you), then the medical staff or society can almost invariably uphold the decisions of such a committee. No committee can be more effective than the moral strength of the medical community that produced it. Indeed, if as individuals or as a group, we fail to support our own committee organization, it may collapse. With it will collapse the conscience of our medical community, to be replaced by the occasionally unpredictable whims of individual consciences, or the principle of "every man for himself." (Not to be confused with another principle known as "free enterprise.")

To those who are asked to serve on committees, do not lightly refuse this obligation. Upholding the quality of medical care in our community requires something more than the conscientious conduct of one's own practice.

To those of you who have charts reviewed or criticized by a committee during the year—welcome to the club! All of us should be willing to have our work reviewed and should respectfully consider any constructive criticism that may come from a committee. A well-chosen committee is an integral part of the medical staff organization—which includes all of us—conscientiously trying to keep patient-care at its best, not just trying to clobber somebody!

So if you find yourself on a lowly committee, consider yourself highly flattered—the rest of us think you're the ideal man for the job.

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## North Pacific Surgical Association

On November 17 and 18, 1961, the annual meeting of the North Pacific Surgical Association took place at the Benson Hotel in Portland. This was the forty-eighth annual meeting of this fine organization. The "Founders' Lecturer" was Harwell Wilson, M.D., Professor of Surgery and Chairman of the Division. University of Tennessee, Memphis, Tennessee.

This meeting is a full two day meeting that always generates tremendous interest and enthusiasm among the members. Many papers are presented by the members on topics of current interest, and on subjects under investigation in the area.

Several papers were presented on the subject of hiatal hernia, in which a distinct trend is noted today in the direction of repair via the abdominal approach, the use of reinforcing material such as Teflon mesh in an attempt to reduce the relatively high recurrence rate, and the use of additional procedures to restore the angle between the cardia of the stomach and esophagus (to prevent regurgitation), and the use of cagotomy and pyloroplasty (to reduce acidity and the esophagitis problem).

A paper on the subject of wound dehiscence prsented the various factors involved, and reviewed 6,000 laparotomies with 90 dehiscences, an incidence of 1.3%. This group of dehiscences carried a mortality of 21%. 25% occurred in upper GI surgery, 25% in pelvic surgery, and 38% in malignant conditions. Suture material used did not seem important. Lack of suture tension in closure is important. Increased intra-abdominal pressure in such conditions as cough, laryngospasm, vomiting and distension are important. 70% of the dehiscences occurred from the 6th to 8th day. It is thought that debris, blood,

necrotic tissue, etc., in the wound are of importance as well as lack or excess of proteolytic enzymes in such wounds. Cross infection of course can be a factor. Resuture of dehisced wounds was thought to be superior to the use of tape (bridges) alone and carried a lower mortality. Dr. Dunphy, Professor of Surgery at Oregon, discussed this paper and stressed several factors. Protein depletion is the most important systemic factor, but the mechanical factors of closure are more important, including the exclusion of an omental wedge, and circumstances at the time of closure such as light anesthesia with tightness and tearing of peritoneum. He quoted experimental work showing that wounds do not reach maximum strength in 14 days, as accepted for so long by most of us. This takes many weeks or months, with a maximum of 60 days. That surgical technic has a bearing on dehiscence is shown on large training services where new residents in surgery often show a high incidence of dehiscence early in their training than later on.

A thought-provoking paper on the subject of "The Division of Cells" was presented in which studies had been done in such a manner on the mitosis of cells in tissue and tumors as to show time variations through the day and night in rate of mitoses. This variation as shown by "tidal biopsy" has many thought stimulating possibilities and may even be related to therapy of tumors with drugs or x-ray at periods of maximum sensitivity according to periods of maximum mitotic activity.

An interesting paper on the "Management of Multiple Diffuse Telangiectasia of the Small Intestine" with a report on eleven cases, may be helpful to any who have explored for GI bleeding without success. This is an uncommon condition somewhat resembling multiple tiny hemangiomata throughout the

(Continued on Page 16)



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(Continued from Page 14)

small bowel. Visibility may become difficult after handling of the bowel. The lesions are most easily demonstrated by pressure with a sterile glass slide and transillumination. Four cases were described where lesions appeared throughout the small bowel and were controlled by fifty per cent resection of the small bowel for periods of six to nineteen months.

Dr. Clinton A. Piper delivered a paper by Dr. Tom Murphy and himself on their work on "Surgery for Cerebral Ischemia" and Dr. Gullikson opened the discussion of the paper. They discussed experiences, technique and results of internal carotid artery surgery in fifty-five patients. Improvement in cerebral symptoms was accompanied frequently by a sustained and consistent drop in blood pressure, suggestive of the Goldblatt principle first noted in relation to the renal artery. Possibly this fact

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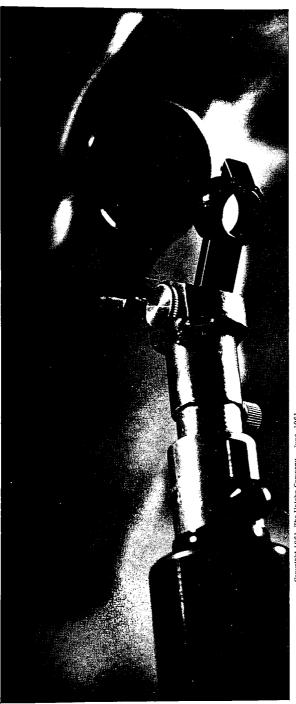
should have more consideration in cases of hypertension in the elderly patient.

Dr. Dunphy and associates presented a series of 40 cases of Tetralogy of Fallot in which the ventricular defect and pulmonary stenosis were repaired using Teflon patches. Large resection of muscle in infundibular stenosis is accompanied by a high mortality, which they have lowered with the use of large grafts of Teflon to increase the calibre of the pulmonary outflow tract. They even carry these grafts across the pulmonary valve if necessary. Detectable harm from creation of a permanent pulmonary regurgitation has been difficult to prove and the regurgitation is accepted as a necessary sequella of the procedure.

Dr. Henry Harkins and associates presented their work on "Mercury Strain Gauge Plethysmography in the Evaluation of Patients with Arteriovenous Fistula". This instrument is a highly sensitive indicator of changes in the digital blood volume, and permits measurement of systolic blood pressure at any level of the extremity. By use of this instrument an estimate can be made of the size of the fistula, the extent of collateral circulation, the effect of quadruple ligation, and the final result of reconstructive surgery. Additional usefulness may be found in evaluation of emboli, sympathetic blocks, thromboses, and vasospasm.

Two papers were presented on the subject of post-gastrectomy dumping syndrome. One dealt with the use of thiazide derivatives (hydrodiuril) for relief of symptoms, tending to show that the subjective improvement with this drug is related to control of blood pressure responses, rather than any detectable effect on small bowel x-rays, blood volume, hematocrit, and serum osmolarity determinations. The other paper from Dr. Harkins' department dealt with work in dogs in which a

(Continued on Page 19)



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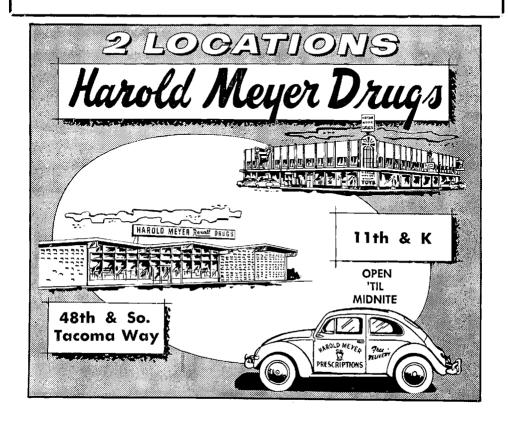
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|                            | Mrs. Russell Q. Colley                        |  |  |  |
| Cook Book                  | Mrs. Thomas B. Murphy and                     |  |  |  |
|                            | Mrs. Robert A. O'Connell                      |  |  |  |

Auxiliary does not meet in December. The next meeting will be a coffee party January 19 at the Wicks' residence.

Luncheon at Billie Jean Murphy's home is always quite pleasant, and November meeting was no exception. The Murphy's ample house, tastefully decorated, combines the best of new with supereminent antiques, and like Ferdinand amongst the flowers, we could spend all day thinking about that large oriental rug. Luncheon was very good and beautifully served, thanks to Kay Wright, luncheon chairman, and her committee; Hilda Lantiere, Adele Durkin, Sheila Dimant, Betty Smeall and Donna Ferguson.

State Auxiliary President Mrs. Donald Evans gave us a poster painting of a theoretical Auxiliary Missile, which we are to complete during this year and return to her for display at next year's state meeting. The missile comes in sections thusly; the nose cone is the Doctor's Image, next a section for Community Services, followed by Health Services, Programming, a tail of By-Laws and Finances, and a booster of Good Publicity. The idea being that during the year we shall fill in the areas with whatever we accomplish in each of these activities. Mrs. Evans emphasized that education is a necessary function of Auxiliary and should be a part of every program.

Mrs. Evans also mentioned the two new departments the AMA has acquired this year: (1) The Church and Religion section. The Council of United Churches took an embarrassing stand on the King-Anderson bill, and this new section of AMA hopes to alleviate any further misunderstandings of this sort. (2) AM-PAC, the AMA's new political action committee, was further explained to us. At the national level there is already one Auxiliary member on AMPAC's Board. It is hoped that the state committee will also include an Auxiliary representative. The State AMPAC has set up committees of seven or eight doctors in each of our state's seven congressional districts who have studied the 192-page King-Anderson bill. They will meet with the congressmen of their own districts to try to give the profession's viewpoint of this bill. These personal contacts, and especially by doctors who have read the bill and made an effort to understand it, will surely be of some benefit.

AMPAC is also setting up a massmail program for Auxiliary. We are to expect letters routinely now, encouraging us to write our congressmen on various facets of these bills, and to interest lay friends and neighbors in ex-

(Continued on Page 23)

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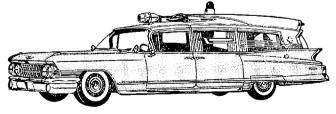
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pressing their opinion too, if it coincides with ours, that is. This tactic may seem dsagreeable to some members who feel independent action is more representative. On the other hand, it's this or independent inaction, it seems.

Mrs. Evans closed her short talk by saying that legislation is our number one problem now.

At this point we rather hoped Lorraine Adams would jump up and fill us in with the latest news. However Lorraine, who has been slightly misrepresented in this column, and Grossly misrepresented elsewhere as one who apologizes for talking constantly, gave us a restrained but potent thought for the day on legislation. We should have better answers, Lorraine says, and she gave as an example this question . . . "Doctors threaten us with inferior care under socialized medicine. Isn't it the doctor's responsibility to give the best care?" This is a double-edged one which leaves many quick-answer artists floundering. Lorraine gives us the ready reply to it . . . "Socialized medicine takes this responsibility away from the doctor and places it in a bureau in Washington, D.C."

Katherine Humiston suggested that a debate on socialized medicine being considered for Auxiliary's mid-year conference in March would be made more interesting by having someone who is intelligently and cruelly dedicated to federal health care on the other side.

#### Fashion Show Shows Profit

Long past but not forgotten, Auxiliary's fall fashion show is still news, as Show Chairman Maybelle Miller announces the party netted \$537.27 for Auxiliary's AMEF and nurses' scholarship funds. Maybelle definitely deserves applause for making it appear easy. The enormous job her committee had done prior to the show was accomplished so smoothly there was nary a ruffled feather in view, except perhaps on the hats

of the models. Edith Lawrence's seating arrangements couldn't have been more precisely done by an electronic computer, and having hostesses direct guests to their tables insured the efficiency of this plan. On the whole, veteran show-goers declared it the best ever.

#### Newsellaneous

The Gay Nineties quartette, Evelyn Osborne, Hazel Whitacre, Gladys Hansen, Muriel Nelson, and their fifth at the piano, Sandy Rosenbladt, are back behind the footlights, made two appearances at the Yacht Club last month, one the same day as the Auxiliary's luncheon meeting.

Also the same day as Auxiliary's November luncheon, Dorothy Grenley was on hand to assist as Faith Home opened its doors to their first group of prospective unwed mothers. Faith Home will have an open house on Sunday, December 10. The Home will be vacated for that day, and open house guests may make a complete tour of the facilities.

#### One For the Calendar

That gay group, the Internists, will again treat wives to a night on the town at the Academy of Internal Medicine's annual ball on December 9. The party is semi-formal, dinner and dancing will be at the Doric Hotel, preceded by cocktails at the Presidents' home.

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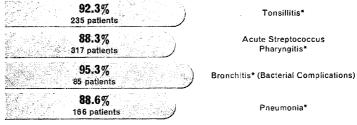
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floors, new paint and drapes. Yesterday the new furniture arrived and all rooms with the exception of 225 ward are now equipped with new style beds, dressers, bed side stands, overbed tables and lights. The new furniture for ward 225 is expected to arrive in December.

Christmas is rapidly approaching and we will have the same old problem of supplying trees for the various floors and depts. Dr. McRae in the past few years has very kindly offered us as many as we need. Therefore it will be necessary for all departments to let me know as soon as possible their requirements so I can let the Doctor know how many to cut.

The carpenter and plumber and electrician are very busy at present in the Clinical Lab. We are completely redoing the bacteriology room, new sinks, counters, lights, vent-hood, paint and even new linoleum on the floor. All the plumbing and wiring has been roughed in and new cabinets are ready to be placed in their positions. We hope to have this completed in another week's time.

Next on the agenda is modernizing the x-ray office. New large scale view boxes for examining a whole series of x-ray plates has been ordered. New cabinets are in the stage of construction and will be installed soon.

In the very near future work will start on removing the old water sterilizers in the treatment rooms. Since the addition of the new water still in the C.S.R. it is no longer necessary to use these old pieces of equipment. The removal of these pieces will give much needed space in these treatment rooms.

#### Surgery

The surgery crew welcomes two new young women to our staff: Mrs. Mary Ellen Norwe, a graduate from Mitchell, South Dakota; and Mrs. Pauline Chandler, from Salt Lake City, Utah, who transferred to surgery from Medical Floor.

Many of us in surgery were fortunate enough to attend Doctor Carl C. Walter's of Massachusetts, lectures on aseptic techniques in surgery, which were unusually interesting and left us all with many new ideas for a better surgery.

Mrs. Hilda Pennert, a surgery employee for many years, left November 17 for a week in New York. She flew to the big city via jet (her very first plane trip) for the anniversary get-together of her sorority sisters from Estonia. While there she plans to attend the Metropolitan Opera. We're all anxiously awaiting the adventures she'll undoubtedly have to tell

Congratulations to two brand new R.N.'s, graduates of St. Joseph's, Miss Patty Gordon and Miss Georgia Clark. Miss Clark recently joined the ranks of the U.S. Army, currently being stationed in Texas, and will be assigned to Fort Bragg, North Carolina in the near future.

A newsworthy event was the election of Mrs. Moe, O.R. Clinical instructor, as the regional A.O.R.N. President. Congratulations again.

We in surgery really enjoy reading 'Along the Corridors' and hearing about the happenings in the different departments. Sometimes this is the only way we find out what's going on in the rest of the hospital aside from the few times we do get around on another floor.

#### School of Nursing

The Christmas Sale November 6-7 which was sponsored by the Student Body of St. Joseph's School of Nursing was a huge success.

The Junior Class presented a Uniform Style Show, in the school lounge November 21 at 3:30 and 8:00 p.m.

#### **Preclinicals**

The class of '64 is making plans to transform Brown's Point clubhouse into a "Winter Wonderland" on December 15, when they will present the annual Christmas semi-formal. The preclinicals will have additional time to plan for the dance, due to Thanksgiving vacation, which began on November 22.

Many girls, eagerly anticipating the holiday as an opportunity to visit parents and relatives and friends, had already purchased their train tickets or bus tickets and by November 22 you can be sure that every one was packed and ready to go.

#### Pediatric News

Thanksgiving was depicted in its original form for the children on No-

vember 21. A thanksgiving dinner "family style" was given by the students for the children with turkey, trimmings and all furnished by the staff members. The decorations, dinner and stories conveyed the true idea of "Thanksgiving" reminding us and teaching the children to count and be thankful for their blessings.

We would also like to thank the many school groups for the tray favors made for the children who spent their Thanks-

giving day in the hospital.

Best wishes for a Merry Christmas

to all.

## Toxic Hazards at Christmas

(Excerpts from the National Clearing House for Poison Control Centers.)

Christmas Tree Bubbling Fluid— The bubbling fluid is methylene chloride. Few episodes of central nervous system depression occurred in very small children following ingestion of this fluid.

The amount of bubbling fluid (methylene chloride) contained in one of these decorations is 3 to 4 ml. Methylene chloride can cause central nervous system depression preceded or followed by central nervous system excitation. The estimated lethal dose of this substance is 0.5-5.0 ml./Kg. Toxicity can occur from inhalation or ingestion.

In the event that Christmas tree bubbling fluid is ingested, the stomach should be emptied as soon as possible following ingestion. Further treatment is then symptomatic and supportive and will probably be directed toward central nervsous system manifestations.

Fireplace Colors—A group of potentially toxic substances used frequently in the home at Christmas time are fireplace colors. These substances are metallic salts, copper, barium, selenium, lead, thallium, arsenic and antimony and can produce intense gastrointestinal irritation and other toxic manifestations.

Should one or more of these fireplace colors be ingested, we recommend that the stomach be emptied as soon as possible following ingestion, demulcents such as milk or olive oil should then be administered. Further treatment, if necessary, should be directed toward the specific compound ingested. Clinical toxicology of Commercial Products (page 1101) available at the Poison Control Center.

"Snow Sprays"—Ingestion leads to no toxic consequences. The propellant vehicles for these particles are methylene chloride and freons. Inhalation during the spraying process could conceivably produce toxic manifestations such as nausea and vomiting, headache and central nervous system depression are the acute manifestations. Treatment is symptomatic and supportive.

**Icicles**—The metallic foil streamers usually contain a mixture of 40 per cent metallic tin and 60 per cent metallic lead. Acute ingestion should produce little or no toxicity.

Electric Train Accessories — The smoke pellets of one train manufacturer contain an aromatic hydrocarbon (meta-terphenyl) in a wax base. The smoke cartridges of another toy train manufacturer contain equal amounts of mineral oil and cedar wood oil. Each cartridge or pellet contains an extremely small volume of active ingredients and although cedar wood oil and aromatic hydrocarbons are potentially toxic substances, it is unlikely that inhalation of the smoke or ingestion of small quantities of these pellets or cartridges will be followed by toxic manifestations.

One of the electric train manufacturers markets a cleaning fluid for toy train tracks. This fluid contains deodorized kerosene. Central nervous system depression, hydrocarbon pneumonitis and pulmonary edema may result after ingestion of kerosene.

Holly (Ilex)—The berries of this plant are reported to be toxic. Nausea,

vomiting and central nervous system depression may occur following ingestion of holly berries. Vomiting should be induced as soon as possible after the berries are ingested.

Mistletoe—Studies of the aqueous and alcoholic extracts have demonstrated a direct stimulating effect on smooth muscles — arteries, intestines, bladder and uterus.

A fatality, following ingestion of a tea brewed from American mistletoe berries has been reported. Prior to death, which occurred approximately 9½ hours after ingestion of the tea, the victim manifested signs of acute gastrointestinal irritation and cardiovascular collapse. The post-mortem examination revealed no cause of death.

It is recommended that emesis be induced following ingestion of mistle-toe leaves or berries. Further treatment is symptomatic and supportive in nature.

Dancing Moth Balls—Placing moth balls in a colored solution of water and vinegar and adding sodium bicarbonate, the carbon dioxide is liberated from the reaction between the vinegar and sodium bicarbonate in the solution and buffets the moth balls floating on the surface of the solution making them appear to "dance".

Most moth balls contain paradichlorobenzene; some still contain naphthalene. Both of these substances are capable of producing toxic manifestations following ingestion, although napthalene is of greater toxicity than paradichlorobenzene.

## Central Washington Medical Seminar

The Yakima County Medical Society will be host to a Central Washington Medical Seminar to be an all day affair on Thursday, December 14, 1961. The Seminar will be sponsored by the Yakima Surgical Society, Yakima Tumor Clinic with a grant from Merck, Sharpe

& Dohme.

The meeting will start with breakfast at 8:00 a.m. at the Yakima Valley Memorial Hospital.

Case presentation and commentary will be held from 9:00 a.m. to 11:30 a.m. Commentaries will be offered by Dr. Franz Buschke, Professor of Radiology, University of California Medical School, Dr. K. Alvin Merendino, Professor of Surgery, and Dr. Robert Aldrich, Professor of Pediatrics, University of Washington Medical School. Six outstanding cases will be presented by local men.

Lunch will be served at St. Elizabeth Hospital where Dr. Aldrich will be the guest speaker. His topic will be "Pediatric Problems and Recent Advances in Medical Education in Greece, Turkey and Yugoslavia". The afternoon session will be conducted by Drs. Buschke and Merendino, their subjects being "Radio-Therapy of Intra-Thoracic Neoplasms" and "Reflux Esophagitis, a Medical or Surgical Problem".

The evening session will be open to wives at the Yakima Country Club for social hour and dinner. The guest speaker will be Dr. Romney H. Lowry, Chief of Bio-Space Laboratories, Boeing Corp., Seattle, Washington, whose topic will be "Bio-Astronautics, The New Medical Frontier".

Doctors on the western slope are cordially invited and more information will be sent by writing the Executive Secretary, Yakima County Medical Society, 216 Larson-Andrews Building, Yakima, Washington.

# Poison Control Center POLICY STATEMENT

Organization

The Poison Control Center is a cooperative effort of the Pierce County Medical Society, through its Poison Control Committee, and the Mountain View General Hospital.

Purpose

To provide information to physicians and patients in cases of poisoning and suspected poisoning.

Calls From Physicians

The Center has current information on a rapidly growing list, now numbering over 20,000 items, or hazardous drugs and household products. This data is obtained from the U.S.P.H.S. National Clearing House of Poison Control Centers and from independent sources. In any case of poisoning the physician is encouraged to call the Center for information regarding ingredients, toxic symptoms and dose, and recommended treatment as given by these standard sources.

#### Calls From Patients

All calls from patients and parents are checked against the same file. In each case the patient is informed whether the substance involved is (a) not dangerous, (b) probably in need of immediate attention, or (c) an acute emergency. In each case where the patient requires care, he is told to immediately call his physician. Whenever urgent care is required, the Center assists in arranging for the care. If the patient's physician or his alternate is not available, the call is referred to another physician of the patient's selection or to a member of the Pierce County Medical Society Poison Control Committee.

#### Records

Records of each call from physician or patient are kept in a log book at the Center. This record identifies the patient and the suspected poison and indicates the advice given.

#### Treatment

Patients requiring emergency room care are directed to the hospital selected by the private physician, or to the nearest emergency room when the matter is urgent. The private physician is given the Center's recommendation for treatment. Patients, regardless of eligibility, arriving at the emergency room of Mountain View General Hospital are given whatever immediate emergency care is necessary. Such care to private patients is given per instructions of the private physician, provided he can be contacted.

#### Summary

This is your Poison Control Center. It was organized primarily to provide information in poisoning emergencies. In cases where emergency treatment is needed and the physician cannot be available, the Center stands ready to assist in arranging this treatment.

Please acquaint your personnel with this policy. If any difficulty is experienced, please contact one of the members of the committee. We would welcome your suggestions for improved service to the physicians of Pierce County.

#### Poison Control Committee

BERNARD A. BADER, M.D. Chairman Claris Allison, M.D. DAVID SPARLING, M.D. GEORGE TANBARA, M.D.

## Classified Advertising

FOR SALE BY OWNERS REAL CHOICE HOOD CANAL WATERFRONT

OR BACK LOTS—located on a beautiful point, fine pea gravel beach; private community launching ramp; dock with float; private lodge and shop. SELECT YOUR LOT NOW AT WINTER PRICES WITH ALMOST ANY TERMS. . . CALL OR WRITE Dr. C. Russell Perkins, Office, SK 2-4228; Home, SK 2-8123; 2613 No. 21st, Tacoma, Washington.

## MEDICAL SPACE AVAILABLE TACOMA NORTH END

New Medical-Dental Bldg.; completely equipped; on arterial street; in well populated residential area; off-street parking. Large reception office with business office adjoining (2) private offices - six treatment rooms, laboratory, (2) rest rooms, wide hallway. For information, building plan, call or write Mr. Robt. Goldberg. 4320 N. 27th, Tacoma, Wn., days FU 3-3484 — eve. SK 9-7035.

## MEDICAL SPACES FOR RENT IN LAKEWOOD FURNISHED OR UNFURNISHED

DOCTOR, do you want a completely furnished Lakewood Office with ample parking? Two brand-new medical suites are now available in new Lakewood Professional Village building, suitable for part-time, full-time, single or shared occupancy. Located between new Lakewood Hospital and Villa Plaza Shoping Center. Contact: Mitch Gasparovich, 3660 Tahoma Place, Tacoma 66. Phone SK 2-2033.

FOR SALE—INSTRUMENTS—Half price or less, mostly new, some used—Forceps, Retractors. Sterilizers, Substage lights, Syringes, Cast cutter, Bone drill, used Cameron Cautery and Medcotherm. If interested, feel free to come by 1209 So. 12th and inspect.

## Merry Christmas

Pierce County Medical Society Medical Arts Building Tacoma 2, Washington

**BULK RATE** 

U. S. POSTAGE

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TACOMA, WASH. PERMIT No. 300

### MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of March, June, Sept., Dec.—7:30 p.m.

Auditorium of Medical Arts Bldg.

STAFF OF GOOD SAMARITAN

Second Monday of March, June, Sept., Dec.—6:30 p.m.

STAFF OF NORTHERN PACIFIC

Second Monday of each month-noon.

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—6:15 p.m.

STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June September and November TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS First Tuesday of each month—8:30 p.m.

Board Room of Pierce County Medical Society

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July & August -8:15 p.m.

STAFF OF TACOMA GENERAL

First Tuesday of March, June, Sept., Dec.—6:30 p.m.

TACOMA SURGICAL CLUB

Third Tuesday of each month—6:30 p.m. at Tacoma Club TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

TACOMA ACADEMY OF GENERAL PRACTICE Fourth Monday of each month except June, July & August

-6:30 p.m. at Honan's PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August -6:00 p.m.

STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, Sept., Dec.—7:15 a.m. at New Yorker Cafe

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL Fourth Friday of March, June, Sept., Dec.—12:15 p.m.