

The

PIERCE COUNTY MEDICAL SOCIETY

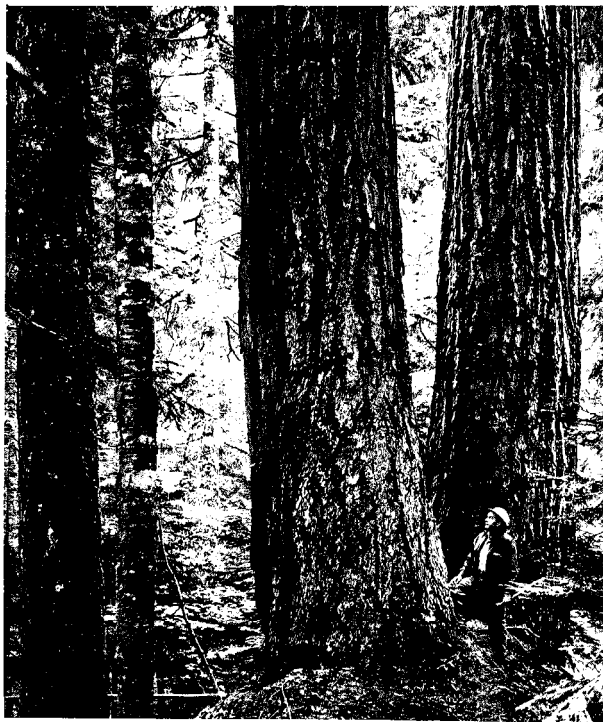


BULLETIN

VOL. XXXVII—No. 1

TACOMA, WASH.

JANUARY - 1966



**66 OFFICERS
LISTED
(Page 5)**

**R. JOHN
HAW and
UTENBERG
(Page 16)**

PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
JANUARY 11, 1966**

Pierce County Medical Society

1966

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 President-Elect Charles P. Larson
 Vice-President Douglas P. Buttorff
 Secretary-Treasurer Arnold J. Herrmann
 Executive Secretary Judy Gordon

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 Douglas P. Buttorff Charles P. Larson
 Robert M. Freeman Glenn G. McBride
 James E. Hazelrigg Clinton A. Piper
 Arnold J. Herrmann Frederick J. Schwind
 Robert C. Johnson James L. Vadheim

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 Robert M. Ferguson Glenn G. McBride
 Hermna S. Judd Stanley W. Tuell
 Wayne W. Zimmerman

ALTERNATE DELEGATES

Douglas P. Buttorff John M. Shaw
 Philip Grenley Frank J. Rigos
 Robert W. Osborne Charles C. Reberger
 George A. Tanbara

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 Frank J. Rigos Stanley W. Tuell

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 M. R. Hosie George G. R. Kunz

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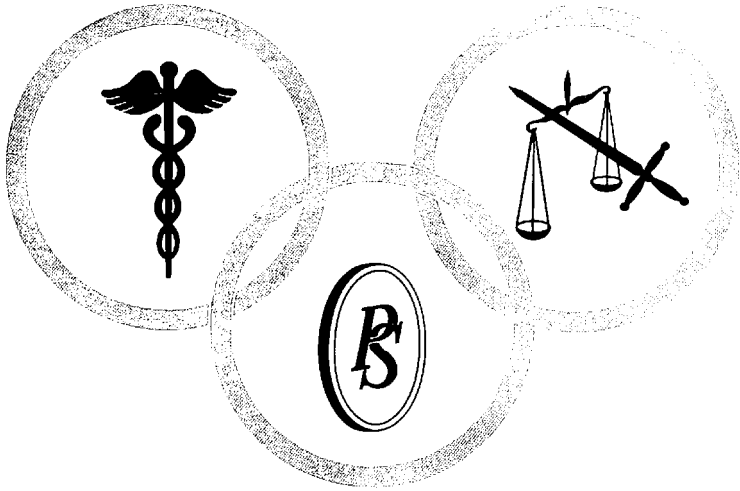
Editor Stanley W. Tuell
 Business Manager Judy Gordon
 Auxiliary News Editor Mrs. Robert R. Burt



January Birthdays

- 1 George Kunz
- 2 Stevens Dimant
Hillis Griffin
- 3 Burton Brown
Ralph Huff
- 4 Edmund Kanar
- 5 Norman Magnussen
Bernard Ootkin
Paul Smith, Sr.
- 7 Robert Ferguson
George Hess
George Race
- 9 Carlisle Dietrich
- 10 William Burrows
D. A. Marlatt
- 12 Peter Cannon
William Todd
- 16 Robert Gibson
Leo Sulkosky
- 18 R. A. Norton
James Ward
- 19 Theodore Apa
Donald Cummings
- 20 Ralph Johnson
Ronald Spangler
- 21 Donald Weber
- 24 Rene Gay-Balmaz
- 26 Raymond Ellis
- 27 John Havlina
- 30 William Spaulding
- 31 Virginia Larsen
Robert Truckey

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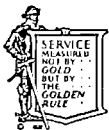
HEAD OFFICE, 1119 Pacific Avenue

Prescription Optical Company

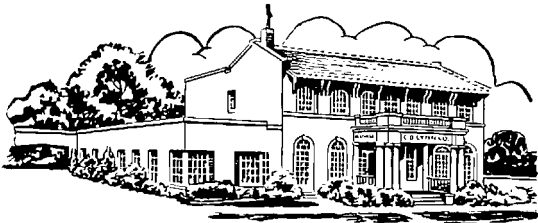
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McBride To Lead Society in 1966; Larson 1967 Prexy



Dr. Glenn McBride



Dr. Charles P. Larson

Dr. Glenn McBride formally accepted the presidential reins from the 1965 president, Dr. Fred Schwind, at the December 14 meeting of the Pierce County Medical Society. Dr. McBride, in general practice in Tacoma since 1941, will guide the Society's destinies and chairman the Board of Trustees for the year 1966. Dr. McBride's first official act was to present an award certificate to Dr. Schwind for the latter's year of unselfish service.

Chosen as president-elect, to serve as president in 1967, was Dr. Charles P. Larson. Dr. Larson has had much experience as a president, having held this position in the American Association of Pathologists and the World Boxing Association, among other honors too numerous to list here.

Complete results of the election are as follows:

OFFICERS

President.....Glenn G. McBride
 President-Elect.....Charles P. Larson
 Vice-President.....Douglas P. Buttorff
 Sec'y-Treasurer.....Arnold J. Herrmann

TRUSTEES

Robert M. Freeman Robert A. Kallsen
 James E. Hazelrigg James L. Vadheim

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Douglas P. Buttorff John M. Shaw
 Philip Grenley Frank J. Rigos
 Robert W. Osborne Charles C. Reberger
 George A. Tanbara



trust

(trŭst) n. That which is committed or entrusted to one, as a duty, task, or charge.

To children, trust is a simple and basic matter.

To you, trust -- and estate planning is an important step toward a financial future that is secure. It is basic, but it is not simple.

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, January 11

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

"PHYSICAL REHABILITATION OF THE PARAPLEGIC"

Sherburne W. Heath, M.D.
and the Good Samaritan Hospital
Rehabilitation Team

• • • • •

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

IDEAL SPACE AVAILABLE in Medical-Dental Bldg. in University Place. Corner So. 27th & Sunset Dr. SK 9-4486.

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Medical Center
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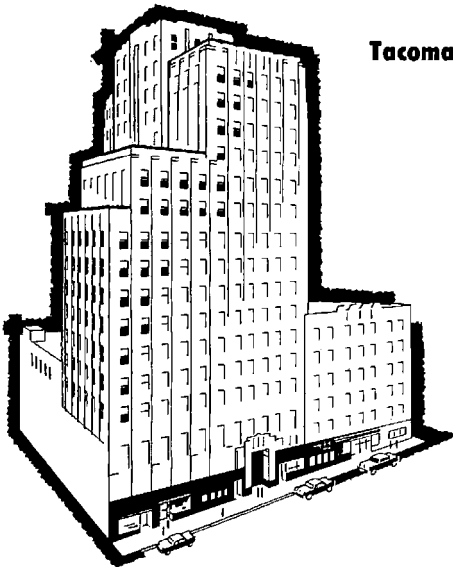
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President's Page

"TO DO OR NOT TO DO"



The year 1966 may long be remembered as the "Medicare Year", or possibly as the year of "decision and confusion." Decision, as to whether or not as individual doctors we wish to participate in the program. Confusion, as to how it will be administered and policed.

As was illustrated during, and immediately after World War II, the legislation of price controls was accompanied by inequities and inconsistencies. This was understandable because of the urgency of the times. However, regulating prices of doors, automobiles, beef steak, et cetera, is elementary compared with the legislating of "patient symptoms."

In England in the national health program, the basic difficulty was found to be that no one could accurately separate those who were ill and those who were well. As physicians, we are aware that sickness is all a matter of degree, and that much has been accomplished by individuals who were not in good health; and that a great deal of loafing has been indulged in by people who were healthy.

One of the main sources of confusion will revolve about the development and selecting of an adequate "Utilization Review Committee." There are many questions to be answered about this committee from a practical standpoint. How will the committee function mechanically? How efficient can it be as far as time element is concerned? Who will choose the membership of the committee? These and many other questions will need to be answered during 1966.

The major decision each of us individually must make this year will be whether or not we wish to participate in the Medicare program. The AMA Judicial Council has stated that "the individual physician *acting independently*, is ethically free to select his patients" and "(a) He may decline to render medical services to persons covered by the Health Insurance for the Aged Act. (b) He may choose to treat such patients without charge. (c) He may treat patients with the advance understanding that he will or will not in any way help them in obtaining reimbursement for the cost of associated services."

Briefly, this is a partial preview of 1966. If William Shakespeare were a member of our profession, he might well say, "To do or not to do? That is the question."

—GLENN G. McBRIDE, M.D.

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Editorially Speaking

Relax!

Quit worrying about Medicare and other socialistic trends. The following philosophy is all you need. It's re-printed from the December, 1964, issue of *Michigan Medicine*.



A TEN-DOLLAR CADILLAC
by ROBERT COULSON
(Illinois State Senator)

"There is no trick to this," said the man. "I'll sell you a brand new Cadillac, this year's model, for ten dollars. I'll sell you as many as you want. Or any other make of car on the same basis. Any color or model and I'll make the same offer next year when you wish to trade it in.

"For my profit," he continued, "all I want is a note for thirty thousand dollars payable 20 years from now, and signed by your relatives and neighbors."

My first reaction was suspicious refusal. It seemed that he was making too much profit. There was too great a difference between five thousand dollars advanced now and thirty thousand dollars repaid in 20 years. But then the gnawing doubt began to assail me.

I would not have to repay any of it. Perhaps my children and neighbors could easily afford the money when the debt came due. Perhaps none of them would be alive. Perhaps they will have moved away, and he cannot find them to serve the legal papers on them. Perhaps my grandchildren and neighbors can win the case in court 20 years from now. Perhaps there will be wild inflation then, and thirty thousand dollars will seem nothing. Perhaps this country will be conquered by another country, or become involved in a civil war and the debts will all be voided.

If any of these things happen, if there is any kind of inflation, repudiation, or invasion, then I could beat the game and have a Cadillac for ten dollars.

And even if none of those things happen within the 20 years, my grandchildren and the neighbors' grandchildren can refinance the note and promise to pay sixty thousand dollars in 20 more years and they can wait for the inflation, repudiation or invasion.

There is a great temptation to gamble on the hope that Something Will Happen. Meanwhile, the Cadillac would be mine to enjoy. So I selected a white convertible, paid the ten dollars, and drove happily away.

But how did that huckster and I manage to get my relatives and friends to sign those notes? Easy! We cut them in on the same deal. And to salve their consciences, we put cars at the bottom of the list and offered them education, medical care and similar goods and services that they desperately needed. We had no trouble at all in getting them to vote on

(Continued on Page 14)

16 - Section 3

Lost and Found

CHIMUAMUA - Lost-Tan and white. Reward. **Trains-Cross. 1R 8-23-51**

Lost

THE BITTER TASTE OF ORAL PENICILLIN.

See V-Cillin K® for full details.

DOG found-Black. Pk. 1076 Lincoln Park. Reward. **1R 8-23-51**

DOBERMAN lost-Black. Children's hospital. Reward. **1R 8-23-51**

GERMAN lost-Black. Children's hospital. Reward. **1R 8-23-51**

Found

A MORE PLEASANT WAY TO TAKE ORAL PENICILLIN.

Check V-Cillin K® for the facts.

DOG lost-Sable and white. Collie. **1R 8-23-51**

VIC found-White. Collie. **1R 8-23-51**

Children missing. Any information appreciated. Reward. **1R 8-23-51**

DOG lost-Pecanose. **1R 8-23-51**

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Patients won't complain about bitter penicillin taste when you specify V-Cillin K. Here's why: It has a special coating, only one and a half *thousandths* of an inch thick. Because it is designed to dissolve after approximately six seconds, this barrier to bitterness remains on the tablet as it slides past the tongue. When the tablet reaches the stomach, however, the coating has dissolved, and the penicillin is ready for immediate absorption into the bloodstream. Result? The proved efficacy of potassium penicillin V without the penalty of bitter taste.

Indications: V-Cillin K is an antibiotic useful in the treatment of streptococcus, pneumococcus, and gonococcus infections and infections caused by sensitive strains of staphylococci.

Contraindications and Precautions: Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.

Usual Dosage Range: 125 mg. (200,000 units) three times a day to 250 mg. every four hours.

Supplied: Tablets V-Cillin K, 125 or 250 mg., and V-Cillin K, Pediatric, 125 mg. per 5-cc. teaspoonful, in 40, 80, and 150-cc.-size packages.



V-Cillin K®
Potassium Phenoxymethyl Penicillin

Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

609953

(Continued from Page 12)

the scheme and turn the whole thing over to our government officials to handle for us. After all, isn't that why we elect them?

So I am driving a white Cadillac. My elderly neighbors across the street are receiving their monthly checks from Washington. My neighbor's children next door are all in college at little cost to the parents. The other next-door-neighbor gets food coupons, plus a check from his government for not working.

And so on.

I expect that I will be dead before it is time to pay the piper. My grandchildren? Well, surely they will be at least as smart as I am. All they need do to beat the game in their time is to repudiate the debt, inflate the currency, or (if they are not too smart) refinance the national debt.

You know, sometimes I suspect that something is wrong with this whole scheme of more benefits from Washington at no cost except an increase in the national promise to pay in the distant future. But I don't seem to be able to explain it — even to myself; after all, I am driving that white convertible.



"I ALWAYS PRESCRIBE WHISKEY FOR A COLD DURING THE CHRISTMAS SEASON!"

New Staff Officers Elected at All Local Hospitals

New officers are in command at all local hospitals for 1966. Election results as reported as we go to press are as follows:

GOOD SAMARITAN HOSPITAL

President Paul E. Gerstmann
Vice-President William Burrows
Secretary William M. Arthur

LAKEWOOD GENERAL HOSPITAL

President John P. Liewer
President-Elect Robert P. Crabill
Secretary James F. Early
Committeemen Ralph A. Johnson
David L. Sparling

MARY BRIDGE CHILDREN'S HOSPITAL

President David L. Sparling
President-Elect Robert O. Brettell
Sec'y-Treasurer James M. Blankenship
Executive Committeeman
Theodore Johnson

MOUNTAIN VIEW GENERAL HOSPITAL

President George A. Tanbara
Vice-President Clinton A. Piper
Secretary Claris Allison

MEDICAL ARTS HOSPITAL

President Kenneth D. Graham
Vice-President James D. Lambing
Secretary Ronald T. Spangler

ST. JOSEPH'S HOSPITAL

President Robert A. O'Connell
President-Elect Edmund A. Kanar
Vice-President Loy E. Cramer
Sec'y-Treasurer James W. Boudwin
Chairman, Credentials
Committee Richard F. Barronian
Members-at-large George S. Kittredge
Edmund A. Kanar

TACOMA GENERAL HOSPITAL

President Warren F. Smith
President-Elect Robert M. Ferguson
Vice-President Myron A. Bass
Secretary-Treasurer

William W. Mattson, Jr.

Members-at-large..... Herman S. Judd
James D. Lambing

Chairman, Credentials

Committee Robert M. Freeman
Committee members... Philip H. Backup
Robert R. Burt
George C. Gilman
Dudley W. Houtz

Bob Lane Volunteers For Viet Nam Duty; To Be Gone 2 Months

Another Tacoma physician is on his way overseas to render volunteer medical care. Dr. Robert Lane, Tacoma internist, is serving two months in Project Viet Nam. According to plans at the time this is written, Dr. Lane was to leave Tacoma on January 3, fly to Los Angeles where he will join a group of other doctor volunteers for a briefing session, and then fly to South Viet Nam. He expects to serve in one of the provincial hospitals there. Because of his experience with tuberculosis he anticipates spending much of his time in the diagnosis and treatment of this disease, which is quite prevalent in that war-torn country.

Considerable financial sacrifice is involved, since the only "pay" consists of \$10.00 per day, out of which the volunteer must pay his own living expenses. Dr. Lane is not a camera fan, but with a fortuitous Christmas gift of a miniature camera he plans to make a photographic record of his experiences. He was allowed to take 44 pounds of luggage on the trip.

Detail Men Honor Rosen's 25 Years

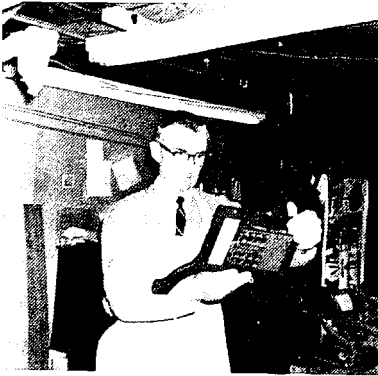
Forty detail men were on hand at the New Yorker on Friday, December 17, in recognition of a quarter-century of service by Ken Rosen, detail man for Lederle. Mr. Rosen retired recently after spending the past 25 years as detail man in the Tacoma area.

PATRONIZE YOUR ADVERTISERS

Shaw Printed Fake Permits, Press Cards; What! -- No Money?

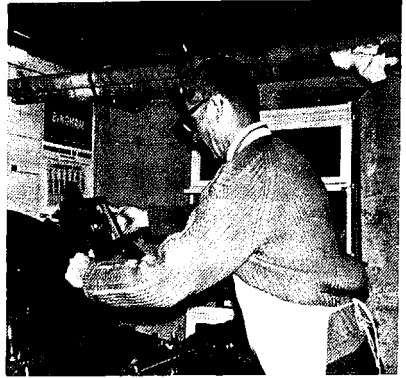
(This is another in our series of articles by doctors on their hobbies, this one by Dr. John M. Shaw.—Ed.)

There is something magic about the graphic arts. To be able to set type and print by hand is a most satisfying hobby—creative, after a fashion, and productive. Johannes Gutenberg obviously had a supreme brainstorm when he thought of cutting each letter from wood blocks and setting them in a form to be inked and pressed on paper. Armed with enough alphabets, manuscripts could be reproduced in unlimited quantity. The transcribing work, tirelessly copying with quill and brush, was suddenly replaced by automation. The printed word became the property of the masses. That was 500 years ago.



Here Dr. Shaw is inspecting the "chase"—the frame in which the letters are held.

My first exposure to this delightful pastime occurred in 1940 during a summer visit with some friends in Philadelphia. The hot, humid weather drove us to the basement. We dusted off a small hand press and started an amateur printing operation. The only limitations were in the selection of type face, color of ink and size of paper—our imaginations did the rest.



Placing the chase in position.

With considerable enthusiasm we printed spurious "press cards" which were supposed to grant us various privileges when attending the New York fair of that year. Being underage, we turned to driver's permits. So as not to lean too heavily on the laws of the sovereign states we printed the licenses in French, listing the Island of Martinique as our home port. Other cards allowed us to pass as geologists, salesmen, pest exterminators and authors. Fortunately, we were never challenged to produce these keys to success. The summer passed too quickly and the impression of the "power of the press" remained. Twenty years later an advertisement in the Tacoma News Tribune opened up the interest again.

The upshot of the ad was the installation of a small 8 x 10 hand press and necessary adjuncts: type, job stick (the form in which the type is set), ink and paper. We were in business.

A printery needs a name. All famous printeries had memorable names. Ours was suitably christened "The Paltry Press." The historical print shops also used "devices" or trademark designs. The most famous is the anchor and dolphin of the 16th Century Aldine Press. Our device is the snail. The device expresses the importance as well as the speed of the operation.

A good printer can do wonders on a very small press. If talent is lacking and the quality of printing falls below par, the poor printer looks for a larger press.

Size alone must produce better quality. Cadillacs run better than Volkswagens—anyone can figure that one. A giant 10 x 15 commercial press turned up in a Fircrest garage. The perfect answer! Moving the behemoth into our basement required an engineer and master mechanic. These two were provided by the moving company — embodied in one man who gave the impression that he spent his leisure time near the Rescue Mission. He set it up in just eight hours and forty-five minutes. The Paltry Press took a great two ton leap forward.



Printing on the 10x15 press.

Up to the present time the greatest production of the press is the book "The Ancient Cures of Morbus Gallicus". Forty-nine copies were printed and after forcing all possible copies on friends, there remain thirty-seven books. The collector's item can be obtained free by showing the slightest indication of interest.

—JOHN M. SHAW, M.D.

Herman S. Judd, M.D., announces the removal of his office to Lakewood Professional Village, 5910 100th St., S.W., after January 1, 1966.

When a coronary patient gives up golf, he's putting the heart before the course.

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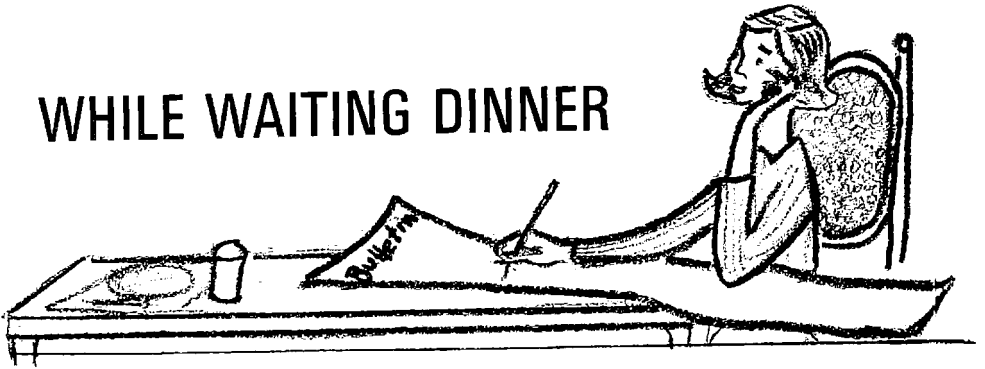


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To The Pierce County Medical Society

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2nd Vice-President and Social	Mrs. Arthur Wickstrom
3rd Vice-President and Valley Rep.	Mrs. Charles Vaught
4th Vice-President and Membership	Mrs. Roy H. Virak
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AMAERF	Mrs. Francis W. Hennings
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Cancer	Mrs. Jack W. Mandeville
Finance	Mrs. Robert W. Osborne
Dance	Mrs. Robert C. Johnson
Fashion Show	Mrs. Jack J. Erickson
Mental Health	Mrs. Haskel L. Maier
Today's Health	Mrs. David F. Dye
Cook Book	Mrs. Gordon Dean
International Health	Mrs. Homer T. Clay
	Mrs. Dale D. Doherty
	Mrs. James E. Hazelrigg
	Mrs. Robert M. Ferguson
	Mrs. Stanley W. Tuell
	Mrs. Charles McGill

"Good resolutions are a pleasant crop to sow. —The seeds spring up so readily, and the blossoms open so soon with such a brave show, especially at first. But when the time of flowers has passed, what as to the fruit?"

—L. MALET

Next Meeting

Resolution No. 1: Attend the January meeting of Medical Auxiliary and see the "young, handsome, marvelous speaker" Mavis has up her magic sleeve for us. The meeting will be a noon luncheon on Friday, January 21st at the lovely home of Mrs. Charles Vaught, 1317 21st Street S.W. in Puyallup. Guest of honor will be our State President, Mrs. William Blackstone.

Even if it is raining in Tacoma, come on out to Puyallup where it is summer all year round at least in the hearts of our hostesses who always give us such a warm welcome!

On the program will be Dr. Henry Bertness, Head of Psychological Services and Assistant Superintendent of Schools for the Tacoma School District. He is very good-looking, girls, with a warm personality, is a superlative speaker and he has the same problems with his children as we have with ours, so you'll want to hear his solutions.

Follow the map directions past Western Washington Experimental Station on Fruitland Ave. and turn onto Historic Way. The Vaught home is about one-half mile from this turn at the dead end of the street.

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(Continued from Page 19)

strictly facetious "Mayo Clinic LO-Calorie Diet" which was reprinted recently in the Mayovox and first appeared in that publication in 1956.

Diet To End All Diets

Monday

Breakfast—Scraped crumbs from burnt toast

Lunch—Weak tea, 1 bouillon cube, ½ diluted water

Dinner—1 pigeon thigh, 3 oz. prune juice (gargled only)

Tuesday

Breakfast—Shredded egg shell skins

Lunch—1 doughnut hole (without sugar)

Dinner—Breathe deeply passing delicatessen

Wednesday

Breakfast—Shredded egg shell skins (all diets are a bit monotonous)

Lunch—Navel from a navel orange

Dinner—2 eyes from Irish potato (diced)

Thursday

Breakfast—Boiled out stains of table cloth

Lunch—½ doz. poppy seeds

Dinner—Bees knees and mosquito knuckles sauteed in vinegar

Friday

Breakfast—2 lobster antennae

Lunch—1 doughnut hole (without sugar)

Dinner—1 guppy fin

Saturday

Breakfast—Pickled hummingbird tongue

Lunch—Pickled ribs of tadpole

Dinner—Aroma of empty custard pie plate ?

Sunday

Breakfast—4 chopped banana seeds

Lunch—Broiled butterfly liver

Dinner—Fillet of soft crab claw

Anyone want to join me?

H A P P Y N E W Y E A R !

LORNA BURT

Nat'l Women's Auxiliary Conference in San Francisco

On October 26 and 27 members of the State Boards of the Women's Auxiliary to the AMA from 13 western states met in conference at the Mark Hopkins Hotel in San Francisco. The following officers from each state were in attendance: president, president elect, chairman of community services, chairman of legislation, chairman of membership and chairman of mental health.

For two days we were in constant discussion, either as a body or in small groups, hearing from national officers and discussing our programs with each other.

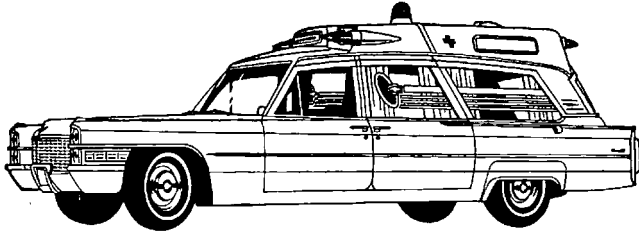
This is the first time that such regional workshops have been attempted by the national Auxiliary. It was both inspirational and informative. We learned much from the speakers, the AMA resource men and from the experiences of other states. We all voiced the desire that such conferences be made available to the entire membership throughout the United States. Some states are planning their own workshops as a result of this one.

Mrs. Chester Young spoke to us regarding AMAERF. She related that over \$325,000 will be donated to education and research this year through this fund, the only national fund-raising project of our Auxiliary. She also stated that only one-tenth of one per cent of the funds borrowed have not been returned, an unbelievably small fraction, and that there are no strings attached to these funds, either for the recipient or for the college. Over twenty loans a day, seven days a week are processed. There is a seven year borrowing period for the student with many years to repay. Forty per cent of the loans go to interns and residents not covered by government loans.

A new facet of this education and research activity is the Biomedical Research Institute recently dedicated by

(Continued on Page 23)

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(Continued from Page 21)

the AMA. The Auxiliary is not soliciting funds for this Institute but we may accept donations. It is an investment in men doing "open end" research rather than investment in a project. It is connected with no medical school. The October 4 issue of JAMA carries articles about the dedication.

In the legislative field, we heard AMPAC speakers tell us of the growth of AMPAC and its expansion into the allied fields of pharmacy and veterinary medicine. It was suggested that every county auxiliary offer the Precinct Action Course for its members, (Ed. note—Ours begins on Jan. 7) and that this be followed by informed activity in one of the political parties. It was constantly stressed that under our system of government, this is a responsibility of every citizen.

The Community Services section was full of exciting program suggestions, proposed activities and exchanges of experience. The National Chairman, Mrs. Howard Ellis, set the stage by stating that "our program is designed to promote community health. Good health and well-being for the individual depend on health education." She further stressed that in the medical auxiliary we possess a vast reservoir of talent just made for the job of health education and that we are motivated by our exposure to the basic health needs of our communities. "We have the resources to do something about these needs." She stated that health education is a continuing need throughout life from conception to death and that environmental situations play a great part in the ability of every individual to live up to his potential. Many auxiliaries have pioneered in all the fields of community health education and services. She ended by saying, "Every auxiliary member can be a health educator."

In the area of "Health Careers", discussion centered on the crying need to persuade more people, of all ages, to give their time to the health fields, either as a career or as a volunteer.

Three million persons are employed in all the health services right now. This is only a small percentage of those needed. She suggested that the following ad would be suitable: "Help Wanted: Young, old, drop-outs, highly educated, either sex, all races. Apply any Health Career."

In the Mental Health discussions, Mrs. Ford, National Chairman, pointed out that one-half of our hospital beds are occupied by mental health patients and that the lengthening of the life span adds tremendously to this problem. She urged that the county auxiliary become involved with all volunteer services dealing with the problems of mental health and that the auxiliaries aid in educating the public as to the existing services in each community. Some of our auxiliaries have worked with great success to prepare a directory of all volunteer services in this field, as well as all of the services available to the citizen. Many auxiliaries have published lists for the public.

Again, as at the State Convention in Seattle, the emphasis in membership was on "meaningful hours together." The percentage of membership is directly related to program and to community activity. In discussion, "involvement" with each other and with the community became the key word.

As you can see, it was a busy two days. What is written here is but a glimpse. If anyone wishes to see my notes or to ask me questions, I'd be delighted to share more of my experience with you.

—ELLEN PINTO

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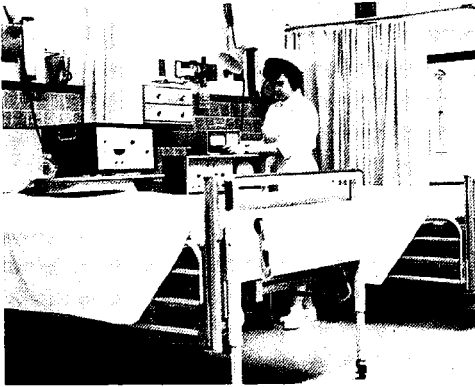
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AUBURN

St. Jo's Offers Step Forward With Intensive Care Unit

St. Joseph's Hospital has taken a step forward in Progressive Patient Care with the addition of an Intensive Care Unit.



Located on the third floor, the five bed unit is for both medical and surgical patients who need constant nursing care. Patients admitted to the I.C.U. are not necessarily critical but may need unflagging observation and monitoring.

Candidates for admission might include persons with cardiac arrhythmias, electrolyte imbalance or temperature control problems. Post operative neurological or cardio-vascular cases might be admitted for the first twenty-four hours or until their condition warrants transfer to a regular nursing unit. Disturbed patients, or those with infections, will not be admitted to the I.C.U. Each patient remains under the direct care of the attending physician.

The vital factor in the I.C.U. is, of course, the nursing personnel. Although many sophisticated monitoring machines are readily available, they merely serve as extra eyes and ears for the nurses.

Complex monitoring systems do not make the nurses indifferent toward the patient. On the contrary, I.C.U. nurses have a special desire to perform real bedside nursing and are hand picked from among volunteers. The close proximity of the compact unit enables the

nurse to know each patient's special needs. Studies have shown that I.C.U. patients receive twice as much nursing care as regular patients.



An Intensive Care Unit is expensive in operation, but it actually saves the hospital and patient money. When compared to the cost of private duty nurses and a private room, the cost seems moderate. In addition, the patient has immediately available to him emergency drugs, equipment and specially trained personnel.

By concentrating the most critically ill patients in the Unit, the hospital should be able to operate more efficiently. General duty nurses can be relieved of cases requiring unusual time and attention. They can devote more nursing care to the larger number of less critical patients who also need hospital care.

The room itself is to be equipped with various emergency and monitoring devices, including a pacemaker and defibrillator. A hypothermia machine and pulmonary equipment are also included. Above each bed are several electrical outlets, each one on a different circuit so no single fuse can blow out and interrupt all service. Outlets for oxygen and a tap-in for both oral and intermittent gastric suction are also included in the panel.

A special committee initially composed of 2 internists, 2 surgeons, 2 generalists and an anesthesiologist will help establish policies and supervise the operation of the I.C.U. for the medical staff. Medical care and supervision of the individual patient shall continue to be rendered by, and be the responsibility of his own attending physician.

MRS. FARLEY, R.N.
St. Joseph's Hospital

St. Joseph's

Our New Purchaser

January 1, 1966, Mr. Virgil J. Gass will take over as the new Head of the Purchasing Department.

Formerly Lt. Col. Virgil J. Gass, he spent the last five years of his 23 years of Army life as the Supply Officer and Commander of the U.S. Garrison at Ft. Lewis, Wash., until his retirement from the U.S. Army in 1964. Mr. Gass lived in Pullman, Wash., before his army career took him to many parts of the world (including Korea). He is married and has one son, who presently attends his father's alma mater, Washington State University.

Working closely with Mr. Gass will be our well known Mr. John O. Pancho. Johnnie's talents are many and varied. As an artist he sketches and paints, mostly scenery, and does some cartooning. He also works at wood burning, lettering, making posters and signs. Johnnie also uses his spare time to take a correspondence course from the Catholic Hospital Assn. in hospital purchasing. Also sharing his spare time are his hobbies of bowling and playing basketball. Another of Mr. Gass' assistants will be Mr. Pastor Palumbarit, who for a year and a half has been in charge of receiving and distribution.

The hospital looks forward to a new efficiency under our highly prepared Purchasing Agent. His extension telephone number will be 268.

Pediatric News

The Pediatric Staff wishes to thank the following organizations for the gifts and contributions to the Children's Ward during the Holiday Season:

1. Sandra Kitchen and her crew from the 8th grade at Holy Rosary School.
2. The St. Vincent de Paul Society.
3. Firefighters Local No. 31 and Auxiliary St. Joseph's Hospital Guild.

It was good to hear from former employees and student nurses during the Holidays.

Lt. Virginia Safreed wrote from Viet Nam and told of nursing in a surgical field unit, and related some of the prob-

lems encountered in nursing without sewerage or lights. Those of us who read her letter realize the sacrifices these young Americans are making for their country.

Pre-Clinical Class

"Wonderland by Night", the theme of the Winter Formal sponsored by the Pre-Clinical class will be held at the Americana Hotel in the Capri Room on January 15, 1966, from 8:30 till midnight. The Kenny Krantz Combo is playing for the wintery dance. Programs are on sale at the Nursing School and can be purchased from any of the Pre-Clinical class officers. All the Medical Staff of St. Joseph's Hospital are cordially invited to attend.

The Pre-Clinical class has also been selling their candy wreaths which have sold very rapidly. The class voted on its color, flower, saint, song, and motto which are: green and white, gardenia, St. Theresa, "Eternal Life", and "Today's dreams represent tomorrow's realities", respectively.

The class wishes a Happy New Year to the staff and patients.

The Faculty enjoyed the Employees' Holiday Party given by the Sisters of St. Francis. The food and entertainment were excellent. May we wish you all a Happy New Year!

The students of St. Joseph's School of Nursing were guests of Sister Martha Joseph at a Christmas party and buffet. Santa Claus gave a gift to each student. Sister Martha Joseph was assisted by members of the Faculty and Staff. The holiday theme was carried out by Christmas music and the decorations were lovely.

The Sisters of St. Francis were guests at the Faculty party, December 21, which was held at the School of Nursing. A buffet dinner was served and gifts were presented by Sister Martha Joseph.

Many thanks are extended to everyone who participated in Holiday Fair.

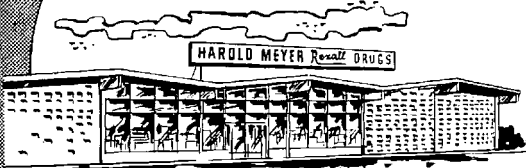
Margaret Coutu

We wish the members of the Medical Staff, their families, and friends a


(Continued on Page 27)

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(Continued from Page 25)

happy holiday and an enjoyable New Year.

Medical Record News

The Christmas Season finds the Medical Record Department busy with various activities.

On December 20, they held their pot-luck, Christmas lunch. Everyone contributed her favorite dish to the menu. After the lunch, all those present joined in singing carols and the party ended on a happy note.

We would like to welcome back to the Medical Record Department Mrs. Arness and Marge Turley. Marge, who has been attending school, will be helping during the busy Holiday Season and Mrs. Arness will be working on Mondays and Tuesdays.

Paula Gierke will be leaving at the end of the year to attend school at Central Washington State College.

On December 21 and 22 the Medical Record Technician, X-ray, and Labora-

tory Technician students gave St. Joseph's Hospital a holiday feeling when they sang Christmas carols in the halls of the hospital and the Ozanam Home, nearby. Those who participated enjoyed themselves as well as did their appreciative audience.

Kallsen, Bonica Seen In National Tabloid

Two Tacoma physicians were pictured in the December 13 issue of the "Medical Tribune", a nationally distributed tabloid-type medical newspaper.

Dr. Robert A. Kallsen was a "questioner" in the consultation column in the publication. His picture was shown, along with his questions relative to the treatment of gynecomastia and to the timing of surgery in hyperparathyroidism.

Dr. John J. Bonica, former Tacoma anesthesiologist, was also pictured in a half-page write-up called "Tribune Personality Report." The article is relative to his current presidency of the American Society of Anesthesiologists. The article reviews his personal and professional life history in some detail, but for some reason skips from his discharge from the Army in 1946 to his current status as professor at the University of Washington School of Medicine, completely omitting any reference to his many years of practice of anesthesiology in Tacoma.

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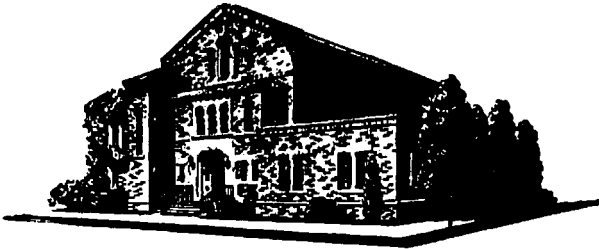
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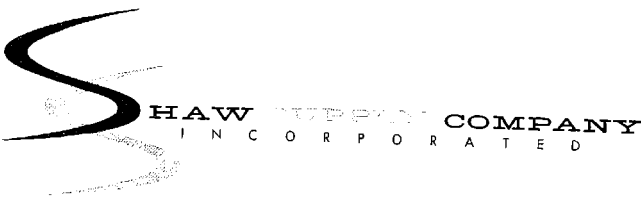
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PHYSICIANS' AND HOSPITAL SUPPLIES

Panga Wounds Common Gallstones Rare in Africa -- Sturdevant

(This is the final installment of Dr. Sturdevant's report on his experiences in Africa.)

The commonest complaint is abdominal pain. We are baffled as to the cause of it. We label some of it psychoneurotic, but I am sure we fail many times due to lack of time and diagnostic facilities. Our x-ray and laboratory facilities are poor.

Anemias in adults are almost as common as in children, due to both malaria and malnutrition. Adults with hemoglobin readings of fifteen to twenty-five per cent will walk to the hospital. After we get the patient it may be two or more days before they get relatives and friends in for blood typing. Many Africans are very reluctant to donate blood, even for a near relative.

We are the local Dentists. Dentistry is limited to extractions. If we do not do it, it will not be done. The nearest Dentist is seventy miles distant and our people cannot afford private practice fees. We do not charge for physician's services but most of the patients can pay a little for medicines and other hospital charges.

Malignancies are very common, the commonest being lymphosarcoma, especially in children. There is no treatment for this. In the three countries of East Africa there is not one deep X-ray machine, not even in one medical school in Uganda. Primary carcinomas of the liver, even in small children, are frequent. We see all the usual carcinomas, breast, stomach, pancreas, colon, gynecological, etc. I have seen three patients, one with a carcinoma of the penis, and two who have recently had amputations for this. In thirty-one years of practice at home I had never seen this. Epitheliomas of the skin, particularly in burn scars, are common.

Trauma is a small part of our practice. Much of it is due to fights. The

popular weapon is the panga (machete). It makes vicious wounds. Other weapons are arrows, spears and clubs; no guns. Many come with wounds that are one or two weeks old and in terrible condition. Burns in children are common. They fall into open fires.

We do cataract extractions and eye enucleations. Here again, if we do not do them they will not be done. We have done some glomectomies for asthma but the results have been poor. Thyroidectomies for colloid goiters are commoner than herniorrhaphies. The folk will not accept medical treatment for goiter. They insist on surgery.

Intestinal obstructions are common. The causes are volvulus, intussusception amebic granulomata, congenital and post-surgical adhesions, tumors and poisoning from native medicines. There are several native medicines that are very destructive to the small intestine. It is not uncommon to have one to two feet of gangrenous bowel from these "medicines". These medicines have also caused motor paralyzes of the limbs. I

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have operated on three pancreatic cysts, one of which was abscessed. These cysts become huge before the patient comes for help. Gall stones are a rarity, probably because the diet is mostly vegetarian with little fat. The people are very slender. We see tuberculosis of all the abdominal and pelvic organs. Appendicitis is rare and usually perforated. Huge echinococcus cysts of the liver are treated occasionally. Malarial spleens become huge and some of these develop splenic anemia, destroying red cells almost as fast as we can procure donors. Splenectomies on these patients are very dangerous.

We do prostatectomies, using the retroperitoneal approach. Urethral strictures are very common. They are usually multiple and frequently of only pinhole size. I have sometimes given a spinal anesthetic just to dilate them. We have had only one African with renal calculi.

The commonest gynecological problem is chronic pelvic inflammatory disease with its abscesses and other complications. Uterine fibroid tumors, ovarian tumors, uterine malignancies and sterility problems are other common conditions. We are helpless to treat sterility. Sterility is a severe affliction to the African women. They nearly all want many children. Some of the younger women are now using family planning methods. We have had several vesico-vaginal fistulas, all of large size.

We have many serious obstetrical complications. Women are often brought to the hospital as a last resort after the relatives, neighbors and local "doctors" have given their medicines and tried all manner of pushing and pulling in their attempt to effect delivery. The native medicines are especially dangerous to women in labor. We have had a number with temporarily paralyzed legs which we thought were due to these medicines. Transverse presentations, prolapsed arms and dystocia due to contracted pelves are so common that we expect a Caesarean Section any day. Frequently, these

women have infected uteruses and occasionally the uterus is ruptured.

Our women in labor are frequently very anemic. The vacuum extractor is used in preference to forceps in arrested labor and is quite successful. Tubal pregnancies are very common. They are always ruptured. Sometimes they have been ruptured several weeks, or even months, and come with huge clots resembling fibroid tumors. If we operate with a recent rupture and a severe hemorrhage we transfuse the patient with her own blood. It's amazing how these people can stay alive, and survive major surgery, after such massive hemorrhages. We have collected as many as seven units of blood from an abdomen and given it back to the patient.

There have been several hydatidiform moles and two choriocarcinomas. We are treating one of these latter now with Methotrexate. Our women have babies one after the other. Ten and twelve are common. However, of that ten or twelve, only two or three may be living. Infant and child mortality is very high.

The medical needs in Africa are almost indescribable. The Kenya government is doing all possible, with the limited personnel and finances, to educate the people and expand Public Health services and hospital facilities. Additional universities and medical colleges are needed in all the newly independent countries.

There is much opportunity here, and in many other places in the world, for you physicians who are young in years. Volunteer to your Church Foreign Mission Board for a term of service as a medical missionary. Five years in a hospital such as ours will give to you medical and surgical experience that will require ten or twelve years in America. You will have five years of interesting life, travel and adventure. Your children will love it. You will return to America a better physician. And lastly, you will have the satisfaction of knowing that you have given freely of your time and talents to the poor and unfortun-

ate of this world. As Christians we are all expected by our Lord to do no less.

Kenneth H. Sturdevant, M.D.
Kendu Hospital
Kendu Bay
Kenya, East Africa

AMPAC 1965

It is that time of the year—DUES are DUE! For physicians, it is time to pay our county, state and national dues and for many of us there are annual dues to our specialty groups. Magazine subscriptions are up for renewal but the paramount payment in January remains the fourth quarterly installment for federal income tax. Finally, January is the month we pay off all those Christmas debts along with our routine monthly bills.

It is easily agreed that January represents a heavy outlay of money for all of us. This January you will find an additional bill enclosed with your dues statement from the county society. This year AMPAC has a billvelope enclosure asking for twenty voluntary, non-deductible dollars from each and every physician. (Also, this year AMPAC is billing each physician's wife personally for another voluntary twenty dollars.)

It is natural to wonder if it is worthwhile to join AMPAC. Is this additional organization really necessary? Since many of us feel we already belonging to too many groups, we naturally ask, "What can AMPAC do for me?"

In answering that question we note that your State Medical Association and the State Auxiliary felt AMPAC was of such vital necessity that they gave full approval for us to utilize this method of trying to reach each doctor to urge him to join. Because this method has been used in other states and has been found helpful in contacting more doctors, your State Association felt AMPAC should utilize this technique in recruiting more widespread support for AMPAC.

Since the entire medical profession is enmeshed in politics at least indirectly, the AMA, WSMA and PCMS must have someone representing them

in the money-end of politics. AMPAC was formulated by the legislative council of the AMA in January, 1961 and implemented in Washington State in September, 1961, because incorporated medical societies are restricted by law from giving money directly to political candidates although they are allowed to lobby for specific legislation. In today's world, when someone is asked a favor he wants to know what's in it for him, and practical politics is based to a large extent on this premise. Through the money raised by AMPAC and cautiously programmed to political candidates, we have found it enables our medical lobbyists to do their work more effectively. Money talks and medicine can finally get its voice heard.

Please give that membership bill from AMPAC your careful consideration. Give us a try this year and see what we can accomplish for you. The dues are small in relation to the large return they can give in the form of an organized medical effort.

THOMAS H. SKRINAR, M.D.
Chairman, AMPAC,
State of Washington

County Societies . . . IN THE NEWS

Physicians with stroke patients in *Oklahoma County, Oklahoma*, have approved a physical therapy program for home-bound stroke victims. A physical therapist has been hired by the Visiting Nurse Service and the program will be carried out under the policies that apply to nursing service in the home. The fee is the same as presently charged for a nursing visit, but can be reduced or cancelled if the family's income is not sufficient.

Georgia Medical Society, with the cooperation of the First District Heart Association, will sponsor a series of four public health forums concerned with cardio-vascular disease with emphasis on stroke rehabilitation. Medical Society members and out-of-town experts will participate in the program.

Pierce County Medical Society

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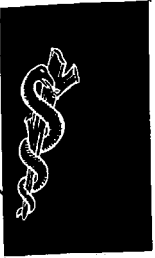
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MONTHLY MEETINGS

- 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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

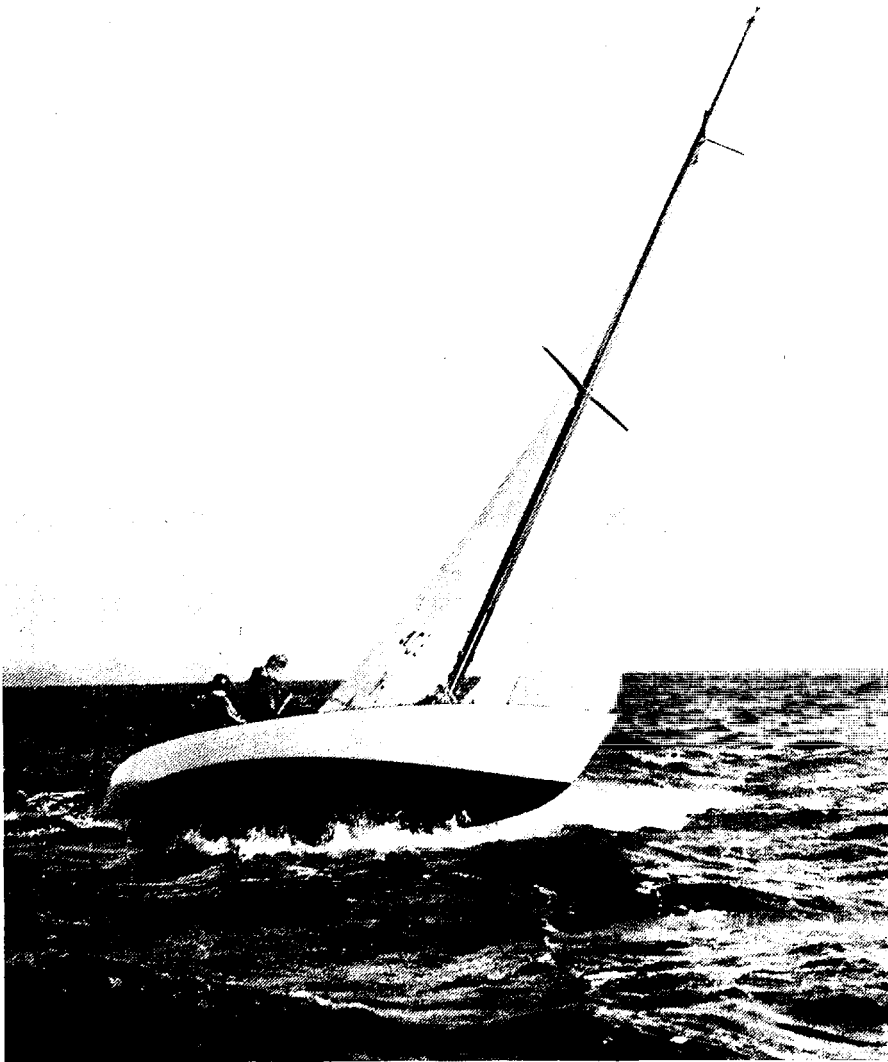


BULLETIN

VOL. XXXVII—No. 2

TACOMA, WASH.

FEBRUARY - 1966



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
FEBRUARY 8, 1966**

Pierce County Medical Society

1966

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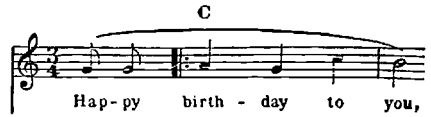
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Everett P. Nelson	John S. May



February Birthdays

- 1 Charles B. Arnold
- 2 Arthur P. Wickstrom
- 3 William P. Hauser
- 6 Herbert C. Kennedy
- Alfred L. Schultz
- Don G. Willard
- 7 Donald A. Graham
- 10 Lawrence P. Cutner
- 15 Paul E. Bondo
- Thomas R. West
- 16 Scott S. Jones
- 20 G. A. Delaney
- 22 Charles J. Galbraith
- 23 Philip C. Kyle
- Frank J. Rigos
- 24 James E. Hazelrigg
- 25 Axel Lindstrom

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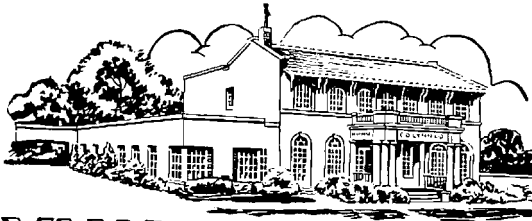
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February Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2 Surgery Grand Rounds—T.G.H. 8-9 a.m.	3 Pierce County Pediatric Society 6:00 p.m.	4	5 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
7 Tacoma Acad. of Psych. & Neurol. 8 p.m. Tacoma Orthopedic Society 6 p.m.	8 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.	9 OB-GYN Conf. T.G.H. 8-9 a.m.	10	11 C.P.C. of St. Joseph's—9 a.m.	12 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
14	15 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	16 Medicine Grand Rounds—T.G.H.	17	18	19 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
21	22 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge—8 a.m.	23 Path. Cancer Conf.—T.C.H. 8-9 a.m.	24	25 C.P.C. of St. Joseph's—9 a.m.	26 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
28 Pierce County Academy of General Practice 6:30 p.m.					

Grand Rounds—Mt. View General Hospital—Every Saturday 9 to 10 a.m.

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, February 8

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

**"A MODERN HERITAGE OF ANIMALS
TO MEDICINE"**

MURRAY L. JOHNSON, M.D.

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DAVID T. HELLYER, M.D.

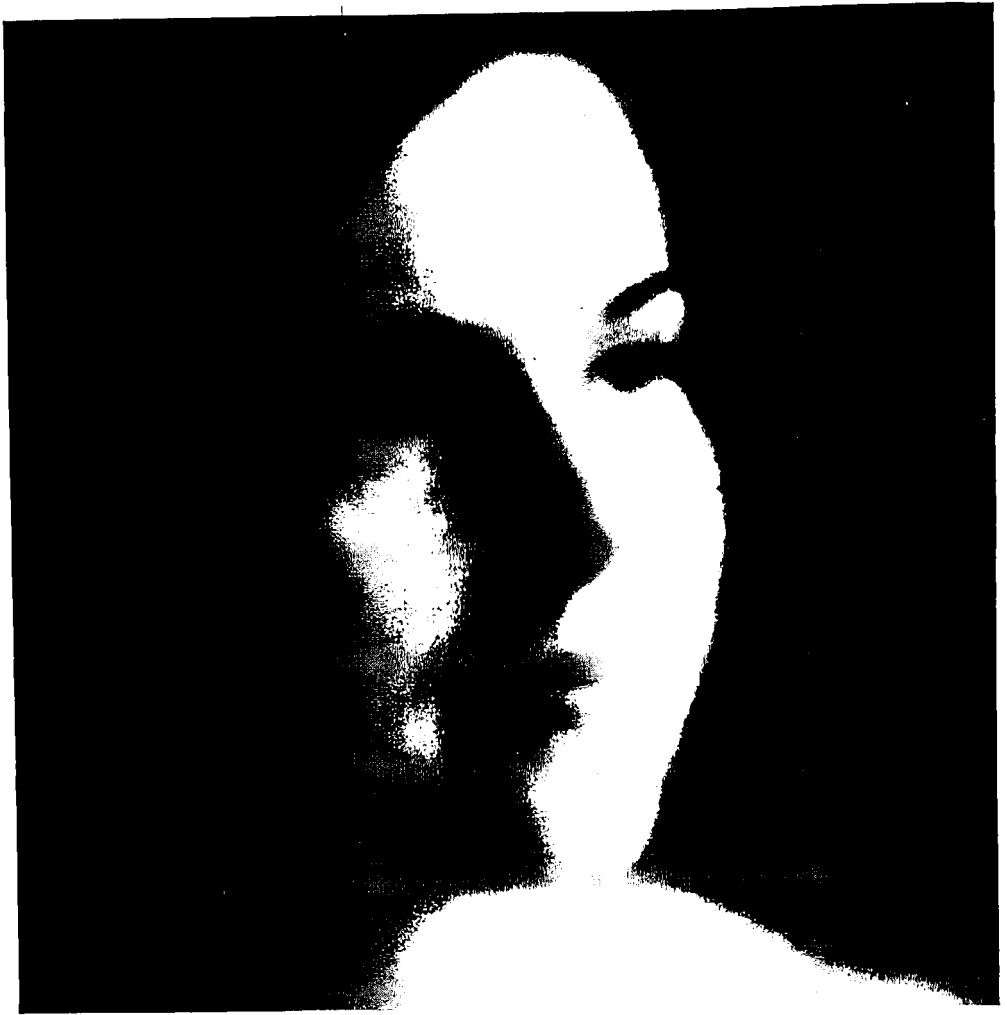
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• • • • •

Social Hour: 6:00

Dinner: 6:45

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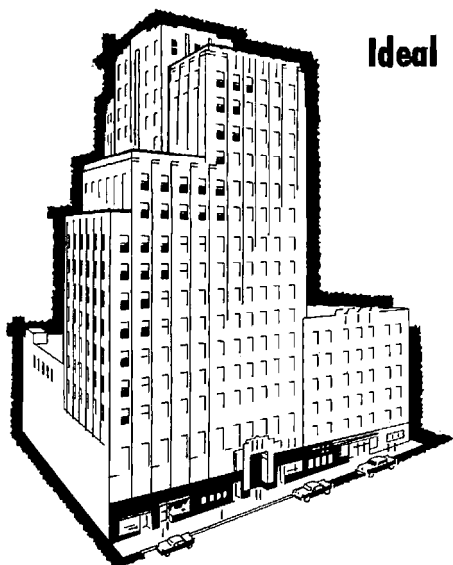
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Surplus supplies, including any unused instrument, or other medical equipment will be carefully sorted, packed, and shipped to areas far away where many times such items are in scarce supply or non-existent. Complete information, as is found in the "Physicians Desk Reference", is forwarded with any drugs shipped for the use of the physicians receiving the supplies.

For those of us who have contributed in the past, this has been a happy solution.

A call to BR 2-0244 is suggested for your consideration.

—GLENN G. McBRIDE, M.D.

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Editorially Speaking



Herewith, hangnail sketches of free publications that pile up on your desk. You can't read all of them, so we'll help sort.

Medical Economics: The new giant size format for this old stand-by drew so much advertising that the first issue looked like Sears catalog. Somewhere between laxatives and oral contraceptives you might find an article on how to make more money. How do they keep thinking up stuff? One method is the we're-on-both-sides technique. If you disagree with an article on "How To Save Money by Adding Another Aide," just wait a few months and you'll come to "How I cut Expenses by Firing My Nurse." It used to be top-dog, but the competition is getting tough and they know it.

Modern Medicine: I like it. Articles are brief, arranged by specialty, uncluttered by advertising in the clinical sections, each abstract headlined in bold-face for easy skimming. Best source to have at home for 3-minute gems while wife warms up your late dinner. Or keep a copy in your bathroom reading rack. Dr. Alvarez is easy reading.

MD: This sophisticate was jumbo-size to start with. Too much advertising. It doesn't pass the thickness test (anything over 1 cm. is too discouraging to tackle). If you have time to wade through it, the rhetoric is high class, articles varied, mostly non-clinical, photos excellent—some in color. Lots of work goes into this fine publication. Many pages modestly filled with letters from admirers. None from me.

Medical World News: More newsy. Attractive format. Articles usually complete on one or two pages, mostly medical, each with a photo. Not too much advertising. Average thickness: 6 to 7 mm.

Medical Tribune: News seems newer in newspaper form. Headlines make it easy to pick items of interest. 30 seconds to 30 minutes for this one, depending.

AMA News: Better read it. Best source of the latest on medical legislation. Palatable way to keep in touch with the head office.

Abbottempo: An accolade to this firm for their Jan. 10th announcement of withdrawal from journalism. One less publication to discard. Some issues were good, but pharmaceutical houses are for pharmaceutics.

Bulletin of the Pierce County Medical Society: Gosh, fellahs . . .

—S.W.T.



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Contraindications: Ilosone is contraindicated in patients with a known history of sensitivity to this drug and in those with preexisting liver disease or dysfunction.

Side-Effects: Even though Ilosone is the most active oral form of erythromycin, the incidence of side-effects is low. Infrequent cases of drug idiosyncrasy, manifested by a form of intrahepatic cholestatic jaundice, have been reported. There have been no known fatal or definite residual effects. Gastro-intestinal disturbances not associated with hepatic effects are observed in a small proportion of patients as a result of a local stimulating action of Ilosone on the alimentary tract. Although allergic manifestations are uncommon with the use of erythromycin, there have been occasional reports of urticaria, skin eruptions, and, on rare occasions, anaphylaxis.

Dosage: *Children under 25 pounds*—5 mg. per pound of body weight every six hours. *Children 25 to 50 pounds*—125 mg. every six hours. *Adults and children over 50 pounds*—250 mg. every six hours. For severe infections, these dosages may be doubled.

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Canadian Analyzes Gov't Medical Care In Canada, U.S.

(The following report is by Dr. James E. Hazelrigg, who represented the Pierce County Medical Society at the recent meeting of the Health Facilities Planning and Development Board.)

Mr. Stanley W. Martin, Past President, Canadian Hospital Association addressed the annual meeting of the Health Facilities Planning and Development Board, Inc., in Seattle, January 18.

Mr. Martin discussed the effect on Canada's hospitals of their federal hospital care program which was initiated seven years ago. He pointed out that the patient no longer considers hospital care a privilege. Now it is a right. If the care doesn't meet the patient's standard of quality he is loud in his criticism.

In Canada the average patient stay was 9.9 days in 1959. (Considerably longer than in the U.S. today!) Now patient stays average 10.5 days. Laboratory services have increased up to 17% and x-ray studies, up 10%. Drug cost has gone from 83¢ per patient in 1959 to \$1.35 in 1965.

Mr. Martin reported a distinct change in the relationship of the hospital to its employees. With the advent of the federal government payment for hospital care, employees have become more militant regarding wage demands. 80% are now unionized. They have become very specific about demanding the same rate of pay as in other industries.

Boards of Trustees in hospitals in Canada have shifted their focus from the business aspects of running a hospital and have become increasingly involved in assuring the quality of care their institution provides.

"More structure and organization" have been applied to medical care. "The public expects it all to work." Utilization committees have become very important in assessing quality of care.

In general, Canadian hospitals have tended to receive adequate remuneration for their services. Mr. Martin emphasized that the politicians have promised a high standard of care to the public and they then have to come up with the dollars to buy it. Nevertheless the Canadian Hospital association would like to add a charge to the patient to be able to maintain high quality care.

Mr. Martin gave the impression that patient care paid for by the federal government was here to stay in Canada. The politicians promised it. The public demands it. The health care industry has to supply it. It was his hope that Canadian hospitals could remain autonomous units with local administration and development in partnership with the federal government paying the bills.

He suggested that the changes he reported were about to become reality here and we should be planning how best to adapt it.

—James E. Hazelrigg, M.D.

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G.P.'s Set Pediatric Seminar For Feb. 12 At Sherwood Inn

A variety of pediatric problems will be presented and discussed at the Pediatric Seminar to be presented at the annual clinical meeting of the Pierce County Academy of General Practice at an all-day meeting on Feb. 12 at the Sherwood Inn, according to Academy President James E. Hazelrigg. There will be no fee for registration, which will take place from 8:00 to 8:45 a.m. The opening ceremonies will follow with words of welcome by Dr. Hazelrigg and by Tacoma's president of the State Chapter of the A.A.G.P., Dr. Elmer Wahlberg.

Wives are invited to the evening social hour starting at 6:30 and the no-host dinner at the Inn at 7:30, at which time the guest speaker, Dr. Robert N. Rutherford of Seattle, will speak on "Emotional Problems of Teenagers" or "Parents vs. Children and Children vs. Parents." The noon luncheon will also be a no-host affair.

Remainder of the program is as follows:

MORNING SESSIONS

Moderator: Dr. G. A. Drucker

- 9:00-9:30—Dr. George Gilman
"Fost Problems in Infancy and Childhood"
- 9:30-10:00—Dr. Clemens W. Van Rooy
"Curable Blood Diseases in Childhood"
- 10:00-10:45—Dr. John Shaw
"Diagnosis and Treatment of Common Skin Problems in Children"
- 10:45-11:00—Coffee Break
- 11:00-11:40—Dr. William O. Robertson
"Poisoning in Infants and Children"
- 11:40-12:00—Dr. Paul Gerstmann
"Alternate Day Steroid Therapy"

- 12:10-12:30—Question and Answer Period
- 12:30-2:00—No Host Luncheon Sherwood Inn

AFTERNOON SESSION

Moderator: Dr. Herman Judd

- 2:00-2:45—Dr. William O. Robertson
"Selected Topics of the Neo-Natal Period"
- 2:45-3:15—Dr. Duncan Baer
"Ophthalmology Examination and Common Eye Problems in Children"
- 3:15-3:30—Coffee Break
- 3:30-4:15—Dr. Clemens W. Van Rooy
"Incurable Blood Diseases in Infants and Children"

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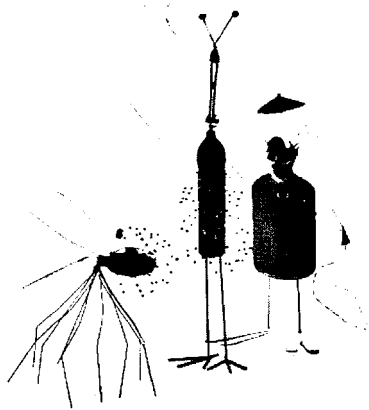
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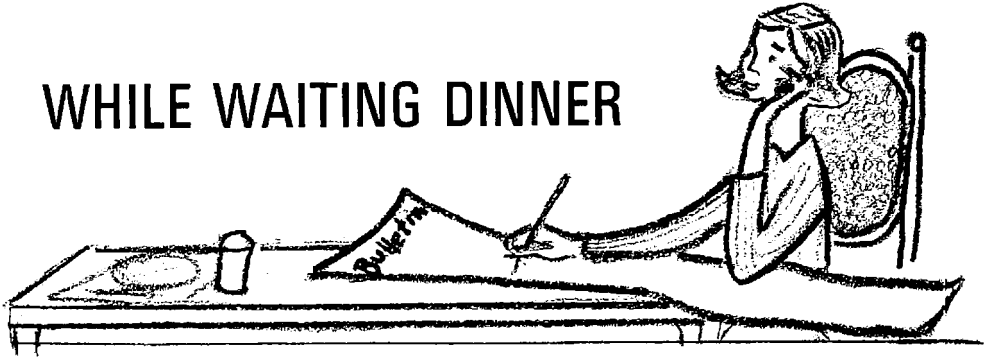
Each capsule contains 8 mg. of Teldrin[®] (brand of chlorpheniramine maleate), 50 mg. of phenylpropanolamine hydrochloride, and 2.5 mg. of isopropamide, as the iodide.

Contraindications—Do not use in patients with glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction, or bladder neck obstruction. **Precautions**—Use with caution in the presence of hypertension, hyperthyroidism, or coronary artery disease. **Adverse Effects**—Drowsiness; excessive dryness of nose, throat or mouth; nervousness or insomnia may occur on rare occasions but are usually mild and transitory. Before prescribing, see SK&F product Prescribing Information.



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To The Pierce County Medical Society

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Mental Health	Mrs. James E. Hazelrigg
Today's Health	Mrs. Robert M. Ferguson
Cook Book	Mrs. Stanley W. Tuell
International Health	Mrs. Charles McGill

"We need to speak up and speak our for Medicine.

"We need to look up and look out for Medicine.

"We need to stand up and stand out for Medicine."

Medauxnews, February 1962

Mrs. Wm. Blackstone, Editor

And . . . we were very happy to welcome Mrs. Blackstone, our State President, along with Mrs. Overman, President-elect, to the January meeting at the home of Mrs. Charles Vaught.

A fine program and a perfect luncheon served by a gracious committee made this a day to remember. Hats off to Mrs. Graham Watkins, Chairman; Mrs. Walter Arthur, Co-chairman; and their committee, Mesdames William Burrows, John Kemman, Robert Lang and Leo Sulkosky.

Next Meeting

Between the birthdays of two great Presidents is the next date to mark on your calendars, February 18th, a noon luncheon at the home of Mrs. John May, 1708 North Jackson.

Ev Osborne, Co-ordinator of Community Services, is planning a panel program on Community Projects featuring membership panelists, Ellen Pinto, Dona Gilman, Jeanne Judd and Ev Osborne.

A Letter From The President

Dear Wives of Pierce County M.D.'s:

With the bustle of the holidays packed away with the tinsel, we come face to face with Christmas bills and the anticipation of an exciting New Year. The remainder of our Auxiliary year holds much in store but first let me

turn back a few pages to September 1965.

We were off to a flying start with 12 area coffee hours, honoring new members. According to reports, these were well received and the Lakewood group brought forth many provocative ideas for future thought and perhaps action.

Auxiliary has much talent within its confines. Some of the dramatic variety was displayed at the October meeting in the form of an original, humorous skit depicting what might happen when three new members come to the first meeting, and are set upon by three of Auxiliary's staunch supporters. Dr. Fred Schwind, was our guest as President of the Pierce County Medical Society, and welcomed the members to a year of fellowship and meaningful activity.

October was a busy month! In addition to our regular meeting, many enjoyed the Annual Fashion Show, "Mannequins in Orbit." Connie Clay and Marion Doherty were at the controls and piloted this function to a successful landing with net profits totaling \$619.49. This is our chief money making project, with profits to be used for Nursing Scholarships.

November took us to Lakewood for an afternoon of culture with History presented in the form of "Our American Heritage". Our guest speaker was Grace Fredericks of the Washington State Historical Society. The program subjects are varied in order to interest each and every member.

Beth Hennings brought the second year of our AMAERF Christmas card project to a successful conclusion with 58 contributors swelling the total of contributions to \$1,322.00. I would like to extend my personal "Thank You" to each of you who participated in this project and strongly urge those of you who did not, to consider this next year.

And now with 1966 well under way, we look forward to new horizons for Medical Auxiliary. January takes us to the valley and our visit from the State

President, Lois Blackstone and President-elect Dorothy Overman. The guest speaker, we understand from Mavis Kallsen, program chairman, is tall, dark, handsome, a captivating speaker and incidentally has an inspiring and informative message for all of us interested in our community.

Speaking of the community and of service, February promises to be one of the most thought provoking programs of the year. In the January issue of the Bulletin, Ellen Pinto stated in her article based on her meeting in San Francisco, that community service is being stressed. The National Service Chairman stated that our program was designed to promote community health and that we have the resources with which to do something about this in our community. Is this the impetus for which our organization has been waiting? Come to the February meeting and hear the exciting things happening in our community and decide for yourselves if there is a program which is designed for us.

March brings us back to Tacoma with the program on Forensic Pathology. Dr. Charles P. Larson, president-elect of the Medical Society, will be the guest speaker and we can be assured of a fascinating afternoon.

Have you ever had the burning desire to write a book? If so, put April's meeting on your calendar as a must. The author of "The Doctor has Three Faces", Mary Bard Jensen, a Seattle Pathologist's wife, will be our guest speaker. Need I say more? Her name speaks for itself!

The one social function of the year with our husbands is planned for May 14 at the Sherwood Inn. Florence Dean and Rosemary Dye, co-chairmen of the dinner dance promise us an unusually entertaining evening.

The plans for the last meeting of the year are still in the making. It has been suggested that this May meeting be

(Continued on Page 21)

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(Continued from Page 19)

one in the form of a play-day including golf, bridge and perhaps bowling tournaments. The day would be brought to a gala climax with dinner with our husbands, a brief installation of officers, presentation of prizes for the various tournaments and topped with dancing if at all feasible. Does this appeal to you? The plans for this day will be publicized as soon as a definite decision is made. In the meantime, if you have any further suggestions, let us hear from you.

Our unexpected bonus for the year came in the form of a Memorial for the wife, a nurse, of a prominent business executive. The 82 contributions to be used for additional nurses scholarships given in the name of the deceased reached the impressive total of \$1,232.50.

It has been said that a President of an organization is chosen only for her ability to organize and preside. This is not my organization alone—you are the cogs which make the wheels turn. The board is made up of a small percentage of the membership and it is only a tool with which to execute the decisions made by you, the general membership. May I urge you to continue your participation and make this, your Auxiliary, a meaningful and community minded group in which we all can be proud.

May each of you enjoy a Happy and Healthy New Year.

—Marge Wicks, President

Community Service

The Mental Health and Retardation Corp. is sponsoring a new Mental Retardation Co-ordinating Agency in Pierce County for the purpose of better serving the needs of retardates. They plan to open their offices in the Tacoma area on March 1.

After making preliminary surveys, the Mental Retardation Planning

Board is exploring new areas in the field of retardation.

Membership in the Corporation is open to new members. Our Auxiliary has three altruistic gals active in the organization who would be most happy to answer any questions concerning it. For more information call Bianca Mattson, Dona Gilman, or Ev Osborne.

Away From The Phone

"What's New in Cancer", a one-day meeting sponsored by the Multnomah Medical Society in Portland, Oregon, Friday, January 14, drew one couple from Tacoma, Dr. and Mrs. Erickson. Phyllis tells us that the meeting was excellent and they enjoyed it very much.

Quips From The M.D. Family

A third grade doctor's son near desperation because his teenage sister monopolized the bathroom doing new hair-dos and trying on false eyelashes, penned the following note:

"I hate you. Why don't you go to the Metal Hospital? You are stupid. You have hairy eyebols."

Tom

Happy Valentine's Day!

—Lorna Burt.

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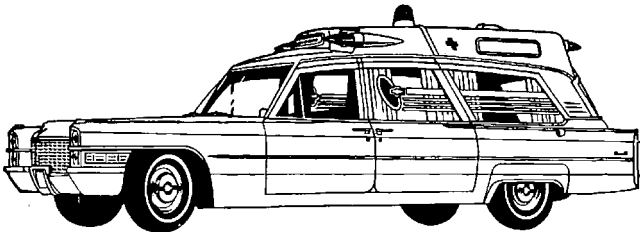
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Ready Mates? On To Manzanita with Skipper Dud Houtz

(Another article about doctors' hobbies—this one written by Dr. Dudley Houtz, whose sailboat, "Twinkle", is pictured on this month's cover.—Ed.)

January 2, 1966.

Course: Manzanita and return — twice around.

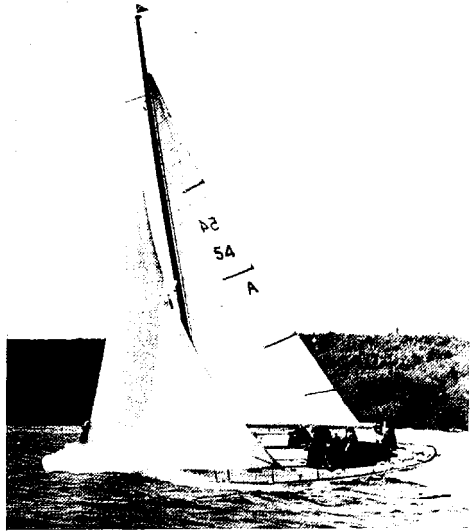
Wind: Southerly, 25 to 30 knots.

Start: 11:00 A.M.

... Three-two-one-gun" chants the man with the stop watch. A few minutes ago, you may have been aware that you were licking your lips because of the dryness of your mouth, a definite tachycardia, the tenseness of your neck muscles, and you were gripping the tiller far too hard. Then, as the fleet of yachts apparently milled aimlessly before the start, you may have had that moment necessary for such a detached evaluation.

Now, these yachts are bunched side by side as they cross the starting line. You strain as you lean to leeward and appraise the inches which separate hulls. For a long moment you wonder—then suddenly you drive through his backwind—blanket—and then note his bow drop astern. You continue on a beam reach for several hundred yards toward a directional buoy before falling off for the run to Manzanita.

You wonder whether or not you can carry a spinnaker on the next leg. You try to judge the strength of the wind by the way the boat heels, and know it's going to be a gamble. If you can successfully carry the big sail, you will fly down-wind, but an error in judgment or in sail handling can take you far off course and cost valuable minutes. Even with considerable experience, it is difficult to tell what it's going to be like until the sail fills. You remember watching spinnakers literally explode in



Govnor Teats' boat "Stormy Weather"

winds over 30 knots. You find you are in the unenviable position of being first at the mark—no one ahead will show you what is right or wrong.

As you round, you hear yourself yelling, "Up chute." Seconds later, everything is a tangle of lines and the boat goes wild as the spinnaker fills. For a few minutes it takes charge and you are towed along behind gyrating from side to side. The fast hands of experienced crew grind at winches and choke the chute into the partial blanket of the main. You soon get the feel of the tiller and start to control the violent yawing. Suddenly, you are aware that you are perspiring even though there was ice on the dock when you left the stall. The boat surges and then surfs as it rides down the short seas.

"Whoopee" from an exhilarated crewman as the needle of the log passes 10 and stops against the peg. Now you have a short breather and start considering what sail combination to use for the beat to windward. "Jib" — and eager hands quickly unhook the large genoa used at the start and hoist the small working jib. With the jibs changed it is time to drop the spinnaker and get



T. O. Murphy's boat, "Sundance"

ready for the beat. Again the confusion of lines, spinnaker, spinnaker pole and the grind of winches as you harden up around the mark.

Suddenly the wind is cold and twice as strong as it was when you were running before it. You're wet as the bow digs in and sends spray back the length of the boat. As you start the thrash to windward you become aware of the machine-gun like rattle as the wind rushes off the fluttering leaches. The boat heels and buries the leeward rail — everyone hikes to windward to help keep the boat on her feet. After many tacks, the long, cold, wet beat is over—you start the second time around. So ends this tale of soggy nostalgia.

—Dudley W. Houtz, M.D.

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Insurance Official Pleads For Harmony With Physicians

(The following comments are reprinted by permission from the *Medical Tribune*. They were written by William H. Lane, Jr., Assistant Vice-President and Chief Underwriter, Life Insurance Company of California, San Francisco.)

The insurance industry is a huge economic force engaged in a business of great moral and financial value. It endeavors to operate in the most ethical manner. We believe the measure of our success is the economic benefits to those people we insure, their families, creditors, and even their doctors. Each of the hundreds of companies as a corporate entity may seem to be a cold and distant organization that has little interest in anything but its own income. This is far from the truth. Each of these companies consists entirely of human beings with the ability to think, feel, and understand. We are no different than the human beings who comprise the medical profession.

A few years ago, at a meeting of medical and insurance people, the idea that a doctor might be unhappy if one of his patients was unable to obtain life or health insurance was greeted with loud laughter. Perhaps, if years ago we had had an improved understanding between insurance and medical people, that laughter might not have occurred. As a matter of fact, perhaps with more cooperation between us as individuals, we might have delayed, if not entirely prevented, threatened Federal intervention in joint medical and insurance matters.

There is an occasional bad boy in the insurance industry, as there may be on occasion in the medical profession. Both groups do try very hard to police their problem areas. One of these areas is the request by an insurance company for information from an attending physician.

Most reputable insurance companies—and almost all of them are—furnish signed permission letters, retain information as completely confidential, and make every effort to be considerate in all communications with the medical profession. We will honor the fee requested, for the fee will usually be reasonable as coming from a professional man.

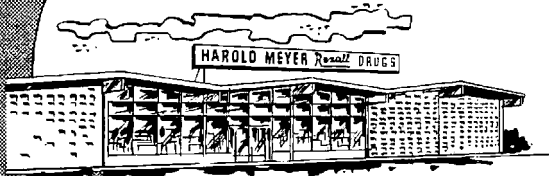
It has been my experience that the very great majority of physicians we contact are cooperative and understanding. Unfortunately, there are always some who do not respond fully. Perhaps I should make it even clearer that there are some who respond to an insurance request in a most inadequate manner that is no credit to the doctor. There are relatively few cases in which the doctors fails to furnish a complete and unbiased report, but these cases create a substantial problem for the insurance industry. I believe that when a request for information, to do so less than fully and frankly is intellectually dishonest and ethically wrong.

Much evidence of the degree of insurability is retained in the physician's files and is therefore in his possession alone. Without that information being made available fully and candidly with adequate compensation, many patients would not be insurable at all. Others would be less insurable. Without the benefits of life and health insurance, many of these same patients might not be able to adequately care for themselves and provide for their families, creditors, or even pay their doctors.

Can we not as individuals recognize our mutual interest in these patients? Can we not have better understanding of each other and help the few uncooperative physicians to comprehend the need for their cooperation? I can state that we in the insurance business will remain active in our efforts to understand the problems of the medical profession even more and offer you our full cooperation. I believe this effort should be mutual.

2 LOCATIONS

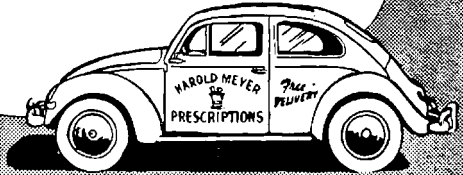
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At the urgings of the Public Relations Committee and with the permission of the Hospital Administrator we are at this time in the process of establishing a Blood Bank for the use of our Fellow Employees. This means that any employee of the Hospital needing blood will be able to draw from our bank for the replacement of the blood used. Each unit of blood not replaced to the Tacoma Blood Bank has a cost to the patient of about \$40.00, so considerable savings may be made to those needing blood through a program such as this.

Congratulations to Mrs. Peggy Zurfluh and her fellow classmates on passing State Board Exams. Mrs. Zurfluh recently joined our Pediatric Staff.

The Staff enjoyed an excellent movie, "Pediatric Anesthesiology". Plans were made for the Staff to prepare themselves to participate in a Nursing Audit at the next Intradepartment Meeting in February. These audits will be continuously carried out in the department in an attempt to improve the quantity and quality of nurses charting.

Mrs. S. Paulson and Mrs. F. Reidinger participated in a group discussion of new concepts in Maternal-Child Nursing, Jan. 18, at the County City Building. Their goal to become more aware of changes within this area of nursing.

Central Service is now stocking New-Wide All Elastic Belts for abdominal support. They are similar to our rib belts, but are 10 inches wide with a velcro fastener. The sizes are: Male medium and large, Female medium and large.

A new foam cervical collar with velcro fastener is also being introduced. This is a neck support but not for cervical traction.

The Nursing Staff of the Annex are looking forward to the Jan. 27 Inservice Program on "Emotional Problems of

Children and Adolescents" being given by Dr. Antone Walloch.

We welcome Mrs. Hazel Schwintz, R.N. to the Staff. She will be working 3-11 replacing Mrs. Alida Long.

The Annex will be host to the Board of Directors of Tacoma Pierce County Mental Health Association for their January Meeting being held Jan. 20, 1966.

Anybody Wanna Billiard Table?

Years ago, several doctors purchased a billiard table (among other things) and were provided a "play room" by the Medical Arts Building. Circa 1950, when the fun-loving doctors were evicted, I had the billiard table set up in our basement, where it still is. However, our home is on the market and it seems only fair to offer the table to any doctor who is willing to pay for its removal. Drs. Humiston, Goering and T. B. Murphy (and perhaps others) were in the original group and ought to have first claim. Otherwise, I'll dispose of it and make a report to the Trustees.

P.S. I have one offer of \$20 plus costs.

—R. A. Norton, M.D.

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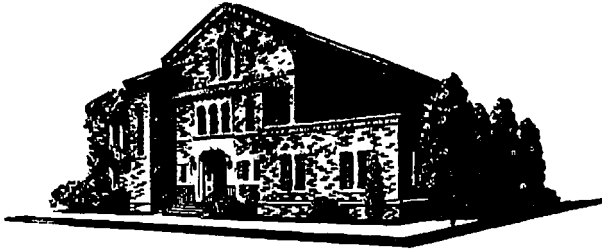
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PHYSICIANS' AND HOSPITAL SUPPLIES

AMPAC

There is a story about two little girls who were in danger of being late for school. One girl said, "Let's stop and pray to God to get us there in time." The other little girl said, "No, let's run with all our might and pray while we're running." This story will illustrate that the best way to *show* good intention is to make an effort in the right direction.

AMPAC believes that the right direction lies in banding together to form a united political force. We feel that we can't sit on the sidelines and hope and pray that everything will turn out all right.

AMPAC feels that even though Medicare is now a reality, it does not mean that all of medicine has been fully socialized. Yet, if we give up now and don't show good intention and firm conviction in the right direction, the complete socialization of medicine is inevitable.

As one story often leads to another there is the story of the little children who planted seeds in a garden. They carefully placed them and watered them. Then the next morning the children rushed to the window, expecting to see the garden filled with blooms. In their disappointment and impatience, they proceeded to neglect the garden and finally the seeds died without ever having produced anything.

We at AMPAC have been planting seeds for four years now. We do not expect to get roses blooming overnight. We have been laboring at length and we do not intend our labors to be in vain. We have been building slowly to get our organization more functional and on a sound fiscal program. We have done some important winning on the way and we have also had some losses. However, we feel that the continued labors are now bearing fruit. We have found that solid, progressive building has given us more winnings. Besides our goal of winning, we have gathered many friends along the way

and have come to the realization that we are a respected force in the political arena.

We could add a third story to our tale. But this story should be fact and not fiction. So, the final story concerns you. We need you to help us buy the seeds and to become directly involved to guide our effort in the right direction. SO . . . please don't forget those billvelopes sent out with your Society dues statement, but make your \$20.00 contribution today toward AMPAC's effort which we consider to be your effort. In the preservation of medicine, our aims should be the same.

THOMAS H. SKRINAR, M.D.
Chairman, AMPAC
State of Washington

Send In Exhibits Papers For Annual State Ass'n Meeting

First call for scientific papers and exhibits for the 1966 Annual Meeting of the Washington State Medical Association! The meeting will be held in Spokane, September 18-21, 1966, home city of this year's association president, Dr. Carl P. Schlicke. All doctors interested in presenting papers or scientific exhibits at the meeting should be declaring their intent in the near future.

Those who wish to present papers should submit two or three paragraph abstracts, with title, as soon as possible to the chairman of the Scientific Program Committee, Dr. Edward V. Johnston of Spokane, in care of the WSMA Central Office, 1800 Terry Avenue, Seattle 98101.

Applications for space for a scientific exhibit may be obtained by writing to the same Central Office. Completed applications must be returned by April 15, 1966, after which the Scientific Exhibit Committee, chairmanned by Dr. Richard N. Kleaveland of Spokane, will study all applications and select those to appear at the 1966 Annual Meeting.

HAVE YOU PAID YOUR AMPAC DUES?

County Societies . . . IN THE NEWS

Doctors in *Multnomah County, Oregon*, are sponsoring, for the fifth consecutive year, a radio panel show, "Call The Doctor." The show is heard every Sunday evening and runs weekly from October through May. Topics range over all health problems and this year topics will include, "School Problems," "What Is Anemia," "Diabetes," "Blood Transfusions," and "Sports and Your Child." Each week a different physician-moderator and his panel handle the show and answer questions that are phoned into the station.

Broward County, Florida, will host the first general health fair in the county in the middle of November. Educational films, displays and demonstrations will be presented. Medical services offered will be glaucoma screening, oral cancer cytology, chest x-rays, blood and urine testing. There will also be demonstrations and exhibits by radiologists, anesthesiologists, plastic surgery groups and orthopedic groups.

Berrien County, Michigan, physicians are participating in a program to determine the effect of pesticides in the human body. The project will collect tissue specimens in an attempt to determine which organ or tissue is the best indicator of pesticide exposure. The study is headed by the U.S. Public Health Service and Berrien County is one of nine areas in the country selected for the study.

QUOTE OF NOTE: "Guess what? Forty members of the House Banking Committee are recommending a federal law to prohibit the use of silver coins as collateral security for loans. In other words, money with an intrinsic value is not to be used as collateral. That means, money is not money! Shades of the French Revolution! We have here the height of something and we suspect the proper term might be . . . idiocy."

—Odessa, *Texas American*

"Medical Emergencies"

"Medical Emergencies" will be the topic of discussion at the sixteenth annual meeting of the Tacoma Academy of Internal Medicine to be held at Jackson Hall of Tacoma General Hospital on Saturday, March 12, starting at 9:00 a.m. Dr. Lucian Smith, associate Professor of Medicine at the Mayo Foundation, will be the main speaker and will be supported by two other prominent internists: Dr. William Kirby, Professor of Medicine at the University of Washington School of Medicine, and Dr. Lenares Johnson of the Emergency Hospitals of the City and County of San Francisco.

The meeting will consist of case presentations of a wide variety of medical emergencies. The rapid run-down of differential diagnosis, the emergency life-saving treatment to be instituted and the long range follow-up treatment will then be discussed by the three speakers. In addition, Dr. Lucian Smith will address the group during the noon luncheon at the Top of the Ocean on the topic of "Abdominal Emergencies."

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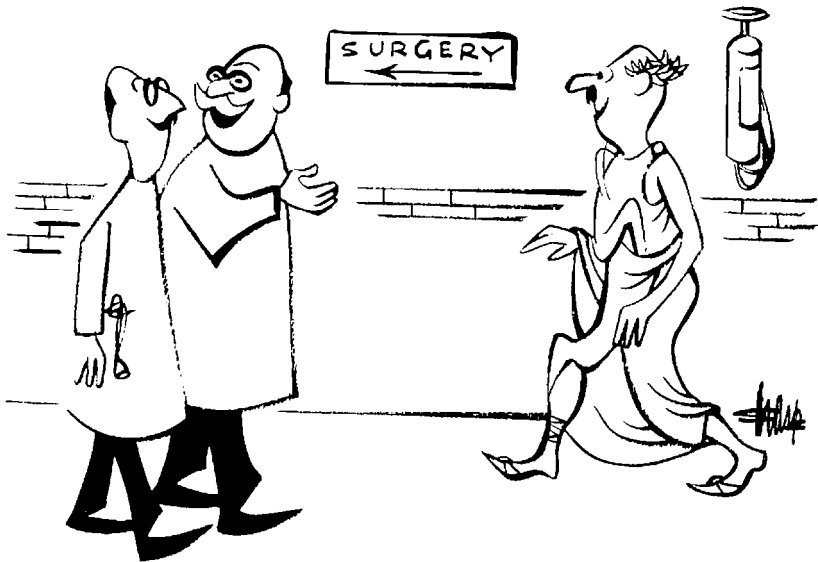
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"I'M GLAD WE HAD THIS LITTLE CHAT, DOCTOR — I DIDN'T REALIZE HOW NAIVE YOU WERE!"

Courtesy Medical Society Magazine Group

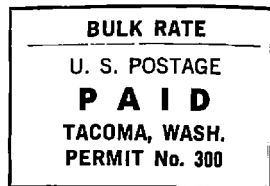


"HE ALWAYS WEARS THAT COSTUME WHEN HE PERFORMS A CAESAREAN!"

Courtesy Medical Society Magazine Group

Pierce County Medical Society

Medical Arts Building
Tacoma, Washington 98402



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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

VOL. XXXVII—No. 3

TACOMA, WASH.

MARCH - 1966



rhododendron
doctor
(Page 16)

PIERCE COUNTY MEDICAL SOCIETY

REGULAR MEETING
MARCH 8, 1966

Pierce County Medical Society

1966

OFFICERS

President	Glenn G. McBride
President-Elect	Charles P. Larson
Vice-President	Douglas P. Buttorff
Secretary-Treasurer	Arnold J. Herrmann
Executive Secretary	Judy Gordon

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Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

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Robert M. Ferguson	Glenn G. McBride
Herman S. Judd	Stanley W. Tuell

Wayne W. Zimmerman

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Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger

George A. Tanbara

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B. D. Harrington	Frank R. Maddison

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Frank J. Rigos	Stanley W. Tuell

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Dudley W. Houtz	Robert M. Freeman

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Orvis A. Harrelson, Chairman	
Bryce Betteridge	George S. Kittredge
M. R. Hosie	George G. R. Kunz

Louis M. Rosenblatt

House and Attendance

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Russell Colley	Haskell L. Maier
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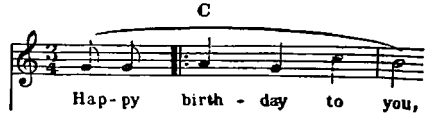
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Everett P. Nelson	John S. May



March Birthdays

- 2 Ernest L. Randolph
- 4 Louis M. Rosenblatt
Govnor Teats
- 5 W. Howard Pratt
- 6 Edward F. McCabe
- 9 Ross E. McPhail
Phillip B. Smith
Douglas A. Tait
- 11 J. Edmund Deming
- 13 D. Theodore Baer
- 15 Bryce Betteridge
- 16 Alan S. Porter
- 17 Russell Q. Colley
- 18 Robert A. O'Connell
- 20 Franz P. Hoskins
Albert A. Sames
- 22 Robert Klein
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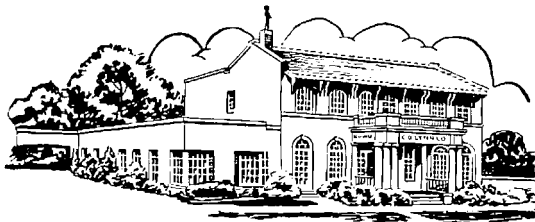
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March Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Staff of Tacoma General 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	2 Surgery Grand Rounds—T.C.H. 8-9 a.m.	3 Pierce County Pediatric Society 6:00 p.m.	4	5 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
7 Tacoma Acad. of Psych. & Neurol. 8 p.m. Tacoma Orthopedic Society 6 p.m.	8 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.	9 OB-GYN Conf. T.C.H. 8-9 a.m.	10	11 C.P.C. of St. Joseph's—9 a.m.	12 Annual Meeting Tacoma Acad. of Internal Medicine C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
14 Staff of Doctors Hospital 7:30 p.m. Staff of Good Samaritan 6:30 p.m.	15 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	16 Staff of Lakewood General 7:30 p.m. Medicine Grand Rounds—T.C.H.	17	18 Staff of Medical Arts—7:15 a.m.	19 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
21 Staff of St. Joseph's 6:15 p.m.	22 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge—8 a.m.	23 Path. Cancer Conf.—T.C.H. 8-9 a.m.	24	25 Staff of Mary Bridge 12:15 p.m. C.P.C. of St. Joseph's—9 a.m.	26 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
28 Pierce County Academy of General Practice 6:30 p.m.	29 C.P.C. of Mary Bridge—8 a.m.	30	31		

Grand Rounds—Mt. View General Hospital—Every Saturday 9 to 10 a.m.

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, March 8

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

**"The Doctor and Outer Space . . .
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Director of Biotechnology

Aero-Space Division

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Social Hour: 6:00

Dinner: 6:45

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1. Conant, R. G.: Reduction of industrial time-loss: treatment with carisoprodol compound in musculoskeletal disorders. *Industr. Med. Surg.* 33:25, Jan. 1964.

Also available with ¼ gr. codeine as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

Indications: 'Soma' Compound and 'Soma' Compound with Codeine are useful for relief of pain and stiffness in traumatic, rheumatic and other conditions affecting muscles and joints. Contraindications: Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate. Precautions: *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate. Side effects: Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance. *Caffeine*—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported, as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression. Dosage: Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime. Supplied: 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required. Before prescribing, consult package circular.



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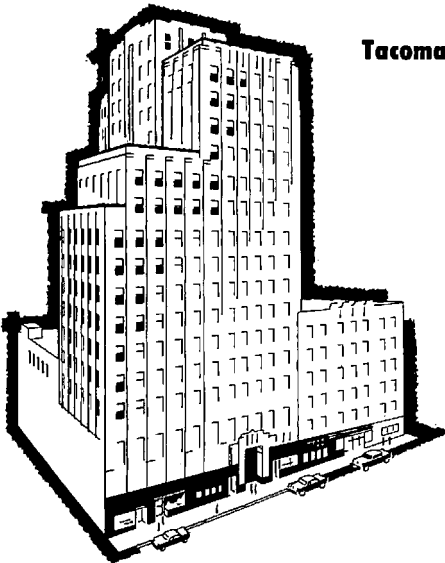
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President's Page

"MAYDAY" - "MAYDAY"



This has long been recognized as an international signal of distress and is synonymous with the ultimate of physical danger.

For many years countless numbers of distressed people have been sending out "Mayday" signals of mental distress only to have many of these signals go unheeded because there were not enough receiving sets to hear them.

The Community Mental Health Clinic Board of Trustees hopes to be able to change all this when they put into operation a twenty-four hour a day crisis telephone service for Tacoma and Pierce County. A committee has been gathering information from other crises services throughout the United States.

The preliminary plan calls for organizing the week days into three eight-hour segments and the weekends into five twelve-hour watches. In Seattle and Los Angeles, it was found that the weekend watches required considerably more skill on the part of the listeners as a larger percentage of personal crises occur on weekends. At these times there are usually fewer professional resources available.

In some of the larger cities, county hospital psychiatric residents and interns serve as the night watch listeners. In Tacoma, it is proposed that volunteers be selected and trained. In Los Angeles, San Francisco and Seattle, these volunteers come largely from the ministry, housewives, and students in graduate training. To a lesser extent, retired professionals and the nursing professions also act as volunteers.

Any members of our Society who are especially interested in this program and would like to help in its work or have suggestions as to its organization, may call the Community Clinic (Mr. Livengood or Mrs. Zemek) at FU 3-5597.

From a community service standpoint, this work has much merit for us as a medical profession. From a selfish standpoint, this service may be of use to us personally some day, especially after the first few months of Medicare.

—GLENN G. MCBRIDE, M.D.

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Editorially Speaking



"I Demand My Rights!"

Those who cry out those words the loudest may be doing the most to destroy our democracy from within. It's the obvious and greatest weakness of a democracy, that there are so many people who are more eager to take advantage of these rights than to preserve them. And when they stretch these "rights" too far, restrictions result. With every new restriction, freedom shrinks.

Some examples:

1. The teacher who uses profanity in school. She calls it "freedom of speech."
2. The student with the extreme hair-do. It's his "right"! It's a petty issue, I suppose. But certain things become symbols of undesirable elements, and a school has as much right to limit such symbols as they have to forbid display of a swastika or a burning cross. None of these things are bad in themselves. It's their tendency to open the door to undesirable influences and elements that is bad. I'm not sure which is worse--the school which makes the restrictions, or the parents who really can't stand Junior's bangs but now say, "We demand Junior's rights!"
3. Authors of obscene books. "But you're destroying freedom of the press!" True, but if our moral values go out the window, democracy will soon follow anyway.
4. Deceptive labeling on packages. More restrictions being prepared. Same for deceptive advertising of interest rates.
5. Anti-government demonstrators who create disturbances. Some say this proves to foerign countries that we're democratic. Most foreign countries think it shows we're weak.

It's getting so it's almost refreshing to find a conformist once in a while.

Moral self-restraint is an essential if a democracy is to last. We may not have enough.

—S.W.T.

16 - Section 3

Lost and Found

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See V-Cillin K® for full details.

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LOST - Lost on Oct. 19 47-5745

RINGS lost-Engagement and wedding
 Vic. 47th-Cicero. Rew. PR 8-2291

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A MORE PLEASANT WAY TO TAKE ORAL PENICILLIN.

Check V-Cillin K® for the facts.

DOG lost-Sable and white collie, vic. 40th and Keefer on Oct. 19 Children playing. Any information appreciated. Reward. PR 6-819

DOG lost-Peterson. Female, fringed with fall. Oct. 17

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Indications: V-Cillin K is an antibiotic useful in the treatment of streptococcus, pneumococcus, and gonococcus infections and infections caused by sensitive strains of staphylococci.

Contraindications and Precautions: Although sensitivity reactions are much less common after oral than after parenteral administration, V-Cillin K should not be administered to patients with a history of allergy to penicillin. As with any antibiotic, observation for overgrowth of nonsusceptible organisms during treatment is important.

Usual Dosage Range: 125 mg. (200,000 units) three times a day to 250 mg. every four hours.

Supplied: Tablets V-Cillin K, 125 or 250 mg., and V-Cillin K, Pediatric, 125 mg. per 5-cc. teaspoonful, in 40, 80, and 150-cc.-size packages.

Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

 **V-Cillin K®**
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In Memoriam

FAY MORRIS NACE



Fay Nace was born in Tacoma July 31, 1911. He graduated from Lincoln High School and after pre-medical studies at the University of Puget Sound and University of Washington, he graduated from the University of Oregon Medical School in 1936. Following his internship at Alameda County Hospital he went into general practice for five years with his father, A. G. Nace, M.D.

In World War II he spent three years as medical officer in the navy. After the war he took residencies in gynecological pathology at Johns Hopkins, gynecological oncology at Maryland, obstetrical anesthesia at Tennessee and in OB-GYN at University Hospital in Omaha.

He held active memberships in the Washington State OB Society, Pacific Northwest OB and GYN Society, Pacific Coast OB and GYN Society, American College of OB and GYN (founding fellow), F.A.C.S. and Tacoma Surgical Club. He had board certification in OB and GYN since 1949.

I have known Fay since the days when we caddied for our respective fathers at Fircrest. It may be we saw so much golf from the caddy's viewpoint that we never became enthusiasts. While he was at Oregon, two years ahead of me, he often encouraged underclassmen to keep plugging away, though at times we wondered if the work was surmountable.

He possessed remarkable insight and understanding of his patients' fears and worries. Although he limited his practice to his specialty, his profound appreciation of the patient as a whole, his kindly understanding, guidance and reassurance to the patient and her family created steadfast faith in all those who sought his help. He was the finest of consultants, unflinching in gaining the patient's gratitude and respect and, at the same time, enhancing the doctor-patient relationship of the referring man.

Those of us who have scrubbed with Fay know he was a good surgeon and a skilled, well-trained operator. While this is expected of a man of his background, the outstanding part of his ability was his judgment. He reasoned carefully, considering all facets of the patient's complaints, always thinking of her welfare. Because of this thoughtful deliberation, this ability to ferret out and clarify a problem, poorly conceived decisions were never part of Fay's medical discipline. For his patient, there was no substitute for the best.

—GOVNER TEATS, M.D.

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The development of chlorothiazide and probenecid were events of major importance, but perhaps even more important for the future was the Renal Research Program by which they were developed. When Merck Sharp & Dohme organized this program in 1943, it was expressing in action some of its basic beliefs about research:

- Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

- From knowledge thus acquired might come clues to the development of new therapeutic agents of significant value to the physician.

For example, the Renal Research Program put fifteen years into this search before chlorothiazide became available. But because these years had first led to a greater understanding of basic problems, the desired criteria for chlorothiazide existed before the drug was developed.

Along with other research teams at Merck Sharp & Dohme, the Renal Research Program continues to add new understanding of basic problems — understanding which will lead to important new therapeutic agents.

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Propagate Rhodies Without Green House; Bill Avery Tells How

(Dr. William E. Avery draws on four years intensive experience with rhododendrons for this month's article on doctors' hobbies. He and his wife, Esther, have propagated more than 12,000 rhodies in that period.—Ed.)

You *don't* have to have a Green House to propagate rhododendrons. Cuttings, grafting and seedlings can all be started either in a simple frame or plastic tent, or in a well-lighted room in the home.

While many rhododendrons will strike readily from cuttings — i.e., send out roots when a cutting or scion is placed in a rooting medium of peat moss and sand — others are difficult to root, and these are better grafted or started on understock that roots easily. Cunninghams White, an old time iron-clad, is a very easy "rooter" and can thus be used as an understock on those more difficult to root. Many will root without bottom heat but most will require bottom heat that is supplied by a heat cable. This can be either a lead or plastic type cable. The latter is much less expensive and does a satisfactory job.

Well, how do you start these rhodies without a green house? A plastic tent is relatively simple to make and does an excellent job. The tent may vary in size from 2 x 3 feet to 3 x 6 feet.



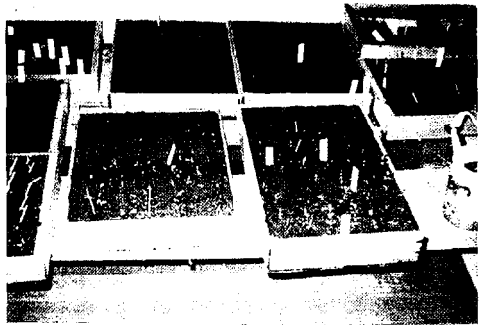
3 x 6-foot plastic tent.

Starting rhododendrons from seed is most fascinating. Seeds should be selfed or hand pollinated where possible and should be of species rhododendrons, as Hybrids will not come true. Selfed species do not always come true either but most will.



Seeds started in plastic cartons, indoors.

Our seedlings are all started in the house and may be begun anywhere from January to March. The latter month is felt by most to be the optimum time. The seeds will vary from the size of fine dust to a little less than millet seed in size. They are started in plastic covered cartons, using peat moss and sand or perlite. It is important that the media be sterile and free from fungi. This is best accomplished by baking it before using (we use the oven). Seeds will sprout in 2 to 4 weeks.

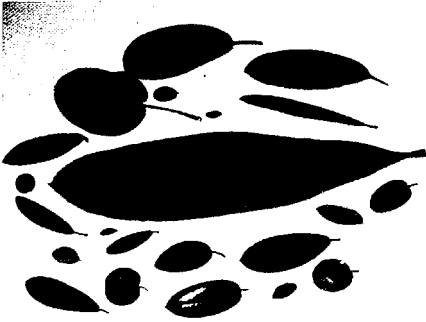


Seedlings moved to flats in the house.

Grafting rhododendrons formerly was the procedure of choice. This is still done on a fairly large scale by some for the more difficult ones to root. However,

with the advent of newer and better rooting hormones, finer results can be expected in those previously impossible except by grafting.

The use of artificial light has brought many new trends in rhododendron propagation. The blue rays have to do with respiration and these are found in the fluorescent light. The red rays are found in the incandescent light (normal household bulb). A new light called "Grow Lux" combines both the red and blue.



Rhodie leaves of many sizes and shapes. (Penny at bottom)

In general, the red (incandescent) stimulates leaf growth and hence it is best used to bring on growth of a plant where it would ordinarily remain dormant until March or April. The blue (fluorescent) stimulates root growth and so finds its usefulness in the growth of roots in seedlings and cuttings.

The light can be on continuously but it is best to break a 24 hour cycle for 4 to 6 hours to allow the plants to rest. A 75-watt reflector type bulb is the best for incandescent light. A 40-watt fluorescent light in tandem, 20 watts per square foot, for 24 hours on seedlings is used. For a little more money one can buy an automatic breaker so that the light can be on for a period of one second out of every minute.

Anyone can grow rhododendrons. They are beautiful and require little attention when once established and the best part is that you *don't* have to have a Green House!

—WILLIAM E. AVERY, M.D.

Here Are New Rx Rules; Follow 'Em Or Face Fine, Prison

All Pierce County physicians are reminded that special federal controls on the prescription of depressant and stimulant drugs went into effect on February 1 of this year. The statute includes barbiturates, amphetamines and any other drugs with depressing, stimulating or hallucinogenic effect. Narcotics are not included under the new laws, already being regulated by a previous statute.

Although the new amendments regulate all phases of manufacture and distribution of such drugs, the parts that most specifically apply to physicians are as follows:

(1) All physicians must prepare a complete inventory of all such drugs they have on hand as of Feb. 1, 1966, and keep such record for at least three years.

(2) Every physician who receives and dispenses drugs (including samples,) must keep a running record of the name and quantity of all such drugs received, and the names, addresses and FDA numbers of the distributors. Likewise, he must record names and amounts of all drugs dispensed and the names and addresses of all persons to whom he dispenses such drugs.

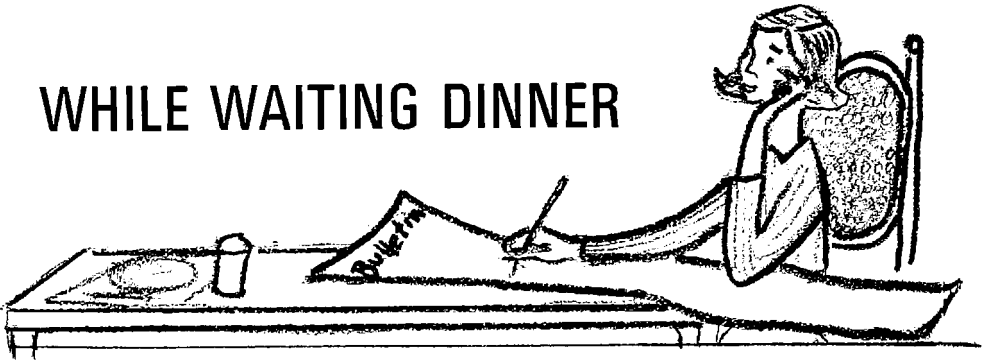
(3) FDA inspectors may check such records at any time. If no fee is charged for drugs, records must be adequate to prove this.

(4) Prescriptions may be written, phoned or oral, but must include the name and address of the recipient and the date.

(5) No prescription can be refilled more than five times. After five renewals, or after six months passes from the original date of issue, additional authorization is required from the physician.

Penalties for failure to comply with these statutes, known as the Drug Abuse Control Amendments of 1965, include both fine and imprisonment.

WHILE WAITING DINNER



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Speakers Bureau	Mrs. John Colen
Telephone	Mrs. Richard F. Barronian
Minute Women	Mrs. Vernon O. Larson
	Mrs. George A. Tanbara
	Mrs. Harold D. Lueken
	Mrs. Jack W. Mandeville
Coordinator of Community Services	Mrs. Robert W. Osborne
Heart	Mrs. Robert C. Johnson
Cancer	Mrs. Jack J. Erickson
Finance	Mrs. Haskel L. Maier
Dance	Mrs. David F. Dye
Fashion Show	Mrs. Gordon Dean
	Mrs. Homer T. Clay
	Mrs. Dale D. Doherty
Mental Health	Mrs. James E. Hazelrigg
Today's Health	Mrs. Robert M. Ferguson
Cook Book	Mrs. Stanley W. Tuell
International Health	Mrs. Charles McGill

Chairman, Mrs. Richard Huish and Co-chairman, Mrs. Edward Wood were assisted by their committee, Mesdames Kenneth Graham, Jack Mandeville, James Mason and Paul Smith, Jr.

Condolences

Our deepest sympathy goes to Marjorie Nace in the loss of her husband. May God's strength sustain her in this time of trouble and sorrow.

Next Meeting

A switcheroo has been made and our next meeting will be a 12:00 P.M. luncheon at the home of Mrs. Stevens Dimant, 3902 North Proctor Street on Friday, March 25th. The meeting April 6th will be at the home of Mrs. John Alger.

Guest speaker for the March meeting is Dr. Charles Larson who will talk to us about "Forensic Pathology" or as Program Chairman Mavis Kallsen terms it "Courtroom Medicine." Mavis prepared an introduction to the March program for our Women's page in the bulletin entitled "My Day in Court", a spicysian-style account of the proceedings at a recent trial . . . but alas . . . it was censored and cannot appear on these pages so gals you'll have to get the story from Mavis herself! At any rate

"When a man is beset by some trouble, it is then that he remembers there is a God, and that he is only a man."

—Pliny

The February meeting at the home of Mrs. John May was held at an earlier hour in order that our membership could attend the funeral services for a beloved physician, Dr. Fay M. Nace.

don't miss this month's program, Dr. Larson is a wonderful speaker.

Community Service

Mr. Stephen Mondau of Cascadia School has asked for donation of materials for the girls' Arts and Crafts classes. They would like to receive scraps of silk, satin, brocade and velvet materials and any old jewelry. It doesn't matter if "jewels" are missing as they will be taken apart to be used. These materials can be brought to the March meeting or Dee Wickstrom has offered to pick them up if you wish to call her at SK 2-3435.

Get Well Wishes

We were happy to hear that Edith Lawrence is now home from the hospital after a serious illness and we all wish her a most speedy recovery and an early return to Medical Auxiliary activities.

Quips From The M.D. Family

Said a doctor's son during a recent illness:

"Why is it when a doctor finds a sore spot on a patient he keeps poking it and makes it more sore instead of leaving it alone?"

May the Leprechaun's of March be good to you.

—LORNA BURT

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Drug Sensitivity Survey Planned For Pierce County

With the sanction of the Pierce County Medical Society, the Tacoma Academy of Internal Medicine has appointed a committee for the survey of adverse drug reactions.

Drug reactions are to be defined as any unexpected adverse reaction to a diagnostic or therapeutic agent.

As you know, the interest in this topic has continued to increase, but thus far surveys of drug reactions have been limited to institutions and hospitals and to the initiative of a few physicians in reporting selected cases.

A community like ours should be very suitable for a more systematic survey of drug reactions and their frequency in private office practice. This might give a more realistic picture than hospital surveys.

Simple questionnaires will be forwarded in the near future and your cooperation is requested. Of course, all this will be done anonymously.

Assistance will be procured from the A.M.A. Registry on Adverse Drug Reactions and we also have the support of Dr. Paul P. VanArsdel, Jr., Associate Professor of Medicine at the University of Washington, who is a member of the Panel on Drug Allergy of the A.M.A. Council on Drugs.

I feel sure that everybody will agree that this project should be very helpful, not only from the point of view of obtaining valuable information regarding the true incidence of drug reactions, but also because it could provide a unique example in Pierce County of what can be achieved by the cooperation of physicians through their medical society.

Your comments and questions are invited.

JOHN COLEN, M.D.
Drug Sensitivity Committee
Tacoma Academy of
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Luncheon Address To Be Highlight at Internists' Meeting



The 16th Annual Meeting of the Tacoma Academy of Internal Medicine will be held at Jackson Hall, Tacoma General Hospital, on Saturday, March 12, according to Dr. George Race, chairman for the annual meeting, who will moderate the morning session.

Guest speakers for the affair will be Lucian A. Smith, M.D., Associate Professor of Medicine at the Mayo Foundation Graduate School, University of Minnesota; William M. M. Kirby, M.D., Professor of Medicine, University of Washington School of Medicine; and Linares B. Johnson, M.D., Director, Four County Red Cross Blood Center, San Jose, California, Member, Emergency Hospital System, San Francisco.

Registration will start at 9 a.m., with a registration fee of \$5.00 which will include the noon luncheon. The morning session from 9:30 to 12 Noon and the afternoon session from 2:00 to 5:00 will both feature presentation of cases for discussion by the guests. The noon session will be a luncheon meeting at 12:30 p.m. at the upper deck of the Top of the Ocean Restaurant, featuring

an address on "Abdominal Emergencies" by guest speaker Dr. Smith.

Dr. Marcel Malden will moderate the afternoon session and is Vice-President of the group. Dr. Robert A. O'Connell is President of the Academy and Dr. James F. Early, Secretary-Treasurer.

Renal Center Proposed

Will all doctors who are interested in forming a non-profit foundation for setting up a chronic renal center in Pierce County kindly indicate their willingness by contacting the Medical Society office (113 Medical Arts Building, or MA 7-2020).

Poison Prevention Week

March 20-26

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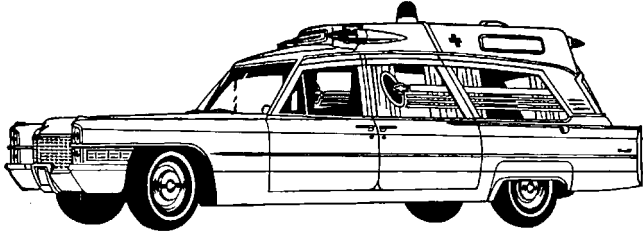
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Saint Joseph's

Among those students capped at St. Joseph Hospital School of Nursing in Tacoma, Washington were the following: Misses Sally Ann Abrahamson, Myrtle Bailey, Margaret Battson, Anita Bourgault, Carol Bunko, Mary Ellen Byrd, Sheila Colburn, Linda Fancher, Diane Friedman, Shirley Gaffney, Cynthia Gelhausen, Petrina Green, Kathleen Grittner, Margaret Guy, Virginia Hartwick, Mary Ann Jakubik, Patricia Ken-sok, Lois Kunau, Sheila McNerthney, Penny Murphy, Pamela Olsen, Mary Omaitis, Linda Opitz, Andrea Padua, Cheryl Pederson, Carolyn Pegg, Irene Phillips, Diana Rugers, Patricia Sevilla, Annette Spadoni, Linda Swain, Marsha Tabbutt, Trudi Trunnell, Sandra Walker, Sherri Weakley, Katherine Wilbur, Barbara Willis, and Diane Zugel.

The private ceremony was held on Thursday evening, February 17, 1966, marking the transition of these students from the status of Pre-Clinicals to that of Freshman students.

A Tea for the parents was held Sunday, February 20, 1966, from 2 p.m. to 4 p.m. in the School of Nursing Lounge in honor of the newly capped students.

The medical records section had a most interesting departmental meeting this month. Main topics for discussion were suggestions as to how to utilize the available space in the department. Some excellent ideas resulted.

St. Joseph Hospital Medical Record Department hosted the Tacoma Association of Medical Records Librarians this month. Members took a tour of the Psychiatric Department after hearing a very interesting and informative talk by Sister James Helene. Sister gave us a brief history of psychiatry and elaborated on the progress and great strides that have been made in the field of psychiatry in the past few years. The object of treatment at St. Joseph Hospital is that of a short range treatment with emphasis on making the patient more self sufficient and more able to adjust to the environment into which he will

eventually go back to. It was also noted that many of the treatments of earlier days such as shock therapy and hydrotherapy are seldom used now, being replaced with tranquilizers and other medical aids. In keeping with the Valentine occasion, heart shaped cookies were served along with coffee.

We sang "Happy Birthday" to two of our co-workers this month, namely Mrs. G. Crouch and Miss Linda Sokol.

Two St. Joseph Hospital, Registered Nurses, Mrs. Colleen Kenyon and Miss Joyce Frederick (Surgery Nurses), are attending the National Association of Operating Room Nurses Convention in Chicago, Illinois. Mrs. Kenyon and Miss Frederick are delegates to the Convention from the A.O.R.N. Evergreen Chapter. The Convention is being held in Chicago from February 20 to 24.

Poison Prevention Week March 20-26

You are invited to inspect a new clinic suitable for two physicians and ready for immediate occupancy.

The building is new brick of Colonial design and soundproof construction. It is located adjacent to the South 38th Street business district and served by three bus lines. The clinic, all ground floor, covers 1750 square feet and is divided into six examining rooms with ample cabinets, two hardwood panelled private offices, furnished reception room, all rooms with wall-to-wall carpeting and draperies, X-ray and dark room complete with tank and mixing valve. Private exits. An FM radio with ceiling speakers provides background music. Carpeting, draperies, hot water heat and additional storage in the basement are all included at a reasonable rental. Ample off-street parking is also available for patients and covered parking is provided for the occupants.

For an appointment to inspect at your convenience please call GR 4-9541 daytime, or GR 5-4866 after 8 o'clock in the evening.

Wed. Conferences At TGH To Feature Guests in March

Special guest speakers will be featured at two of the regular Wednesday morning conferences at Jackson Hall during March, according to Dr. James B. Mason, Director of Medical Education at Tacoma General Hospital.

At the OB-Gynecology Conference from 8 to 9 p.m. on March 9, the subject of Culdoscopy will be discussed by Colonel Woodrow L. Pickhardt, MC, Chief of the Department of Obstetrics and Gynecology at Madigan General Hospital.

The March 30 meeting will be jointly sponsored with Mary Bridge Children's Hospital and will feature two guests. Dr. William O. Robertson, Associate Professor of Pediatrics at the University of Washington School of Medicine, will speak on "The Use and Abuse of Drugs in Childhood." He will be followed by Dr. Ronald Pion, Assistant Professor in OB-Gynecology at the University, who will discuss, "What's New in Gynecologic Endocrinology?" The session is planned for 8:00 to 8:30.

Sam Adams "Signs" With Cubs; Was With Giants Six Years

"Doctor Number 101" will again be the call-number most commonly heard over the public address system at Cheney Field this baseball season. That number belongs to Dr. Sam Adams. Dr. Adams has been team physician for the Tacoma Giants for the past six seasons, and so Bobby Adams (no relation), President of the new Tacoma Cubs, has signed up Dr. Adams to serve as team physician for the Cubs. Besides his experience with the Giants, Dr. Adams is a noted sportsman in his own right, having been recognized for years as one of the best-known experts and lecturers in this area in the field of steelhead fishing.

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Seattle Committee Blushing; Fancy Title Proves Hoax

The guest speaker who came over a thousand miles to perform at the annual meeting of the Seattle Surgical Society on January 28 probably did a little head-scratching when he received his copy of the program. Part of his assignment was to discuss the local papers, and the first paper on the program dealt with a subject he had never heard of. It was titled, "Parameters of Tyrosine Inhibitors In Biliary Disease." In fact, he could find nothing about the subject in the literature.

He needn't have worried. The title is made up of scientific words with no special general meaning. It was sent in as a joke and the program committee thought it looked like such a good title that they put it on as the curtain-raiser for the whole program! A paper on leiomyosarcoma was substituted for the non-existent paper.

John Comfort Sinks Hole-in-One; Cools Off on Second Nine

Dr. John Comfort performed the once-in-a-lifetime for any golfer on the 8th hole at Fircrest on Thursday, February 17. Using a No. 2 iron, he dropped his tee-shot into the cup, 185 yards away. Fellow G.P. Bob Johnson witnessed the feat along with Bob's brother-dentist, Dr. Ted Johnson and Gordy Rohrs. With the aid of that hole-in-one, John had a nifty 39 on the first nine, but the strain proved too much for him on the second nine as he blew to a 48 without a single par. Still, the day could hardly be considered a flop.

Poison Prevention Week March 20-26

Mrs. Murray Reports Ingestion Statistics On Aspirin, Snails

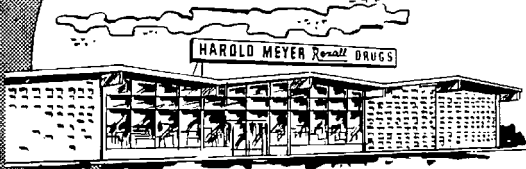
(E. Note: The Pierce County Medical Society is a sponsor of the Poison Information Center at Mt. View General Hospital. The following is a report by Mrs. E. Murray on proceeding at a Seminar held in Los Angeles in September of 1964. Poison Prevention Week will be March 20-26. Any suggestions to expedite the efficiency of the Center are appreciated.)

Massive overdosage of most active drugs converts them from therapeutic agents to poisons. The physician treating a drug poison must find the answers to three questions: (1) What was it? (2) What will it do? (3) What can be done to counteract it? The Poison Information Center must be able to supply the answers. This means that the manufacturer of the drug should have provided the pertinent information to the Center. Five years ago, a joint committee of the Pharmaceutical Manufacturing Association and the American Association of Poison Control Centers agreed upon the type and scope of information on drugs that should be provided to Poison Control Centers. The recommended treatment should be described in detail. Since specific antidotes are seldom available, the management of the case usually involves the elimination of the drug from the body as quickly as possible, plus symptomatic treatment. The drug industry looks at poisoning by any substance as a largely preventable, unnecessary, often tragic occurrence, incidental to the introduction of a multitude of chemicals into our environment for basically beneficial purposes. With regard to intoxications from massive overdosage of drugs, pharmaceutical manufacturers will continue to work on better methods of treatment and will make current informa-


(Continued on Page 27)

2 LOCATIONS

Harold Meyer Drugs

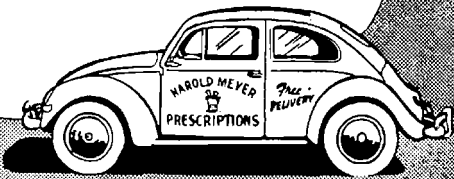


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(Continued from Page 25)

tion on such drugs and treatments available to those concerned, whether this will be through Poison Information Centers or at the end of a long distance telephone line.

The National Clearing house for Poison Control Centers prefers the more precise term "ingestion" rather than "poisoning" to describe and report such episodes. About 2,000,000 children under five in the U.S. may ingest something they shouldn't within a single year.

Aspirin, as might be expected, was mentioned most frequently, being in-

involved in 26% of the ingestions, with other medicines (including vitamins) second with 21%. Cleaning agents were subdivided into three categories: soaps and detergents 12%, other cleaning agents (mostly scouring cleansers) 5%, and bleach, 3%. Cosmetics, 10%, made up the fourth most frequently ingested class. Eight of the 20 cosmetic ingestions were of lipstick, a product not usually reported to Poison Control Centers. The remaining categories of paints and solvents, insecticides, polishes and waxes, showed low frequencies of ingestion. Other items were crayons, cigarettes, glue, matches, and a snail.

TOXIC AND EMETIC PROPERTIES OF SOME HOUSEHOLD PRODUCTS

TYPE OF PRODUCT	Oral LD50 (gm/kg)	Emetic Dose (gm/kg)	Time for Emesis
General Purpose Granulated Detergent.....	3-7	0.1-0.8	1 to 4 min.
General Purpose Liquid Cleaner.....	5½-7	0.12-0.25	1 to 4 min.
Bleach (Liquid, Na hypochlorite).....	17	.25	1-2 min.
Toilet Soap	7-20	5.	2-3 hrs.
Table Salt	3½	.25	1-3 min.
Syrup of Ipecac.....	8½	.45	20-40 min.

Under I.C.C. regulations, class "A" poisons are gases or liquids which are dangerous to life when very small amounts are mixed with air. This includes cyanogen, diphosgene, mustard gas, nitrogen, tetroxide, etc. Containers of such materials will carry a poison label with skull and cross-bones, and will have red lettering on a white background.

Class "B" poisons are liquids or solids which are less toxic than class "A" poisons, but which still are presumed to be toxic to man.

Class "C" poisons are tear gas or irritation substances, and class "D" poisons are radioactive materials.

The I.C.C. toxicity ratings are based on an LD50 for 48 hours.

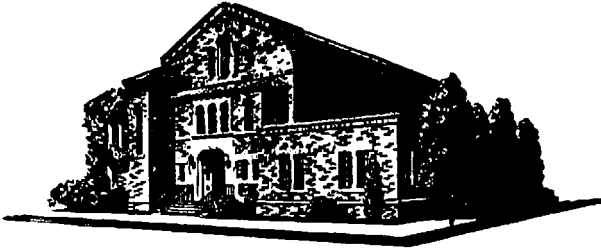
Children do not, as generally supposed, have disproportionately high rates of fatal poisoning. It is only for

a few categories of poisons (specifically salicylates, pesticides, and petroleum products) that their experience can be considered worse than other age groups. For children 5 years and under, overall experience is about what would be expected on the basis of population. For children of 6 to 12 years, no fatal poisonings were reported, giving this group the outstanding safety record of any age group. Persons over 60 years had the highest proportion of fatal poisoning.

Although aspirin has a reputation as a substantial offender, this reputation holds only for children under five. Barbiturates, carbon monoxide, and narcotics together are responsible for almost 25 times more deaths than are salicylates. There has been no improve-

Continued on Page 29

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PHYSICIANS' AND HOSPITAL SUPPLIES

Continued from Page 27

ment in the incidence of fatal salicylate poisoning over the past ten years.

There are an increasing number of lives lost unnecessarily through accidental poisoning each year. The number of fatal poisonings has been increasing at a rapid rate. The problem calls for more attention than it is receiving.

There are many aspects to the treatment of poisoning. If one looks at labels on packages of poisonous substances, such as toxic agricultural chemicals (insecticides, rodenticides, herbicides), an antidote is seen. This is usually a precipitating, neutralizing, or emetic drug, leaving the impression that if one eliminates the poison from the alimentary tract, the danger will be overcome. The situation is much more complicated than this, however, since by the time the antidote called for on the label is administered, a considerable quantity of the poison has been absorbed. Hence, efforts must be made to overcome the effects of the absorbed poison, and to hasten its removal from the body. Today most research on treatment of poisoning is directed toward the latter two procedures although some studies have been made and are still in progress to find means of preventing absorption.

E. Murray, R.N., Supervisor
Pierce County Poison
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AMPAC 1966

Plutarch once said, "You should not anger yourself about this world; it does not care. Whatever comes, assign to its proper place in your little world and you will be happy!"

I'm sure that in Plutarch's time there were many troubles. In those days, they had a housing problem, they had a teaching problem and they had wars just like we are having today. They even had politicians and poverty. The date on the calendar might change each year but living in a community brings forth the same problems year in and year out. Our world has an increased population over Plutarch's time and our scientific knowledge has increased tremendously. However, the world problems continue much the same throughout history.

Therefore Plutarch's statement has the same impact today that it had nearly 2000 years ago. Today we often try to ignore what is going on in the world around us. If we don't pay attention to it, it probably will go away. At least, if we can avoid it we won't have to worry about it. Yet, personal happiness is a two-edged sword. One edge has to be what we do for ourselves while the other edge is simply what we do for others. A person can philosophize in many directions, but we in AMPAC believe you can't separate the two-edges of the sword. If we pay attention to only one edge of the sword we deny the other edge. Both edges are connected to one blade and thus to achieve true personal happiness we must help others while we are helping ourselves.

This is not meant to be a philosophical tome but merely to point up that

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we all live in this country together and that we should participate in it to make it a great country. AMPAC is doing a part of this job through political action. We want all doctors to join with us in this work. Since politics affect each of us, let's see if we can make politics do good things.

AMPAC has been achieving greater participation each year. From our beginning in November, 1961, we have expanded yearly in all phases of political knowledgeability and contribution.

The year 1965 was a busy one for AMPAC even though we were not engaged in a political race. The ground work for November, 1966 started in November, 1964. Plans must be formulated and a program carried out to help guarantee success in the actual election. We have done some basic re-organization such as establishing a true permanent fiscal year from January to January and organizing the authorization for using the billvelopes in your county dues statements. Our political contacts and inquiries are constantly going on. Thus we believe we have a solid organization and a winning team. We feel we are not letting the country go by unheeded, but are actively working to further the natural growth and well-being of the country. Help us to bring happiness to the country through political endeavors properly directed. There is no such thing as a protective shell for the individual since politics and federal government enter into every facet of our living. Come forward and join AMPAC today.

—THOMAS H. SKRINAR, M.D.
Chairman, AMPAC
State of Washington

Poison Prevention Week
March 20-26

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MONTHLY MEETINGS

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Auditorium of Medical Arts Bldg.
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept., Dec.—6:30 p.m.
- 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 4

TACOMA, WASH.

APRIL - 1966



rug Abuse
aws Clarified
age 12

peedboat
hysician
age 16

PIERCE COUNTY MEDICAL SOCIETY

APRIL 12, 1966
REGULAR MEETING

Pierce County Medical Society

1966

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 Wayne W. Zimmerman

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April Birthdays

- 1 Lawrence E. Skinner
- 2 Edwin J. Fairbourn
William W. Mattson, Jr.
- 4 B. D. Harrington
- 5 Clinton A. Piper
- 7 Everett P. Nelson
- 10 James M. Blankenship
David N. Goodson
- 11 Lawrence E. Brigham
- 12 Charles W. May
Z. Joseph Vozenilek
- 15 Leo J. Hunt
- 16 Robert W. Osborne
Charles G. Trimble
John F. Comfort
- 20 Harold B. Johnston
- 22 William E. Avery
Richard T. Davis
- 23 Richard E. Huish
- 24 Eugene W. Hanson
- 25 Rodger S. Dille
- 27 John W. Gullikson
- 28 James W. Boudwin
Richard B. Link
Louis P. Hoyer, Jr.
- 29 Archibald W. Howe
- 30 Nicolas A. Godfroy
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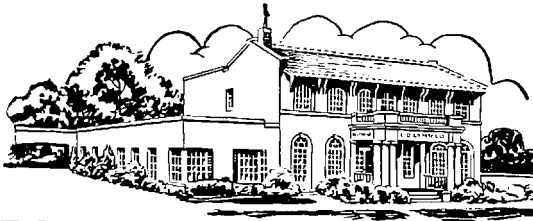
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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, April 12

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

**"CURRENT STATUS OF MEDICARE --- FROM
THE VIEWPOINT OF THE STATE AGENCY"**

DR. BERNARD BUCOVE

DR. HAROLD HARRISON

• • • • •

Social Hour: 6:00

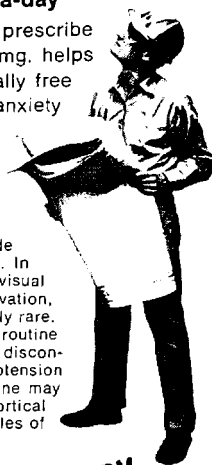
Dinner: 6:45

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Blueprint for dealing with tension due to stress—Prolixin—once-a-day

For the patient who must be on the job mentally as well as physically, prescribe Prolixin. The prolonged tranquilizing action of as little as one or two mg. helps him cope with tension all day long. Markedly low in toxicity and virtually free from usual sedative effects, Prolixin is effective in controlling both anxiety associated with somatic disorders and anxiety due to environmental or emotional stress. Patient acceptance is good—because Prolixin is low in cost, low in dosage and low in sedative activity. Prescribe Prolixin.

Side Effects, Precautions, Contraindications: As used for anxiety and tension, side effects are unlikely. Reversible extrapyramidal reactions may develop occasionally. In higher doses for psychotic disorders, patients may experience excessive drowsiness, visual blurring, dizziness, insomnia (rare), allergic skin reactions, nausea, anorexia, salivation, edema, perspiration, dry mouth, polyuria, hypotension. Jaundice has been exceedingly rare. Photosensitivity has not been reported. Blood dyscrasias occur with phenothiazines; routine blood counts are recommended. If symptoms of upper respiratory infection occur, discontinue the drug and institute appropriate treatment. Do not use epinephrine for hypotension which may appear in patients on large doses undergoing surgery. Effects of atropine may be potentiated. Do not use with high doses of hypnotics or in patients with subcortical brain damage. Use cautiously in convulsive disorders. Available: 1 mg. tablets. Bottles of 50 and 500. For full information, see Product Brief.



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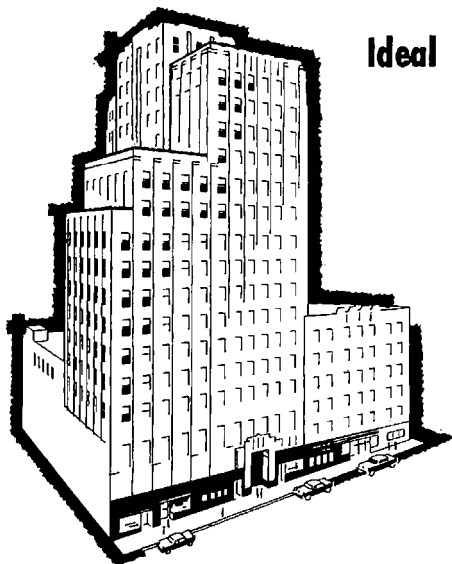
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President's Page



"A PRESCRIPTION FOR HARMONY"

Within the last few weeks, at the request of the Washington State Medical Association, a committee has been formed in the Pierce County Medical Society to work with the pharmacists of Pierce County. The purpose of this committee is to develop a "code of understanding between medicine and pharmacy." This is the first time such a thing has been attempted on the county level. It is hoped that if successful here, other County Medical Societies will follow with similar programs.

The State of New York has prepared a similar code of understanding between the State Medical Society and the State Pharmaceutical Society. I would like to briefly review some of the more important aspects of this.

The purpose of the code is to foster the continued smooth development of relations between the professions of Medicine and Pharmacy. The code recognizes the clear distinction between the two professions, and the code is not intended to supersede or transcend the laws of each of the professions individually. It is intended that the code should be reviewed and renewed annually.

Specifically in part, the code of New York states that: "The pharmacist has an obligation to recognize the prerogatives and responsibilities of the doctor of medicine."

"Patrons seeking medical advice should be asked by the pharmacist to consult a doctor of medicine."

"The pharmacist must recognize the prescription as being an extension of the diagnosis and treatment for a particular patient" and he has a "moral obligation to compound and dispense the prescription exactly as ordered by the physician."

"Whenever there may exist doubt as to the interpretation of a particular prescription, the pharmacist should consult with the doctor of medicine."

"The pharmacist will not discuss the therapeutic value of the prescription with the patient nor disclose details of composition."

"The doctor of medicine has an obligation to recognize the prerogatives and responsibilities of the pharmacist and to promote the practice of pharmacy as a profession."

"The doctor . . . must recognize that a pharmacist's fees for professional services . . . are the prerogative of the pharmacist."

"The doctor is under an obligation to make his instructions on a prescription as clear as possible." "Refill directions should be included."

"The doctor should be available to the pharmacist for consultations on prescriptions and should welcome such consultations in the interest of the patient."

The above are a few of the points to be considered by our committee composed of: Dr. Roy Virak, Chairman; Dr. John Kanda and Dr. Herbert Kennedy. Their studies and recommendations will be called to your attention at an appropriate time for whatever action may be necessary.

While our two professions of medicine and pharmacy have worked closely and well together, there have been some areas of misunderstanding and friction. It is the purpose of the present studies to obviate, as far as is possible, future problems between our two professions.

—GLENN G. MCBRIDE, M.D.

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Editorially Speaking



You won't go to jail after all.

Throw away those records you started to keep on your free handouts of depressant and stimulant drug samples.

More than a dozen physicians called the Bulletin office after last month's edition announced that the new, strict Drug Abuse Amendments included a ruling that all physicians who dispense free samples must keep an accurate record of such transactions on file for a three-year period, or face fine or imprisonment. This incorrect information was taken directly from an equally incorrect news release received from the American Medical Association.

Alert detail man, James Heath (Roche Laboratories), saw the article and compared it with conflicting information from his company's legal counsel. Mr. Heath and your editor then had a study session with a full copy of the law and found that the rulings are as cited by the AMA and your Bulletin, *except* that paragraph (3) of part (d) of Section 511 of the law states that such rulings "shall not apply to a licensed practitioner . . . unless such practitioner regularly engages in dispensing any such drug or drugs to his patients *for which they are charged* . . ." Since not more than one or two physicians in Pierce County dispense their own drugs, the rulings have little application here.

The only part of the new law that affects local physicians is that which limits prescription refills for such drugs to five, with no refills after six months have passed from the date of the original script, unless a new prescription is obtained from the physician.

A letter has been forwarded to the AMA Chicago office asking that they correct and clarify their previous news release. Our thanks to Jim Heath for reading and reacting.

—S.W.T.



Low host resistance?

Consider the "extra" antibacterial activity of Ilosone®

Occasionally, therapeutic failure is due to the patient's inability to mobilize his defenses sufficiently to overcome infection. Typical of this is the debilitated patient, the premature infant, or the diabetic. It is in these patients that the high levels of antimicrobial activity of Ilosone are especially useful. Ilosone has demonstrated antibacterial levels two to four times those of erythromycin base or stearate. Furthermore, it attains them earlier and maintains them longer. Even the presence of food does not appear to affect the activity of Ilosone.

Contraindications: Ilosone is contraindicated in patients with a known history of sensitivity to this drug and in those with preexisting liver disease or dysfunction.

Side-Effects: Even though Ilosone is the most active oral form of erythromycin, the incidence of side-effects is low. Infrequent cases of drug idiosyncrasy, manifested by a form of intrahepatic cholestatic jaundice, have been reported. There have been no known fatal or definite residual effects. Gastro-intestinal disturbances not associated with hepatic effects are observed in a small proportion of patients as a result of a local stimulating action of Ilosone on the alimentary tract. Although allergic manifestations are uncommon with the use of erythromycin, there have been occasional reports of urticaria, skin eruptions, and, on rare occasions, anaphylaxis.

Dosage: *Children under 25 pounds*—5 mg. per pound of body weight every six hours. *Children 25 to 50 pounds*—125 mg. every six hours. *Adults and children over 50 pounds*—250 mg. every six hours. For severe infections, these dosages may be doubled.

Available in Pulvules®, suspension, drops, and chewable tablets. Ilosone Chewable tablets should be chewed or crushed and swallowed with water.

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Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

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IN MEMORIAM

Dr. S. S. Thordarson was born in North Dakota and attended the University and Medical School in Canada where he was graduated in 1929. He received his specialty training in Chicago. He was in general practice in Seattle and Stanwood prior to coming to Tacoma in 1941. He began to practice his specialty here in the Medical Arts Building, and remained here until 1957 when he moved his office to Lakewood.

Dr. Thordarson practiced during the era when his specialty covered diseases of the Eyes, Ears, Nose and Throat. He saw many patients through the years and always treated them to the best of his ability. In the years that I knew him he built up a fine and loyal group of patients. He was a fine diagnostician and always stayed within the bounds of his surgical capabilities.

During the last five years of his practice he did no surgery at all, limiting himself to office care only. His wife Irma, who preceded him in death was very active in Medical Auxiliary work and was a past President of that organization. During the last two years of her life she worked with her husband in his office and with her passing he felt that he could no longer carry on and he then retired.

Many of Dr. Thordarson's patients remember his fine care and many of them mention his great interest in their problems and the gentleness of his hands when treating them.

As an E.E.N.T. man he is missed and his passing marks in a small way, the passing of another medical "era."

HASKEL L. MAIER, M.D.

M. D. BOWLERAMA Look For Date in May

Pound the pocket and
take home the loot!!!

Magnussen, The Agitator

To The Moon And Back

George Knauf, M.D., Director, Biotechnology, Aerospace Division, The Boeing Company, addressed the March meeting of the Medical Society on the subject of the Apollo Program and showed his home-made film of rockets that flew right, and those that flew wrong, and those that simply sat on their pads and burned up. The film emphasized the remarkable effort and mountainous problems of manned space flight which now has the moon for a target.

Dr. Knauf reviewed the development and successful completion of the Mercury program and explained the objects of project Gemini, how rendezvous and docking, prolonged weightlessness and exploration of the radiation belts are related to the next program of putting a man on the moon.

A film produced by NASA was shown to outline the Apollo trip, but the prize was the film which Dr. Knauf put together. His film pointed up the trials and tribulations of establishing a reliable set of vehicles which go where they are supposed to go — and come back. "We want to put a man on the moon," he said, "but we don't want him forced to become the first moon colonist. Man," he assured us, "is not the problem in extended space flight. The real problem is reliable and enormous thrust."

The questions and answers went on and on. Why don't we land on land instead of the sea? The Russians have lots of flat land and we don't. What would happen, he asked, if we were to skid a space capsule down the main street of Jacksonville? Who wants anything on the moon? It isn't the moon so much as having a target that counts in space programming. Why don't we use solid fuel? Have the Russians lost any astronauts? Who's ahead in the space program?

—CPC

HAVE YOU PAID YOUR AMPAC DUES?



Striking the right

NOTE

'Actidil', one of the most potent of antihistamines, strikes the right note in the treatment of allergies.

As in the case of other antihistaminic agents, excessive dosage may produce drowsiness. Patients should be advised to postpone potentially hazardous activities requiring mental alertness until the optimum dosage level has been determined.

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"The Yen For The Checkered Flag"

by NORMAN E. MAGNUSSEN, M.D.

Now that the winter indoor sports have come to a close, it's time to pull out our sun-tan lotion and head for the lake. This is what the "Magnussen boat racing family" is preparing for.

Several years ago, my next to the oldest boy, Ron, became interested in outboard boat racing. At this time, he designed and built his first racing boat. When I saw how truly interested he was in this project, I decided to give a helping hand and I, too, "got the fever." We joined the Tacoma Outboard Boating Association which sponsors outboard racing in this area. These races are held on various lakes in Washington, Oregon, and part of Idaho (Regular 10).



It wasn't long before the entire family became interested in this sport and we made our week-end outings at the race court.

About four years ago, Jerry, my son who was then ten years old, entered as a race participant in the junior class. This class is composed of runabout boats with an outboard motor that will generate approximately 30 miles per hour. The object of this class is to give the juniors a chance to develop skill on the raceway and also to observe the rules of the course. Most of all, sportsmanship is paramount in outboard boat racing.

Last year, I entered Cheryl, my daughter, in the same junior class. She has



won several trophies and enjoys this sport very much, inasmuch as her chief competition is her girl friend from Seattle who is in this same class.

This year, I plan on entering Kim, my youngest boy, in this junior class. How he does is yet to be seen.

Ron has now entered the alcohol-burning outboard class. This class of boats generates speeds up to 70 miles per hour. Jerry has outgrown the junior class and will now move up to the junior hydroplane A class. Ronald has been the leader of the pack—he has not only built, but designed, all of our boats.

Each year, the Tacoma Boat Racing Club sponsors an outboard race on Lawrence Lake, Yelm, Washington, for "National record making, or breaking." More racing records have been made on this lake than on any other body of water in the United States.

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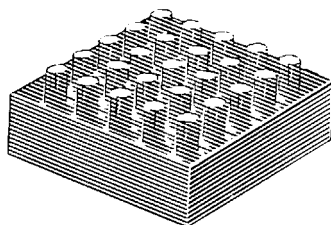
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Only 2 doses required for complete, initial immunization for patients more than a year old.

Effectiveness—may be expected to confer active immunity against all three types of poliovirus infection in at least ninety percent of susceptibles only if given at full dosage, as directed. No characteristic side effects have been reported. There are, however, certain **contraindications**. These are, broadly: acute illness, conditions which may adversely affect immune response, and advanced debilitated states. In these, vaccination should be postponed until after recovery. In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.

Dosage—initial immunization: two doses each given orally at least 8 weeks apart. (Give a third dose to infants at 10-12 months). Booster immunization: one dose, given orally. See package literature for full directions.



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(Rosenthal) Lederle

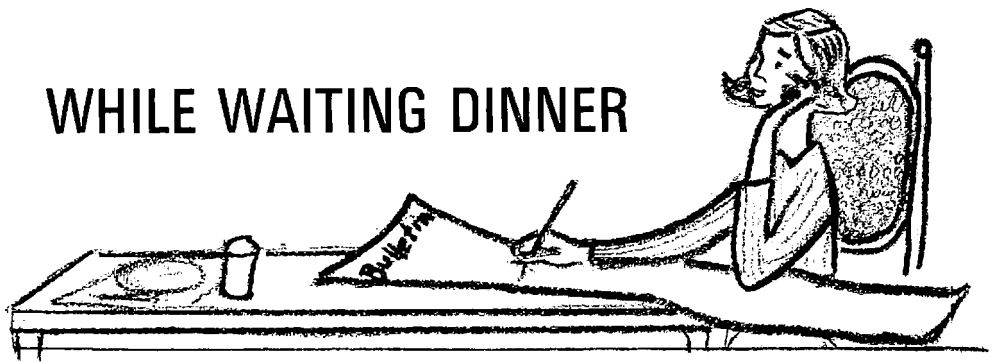
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Comparable in accuracy and reliability to older standard intradermal tests*, but faster and easier to use. Since TIME TEST is relatively painless it should receive greater patient acceptance. Results are read at 48-72 hours. The self-contained, completely disposable unit requires no refrigeration and is stable for two years.

Side effects are possible but rare: vesiculation, ulceration or necrosis at test site. Contraindications, none; but use with caution in active tuberculosis. Available in boxes of 5 (new individually-capped unit); cartons of 25.

*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.

WHILE WAITING DINNER



WOMAN'S AUXILIARY . . .

To The Pierce County Medical Society

AUXILIARY OFFICERS—1965-1966

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Fashion Show	Mrs. Homer T. Clay
	Mrs. Dale D. Doherty
Mental Health	Mrs. James E. Hazelrigg
Today's Health	Mrs. Robert M. Ferguson
Cook Book	Mrs. Stanley W. Tuell
International Health	Mrs. Charles McGill

Richard Barronian; co-chairman, Mrs. John Havlina and their committee, Mesdames Lawrence Brigham, Glenn H. Brokaw, W. Howard Pratt and William Rademaker.

Next Meeting

Don't put away your Easter bonnet, you may want to wear it Friday, April 15, to our next meeting, a 12:00 p.m. luncheon at the home of Mrs. John R. Alger, 3902 North Proctor Street.

This promises to be one of the most exciting auxiliary meetings of the year since our guest speaker will be the sister of Betty McDonald of "The Egg and I" fame, Mary Bard Jensen on "How to Write a Book." Many of you will recall when this dynamic doctor's wife with such humor spoke to our auxiliary some years ago shortly after the publication of her best seller, "The Doctor Wears Three Faces." Auxiliary members turned out in such force that day, some of us had to sit on the beds in the bedrooms to eat lunch and we ended up kicking off our shoes to sit sardined together on the living room floor to listen to Mary. She was fascinating! Don't miss her in April.

Mark your calendar now for the Auxiliary dance on Saturday May 14 at the Sherwood Inn. The cocktail hour will begin at 6:30 p.m. and dinner will be at 8:00. Dancing will be from 9:30 to

*"April hangs her infant blossoms on the trees,
rocked in the cradle of the western breeze."*

—COWPER

A deadline is mighty frustrating, especially when it comes before an Auxiliary meeting you'd like to tell about so we hope everyone defied the March lion's roaring to attend the meeting at the home of Mrs. Stevens Dimant. Many thanks to luncheon chairman, Mrs.

? You will be contacted soon—mean-while, save the date!

How Much Do You Know?

Our President, Marje Wicks, brought some interesting material back from the meeting she attended in Vancouver which she wishes to pass along to our members.

First is a questionnaire:

How Much Do You Know About The AMA?

1. The AMA was founded (before, after) the Civil War..
2. There were (no, four) physicians among the men who signed the Declaration of Independence.
3. The AMA is a federation of (50, 54) state, commonwealth and territorial medical associations.
4. There are (1200, 1900) component medical societies within this AMA federation.
5. Any physician who is a member of his state medical association (may, must) be a member of AMA.
6. AMA annual dues at the present time are (\$45, \$75).
7. The staff at AMA is directed by a full-time salaried administrator who (is, is not) an MD.
8. There are (250, 23) AMA staff members in Washington, D.C.
10. Of the total AMA budget, expenditures for the Washington office are approximately (1%, 10%).
11. Activities dealing with services to the public or to physicians account for (20%, 40%) of the AMA budget.
12. Of AMA's income, (more, less) money comes from advertising in AMA publications than from AMA dues.
13. There are more than (30, 80) AMA councils, committees and commissions.
14. The 800 physicians who serve on these councils and committees (are, are not) paid for their work.
15. The AMA sponsors more than (100, 1000) meetings a year.
16. In addition to publishing the *Journal* of the AMA, there are (5, 10)

- specialty journals published by AMA.
17. More than (400, 1000) pamphlets on health education are published by the AMA.
18. The AMA Library receives more than (500, 1400) research requests each month.
19. In the first two years of operation, AMA-ERF guaranteed loans to (200, 12000) medical students.
20. There are 88 medical schools in the U.S. now and (5, 20) more are being planned.
21. A record number of physicians were graduated in the U.S. in 1964—over (3000, 7000).
22. By 1975, medical schools will be graduating (8000, 9200) physicians a year.

1. before; 2. four; 3. 54; 4. 1900; 5. may; 6. \$45; 7. is; 8. 900; 9. 23; 10. 1%; 11. 40%; 12. more; 13. 80; 14. are; 15. 1000; 16. 10; 17. 1000; 18. not; 19. 12000; 20. 20; 21. 7000; 22. 9200.

Second:

How Auxiliary Members Can Work With Other Women's Groups

Auxiliary members can work with other women's groups in two different ways . . . an individuals and as an Auxiliary.

As individuals, many of you belong to several other women's organizations in your community. As a member of that other organization, during that club's business meetings or planning

(Continued on Page 21)

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(Continued from Page 19)

sessions, you can offer sound, educated judgment representing the scientific and free practice of medicine—on the basis of your acceptance as an *individual* with specific information or training, rather than as a spokesman for a group ("Use your knowledge, but lose your label").

As Auxiliaries, you rightfully should take either a leadership role, or at least a joint sponsorship role, in any community-wide health project instigated by women's groups. It makes much more sense for a medical auxiliary to be interested in starting a local mental health clinic than it does for Soroptomists or the A.A.U.W. You can play a leadership role by inviting these groups to attend a meeting with your Auxiliary, to educate them about an existing need, and to point up the problem in their minds with the intent of enlisting their support as co-sponsors.

Your name implies that your work is to further (to be auxiliary to) the group whose name you bear: the Medical Society. This is exactly what you do when you pave a way into those groups for physician participation in their health programs and projects.

Any Suggestions?

Another announcement is one concerning finances. If you have a favorite, worthwhile project or know of a health group who need financial aid, you are asked to address a letter to the Finance committee in care of Dorothy Maier, Chairman, for consideration. This committee will be meeting in another month to discuss and decide on allocation of funds.

A Little Late

Like the old cat chasing her tail and never quite catching it, your reporter is sometimes a little behind on news for the bulletin. It will soon be time for scholarship committees to choose new recipients of nurses scholarships and, since some of the girls were not chosen last year until the end of September, their names were never published in the Bulletin.

Two girls were chosen from each

nursing school as recipients of the 1965-1966 scholarships. They are as follows: St. Joseph's Hospital—Mary Reich, senior, and Sheila Weber, junior; Tacoma General Hospital—Pamela Murphy, senior, and Trudy Oman, junior; P.L.U. School of Nursing — Deanna Zimbelman, senior, and Beverly Ramsfield, junior. Deanna just received her acceptance for the Peace Corps.

Anyone For a Trip to The Ocean Beach?

Following is a report by our own Jeanne Judd regarding her activities as Southwest Regional Vice-President.

On the visits to the County Auxiliaries of Southwest Washington, for which I am regional Vice-President, I have found it difficult not to compare to the Pierce County Auxiliary. We have a larger membership than most, although we are not up to our potential. Lewis County and Cowlitz-Wahkiakum have 100%. Some of the counties have definite factions, caused, in part, by factions of the

(Continued on Page 23)

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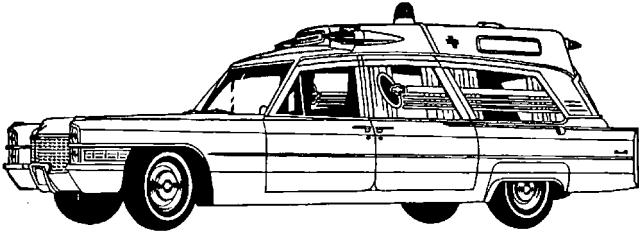
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(Continued from Page 21)

Societies. This we do not find in Pierce, thank goodness. Some Societies work far more closely with the Auxiliary than we do in Pierce, not only on projects but on meeting and membership. Could we and should we become more closely knit than we are? I shall be working—and the position does involve a lot of letter writing and paper work—as the Southwest Regional Vice-President again next year and am hoping to see the growth of Members-at-Large in Pacific County large enough to warrant an active, though small, Auxiliary there. Does anyone want to drive to the ocean beaches with me, to make personal contact with potential Auxiliary members? It would be fun and I would welcome the company.

—Jeanne

Wanted—Artistic Talent!

Dr. Fred Schwind reminds us of the Art Show to be given by doctors of the Pierce County Medical Society and their WIVES at the Tacoma Allied Arts Center in August. Is this a challenge? Come on girls—get out your palette and brushes and let's show these artistic husbands of ours we have some talent too! All work must be original, in any media including oils, water color, pen and ink, sculpturing, collages, tapestries and photography. We will have more details later on.

Quips From The M.D. Family

A Tacoma physician was invited to a testimonial dinner for a friend. Hurrying home from the office that evening, he changed clothes and as he put his coat on to leave, his wee daughter, Bridget, asked, "Where you going, Daddy?"

"Im going to a testimonial dinner," he replied.

"Oh," she said brightly, "do they taste good?"

Happy Easter!!!

—LORNA BURT

Mental Health Clinic Gets Grant; Starts Mall "Wishing Well"

The sprouting Community Mental Clinic recently received a grant from the Federal Office of Economic Opportunity for \$64,150.00. This represents 90% from the federal government and 10% from local matching funds. Because of this grant, the Clinic will be reimbursed for service rendered to people who earn less than \$3,000 annually. There will also be parts of the Clinic program that will be carried into the community rather than having all the recipients come into the Clinic. This will include group discussions, speakers, classes, etc. The wonderful \$500 gift from the Medical Auxiliary brought an additional \$4500 in matching funds to the Clinic.

Another service resulting from this grant is the Crisis Telephone Answering Service. This service will be used for suicide prevention and other emergencies that need immediate attention. To supply this service, there will be someone available to answer the phone 24 hours a day, seven days a week. The Clinic will be needing increasing numbers of community volunteers, as its programs continue to expand.

The Tacoma Mall has offered one of its fountains to the Clinic, and this fountain will be marked later with a small plaque, giving the clinic name. Join with the Clinic Board in wishing for Better Community Mental Health. Then toss in a coin to help your wish come true.

—Carol Hazlrigg

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Annual Surgical Club Meeting To Feature Plastic Surgeon

A full day of activities will again be in store for guests at the annual clinical meeting of The Tacoma Surgical Club on Saturday, May 7, according to Club President, Dr. E. E. Banfield. Joining an impressive honorary membership list will be this year's guest speaker, Dr. Reed O. Dingman, Professor Plastic and Reconstructive Surgery at the University of Michigan School of Medicine.

One change in the customary format will be a new location for the evening session. The evening banquet will be held at the Sherwood Inn this year. As before, the banquet will feature the annual address by the guest. This year's address is titled, "Plastic Surgery Techniques in General Practice."

During the afternoon session at Jackson Hall, Dr. Dingman will present a scientific paper on "Wound Healing, Theory and Practice."

Dr. William W. Mattson, Jr., is the hard-working secretary for the Club this year. Dr. John R. Alger is chairman of the afternoon session, which will include five papers by club members. The morning session, chairmanned by Dr. Clinton A. Piper, will feature what has always been the unique feature of this program—the anatomical dissections and demonstrations by members of the club.

Again the meeting will feature the stereoscopic anatomy program by Dr. David L. Bassett, Professor of Anatomy at the University of Washington School of Medicine. Three-dimensional slides of maxillo-facial anatomy will be shown by Dr. Bassett in the main auditorium of Jackson Hall during the morning session. Luncheon will be at the Tacoma General Hospital cafeteria.

The program is as follows:

MORNING SESSION

9:00 - 12:00 Noon

Registration—\$5.00

ANATOMICAL DISSECTIONS AND DEMONSTRATIONS

In Downstairs Main Hall Recreation
Room

1. Surgical Anatomy of Varicose Veins
Theodore R. Haley
2. Surgical Anatomy of the Parotid Gland
Frank Asbury
Arpad L. Masley
3. Anatomical Repair of Diaphragmatic Hernia
Robert Schutt
Charles L. Salmon, Jr.
4. Surgical Approach to the Calf and Foot
Stanley A. Mueller, Jr.
5. Surgical Anatomy of the Extrahepatic Biliary Tree
Col. John H. Sharp
Capt. John D. Allen
6. Surgical Approaches to the Kidney
Herbert C. Kennedy
Weymar A. Rosso
7. The Suboccipital Nerves
Robert M. Chambers
8. Radical Lymph Node Dissection for Carcinoma of the Testicle
Philip Grenley
Louis P. Hoyer, Jr.
9. Surgical Anatomy of the Liver
William E. Avery
Ralph A. Johnson
10. Abdominal Exposure, Helpful Aids
Richard O. Diefendorf
11. Surgery of the Breast
Stanley W. Tuell
12. Surgical Anatomy of the Stomach
Arnold J. Herrmann
13. Approach for Bilateral Adrenalectomy
Robert W. Osborne
14. Surgical Anatomy of the Thyroid and Cervical Esophagus
John M. Donnell
15. Surgical Anatomy of the Spleen
Robert R. Burt
16. Dissection of the Hand
Dumont S. Staatz
17. Surgery of the Pancreas
Edmund A. Kanar
Charles J. Galbraith
In Downstairs Classroom

18. Pathological Tissue Demonstration
Merrill J. Wicks
19. Diagnostic X-ray Problems
Henry E. Maki
20. Post-Hysterectomy Ovarian Tumors
Edward R. Anderson
21. Dissection of the Elbow
Loy E. Cramer
Wayne W. Zimmerman
22. Eight Years of Cardiac Angiography
Kenneth E. Gross
Vernon O. Larson
Robert B. Whitney, Jr.
23. Nerve Conduction Studies as an Aid to Diagnosis
Stevens Dimant
Marcel Malden

AFTERNOON SESSION

2:00 P.M.

Tacoma General Hospital,
School of Nursing
(Main Floor Auditorium)

Discussion of Surgical Anatomy of the Morning Dissections

Reed O. Dingman, M.D.

SCIENTIFIC PAPERS

2:20 P.M.

1. Management of Ureteral Calculi

Ralph V. Stagner, M.D.

2:40 P.M.

2. Posterior Dislocation of the Shoulder

George C. Gilman, M.D.

3:00 P.M.

3. Surgery of the Painful Arm

Stevens Dimant, M.D.

Intermission—10 Minutes

3:30 P.M.

Wound Healing, Theory and Practice

Reed O. Dingman, M.D.

4:00 P.M.

4. Anesthesia in Maxillo-Facial Injuries

Dale D. Hadfield, M.D.

4:20 P.M.

5. Current Treatment of Scoliosis

Robert W. Florence, M.D.

4:40 P.M.

Discussion of the Afternoon Papers

Reed O. Dingman, M.D.

EVENING SESSION

SHERWOOD INN

6:30 P.M. . . . Social Hour

7:30 P.M. . . . Banquet

Tickets—\$7.50

ADDRESS

Plastic Surgical Techniques in General Practice

Reed O. Dingman, M.D.

Poll Shows Doctors Approve New Meeting Plan By Internists

A luncheon address by the guest speaker, presentation of cases by non-internists, and omission of the evening banquet session—these were some of the innovations at this year's annual meeting of the Tacoma Academy of Internal Medicine held on March 12 at Jackson Hall. According to an on-the-front-steps informal survey of physicians at the meeting, the new format was favored by a majority of those attending.

During the morning session, for the first time in the Academy's history, non-members presented cases. The guest participants were Dr. James E. Hazelrigg, President of the Pierce County Academy of General Practice; Dr. Bertold Bruell, general practice physician in Federal Way; Dr. George Tanbara, Tacoma pediatrician. Dr. Tanbara took advantage of the occasion to put in a plug for the upcoming poison prevention week.

Cases were also presented by eight regular members of the Academy as well as two prospective member internists, Doctors J. G. Katterhagen and James G. Billingsley.

M. D. BOWLERAMA

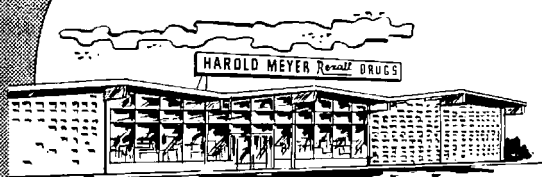
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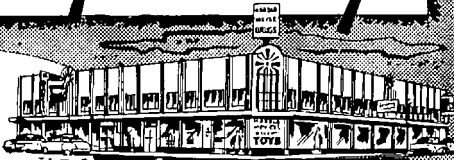
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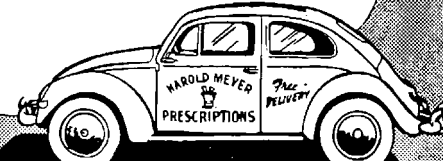


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Saint Joseph's

A Personnel Manager was recently acquired by St. Joseph Hospital. Beginning March 1, Robert B. Walsh took over direction of our more than 500 employees.

For 26 years Mr. Walsh has been on Air Force Duty. Indeed, he was stationed at McChord when the base originally opened in 1940. He served as a fighter pilot in World War II in North Africa, Sicily and Italy campaigns and immediately following the war was with the German occupation for three years. Other overseas service included a tour of duty in Korea as operations officer of a jet fighter group, while his 26 year career as electronics officer and pilot held a number of stateside locations, Alaska among them.

Robert Walsh was born in Idaho, where both parents continue to live in Couer d'Alene. He has attended several professional Service Schools and has three years of college credits awarded by the University of Alabama. His Personnel Management experience was gained as Chief of Electronics Maintenance and Director of Communications and Electronics for the Seattle Air Defense Sector, McChord Air Force Base, heading a 900 man organization over the last four years.

He resides with his wife La Wana Mary, at 6922 Mount Tacoma Drive, in Lakewood.

Sister Mary Emmanuel and one of the students, LaVerne Durbin, attended an institute for Medical Record Librarians, held at the Hyatt House, Mar. 10, 11, 1966. This institute, which was conducted by the Association of Western Hospitals and sponsored by the Washington Association of Medical Record Librarians, was primarily for planning and opening a Medical Record Department, whether a new one or remodeling an old one. It was a well attended and a most interesting and informative meeting.

Mrs. Sylvia Ames and Mrs. Ann Lee have been chosen as delegates from Pierce County Nurse's Association District 3 to the Washington State Nurse's

Convention to be held in Seattle Mar. 30, 31, and April 1 at the Olympic Hotel.

The annual retreat for Catholic students was held Mar. 11, 12, and 13. The retreat master was Father Castagnola.

Marriages: Miss Diedre Hunter and Clifton A. Smith, Mar. 5; Miss Janice Hamre and Graydon Marklamb, Mar. 12; Miss Charlotte Knechtel and Captain Raymond Lebsack, Mar. 16.

Mrs. Margaret Coutu, Mrs. June Esche, Mrs. Diane Wiwatowski, and Mrs. Sylvia Ames attended the *Discussion in Depth on Alcoholism* at the Hilton Inn, Seattle on Mar. 9.

The Pierce County Catholic Nurses awarded their first scholarship to Miss Roberta Purcell. The presentation took place at a Communion Breakfast at Ceccanti's Restaurant on Mar. 20.

Students of St. Joseph's Hospital School of Nursing will get their formal course instruction the first four quarters of their training at the Tacoma Community College beginning in Sept., 1966.

Mrs. Sylvia Ames and her senior nursing students toured the new Intensive Care Unit at University Hospital in Seattle on Feb. 27. Mrs. Margaret Coutu accompanied them. They also toured Shadel's Hospital accompanied by Mrs. Diane Wiwatowski. Dr. James Smith lectured to them on Alcoholism on Mar. 8. They were guests at a luncheon in the hospital.

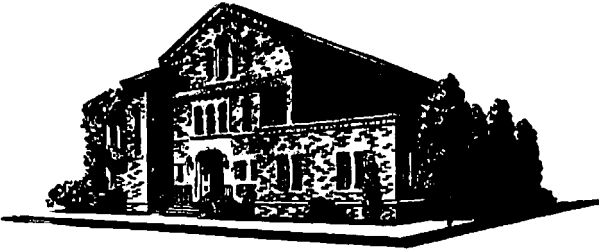
Open house for the high school students was held on Sunday, Mar. 27 from 12 noon until 4 p.m. Tours of the hospital departments were included.

We sit by and watch the Barbarian, we tolerate him; in the long stretches of peace we are not afraid. We are tickled by his irreverence, his comic inversion of our old certitudes and our fixed creeds refreshes us; we laugh. But as we laugh we are watched by large and awful faces from beyond; and on these faces there is no smile.

—HILAIRE BELLOC

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PHYSICIANS' AND HOSPITAL SUPPLIES

Medical Auxiliary Looks at Tacoma

At the February meeting of the Pierce County Medical Auxiliary, Evelyn Osborne and her panel of Auxiliary members took us on a tour of our city. It was not the usual tour, although we did begin with a view of the jewel-like physical setting in which we live. Rather, it was a tour of opportunities for service which are evident in our community in many ways.

We began with the need for individuals and groups to help with the city's beautification projects, along our waterfronts, entrances to the city, both by our action in helping with the actual beautification and with our expression of concern and interest to our city government.

From there we were guided through the needs of various facets of city life—both cultural and socio-economic. The following areas of community need were discussed with names to contact if any of us wish to volunteer either our talents or our money:

COMMUNITY MENTAL HEALTH CLINIC — Noon telephone answering at their office needed. Call Carol Hazelrigg, WA 7-2555.

HANDICAPPED SWIM PROGRAM — Dressers, Swimmers, Water Safety Instructors needed. Call Jeanne Judd, JU 8-2686, or Barbara Teats, SK 9-1121.

FAITH HOME — Someone to lead physical fitness program; record room — 1 afternoon a week; transportation to various appointments. Call Ellen Pinto, SK 2-1555.

BALLET, OPERA, TACOMA SYMPHONY — Working membership; sponsoring membership. Call Dona Gilman, SK 9-6885, or Marcia Palmquist, SK 2-8012.

ZOOLOGY — Working membership; sponsoring membership. Call Sherry Johnson, MA 7-5697 or Connie Hellyer, JU 8-7927.

RED CROSS — Drivers. Office, BR 2-3101.

MIGRATORY WORKERS IN PUYALUP VALLEY—Volunteers for summer.

Mrs. Allen, County Extension Office, County-City Bldg., FU 3-3v11.

ELDERLY—Money to furnish a community room. Telephone visiting program for those in new housing for elderly. Mrs. Wm. Merrill, SK 9-0250; Laura Foltz, GR 2-3918.

YWCA — Grapevine Shop. Consignment Shop — Merchandise and customers needed. YWCA, BR 2-4181; Virginia Knowlen, S K9-9572.

ALLIED ARTS — Volunteers and membership needed. BR 2-3141.

TACOMA ART MUSEUM — BR 2-8688.

There was stimulating discussion on the part of all present. It was evident that we were all aware of our responsibilities and that many of our members are actively participating in community affairs. Whether or not the Auxiliary should work as a group to meet one of these community needs, or whether we should continue to work as individuals wherever we find a spot where we can contribute, was a question which flitted in and out of the discussion. Because of the lively interest, it seems certain that this topic is really marked "To Be Continued."

Pierce County Drug Sensitivity Survey

The initial response to the above project has been excellent. At the date of this writing, more than one hundred forms have been returned already. Furthermore, many of the men have come up with pertinent questions and valuable suggestions.

Physicians who have answered the form in an affirmative fashion will be contacted for a future interview at their convenience. Nobody could be expected to remember all details, but we will simply try to do the best we can. Several people have suggested that we start a current survey now which might be easier to keep track of. This possibility will be looked into and, of course, the one approach does not necessarily exclude the other.

As stated previously, all information

will be handled in the strictest confidence, but please *DO* sign your name as it would be impossible to contact you otherwise.

There have been many requests for an exact definition of the concept of "significant drug reactions." Drug reactions are to be defined as any unexpected adverse reaction to a diagnostic or therapeutic agent. For example, extrapyramidal symptoms from certain tranquilizers, urticaria or angioneurotic edema, anaphylactic reactions, marked gastrointestinal symptoms, etc. We are trying to exclude such things as minor gastrointestinal symptoms from certain broad spectrum antibiotics, drowsiness from antihistamines or tranquilizers, etc. In case of doubt, it is always better to report these symptoms since we can always easily screen them out later.

If you did not have any drug reactions in your practice during the last five years, please return the form anyway stating same, since this is also of statistical importance.

To my knowledge, the cooperation with this project thus far has been much better than anywhere else in the nation. It seems as though we might come up with a "true first" of very interesting data in Pierce County.

If you lost your form or have any other questions, feel free to contact me.

JOHN COLEN, M.D.
Drug Sensitivity Committee
Tacoma Academy of
Internal Medicine

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"Good Samaritan Act" Filed By State Fire And Police Assn.'s

With the recent filing of Initiative Measure No. 230, State Fire and Police officials may succeed in bringing to a vote of the people a measure which doctors have been unable to put through the State Legislature. Initiative Measure No. 230, to be known as the "Good Samaritan Act", proposes to release from liability for civil damages any person who stops to render emergency care or assistance at the scene of an accident. This would include both laymen and doctors.

The measure is jointly co-sponsored by The Washington State Association of Fire Chiefs, the Washington State Firemen's Association, and the Washington Association of Sheriffs and Police Chiefs.

Full text of the measure is as follows:

Section 1. WHEREAS, a person who is present at the scene of an accident

or emergency is under no legal duty to aid the victim or victims thereof, and

WHEREAS, the fear of a suit for damages based on civil liability may cause laymen and doctors who might otherwise be inclined to help a victim at an accident or emergency to be reluctant to offer their aid.

NOW THEREFORE, the provisions of this act, known as the GOOD SAMARITAN ACT, may erase this deterrent and may help save a life by encouraging a person to render assistance to a victim in an accident or emergency.

Section 2. Any person, who renders emergency care or assistance at the scene of an accident or emergency, on public or private property, shall not be liable for any civil damages for acts or omissions other than damages occasioned by wanton acts of misconduct by such person in rendering such emergency care.

Section 3. All laws and parts of laws in conflict with this act are hereby repealed.

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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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

VOL. XXXVII—No. 5

TACOMA, WASH.

MAY - 1966



Viet Nam
Report from
Dr. Lane
(Page 14)

Trout Farm in
Doctor's Yard
(Page 24)

PIERCE COUNTY MEDICAL SOCIETY

REGULAR MEETING
MAY 10, 1966

Pierce County Medical Society

1966

OFFICERS

President	Glenn G. McBride
President-Elect	Charles P. Larson
Vice-President	Douglas P. Buttorff
Secretary-Treasurer	Arnold J. Herrmann
Executive Secretary	Judy Gordon

TRUSTEES

Myron A. Bass	Robert A. Kallsen
Douglas P. Buttorff	Charles P. Larson
Robert M. Freeman	Glenn G. McBride
James E. Hazelrigg	Clinton A. Piper
Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

DELEGATES

Glenn H. Brokaw	Charles P. Larson
Robert M. Ferguson	Glenn G. McBride
Hermna S. Judd	Stanley W. Tuell
	Wayne W. Zimmerman

ALTERNATE DELEGATES

Douglas P. Buttorff	John M. Shaw
Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger
	George A. Tanbara

COMMITTEES

Ethics

Don C. Willard, Chairman	
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- 3 Bernard A. Bader
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- 4 Charles R. Vaught
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- 6 Albert Ehrlich
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- 7 Richard Barronian
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- 8 Orvis A. Harrelson
- 9 Siegfried F. Herrmann
Joseph O. Lasby
Roy A. Virak
- 11 Leland J. Bland
- 19 Douglas P. Buttorff
- 20 Robert M. Chambers
Kenneth D. Graham, Jr.
- 22 Merrill J. Wicks
- 26 William R. Conte
- 28 George C. Gilman
- 31 Bryan M. Archer
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In Memoriam



Dr. William Rademaker passed away unexpectedly on April 26 at his home here in Tacoma. Bill was born in Aitkin, Minnesota, November 29, 1908. His youth was spent in the iron range of Minnesota—in the mines, and on the boats during the summers. He attended the University of Minnesota, receiving his M.D. degree in 1936. After an internship at Asbury Hospital in Minneapolis, he returned to northern Minnesota to a general practice at Crosby, Minnesota. There he engaged in a typical rural practice until he moved to Tacoma in 1943.

In his 23 years of medicine here in Tacoma, he became a familiar figure. At any hour of the day or night the huge form coming down the corridor was that of Bill. He was the totally dedicated practitioner who answered the calls of patients above and beyond the call of duty. The kindness and the great generosity of this man could only be appreciated by those who knew him best—his great following of patients, his colleagues, and his many friends.

As a practitioner his particular love of obstetrics stimulated the early years of his practice. His hobbies of hunting and fishing dated from his early years in rural Minnesota. Recollections of Bill tramping the fields on a pheasant hunt, of sitting in a cold duck blind, or in a drifting boat are memories only a few of us can treasure.

Bill leaves his wife, Eileen, three sons, John, Bill and Chuck, and a daughter, Mary. Our community will be poorer for his loss and we'll miss him as a citizen and physician and for his quality of boyish enthusiasm toward life and its problems that so few of us attain.

SAMUEL E. ADAMS, M.D.

ROBERT H. GIBSON, M.D.



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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, May 10

**Annual joint meeting of Thurston, Mason
and Pierce County Medical Societies and
Madigan General Hospital**

FORT LEWIS OFFICERS CLUB

6:30 P.M. - Social Hour

7:30 P.M. - Dinner

8:30 P.M. - Scientific Session

**Northwest Allergists
Meet In Olympia;
Tacomans on Program**

The seventh Northwest Allergy Forum will be held Saturday, May 14, 1966 at the Tye Motor Inn in Olympia, Washington.

The principal speaker is Doctor Leo H. Crip, Clinical Associate Professor of Medicine, University of Pittsburgh, Pa. He will present a paper on "Auto-immune Disease". He will also moderate a panel on "Drug Sensitivity". Other panelists are Doctor Paul P. VanArsdel, Jr., M.D., Associate Professor of Medi-

cine, University of Washington, Seattle, Washington, and Doctor Frank Pearlman, Associate Clinical Professor of Medicine, University of Oregon Medical School, Portland, Oregon.

Local talent will also prevail. Doctor James W. Boudwin will present a paper and moderate a panel about the "Psychosomatic Aspects of Allergic Disease". Doctor James G. Billingsley will present papers on pulmonary function studies and blood gases.

The meeting will last from 9:00 a.m. till 5:00 p.m. and there is no registration fee.

For further information, please contact John Colen, M.D., Scientific Program Chairman.

Humiston Explains Complex Medicare Payment Methods

Despite lack of advance billing, Dr. Homer Humiston found an overflow crowd of attentive physicians listening to every word as he discussed the billing practices expected under the upcoming Medicare program. First asked to attend to simply answer questions at the April meeting of the Pierce County Medical Society, the Medical Director of the Pierce County Medical Bureau found himself filling in as co-speaker with State Health Chief Dr. Bernard Bucove, replacing the ailing Dr. Harold Harrison.

Though never enamored of the whole Medicare situation, Dr. Humiston pointed out that we may as well face the facts now that the bill has become a law. In discussing the rationale of the Pierce County Medical Bureau in applying — and being accepted — as the local carrier for professional services under Medicare, the Medical Director admitted that the Bureau was probably the “least bad” of the choices available. The Medicare law provides that the carrier shall have the right to look into physicians’ books to settle disagreements about fees. Dr. Humiston suggested that if a local physician had a choice of whom should be looking into his books — a government agent, a lay insurance company adjuster, or a medical director hired by our own local Bureau (namely Humiston) — he would no doubt choose the latter.

Dr. Humiston explained the methods of billing under Medicare. The patient and physician must agree on one of two methods. In the first method, the physician bills the patient directly and receives payment directly. After the bill is paid, the patient takes the receipted bill to the government’s carrier (PCMB) and the carrier re-funds the patient 80% of the “reasonable fee” for the services rendered. For example, the physician renders a service with a usual fee of \$100. The patient pays the physi-

cian, then takes the receipted bill for \$100 to the carrier and the carrier gives the patient \$80 — assuming the \$100 was the reasonable fee for such service.

Under the second method, the doctor agrees to accept assignment of the bill to the carrier. He sends the proper form to the carrier, and is promptly paid \$80 — in a situation comparable to the above example. Then it is up to the doctor to collect the remaining \$20 (20%) from the patient.

An important difference between the two methods is that in the first method, the physician may charge more than the so-called reasonable fee if he wishes. Thus, he could charge \$150 for this service, bill the patient for this amount, receive payment — and then when the patient presented the receipted bill to the carrier, however, he will only be paid 80% of the previously established reasonable fee, or \$80. In the second method, the physician is obligated to make his fee correspond with the carrier’s established reasonable fee, and in this example cannot charge more than the \$100.

“Reasonable fees” for this area have not been determined yet. This is a responsibility of the carrier, but Social Security has issued several guidelines to be used in determining reasonable fees. These include the following: the usual fee charged for the service by that individual physician, the usual and customary fee for this service by doctors in this community, and the fee that would be paid by the carrier to the physician for a comparable service covered under its own plan.

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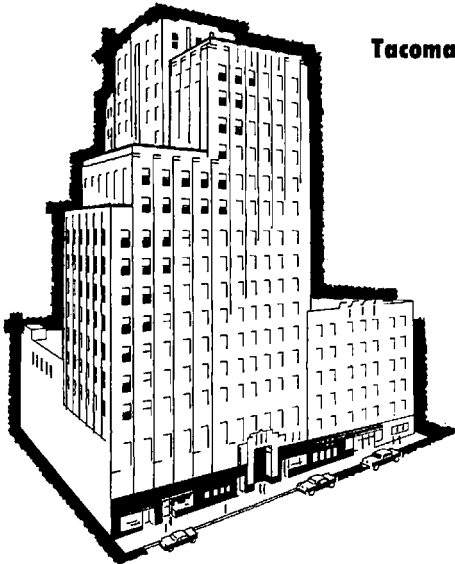
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President's Page



"A BANK WITH INTEREST"

"All volunteers to give blood to the blood bank report to the rifle range at 2:00 P.M. today."

The above quote, "borrowed" from a recent Reader's Digest humor section, was made over the public address system of the Lockheed Missile and Space Company. This illustrates the extremes to which some companies and their employees will go to serve their community.

In these times of "Medicare" and talk of Regional Health Centers, it is easy to neglect and overlook one of our important community projects, our local Blood Bank. I asked Dr. Merrill Wicks of the American Association of Blood Banks to express his thoughts on this important segment of our medical community. The following is a review of his comments:

In the operation of the Blood Bank, a very essential factor is the *anticipation of need* for blood as far as is possible by the physician. In so doing, he should *first motivate* the patient's family to obtain donors; and *second, have the patient's blood group identified* along with *antibodies* that might be present which would interfere with the proper cross match.

The Blood Bank is a community effort to supply blood and blood products to patients in Pierce County. It is a non-profit corporation sponsored by the Central Labor Council and endorsed by the Medical Society. Three of the seven-man Board of Trustees are physicians: Doctors Eugene Hanson, C. P. Larson and Fred Schwind, the last named replacing Dr. Burton Brown in 1964.

This is the 20th anniversary of the opening of the Blood Bank and approximately 150,000 units have been supplied to patients in this period of time. All donors are volunteers. The patient is charged thirty dollars a unit if it is not replaced. This is an incentive fee only. A ten dollar service charge may be cancelled if a second donation of blood is made within thirty days of the time the patient received the transfusion.

"Credit pools" have been established by a number of community organizations. These organizations, who see to it that blood donations are made prior to the use of the blood, constitute a very basic form of support.

Inventory constitutes the biggest day-to-day problem as whole blood has a shelf life of only twenty-one days, and a variety of blood groups and types must be kept available. In addition, a special problem is presented by the newborn infants who need blood obtained in heparin for replacement transfusions. Another problem is the need for heparinized blood for open heart surgery. Other specialized problems exist.

The above are a few of the facts about our local Blood Bank. We as physicians owe a special thanks to the Central Labor Council, to the Board of Trustees, including our own physician members, and to Dr. Wicks, the Director, for their efforts in our behalf. .

We do not have to send the donors to the "rifle range", but we should urge our patients, their families, and ourselves to donate units to this worthwhile enterprise.

—GLENN G. McBRIDE, M.D.

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Editorially Speaking



Some can't get enthused about the Good Samaritan Act.

Some say suits against doctors for aiding accident victims are very rare. They may be right.

Some say very few doctors "pass by on the other side" as a result of fear of legal suit. They may be right, too.

But even if they are, there is still an excellent reason for all citizens, including doctors, to support Initiative 230. Passage of the measure will inevitably produce instances in which aid is rendered at a crucial moment by an individual who would not otherwise have stopped. The measure appears to provide a protection for those who render aid, but its greatest benefit will be the elimination of a deterrent to the rendering of such aid.

Try the shoe on the other foot. It's not too comforting to visualize your professional colleagues driving on by while you or your children lie unconscious, the frantic efforts of a self-trained first-aider determining your course toward recovery or death.

One thing sure—if not enough petition signatures are obtained, the measure will never pass.

Petitions for the Good Samaritan Initiative are available at the fire station at South 9th and A Streets. Or just call BR 2-5425, weekdays before 5 o'clock.

—S.W.T.

M. D. BOWLERAMA

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used with caution in the presence of hypertension, cardiovascular-renal disease, and hyperthyroidism. As with any preparation containing antihistamines and sympathomimetics, overdosage may produce excessive central-nervous-system depression or stimulation.

Side-Effects: Drowsiness is sometimes reported at the beginning of treatment but is usually transient. In rare instances, symptoms of sympathetic overstimulation may be noted from the vasoconstrictor ingredient in Co-Pyronil.

Dosage Range: One Pulvule every four, eight, or twelve hours, depending on the severity of the symptoms.

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Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

Viet Nam Needs Doctors, Nurses . . . Bob Lane Reports

(This is the first of two installments by Dr. Robert E. Lane regarding his recent experiences in Viet Nam. —Ed.)



Dr. Lane conferring with a patient (left) with help of an interpreter (center).

Before relating some of my experiences in Viet Nam, I should explain briefly the background of Project Viet Nam. Last summer President Johnson asked the American Medical Association for volunteers to go to South Viet Nam to care for the civilian population. This country about half the size of California with an estimated population of 14 million, four-fifths of them farmers, has about 800 physicians — however, 500 of them are in the armed services. Likewise, the supply of nurses and technicians is proportionately low.

Under the guidance of Dr. William B. Welch, founder and president of the People to People Health Foundation, Project Viet Nam was started last Fall with Dr. Edwin Brown as project director. The program is financed by the Agency of International Development commonly called AID and known in Viet Nam as U.S.O.M.

Physicians volunteer for 60 days' service over and travel time. Assignments are usually made to augment existing A.I.D. programs on a long-term basis, such as the various teams spread throughout the country. The primary need was for surgeons, orthopedists, general practitioners, and internists, but as the program has developed most other specialists are needed. Transportation and \$10.00 per diem is provided.

Volunteers must be in good health, and recently an age limit of 55 has been made. Two groups of about eight men leave twice a month to keep about 30 in the country at all times.

Our group met in Los Angeles for a short briefing prior to departure the next a.m. We flew via Pan-Am direct to Hong Kong with refueling stops at Honolulu and Tokyo. There was a 30-hour lay-over in Hong Kong for sightseeing, shopping, and a rest — then a 4-hour flight to Saigon.

Barbed wire barricades and being awakened early in the morning with windows rattling from B-52 bombing, along with numerous security measures, quickly brings one to the reality of war — but this soon becomes the usual and familiar and then realization that the greatest hazard is local traffic.

There is another more comprehensive briefing by General Humphrey, Chief of the Health Division of AID — assignments are made final, and we are told that side arms are optional. This came as a surprise to most of us who had managed to get through a number of years of military service unarmed. As it turned out, I only know of one physician who availed himself of this opportunity. Many of you will recall his picture in "Medical Tribune," all loaded down with pistols, submachine guns and grenades making "rounds" in a village. The story was he was more interested in fighting the war than medicine.

Saigon is a pathetic city, its past beauty evidenced by tree-lined boulevards, stately homes of French colonial and oriental architecture, marred by piles of garbage, sandbags and barbed wire barricades and armed guards. The streets are jammed—jammed with people on wheels, 2, 3 and 4-wheeled vehicles, the most delapidated little Renault taxicabs, the sickening olive-drab jeeps and huge army trucks, with too many shiny cars with too many generals' stars on the front — and in between all these are the multitude of motor bikes, the three-wheeled cyclos, and all of these popping out a

cloud of smelly exhaust that lays over the entire street.

So many Americans, many in uniforms and armed, are especially prominent as we are so much bigger, fatter and richer, contrasted to the small, slim, graceful, quiet Vietnamese—especially the women dressed in their traditional Ao Dai.

Not only can these women ride on the back of a motor bike side-saddle with the complete grace of a circus bareback rider, but they can spit on the street so gracefully it doesn't seem offensive.

With all its facilities over-taxed, its 1.5 million population further crowded by Americans taking over many buildings and homes and aiding in inflation, anti-American actions would be expected. However, there were very few signs — in fact, it seemed both sides were making a definite effort to respect each other and to be friendly.

So, I was happy that my assignment was changed from Saigon to Can Tho and soon was on a plane for that 75 mile trip. Americans travel by plane for only a few roads are secure more than a short distance beyond the city's limits. At the airport I was met by a U.S.O.M. representative and taken to my quarters, a room in a court of small apartments occupied by various other U.S. O.M. personnel, their offices, and a few Vietnamese families. Very adequate quarters, even with air conditioning, if one desired.

After unpacking, I went to the hospital to have a look. With one look, I retreated back to my quarters. This was something that needed a bit of thought-collecting before making the plunge. The next day being Sunday, gave me an opportunity for graduated exposure before the Monday morning plunge.

To describe the place is almost impossible for one must use words like hospital, wards, beds, patients, that have meanings ever associated with our past experiences, but here there should be a whole new terminology. So I'll revert to statistics and do my best.

The complex consisted of about a

dozen buildings of plaster construction of varying size in various states of repair and dis-repair arranged in hodge-podge manner with dirty, dirty court yards (full of humanity — mostly patients' families down to the smallest youngster), all surrounded by a dirty plaster wall topped with broken glass. Inside the gate one sees a whole mass of people jammed about the out-patients clinic; from there one makes his way very carefully (to avoid falling into the open sewers that are plugged up) through the stink to the so-called wards. To add to the turmoil, a construction company complete with the ever-present jack hammer (is this a status symbol of hospital remodeling?) is tearing down, digging holes and building up. How they do it would be good for an article in itself. For extra color are added goats and cattle wandering about.



A young Vietnamese girl brings her little brother to Dr. Lane.

With some sense of pride, a young Air Force doctor who obviously had been there too long, showed me the post-op ward. That day it was just a blur. After working in it about a week or so, I was finally able to see it. The surgery was comprehensible — it had been built by the Americans — a small building with two operating rooms, a large supply room with autoclaves, a small office and best of all, a toilet and a water cooler with boiled water (later though, I most often found it dry.) Then to the surgery ward — a dirty old small, stifling hot Quonset hut, the medical ward was more of the same, so dark inside that the first time I didn't notice that

many of the beds held two patients. The prison ward I wouldn't try to describe, you'd have to see it and then you wouldn't believe it. So, off to the pay ward — two stories, of course no elevator; in fact, only a few plain light bulbs for each floor. But here if you pay the equivalent of 16c a day, at least you don't have to share your bed and, for about 75c, you can have a 2-bed cubicle. Unfortunately though, there is practically no nursing here.

The pride of the post-op ward was that it was the only place in the hospital with 24-hour nursing. As a result, all critical patients were put in here as long as any space was available, and that means two adults to a bed, or up to five children, with stretchers on the floor. Two large rooms were for men and women surgical patients with two small rooms for medical. Actually there really was no separation, just demarcated by an archway. The entire ward was filthy, with dirty beds, blood-soaked mattresses, flies (only the O.R. was screened), and full of the sickest and most severely injured and burned patients I have ever seen.



"Have you noticed any worms lately?"

The tuberculosis clinic building was new and quite clean. It was used to a large extent by hospital administration for offices. However, the tuberculosis ward, though only a few years old, was in terrible shape. The tile floor had been laid over sand that had washed away; surprisingly, it was only partially occupied in spite of prevalence of this disease. The patients would rather be at home which was easy to understand. There was no nursing here at all and the patients moved around freely, usually expectorating out the door into

the dirt where little children were playing.

Just inside the hospital gate a large mass of people crowded about the outpatient clinic. It was a remodeled building containing a pharmacy, a shot room, an E.N.T. room, a dental room and one large room for general medicine.

The introductory tour ended here and I was introduced to an interpreter and went to work. I felt as confused as a junior medical student on his first day in a clinic but, as time went along, I finally was able to interpret the interpreter and became acquainted with the French names for drugs. There were usually two volunteers here and we'd see about 150 patients a day with another 150 to 250 being cared for by nurses. The work was characterized by its variety — of course, all ages, and most of the patients very sick, the predominant illness being infectious diseases with acute, enteric fevers the most frequent, but pneumonia and tuberculosis were very common. Parasites likewise were common: hookworm, amebiasis and ascariis. If I didn't know what to do for a patient, I could always treat them for round worms.

Among the diseases that particularly stand out in my mind, was perforated typhoid ulcers — in fact, most of the typhoid we saw was complicated. Apparently, most ordinary typhoid didn't come to the hospital. Success of treatment seemed to depend on how early they came in and upon our extremely limited day-to-day supply of parenteral chloromycetin. Incidentally, surgical closure did not seem to make much difference, and it is one of those diseases you can learn to diagnose just by looking at the patient.

Cholera was fairly prevalent as there was a small epidemic in the area. This is a dramatic disease producing the most extreme dehydration just within hours. Treatment is rapid fluid replacement using at least two veins at a time.

Among the nutritional diseases, Beri-Beri was common as is Kwashiorkor which is a nutrition disease of children

and probably related to the mothers nursing of children up to the age of four under the mistaken notion that they won't get pregnant while nursing.

Unfortunately, most of our diagnosis had to be based on the clinical picture and response to treatment as the laboratory was most limited. We did get cholera cultures by sending specimens to Saigon, but anything more than routine blood, urines, an occasional Widal, was out and even these were unreliable and took days to get done.

Not so with X-ray. The Air Force Med-Tech named Franz, who had trained his own crew, would turn out 80 to 100 films a day with never a complaint. There was, of course, no work with contrast media, although we had a 100 ma. machine, it was in need of repair and the two months I was there the technician from Saigon just never got out to fix it.

DOCTOR-DENTIST FIELD DAY

June 17, 1966

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Alanon Groups To Meet

The Alanon Family Groups of Pierce County will hold an open-to-the-public meeting Thursday, May 5, 1966, at 8 p.m. at the auditorium of the Tacoma Public Library.

"Living with the Alcoholic" will be discussed by a social worker, a wife, a teenager and Mr. Richard Silver, Director of the King County Committee on Alcoholism Information and Referral Center.

Refreshments will be served.

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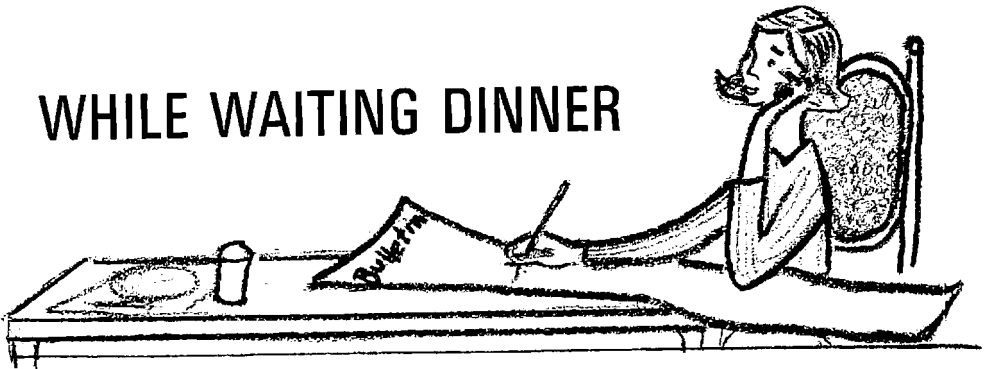


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International Health	Mrs. Charles McGill

Blue sky, sunshine, forsythia, flowering quince and camellias . . . a home in a lovely setting overlooking Commencement Bay and a host of friends to share a delightful luncheon with — these were the impressions received by members who attended the April luncheon at the home of Mrs. John Alger. It was, by far, the largest attendance we have had this year due in part to the magnetism of our charming, red-haired speaker, Mary Bard Jensen, who gave a discourse on "Why I Write Books."

We soon found out that this clever, best seller authoress thinks primarily of herself as a stenographer who types 90 words a minute, endorses checks and digging in her garden and writes books to keep out of trouble! Her attempts at "Artsie Craftsies" were disastrous, she maintained, and at women's meetings she just couldn't "keep still" which also was distasteful . . . so she writes books!

Co-chairmen for the luncheon were Mrs. Dudley Houtz and Mrs. Edmund Kanar assisted by their committee, Mesdames Richard Davis, Charles Galbraith, Stanley Mueller and George Tanbara.

May Dates

Buy your tickets now for the most glamorous May dance of the year, the annual Auxiliary dance on Saturday, May 14, at the Sherwood Inn. The cocktail hour will begin at 6:30 p.m. and an elegant dinner will be served at 8:00. Dancing begins at 9:30 to the popular music of Gary Gonter and the Starlighters.

Huge balls of pink blossoms highlighted with twinkling white lights will hang from the ballroom chandeliers and tables around the room will be centered with branches of the same pink blossoms.

Telephone committees are now busy contacting members and taking reserva-

tions for tickets but if you have not as yet been called, please get in touch with Ticket Co-Chairmen, Martha Brigham, SK 2-3211 or Jean Colley, JU 8-2447.

The MOST RELAXING Auxiliary luncheon of the year is the one in May! You don't have to mince your way past a line of people hoping that you don't slosh hot coffee on someone's new suit or teeter a tray between your knees while your skirt creeps up and you hunch forward to try to eat with your elbows pinned down by the close proximity of other members on each side. No, indeed! In MAY we are allowed to sit at tables with white tablecloths and flowers . . . and elbow room . . . and eat like ladies! So don't miss this one opportunity of the year — call Betty Johnson, SK 2-8652 or Dee Wickstrom, SK 2-3435 now for reservations for the 12:00 p.m. luncheon, May 20, in the Rainier Room of Lakewood Terrace. Reservations must be in by the 17th of May and no cancellations after that date.

Nurses Scholarships

Finance Chairman, Dorothy Maier, reported at our last meeting that we will again give \$1200.00 in Nurses Scholarships this year. This amount will be divided into \$200.00 each to a Junior and Senior student at each of the three Schools of Nursing, Tacoma General, St. Joseph and P.L.U.

It was also decided by the membership that the \$1322.00 from the 83 contributions to the Edith Hutchings Memorial Fund would be better used to help undergraduate students so the above mentioned funds will be divided among the three schools to be used at their discretion to assist a Senior student.

Dues

According to Elvina Brokaw, Dues Secretary, only eleven people have not paid their dues, making the paid-up membership of our Auxiliary a total of 202 members. This is the best response we have ever had and Elvina attributes it to the fine start we had last Fall with the various coffee hours to greet new members. Now . . . if only those 11 odd would hurry and send in a check—may-

be, just maybe, we could be ONE HUNDRED PERCENT!

Condolences

Our deepest sympathy goes to Dr. George Moosey and his daughters in the loss of Janet Moosey, a member of our Auxiliary. Mrs. Moosey came to Tacoma from Seattle 29 years ago at the time of her marriage. We will miss her greatly in our organization.

Away From The Phone

President Marge Wicks and Dr. Wicks attended the meeting of the Pacific Northwest Society of Pathologists in Vancouver, B.C. April 21 through the 23. Dr. Wicks is President of this group.

Also, Marge is planning to attend the A.M.A. meeting in Chicago, June 26-30. She will be going without her husband and would like some company so if anyone is interested in going, please give Marge a call.

President's Message

Dear Members:

The program year for 1965-66 is rapidly drawing to a close and as it approaches, I would like to look at our immediate past and perhaps glance into the future.

Some of you who are not active in Auxiliary may ask, "Why should I belong to this group? Just because I am married to a Doctor gives me little or no assurance for a common interest with other physicians' wives. Besides, Auxiliary doesn't do anything constructive or educational—they are just a social group!"

(Continued on Page 21)

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(Continued from Page 19)

Your Auxiliary is far from a "do-nothing" group. Were you aware that this organization is or has in the past, supported or sponsored programs in these fields:

- Blood Bank Volunteer Program
- Speakers Bureau
- Rehabilitation Center at Mountain View Hospital
- Future Nurses Groups
- Poison Control Center
- Community Health Council
- Aid to Patients at Western State Hospital.
- Faith Home
- Remann Hall
- Nurses Scholarships
- AMAERF
- Today's Health
- International Health
- Medical Legislation
- Civil Defense and Safety

Various other agencies in our County Perhaps you can identify yourselves with one of these programs. We need willing and interested workers and can assure you of a great deal of satisfaction from your efforts in Auxiliary's numerous projects.

As I look at the year's accomplishments, the faces of the hard working board loom bright and clear. I want to thank each of your elected officers and general board members for her leadership and help to me. Without them and each of you, my job would have been impossible.

With best regards,
MARGE WICKS

Quips From The M.D. Family

Mary Jensen said she had never been sick a day in her life so she didn't know a thing about doctors when she married one. She was soon dismayed to find that a doctor-husband is either unconcerned about the little things like pregnancies or never available when you need him.

However, it didn't take Mary very long to find the solution. You just call up another doctor's wife, describe the symptoms and she'll diagnose it for you and tell you just what to do!

—LORNA BURT

Cancer Conference "Mile High" in July

The Mile High City, Denver, Colorado, is once again the site of the 20th Annual Rocky Mountain Cancer Conference, July 15-16, at the Brown-Palace Hotel. Some of the nation's most distinguished cancer experts will be present to speak on the subject of cancer.

Participants will include Dr. Charles L. Hudson, President-Elect of the American Medical Association, and Dr. Leonard W. Larsen, President of the American Cancer Society.

Besides a number of scientific papers, the second afternoon will feature an "Information Please" session. Further information may be obtained by writing Rocky Mountain Cancer Conference, 1809 East 18th Ave., Denver, Colorado 80218.

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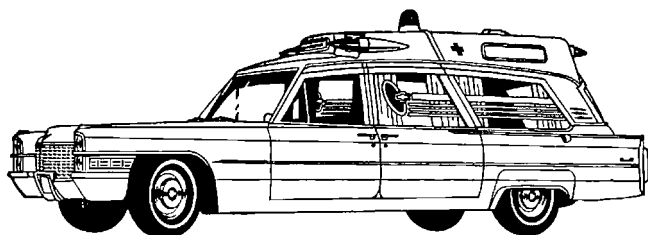
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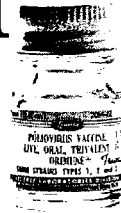
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contraindications. These are, broadly: acute illness, conditions which may adversely affect immune response, and advanced debilitated states. In these, vaccination should be postponed until after recovery.

In infants vaccination should not be commenced before the sixth week of life. Do not give to patients with viral disease, or if there is persistent diarrhea or vomiting. ORIMUNE and live virus measles vaccine should be given separately.

Dosage—initial immunization: two doses each given orally at least 8 weeks apart. (Give a third dose to infants at 10-12 months.)
Booster immunization: one dose, given orally.
See package literature for full directions.

Home-Grown Rainbow Trout Real Sport For Mattson Family

(This month's hobbyist is Dr. Bill Mattson, who tells about the rainbow trout farm he developed in his yard.—Ed.)



The Mattson home and trout farm.

This is a real fun hobby that requires some time and patience, but the yield (non-monetary) is high.

Essentially, you need a clean, non-chlorinated water supply, preferably between 48 to 70° F., with an adequate oxygen content.

I started raising Rainbow trout approximately five years ago. At that time Dr. Ed Wood obtained for me 36,000 eyed (fertile) Rainbow trout eggs. At this time my pond was drained and I dammed up some springs to run through the trough in which I supported the trays of eggs. This was a crude arrangement with freezing temperatures and temporary interruption of water supply and winter schedules making the maintenance of a regular feed schedule impossible. Because of these factors, I ended up picking out some 33,000 dead eggs and ultimately releasing only 200 to 300, 2"-3", fingerlings. However, it was a fascinating experience watching these eyed eggs turn into a pink writhing mass with their subsequent erratic swimming movements. A few weeks later, at the swim-up stage, they started to take some of the artificial feed. The feed used was Ralston Purina Fish Chow, which is a fine dried fish meal

pellet. Ideally, this should have been sprinkled on the water every hour; but this just could not be accomplished during the winter months.

On one occasion I wondered if I was not raising Catfish. The fish seemed to have whiskers. However, on closer examination, it was obvious that the small fish approximately 1½" were swallowing the smaller ones and their tails were sticking out of their mouths. There must have been something wrong with the feed or this particular batch of feed because the fish did not take it readily. Currently I have a few of this original batch of fish that measure up to 24" in length.

Approximately two years ago I started a second batch and this was at the yoke sac fry stage. I obtained the yoke sac fry from Trout Lodge Springs Trout Farm near Soap Lake. They were flown over by air freight in an iced plastic bag. This time I had a better arrangement. The full overflow from my pond, approximately 15-20 gal./min., through my trough. Also, a clever neighbor put together an artificial feeder for me. This makes all the difference in the world. I lost less than 5% of this batch. They also seemed to take more readily to the Clark's brand fish feed.

This created new problems: with the Rainbows being cannibals, I had to try to screen off part of the lake. This was only partially successful in that the Rainbow must have a very sensitive mechanism for localizing moving water because the very next day after release, despite placing them in a screened off area, a few of them had migrated clear across the 125 foot pond and gotten by the overflow screen.

A third and more difficult way to try to raise the fish is netting the fish and stripping the milt and eggs from them. Ed Wood worked with me and after three or four tries in netting the fish we obtained a half a dozen ripe fish and some milt and eggs. However, these did not develop.

A fourth possibility on raising the fish would be to have some small stream or flow of water into the lake for the trout

to spawn in. My lake is spring fed, but it would seem possible to arrange a small flow of water using a small pump. Occasionally I see a few Rainbow milling around some of the shallow gravel bottom in the lake where they drop a few eggs, but nothing ever comes of it.

The Competition:

1. Neighborhood kids on one occasion got into my trough and destroyed a number of fish. Also on occasions we have seen remnants of fish eggs and leaders around the edge of the lake.

2. Kingfishers will often get at a few of the smaller ones — up to about the six inch size.

3. Seagulls — I have seen a Seagull drop in the lake and get a fish on rare occasions.

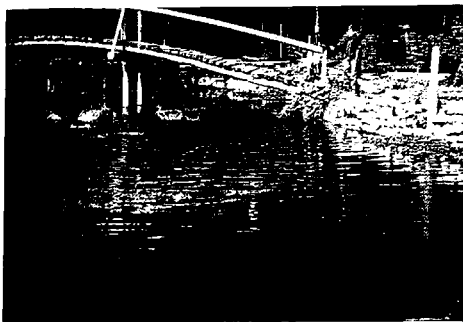
4. Ducks — even Mallards and of course wild fish ducks will occasionally come in the pond and I am sure they get a few of the smaller fish.

5. Blue Herons come in frequently. Although I've never seen one catch a fish, I am sure they have obtained some of the Rainbow. Bianca saw one get a small trout recently.

6. Raccoon I have seen on only one occasion by the lake edge.

7. For the first time, last week, we had a new visitor. At first I thought it was a small seal that one of my friends had placed in the lake as a joke. However, on checking with some of my zoologic friends and the aquarium and also Bianca checking the encyclopedia, this was identified as a land otter. Dr. Murray Johnson has lent a live trap which has been baited with a fresh Rainbow (to no avail to date). The otter has not returned since this one visit. I gather the otter can be a real threat as they have been known to clean out fish ponds. Our cat was in the trap one morning, and on another occasion our dog tripped the trap and was startled and fell backwards into the lake.

8. Rainbows are cannibalistic and thus the competition also includes themselves. Some fish raisers actually recommend separating the smaller and the bigger fish for a better yield.



?? Mattson throwing feed to young trout.

The Yield is in Several Forms:

1. Fishing — Gear is limited to barbless flies except for the very young and also when after an hour or two of fishing the creel is empty at which time we revert to a spoon or egg. The kids really get quite excited when they get a fish on (and many adults get equally if not more excited).

2. It is really great fun just watching the fish surface evenings. Very often they will make some spectacular jumps, both on and off the fishing line. I feed them about a pound of Ralston Purina Fish Chow pellets per day. During the feeding period they also put on quite a show going after the fish pellets.

3. There is a certain sense of achievement watching the fish when you remember just a year or two ago you started raising the fish from the yoke sac or egg stage.

4. The challenge of the elements — the various animals attracted to the pond, both predators and non-predators, add to the interest of the spectacle.

(Continued on Page 27)

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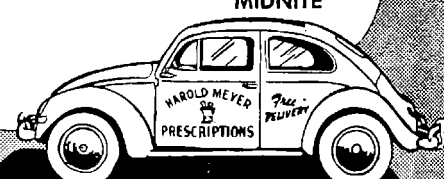
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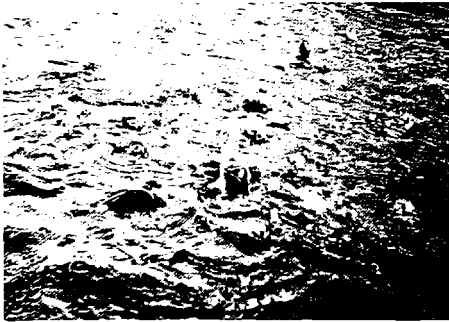
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(Continued from Page 25)



Trout surfacing at feeding time.

5. There is no monetary gain. Reportedly, only about one out of six commercial fish ponds make a go of it. However, they are good eating, and the large dividends are the items listed above. To date we have caught 150 fish and kept and eaten half of these. Post mortems routinely have revealed no liver cancer.

If you are interested in seeing my project and/or the details in starting your own trout farm, give us a call.

If you are interested in the out of doors — hunting, fishing, camping, and topics on conservation, come to our Izaak Walton League meeting. We meet Friday noon at Scotty's Restaurant.

—BILL MATTON

Saint Joseph's

"Alliance For Health" has been designated as the 1966 theme for National Hospital Week, May 8-14. The alliance relates to the role of health agencies in the Medicare Program.

St. Joseph's Hospital will observe the week with various activities, including an exhibit of special equipment used in patient care. During this week, service awards will be presented to employees who have been associated with St. Joseph's Hospital for ten or more years.

The annual open house for those interested in nursing, was held at the School of Nursing on March 27. After a welcoming address, tours were taken through the hospital and nurses home. A smorgasbord concluded the program.

The freshman class elected Miss

Diane Zugel to represent them at the Spring workshop at Vancouver to elect state officers to SWANS. She will be accompanied by the Misses K. Wilbur, S. McNerthney, M. Byrd and J. Kaponich, all of whom have been nominated for state offices.

The staff and faculty of the School of Nursing gave a farewell party for Mrs. Betty Bennett, who left to join her husband in Kansas.

Sister James Helene and Mrs. Coutu are at Veterans Hospital on American Lake instructing one-half of the junior class in psychiatric nursing.

Sister Mary Evelina, Sister Eugene Marie, Mrs. Zelenck, and Mrs. Esche attended a two-day Institute at the University of Washington. The subject was "The unconscious patient and the disoriented patient."

It is good to have Mrs. Moe back in the School of Nursing again. She will relieve Sister Martha Joseph while Sister goes East this summer.

We welcome Dr. Smeall back to the health office after his recent surgery.

Miss Donna Manuteaux became Mrs. Jeffrey Hutchinson in the Ft. Lewis Chapel, Saturday, April 16.

Mrs. Santina Brown, our former secretary was back to visit us and informed us that she and her husband are planning a trip, by boat, to Italy leaving June 3.

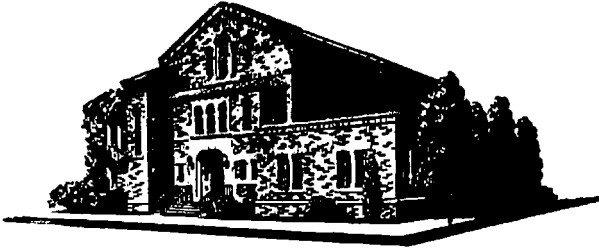
At the end of this quarter Mrs. Creso will leave us. We are all sad to see her go because she contributed in every way to making our program very much worthwhile. Her kindness and her winning ways will never be forgotten. We wish her lots of luck.

On March 31 a farewell dinner was given for Mrs. Cecilia Strong, R.N., after 18 years of employment. She was presented with a set of matching luggage. We will all miss her very much.

We wish to welcome our new employees. Mrs. Mary Jo Smith, R.N. (Gannon '53) is now working in the Delivery Room, from 11-7. Mrs. Brown, R.N. (Derringer '48) is on Post Partum, from 3-11 as is Mrs. Roseanne Berntsen, R.N.

Continued on Page 29

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PHYSICIANS' AND HOSPITAL SUPPLIES

Continued from Page 27

Congratulations to the following families: Mr. and Mrs. Ralph Craton, son, born March 26. Dr. and Mrs. James Blankenship, son, born March 31. Mr. and Mrs. Gary Lindgren (Tombs '61), son, born April 12. Mr. and Mrs. John Kingery, son, born April 18. Mr. and Mrs. Philip Woding (Gallagher '62) son, born April 19.

We wish to express our sympathy to Mrs. Geraldine Prouty, R.N. (Wade '53) on the loss of her baby on April 13.

The Sisters and employees of the hospital wish to extend their prayers and sympathy to Dr. George Moosey and family on the recent sorrow they suffered on the death of his wife, Janet Moosey.

We wish to thank him for his kind remembrance of St. Joseph's Hospital by suggesting that instead of flowers, donations be made to the building fund of St. Joseph's Hospital.

What's up in the Medical Record Department these days? With Sister Emmanuel planning a trip abroad, we have been trying to squeeze many projects into the few weeks that are left before her trip.

Right now Marge is in the process of getting out the first edition of the Medical Record Newsletter which will be sent to all of our former students. The newsletter is taking shape after many weeks of planning.

Mrs. Arness is giving a party for the Record Room employees and students next Friday. We are all anxious to attend this party.

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Thursday, April 28, Sister Emmanuel, the students, and two employees are going on a field trip to Seattle to visit several Medical Record Departments. Some points of interest include Providence Hospital's new Record Department, phonetic filing at King County Hospital, and at the University Hospital we hope to see their modern color coded filing, and terminal digit filing.

The students of the Schools of Medical Record Technicians, Radiologic Technology and Medical Technology are looking forward to their graduation to be held May 8, 1966.

The Medical Record students are busy composing invitations and drawing up a program for the commencement exercise. We feel honored that Dr. Juan F. Cordova has accepted our invitation to appear as our master of ceremonies, and Dr. R. A. O'Connell, President of the Medical Staff, will present the diplomas to the graduates.

Everything seems to be shaping up for the students just hope they all pass!

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The unstable cobalt-60 nucleus ejects an electron of maximum energy 0.31 million electron volts and is transmitted into a nickel 60 nucleus. The nickel nucleus is also unstable and gives up energy in two consecutive gamma-ray processes, the first involves the emission of a 1.17 million electron volts photon and the second a 1.33 million electron volts photon. The resultant nickel 60 is stable and the emission occurs in rapid succession.

These gamma photons of 1,170,000 KV and 1,330,000 KV are equivalent to the X-rays that could be produced by a 3,000,000 electron volts generator since with the wave of the current mm. the equivalent would be approximately 1,250,000 volts.

The gamma radiation given off by cobalt-60 has four basic characteristics that make it suitable for the treatment of deep-seated lesions. These advantages are from a clinical standpoint.

1. Skin sparing effect. Cobalt-60 maximum dose occurs 6 mms. below the skin level, whereas with 250 or 400 KV X-ray radiation the maximum dose occurs at skin level.

2. There is equal bone and tissue absorption by cobalt-60, whereas with lower energy X-ray more is absorbed by bone than by the soft tissues, i.e. problem of femoral necks in pelvic irradiation.

3. There is a high percentage depth dose with cobalt-60 using the least desirable combination possible at 10 cms. depth, the dose would be 50% of the skin dose and with 400 KV (maximal) with the best possible combination the dose at 10 cm. would be 47%. Dosage varies about 10% depending upon skin target distance, size of fields, density of tissues, etc.

4. The primary beam from cobalt-60 scatters less than conventional X-rays. A given tumor dose can be delivered with less irradiation of adjacent tissues and with a smaller total volume dose than is possible with lower energy.

The operational advantages of a cobalt-60 machine are:

1. Precise dosage determination is possible because of accurate prediction of dose rate. Dosage is not dependent upon gas in a tube, voltage change or what not.

2. No filtration is required since the cobalt-60 is essentially monochromatic, hence no low or soft components are to be filtered out and a filter cannot be forgotten.

3. There is a minimum of maintenance and a simplicity of control.

4. The cobalt-60 machine is more flexible than most X-ray machines.

The disadvantages of cobalt-60 irradiation are:

1. Because of the high percentage depth dose, there is also a high exit dose on the opposite side of the body. This means that under certain circumstances, the skin on the opposite side of the body or even the spinal cord must be considered.

2. Cobalt-60 has a half value life of $5\frac{1}{4}$ years, whereas Radon has a half life of 3.58 days. This means that cobalt-60 must be replaced every 5 years and at an expense of six to 10 thousand dollars.

3. The original equipment, while relatively simple, is rather expensive since the head housing cobalt-60 must have 10 or more inches of lead tungsten shielding with counterweights to balance this.

4. Because the cobalt-60 beam is equivalent to that of 1,250,000 volts, the treatment room must have concrete walls at least 12 to 20 inches in thickness, if underground. This, of course, makes a cobalt-60 installation most expensive if above the ground since the weight is hard to support.

Cobalt-60 is delivered in three different shapes: a. small, round, thin wafers; b. small cylinders, or, c. small, round pellets. These are then inserted into a small, round tungsten cylindrical can about the size of a small concen-

trated juice can. This, in turn, is placed inside of a rounded wheel inside of a round lead tungsten head of 20 inches diameter or so. The cobalt-60 rotates in an arc within the large sphere. If the power fails, a magnetic and a spring machine within the head rotate the cobalt-60 within the wheel around 180° so that it is not opposite the external opening. All mechanisms guarantee that in any event the cobalt-60 will rotate back to a safe position. If all these should fail, most machines have a mechanical lever that can be shoved pushing the cobalt slug into a safe position. The cobalt-60 comes from the AEC or legal sources within a rounded lead ball. This is placed against the spherical head of the cobalt machine with careful matching of the external openings of both the lead ball and the head of the cobalt machine. Both machines are locked together before the transfer is started. The cobalt is then forced by a hydraulic or a mechanical force from the lead ball into the machine head. In this manner, the cobalt is inserted into the machine without exposing anyone.

Now that the machine is installed and the cobalt inserted, what will it mean to patients? First of all, it will not mean that cobalt-60 will be able to cure all cancers. It will not cure many more cancers than ordinary X-ray. The percentage of increased cures with cobalt-60 is about 5%. This is only one additional person in 20, so cobalt-60 will not be, and is not, the magic cure for cancer.

If this be the case, why and what are the advantages of cobalt? The two main advantages are: 1. less irradiation reaction and, 2. ability to treat, palliate, and occasionally cure more malignancies than we do now. Patients develop very little reaction from cobalt-60 irradiation, making it possible to treat sick patients and not be forced to stop because of irradiation sickness. Because of the depth dose and the skin sparing effect, certain lesions now not treated can be treated without difficulty. Carcinoma of the rectum is one such disease. This disease is hard to treat effectively because the skin over the sacrum does not tolerate X-ray well since the

area is exposed to friction, moist, pressure and has very little subcutaneous tissue. The skin reaction from ordinary X-ray always limits the amount of X-ray that can be given. Cobalt-60 spares the skin and is absorbed equally by bone, hence it is possible to deliver an amount of irradiation sufficient to do good.

All deep-seated lesions can be given larger doses of irradiation with cobalt-60 than by conventional X-ray. This means that a greater dose of irradiation can be delivered to a carcinoma of the esophagus, lung, bladder, kidney, etc., with greater safety and less reaction. This means that the potential palliative effect of cobalt-60 is considerably greater than that of X-rays. Cure, as mentioned above, is not much greater than with conventional X-ray. This, however, is to be expected since cure of a malignancy is dependent upon many factors such as spread and metastases. Total tumor dose, while important to the primary lesion, will not effect the metastases and therefore not necessarily increase the cure rate.

In summary, cobalt-60 plays an important role in the irradiation treatment of malignancies. It is not to be considered a cure-all, but rather as a most valuable addition to those methods that we now possess.

The cobalt-60 machine recently installed at Tacoma General Hospital is now licensed and operating. It was suggested that a few brief words explaining how the machine operates and the advantages of it would be appropriate. This, then is a brief description of the properties of Co⁶⁰, the machine itself, and finally, how its use can help treat and benefit certain diseases.

Additional comments and answers to questions regarding selection of patients and disease, patient-doctor relationships, interrelation between referring physician and radiologist, cost, complications and related subjects will be discussed at the staff meeting of the Tacoma General Hospital on June 7, 1966. All members of the Pierce County Medical Society are invited.

FRANK J. RIGOS, M.D.
HENRY E. MAKI, M.D.

Pierce County Medical Society

Medical Arts Building
Tacoma, Washington 98402

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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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 6

TACOMA, WASH.

JUNE - 1966



Picture Story of
Annual Dance
see Page 8

Doctor-Dentist
Field Day
see Page 16

PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING
JUNE - JULY - AUGUST**

Pierce County Medical Society

1966
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June Birthdays

- 2 Treacy H. Duerfeldt
- William L. Rohner
- 5 James G. Billingsley
- James L. Vadheim
- 7 Joseph B. Harris
- 8 Jack J. Erickson
- 10 Harold D. Lueken
- 11 Jack W. Mandeville
- 13 Erna Guilfoil
- 14 Thomas O. Murphy
- John K. Stutterheim
- 15 Miles Parrott
- George A. Tanbara
- 16 Juan Cordova
- 20 George R. Batey
- Robert Voynow
- 21 Leo Annest
- Jack W. Lee
- 22 Thomas R. Elder
- Marcel Malden
- 25 James F. Early
- 28 L. Stanley Durkin
- Mills E. Lawrence
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Cover Picture—Tacome Freeway looking northward from the East L St. overpass. Photo by Staff Photographer.

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- (C) a very understanding banker.

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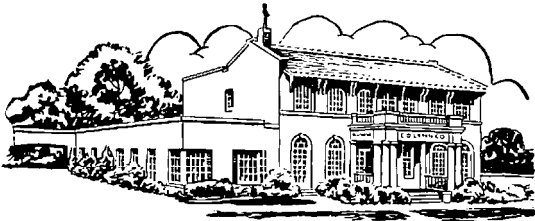
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In Memoriam



William H. Ludwig, M.D., died May 18, 1966, at the age of 73. He received his undergraduate degree from the University of Washington, and his M.D. from the University of Michigan. He interned at the N.P.B.A. Hospital and following this, took eye, ear, nose and throat training at the University of Vienna. He was a member and past-president of the Pierce County Medical Society; member and past-president of the Puget Sound Academy of Ophthalmology and Otolaryngology; and member of the Washington State Medical Association, Pacific Coast Oto-Ophthalmological Society, and A.M.A. He was a Diplomat of the American Board of Otolaryngology and a Fellow of the American College of Surgeons. His non-professional interests included, in particular, membership in the Central Lutheran Church of which he was past-president of the congregation; and membership in the University of Michigan Alumni Association, Tacoma Chamber of Commerce, Tacoma Country and Golf Club, American Legion Post 2, and the Quarterback Club.

With the passing of Bill Ludwig there has been lost a devoted and distinguished physician, responsible citizen, devoted husband, father and grandfather, and a beloved friend. Bill Ludwig was a man who readily gained the respect, admiration and confidence of his colleagues, patients and countless others who met him in his many activities. But, perhaps most important was that he was the kind of man who readily gained the affection of people of all ages and all walks of life. A man of deep religious faith, he was a man of great warmth and good humor, who loved his work and life and people. It would be hard to imagine anyone whose life was not enriched in some way for having known Bill Ludwig. In short, he was an honest, genuine man—a Christian.

There are many measures of a man's success, but my favorite was written by Robert Louis Stevenson. "That man is a success who has lived well, laughed often and loved much; who has gained the respect of intelligent men and the love of children; who has filled his niche and accomplished his task; who leaves the world better than he found it, whether by an improved poppy, a perfect poem or a rescued soul; who never lacked appreciation of earth's beauty or failed to express it; who looked for the best in others and gave the best he had."

Bill Ludwig was that kind of man, and with his family and countless others, we shall greatly miss him.

PAUL B. SMITH, SR., M.D.
PAUL B. SMITH, JR., M.D.



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In Memoriam



John W. Gullikson, M.D., age 65, born in Blue Earth, Minnesota, was a graduate of Carleton College in 1920 and the University of Minnesota Medical School in 1924 where he was A.O.A. He finished his internship and residency at Minneapolis General Hospital in 1927. He was Chief Surgeon of the Northern Pacific Railway from 1941 until his death on May 23, 1966.

He was a member of many Surgical Societies and was past president of the Tacoma Surgical Club and Pierce County Medical Society; he was also an Associate member of the Seattle Surgical Society and North Pacific Surgical Association and a Fellow of the American College of Surgeons.

John was also in many civic and social organizations—the Tacoma Country and Golf Club, Tacoma Gyro and Rotary. He enjoyed golf, archery and fishing and was quite proficient at tying flies and in making his own archery equipment. He was also a photographer, having many cameras and his subject matter varied from surgical pathology to scenic landscapes and portraits.

John took a great interest in the younger men who practiced medicine. He was particularly enthusiastic about vascular grafts, chest surgery and many of the new procedures and he assisted in these with great enthusiasm.

He is survived by his wife, Betty, and two sons: John, Jr. on the Staff of the Dental School of the University of Oregon, and Thomas, Safety Director of the Automobile Club of Washington.

It has been my pleasure to have been associated with John for some 20 years and it is a real personal loss to me, and the Pacific Northwest has lost a fine and dedicated surgeon.

E. R. ANDERSON, M.D.

Picture Highlights of 1966 Annual Dance



Co-chairmen for the annual Auxiliary Dance held at the Sherwood Inn were Florence Dean (center) and Rosemary Dye (right). On the left is Liz Murphy decorations chairman.



Ticket co-chairmen for the dance were Martha Brigham and Jean Colley, shown on duty above. Mrs. Brigham is collecting a ticket from newcomers, Helen and Bob Whitney.



Auxiliary President Marge Wicks table-hops and chats with dance co-chairman Florence Dean.



Obviously enjoying themselves are Auxiliary President-Elect Dona Gilman and handsome George.



Vocalist at the Annual Dance was Miss Washington of 1966, Miss Kippy Brinkman.



At the President's table, clockwise from George Kittredge in the foreground, are Jean Malden, Jim Wicks, Helen Kittredge, Bob Brettell, President Marge Wicks, Marcel Malden and Jean Brettell.



Among those representing the valley were Summer residents Shirley and John Kemman and Liz and Vince Murphy.

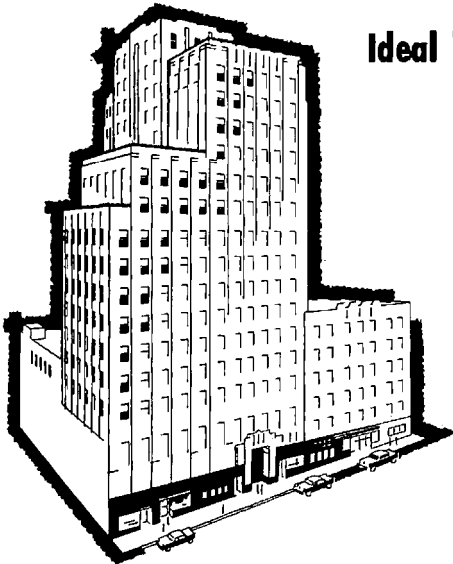
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President's Page



THE INDIVIDUAL RESPONSIBILITY PROGRAM

As we approach the eve of the onset of "Medicare" and all that it means, most of us are giving serious thought as to what will be our individual method of dealing with "Medicare" patients from a financial standpoint. In this column in January, 1966, and in many other pieces of literature before and since, various alternatives have been outlined as solutions. For the M.D. these are briefly: a) He may decline to render service to persons covered by this act; b) He may choose to treat such patients without charge; c) He may treat them with the advance understanding that he will, or will not in any way help them in obtaining reimbursement for the cost of associated services.

Several months ago, I resolved not to add to the volumes being written on the subject of Medicare. However, recently I read that the Texas Medical Association had endorsed the "Individual Responsibility Program". For those who didn't see the article, and as a summary for those who did, here are a few of the pertinent facts regarding this program.

"The Individual Responsibility Program is a simple procedure in which the physician bills his patient; the patient presents his claim to the insurance company, welfare agency, or government—and the patient is responsible to the doctor for payment."

"In keeping with the traditions of free choice in this country, *I.R.P. is voluntary*. . . . For technical information purposes, the physician is responsible to the patient and the patient is responsible to the insurance company. For financial purposes, the patient is responsible to the doctor and the insurance company is responsible to the patient."

"Practicing physicians cherish as their most valued asset their independence from lay influence in making medical decisions. It is this fact which prevents the deterioration of quality care. It is of such importance that Section 6 of the AMA code of ethics prohibits third party interference in the doctor-patient relationship."

With the above as a small part of the preamble, and with numerous "whereas Clauses", the Texas Medical Association has resolved to support this program and has recognized this as an ethical means for use by physicians who *voluntarily desire and decide* to use it.

While no similar action has been taken by our Washington State Medical Association, our personal decision regarding "The Individual Responsibility Program" would be completely ethical and voluntary.

GLENN G. McBRIDE, M.D.

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Editorially Speaking

Can you imagine the AMA officially investigating and policing the wages of garment workers, cement finishers and boilermakers?



It's none of our business—you'd say.

But the Washington State Labor Council would have to agree that this would be quite logical. I'm sure they'd approve such a police-action by the doctors, considering their own recent action. According to "WSLC Reports", the 16-member executive Board of the State Labor Council met in Yakima in April and *one of its actions was to officially call on the national AFL-CIO to "police" fees charged by doctors under Medicare.*

Perhaps we should suggest that COPE pay the salary of an extra doctor to stand beside each doctor as he examines each patient—sort of like the extra, un-necessary man on some train crews.

Oh, yes—the Labor Council is also officially against Initiative No. 233, which would repeal the State's Full Crew Train Law.

—S.W.T.

HEY! LAST CALL!

DOCTOR-DENTIST FIELD DAY

Friday, 17 June 1966

Tacoma Country & Golf Club

If you claim no knowledge of this event, if you persist in this lie, call Judy, MA 7-2020, for any needed details.



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Contraindications and Precautions: Hypersensitivity to antihistamines, though rare, is a contraindication to their use. Co-Pyronil should be

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Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

AMPAC 1966

Politics is beginning to be newsworthy now. The final elections in November may seem like a long way off to most of us. Even the primary race in September does not seem very near. However, to the candidates it is a relatively short time. Commenting particularly on the Congressional races, which is what AMPAC is most interested in, there are a number of things to be considered. A candidate must declare himself fairly early in the game because whether he be incumbent or contender, he has many problems to iron out.

Here in the 6th Congressional district we are getting many names who are entering or thinking of entering the race. For the Democrats there is Floyd Hicks, the incumbent, who will undoubtedly run unopposed. For the Republicans, there are four men who are most often mentioned. They are Pat Steele, Everett Griggs III, Capt. George Mahler and our own Dr. Arnold Herrmann. There are several other names mentioned and I am sure this list will enlarge before the final filing date in July. Then the Republican list will narrow down to real serious business.

These men like Dr. Arnold Herrmann need our support early in the game. People like to bet on winners and so will back a man when he has won the primary election and is heading for the finals. But to raise money for the primary race is difficult. Everybody is jockeying for position. Everybody is trying to outguess the pollsters. But very few are doing anything of concrete value. Men like Arnic Herrmann need to know their friends now. They need to know where the money is coming from and how much. They have resume literature to prepare, posters to put up and hand bills to get out. All these things cost money and cost money now. Printers just aren't interested in promises. These men can give of their time and energies by appearing here and there to speak but they still need money.

AMPAC is interested in getting increased membership, but we are also

vitaly interested in each one of you taking part in politics. There are plenty of men running for office for the 6th Congressional seat. Investigate these people and make a choice now. You may find out that you will be a vital part of their campaign organization. It certainly would be nice to say to yourself when the race is completed in November that you played an important part in getting a man elected to Congress who stood for American ideals.

Remember that now is the time to pay those 1966 AMPAC dues — and remember that now is the time to get active in politics.

THOMAS H. SKRINAR, M.D.
Chairman, AMPAC
State of Washington

FOR LEASE—Excellent space available for doctor or dentist in Medical-Dental Bldg. in University Place. Adequate parking. SK 9-4486. A. H. Porter, 3403 No. 21st.

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You are invited to inspect a new clinic suitable for two physicians and ready for immediate occupancy.

The building is new brick of Colonial design and soundproof construction. It is located adjacent to the South 38th Street business district and served by three bus lines. The clinic, all ground floor, covers 1750 square feet and is divided into six examining rooms with ample cabinets, two hard-wood panelled private offices, furnished reception room, all rooms with wall-to-wall carpeting and draperies, X-ray and dark room complete with tank and mixing valve. Private exits. An FM radio with ceiling speakers provides background music. Carpeting, draperies, hot water heat and additional storage in the basement are all included at a reasonable rental. Ample off-street parking is also available for patients and covered parking is provided for the occupants.

For an appointment to inspect at your convenience please call GR 4-9541 daytime, or GR 5-4866 after 8 o'clock in the evening.



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You May Win Bermuda Trip! Says Brokaw; How's That Again---

It is just possible you are all reading this expectantly, sort of retrospectively, sort of expectorantly, having all long since signed in, signed up, sent in your notification and check for participation in the annual Field Day for Physicians and Dentists.

Friday, 17 June '66, will go down in history (even if nothing unusual happens—that's the way history compiles—some good, some bad). On that date we and our guest group, the dentists of the community, will revel at the Tacoma Country and Golf Club in the usual variety of events involving golf, fishing, tennis, bridge and certain restrained dipsomaniacal, gustatory indulgence all on the basis of personal choice.

You have all received insistent, demanding, detailed written notice of events, chairmen thereof, costs pertaining thereto and the conveyed hope that we will have a fine relaxed day without pressure or formality.

For instance, Dr. Sam Adams will run the fishing event strictly on his own, has the prizes already purchased, allows everyone to fish any hours he may choose, trusts everyone's word for the weight of his catch and insists, "Let the chips and fish fall where they may."

It is to be hoped we will be present in good number, in good weather, in good spirits and planning to remain for the excellent dinner and brief presentation ceremony in recognition of skill and excellence in all categories. An added

prize attraction this year is: A TRIP TO BERMUDA FOR YOURSELF AND ANY TEN ADDITIONAL PEOPLE for all golf scores under fifty strokes and fish over fifty pounds.

Please discuss any puzzling details of event participation with the announced chairman of your event. And my wife, Elvina, has agreed to be present at a table between the clubhouse and first tee to take late money, answer questions and confuse the hell out of you — you know Elvina's capacity for detail.

G. H. BROKAW, Chairman

New Radio Program "Doctor's House Call" Has WSMA Approval

"DOCTOR'S HOUSE CALL," a five-minute radio feature prepared and narrated by Dr. James Rogers Fox is now being heard over Radio KING. The program started on Monday, Feb. 28.

The program is broadcast Monday through Friday at 10:45 a.m. on KING AM-FM.

Dr. Fox, a member of the University of Minnesota medical faculty and practicing internist, selects a different subject for each day's broadcast. The topics range from influenza to antibiotics, tuberculosis to the ageing process, vaccinations to causes of high blood pressure, chest X-rays to acne and anemia.

The doctor outlines the problems posed, explains methods of treatments, the use of X-rays in diagnosis, and the various measures used by physicians.

The Washington State Medical Association has approved the broadcast of Doctor's House Call.

Dr. Fox is a member of the American Medical Association and serves as TV-Radio chairman of the Minnesota State Medical Association. The program has been endorsed by the American Medical Association through its Physicians' Advisory Committee for Radio, TV and Motion Pictures, which reviews and authenticates each broadcast.

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New Medical Arts Hospital Set For Opening on July 1

Tentative opening date is July 1 for the new Medical Arts Hospital, moving from the 6th floor of the Medical Arts Building to its new site in conjunction with the newly constructed Allenmore Medical Center at South 19th and Union, according to Mr. Carl Rasmussen, who will continue as administrator for the hospital, a non-profit corporation.

There will be 50 beds in the hospital, 25 on the surgical wing and 25 on the medical wing. There will be a solarium for ambulatory patients on each wing. The entire building will be air-conditioned. The well-equipped surgical area will include two major and two minor operating rooms, each with oxygen and anesthetic gases piped in. There will be a recovery room and also a Central supply located directly across the corridor from the surgery suite. Oxygen and suction will be piped to each bed and there will be wall-mounted television available in every room.

The hospital will all be on one floor, with ample parking close by, and with a large lobby at the main entrance. Mrs. Helen Sandgren will continue as director of the nursing service, a position she has held at the hospital for the last 12 years.

The hospital's new phone number will be FU 3-5781.

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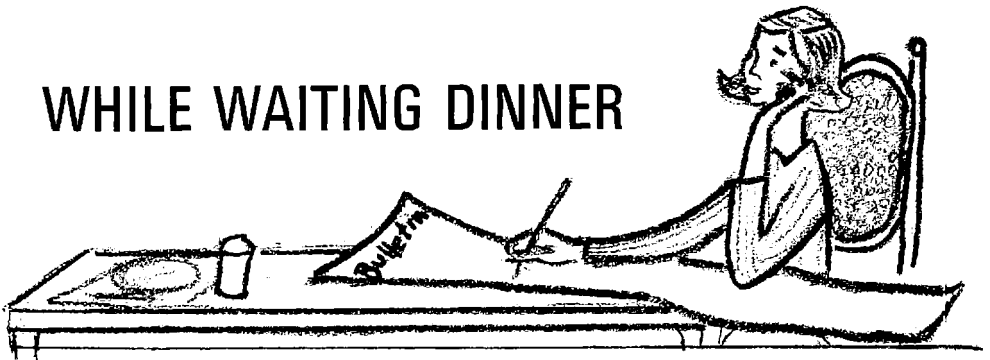


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"It has been said, 'In Marriage it is not as important to pick the right person as to be the right partner.' Let us trust that Auxiliary is the right partner for our Medical Association."

Myrtle Evans, Past President

Washington State Medical Auxiliary

As another year of Auxiliary comes to an end for the summer, we turn in retrospect to the activities of the past year and ask ourselves, "Have we been the right partner this year?" Well, we have certainly tried and deserve some acclaim for our efforts!

May Dance

Approximately sixty couples attended the Auxiliary dance May 14 in the beautiful ballroom of the Sherwood Inn. A roast beef dinner was served, the decorations under the direction of Elizabeth Murphy were lovely with driftwood, candles and white paper roses at the center of each table. The dance floor was excellent as some of our members found when they got into the "swim" of things. An added attraction was lovely, blond "Miss Washington", Kippy Lou Brinkman, who was the vocalist with the orchestra. Co-chairmen, Rosemary Dye in gold brocade and Florence Dean in a lovely ice-blue gown greeted the guests. (See pictures, page 8)

Only one incident marred the evening and that was the disappearance of three members' coats from the checkroom. Anyone knowing the whereabouts of these missing articles, please contact the following people: a white wool coat with a mink collar, Mrs. Edward M. Wood; a white wool with a rain hood and a pair of gloves in the pocket, Mrs. Martin C. Eltrich; and a black top coat, Stan Tuell.

May Luncheon

The weather was wonderful, the company delightful and the luncheon sooo . . . delicious, the "forty-niners" (that is the number of Auxiliary members

who attended) were reluctant to leave the May meeting.

A brief resume of the year's activities was given by out-going President, Marge Wicks and an even briefer greeting was presented by our new President, Dona Gilman, who introduced the new officers and board members for next year.

A special surprise treat came from the cookbook chairman for the coming year, Lorraine Sulkosky, who gave us an advance peek at the new cookbook and provided tasty, scrumptious samples of cookies and cakes prepared by Stephanie Tuell—cookbook chairman for the past year, Carol Hazelrigg, Jeanne Judd and Lorraine Sulkosky.

A.M.A.E.R.F.

Contributions are still coming in to the present chairman, Beth Hennings, who has asked that from now on any future donations be mailed to the new chairman of A.M.A.E.R.F., Mrs. Paul B. Smith, Jr., 3404 No. Adams.

Color Me Relaxed

A recent release from the American Medical Association led off with this story:

Johnny's art teacher asked her class to draw pictures of their families. Johnny's pictures showed his mother, his father and older brothers and sisters all in a flurry of activity.

The teacher asked, "Where are you in the picture?"

"There," Johnny pointed. "That's me sitting down looking comfortable and relaxed."

Sometimes we wonder if all the things we, as doctor's wives, do to be of service to the Community are really appreciated. In addition to the many projects we carry out as a group during the year — raising money for Nurses Scholarships, AMAERF, Remann Hall Clinic, Children's Home Society and Mental Health Clinic — \$3,377.00 in all last year — we participate in practically every other service organization in Pierce County. From Orthopedic to Cancer and Heart, Junior League to the Y.W. swimming program for handicapped children, Philharmonic and U.P.S.

Tacoma Symphony to Allied Arts, Cub Scouts, Girl Scouts, Campfire Girls, P.T.A., Church — the list is endless but THERE is the doctor's wife working to help make OURS a better community to live in.

Some people say to you, "My, you doctor's wives are so smart, always running about doing good. I just don't see how you manage. I'm so busy and my family is so demanding, I just haven't the time to give to all those things."

You grit your teeth and with forced tact reply sweetly, "Service is rather the philosophy of medicine . . . and I guess the doctor's wife gets it by osmosis . . ."

We worry about our families too, and anyone who has lived in a doctor's home can tell you it really is the abode of the half-read page, the quick hash and the mad dash, the long night and the nerves tight, the brain strain and tension pain, the phone that rings and the heart that pings — it's a great life if you can stand the strife!

A possible restorative to such a state is the summer vacation, so gals — use at least part of your holiday to do something you want to do, something you enjoy to the utmost, and do it in a leisurely fashion. Be "comfortable and relaxed," like Johnny.

Quips From the M.D. Family

A doctor's wife, pinch hitting at the office for the nurse who was on vacation, checked over an insurance form filled out by a patient and found in the space reserved for "Age of Father, if living" and "Age of Mother, if living," the figures 116 and 110.

"Are your parents really that old?" she asked.

The perfectly logical reply was, "No, but they would be if they were living."

Have a Happy Summer . . .

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Overflow Crowd As Fort Lewis Hosts Pierce County M.D.'s

An overflow crowd was present at the Fort Lewis Officer's Club on Tuesday, May 10, when the Madigan doctors played host to the Pierce County Medical Society for its monthly meeting. Guests also were doctors from the Thurston-Mason County Medical Society. There were 106 guests there for dinner, after extra tables were set up, and 10 more showed up too late for dinner, but in time for the professional program.

Brigadier General Richard I. Crone welcomed the guests and Colonel Alan B. Eaker was moderator for the four papers that were presented with the following titles: The Treatment of Otitis Media in Childhood; Gastrointestinal Problems in Pregnancy; The Treatment of Ulcerative Colitis; and Aoretic Vena Caval Fistula.

Attendance High For Surgical Club Meet; Kanar New Prexy

The Tacoma Surgical Club's unique anatomical dissections and demonstrations again were the highlight of the Club's annual clinical meeting on the first Saturday in May, competing as usual with the opening day of the boating season in Seattle. On the afternoon before the meeting, nurses, student nurses, occupational therapists, lab technicians and other lab personnel were on hand for a preliminary presentation by the dissectors.

Members of the Club met that Friday evening for a traditional dinner at the home of the President, Dr. E. E. Banfield, where the annual guest speaker, Dr. Reed Dingman from the University of Michigan, showed slides of his recent safari into central Africa where he bagged many big game specimens.

Saturday registration totaled 209 doctors from all parts of the state. At

the evening session at Sherwood Inn, Dr. Dingman presented well-illustrated explanations of various plastic techniques that can be used by the general practitioner, or any surgeon, in closing soft tissue wounds or in excising small lesions, particularly in the facial region.

The annual award for the best dissection of the meeting went to Colonel John Sharp, Chief of Surgery at Madigan Hospital, for his dissection of the extrahepatic biliary tree. New member certificates were awarded to Doctors Loy E. Cramer, Stanley A. Mueller, Jr. and John H. Sharp.

Retiring President Banfield then handed the gavel to the new President, Dr. Ed Kanar, who announced plans for next year's meeting before adjournment.

Tacoma General

Tacoma General Hospital celebrated its 84th Birthday on April 29, 1966. In honor of the occasion a dinner was held that evening at the Americana Tacoma Motor Hotel. Mr. Charles I. Stone, a prominent Seattle attorney, was the guest speaker. Mr. Stone is President of the Health Facilities Planning and Development Board of Seattle, and a member of the American Hospital Association Committee on Planning.

The X-ray department is proud to announce that the Cobalt 60 machine is in operation and on April 1 patients started to receive treatment.

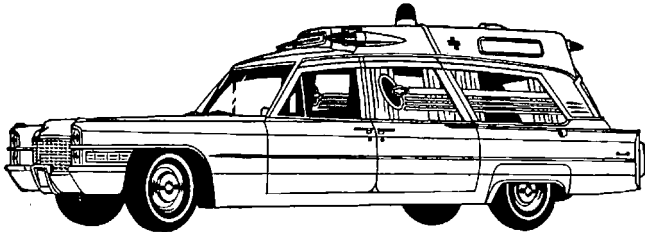
The completion of Ward 3-D which adds 26 beds to the hospital, completes the building project which began in 1960.

Residents in Anesthesiology have rotated and Dr. K. Kari and Dr. U. Berges have left the department and Dr. Michael Doel is the new resident.

Dr. Merrill J. Wicks, Pathologist, President of the Pacific Northwest Society of Pathologists, was chairman of a pathology meeting held in Vancouver, B.C. the latter part of April.

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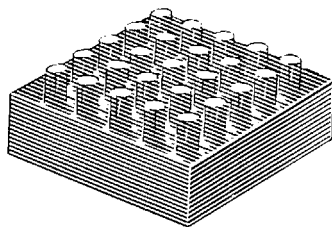
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*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.

St. Joseph's

We wish to welcome back Mrs. Pat Darrack, R.N., on the 11-7 shift. We are sorry to lose Mrs. Tretton, R.N., from Nursery 11-7. She is moving to California May 31. Mrs. M. Sandell, R.N., Postpartum is a patient at Good Samaritan Hospital. We wish her a speedy recovery. Mrs. Grace Sayre, housekeeping had a new grandson March 5. Mrs. Faron, L.P.N., grandson April 17. Mrs. Terry, L.P.N., Nursery a baby boy May 16.

Those of us who have been employed here 10 years and longer wish to thank the Sisters and St. Joseph's Hospital for the tea and pins given in our honor.

Mrs. Phyllis Ellis is a new member in our Surgery Department. She is working in our linen room.

Mrs. Ethel Paisley who has been with us for sometime, and is well known on 3rd floor where she started working, will be leaving us Friday, May 20 to make her new home in San Francisco, California. Her husband will be employed by the California Packing Company. She will be missed by all. Good luck to you Ethel.

On April 23 Miss Maryann Cummings became Mrs. Ralph Rody in St. John of the Woods Catholic Church.

The Junior-Senior Prom sponsored by the St. Joseph's Nursing Guild was held April 29 in the Bayview Room of the Winthrop Hotel. Miss Gloria Berg-hoff was elected queen.

Mrs. Ann Lee was recently elected to the Board of Directors of the Pierce County Nurses Association.

At the State SWAN convention held April 28-30 the following students received State offices:

Julie Kaponich First Vice President
Diane Zugel Second Vice President
Shelia McNerthney

Coordinator of Projects

Mary Byrd Corresponding Secretary

Kathy Wilbur Internal Council of

Student Nurses Chairman

The freshman class is now selling tickets for a raffle on a Barco uniform

donated by Hammer's Apparel. The money raised will be used to send delegates to the National Student Nurses' Convention to be held June 9-13 in San Francisco.

On May 11, Sister Martha Joseph, the faculty and staff gave a farewell party for Mrs. Creso, our science instructor who leaves us at the end of this quarter.

Sister Martha Joseph departed for Ireland Thursday, May 12, after many Jubilee parties. The staff held a luncheon May 3rd in the School of Nursing and the faculty had a dinner in her honor May 4 at Johnny's Dock. The Catholic Nurses Association also honored her at a surprise party May 5.

Mrs. Reidinger, Mrs. Paulson, Mrs. Zelenak and Miss Schwent attended an Institute on Death in the Child and Adult which was held at the University of Washington, May 12-13.

On May 13, Mrs. Wiwatowski, Mrs. Ames, Mrs. Esche and eight senior students visited the University of Washington Hospital to observe the artificial kidney and tour the Surgical Intensive Care Unit.

Three Sisters from St. Joseph's Hospital boarded the plane Thursday, May 12 for Ireland to visit with their families namely: Sisters Mary Emmanuel, Mary Albert and Martha Joseph.

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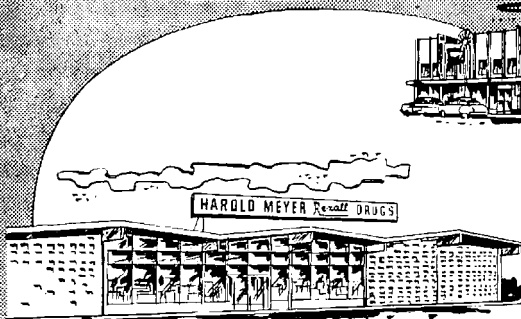
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Operation Headstart For "Hungry Tots"; Program Explained

On your marks. Get set. Go!

These words would have been appropriate as 390 children from 11 school neighborhoods in Tacoma's U-shaped central core area began a six-month-long special pre-school attendance in January, 1966. The program is Operation Headstart. The children are 4½ to 5 years old and are embarking on an early school program to give them an improved chance of success in education. The race is toward a better future.

Operation Headstart has three important emphases. The first is the enrichment phase which you would recognize as being similar to a nursery school program. Stories, books, games, learning to get along with others, finger painting, rest periods and music are all included in the pupil's five half-days a week attendance. A nutritious lunch is served daily to all children whether they attend the morning or afternoon session. Teachers report that children who receive little intellectual stimulation at home are as hungry for knowledge as those who receive little to eat at home are for food. Many of the children are starved for both.

The second emphasis of the program involves health education and health services. The education portion stresses nutrition, personal hygiene, safety and good health habits as part of the classroom activities. Time is taken to wash hands after toileting or before meals. Toothbrushing is done at school after meals as part of the instruction program and attempts are made to see that these activities are carried on at home. The children come to realize through integration of health practices in all activities that the teachers consider healthful living to be important.

The health services program includes a physical examination, urinalysis, hematocrit and tuberculin skin test for each child, plus bringing all immunizations up to date. These services are

to be obtained by the parent or guardian from the physician or agency from whom the family usually obtains their health care. Military dependents will go to Madigan. A moderate amount of money is budgeted to pay the physician or agency for the service rendered when the family is unable to pay or when no agency such as A.D.C. or Welfare is able to cover the expense. In addition, money is budgeted for follow up treatment of defects found and for obtaining glasses and prostheses when there is no community agency to provide the necessary care. The program is designed to reinforce each family's present health care contacts in the community and to help establish medical care contacts where none now exist.

The usual school procedures of vision, dental and hearing screening will be carried out by the school nurses assigned. Growth and development of each child will be recorded monthly.

Part three of Operation Headstart is a strong effort to gain the cooperation of the children's parents. Meetings at school to explain the program and to let parents see their children in action are supplemented with home visits. Parents are given a hand in obtaining services from community resources and are urged to learn what their responsibilities toward their children are and how to carry them out.

Getting a headstart (or the opportunity to catch up), may not help these children win the race, but earlier intellectual stimulation, health care and better parent cooperation may help them become better education citizens.

—ORVIS A. HARRELSON, M.D.

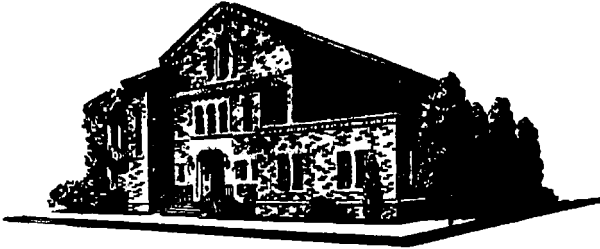
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PHYSICIANS' AND HOSPITAL SUPPLIES

Chinese New Year Loud, Dangerous; Lane Sums Up Trip

(This is the last of two installments by Dr. Robert E. Lane regarding his recent experiences in Viet Nam. —Ed.)

The medical staff consisted of five or six part time Vietnamese physicians and the Americans. Considering the conditions and what they had to work with, I felt that the Vietnamese physicians were generally quite capable. Of course they would be lost here in American medicine but, on the other hand, we were not too sharp there either. The superintendent, called the Medicine Chief, was Dr. Khoa, or more properly, Baci Khoa — Baci being the title given to doctors. Baci conveys much more respect in Vietnamese as compared to "doctor" in this country and this is related to the tremendous value put upon education and the educated there. Baci Khoa's duties not only consisted of run-

ning the hospital, but he was the city health officer besides having some Provincial duties. For all this, his pay was less than that of an interpreter. In order to make a living, he carried on a very heavy private practice, putting in long hours. He managed about two hours a day at the hospital. The other doctors all had private practices and likewise spent only an hour or two at the hospital.

An Air Force Surgical Team assigned for 18 months was the basic American group and carried on the continuity. This particular team was headed by a very capable surgeon, Col. Campbell. Aiding him were two younger Air Force physicians, a male surgical nurse, a male nurse anesthesiologist, an X-ray technician, lab technician, and a civilian supply officer. One female nurse, Miss Ann Fry, worked as an instructor and administrator. To this was added four or five of us volunteers.

In general, the Americans were capable and well-motivated, several made very outstanding contributions, such as the male surgical nurse and the X-ray technician who not only trained a very capable staff, but gave several evenings a week teaching English to the nurses. On the other hand, incompetence was severely felt, such as in the laboratory.

After the first confusing days, one's work settled down to a routine — but it never became boring, for it was constantly being interrupted by the bizarre case or the extremely ill patients and many humorous incidents, albeit of a pathetic nature. I guess Charlie Chaplin best exemplifies that type of humor.

Initially, I was appalled by the Vietnamese doctors shotgun methods. However, in time, I was doing the same. So frequently the patients were so sick that one couldn't do anything else but treat them for all possibilities and hope to establish a diagnosis by further observation and treatment response. One of the first cases I saw was a classical tetanus, and I must confess that my thinking was so oriented to our functional problems that my first thought

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was that this patient was hysterical, only to realize a moment later that this was textbook tetanus. This momentary embarrassment was very valuable.

I didn't get to the point of routinely giving camphor shots and strychnine as did the Vietnamese doctors, but I did use some Doca (they always gave this to critical patients). My rationale was that it should help retain sodium and ought to help in the severe diarrheas that were so prevalent. Our work was crude and many mistakes were made, but one was stimulated to make the most of what we had, and to do that required some thought.

To a degree, much the same principles applied in surgery. With such grossly contaminated wounds and compound fractures with extensive tissue destruction, as has been shown time and time again in wars over the last century, definitive surgery is useless and the best is wide debridement with open wounds and frequent amputations. With this treatment at least there is a chance of a live patient who perhaps some day can get a secondary repair. I wonder when and if all those people will get their arteries, nerves and fractures repaired — let alone a prosthesis.

It wasn't all work, for there was plenty of time to see the sights of the city. Of particular interest was the large market place, always crowded with many stands selling produce, fish, flowers, fruits, pots and pans. And one could always enjoy people-watching, especially the children. There are so many — the younger ones naked or half naked — that is, the lower half. They seemed happier than most children playing in the filth without toys or, at the most, with some improvised toy such as an old bicycle tire. The seven-year-olds take care of the babies and so forth, on up. Orphans of ten or twelve years, completely on their own, making a "living" selling papers, or shining shoes, or making simple bicycle repairs, are common.

Tet, the Chinese New Year, was January 21st. This is a holiday that might be equivalent to our Christmas,

New Year, Thanksgiving and Fourth of July all put together. An atmosphere of excitement builds up for weeks in advance with the market place getting bigger and busier each day until the afternoon of the day before it suddenly becomes empty. All the farmers leave, the shopkeepers close and are busy scrubbing their shops, and the city workers sweep huge mounds of trash from the market into the river. That evening everything was unusually quiet as the families all gather together in their homes. Then at midnight, all hell broke loose. Not just firecrackers, but machine guns shooting tracers into the sky, automatic rifles shooting all over town. This was the only time I felt any danger — it was the darndest sight I'd ever seen. There were a dozen casualties hit by these stray shots, with several killed. Almost as crazy as our Fourth of July highway deaths.

The shops and market are very quiet then for several days until there is a gradual reopening; I guess when they

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run out of money. But this is the only annual vacation time. At the hospital we ran with half a staff for two weeks so that everyone had one week's vacation. The patients cooperated — in fact, just about anyone that could move just left the place and went home, regardless of the medical consequences. Likewise, the war shut down for about a week, and this sudden "peace" to celebrate Tet was a dramatic example of how foolish war is. Yet, in a week, back at it again — as if it were the second half of a dirty game.

I found the Vietnamese people very easy to get along with. They are respectful, rather quiet, and laugh easily. Yet, they are also superstitious. For example, the fifth and twenty-fifth days of the month are considered bad luck days, and always on these days the clinic work-load would drop way off. Also, they are quite romantic — their popular songs are very sentimental and attempted suicides over unhappy love affairs were common.

Americans seem to be especially fond of them, so much so that I believe it is a factor in the often expressed saying that we must stay there to "see it through."

It seems to me we have a paternalistic emotionalism in regard to the Vietnamese that is in a sense dangerous, for emotions can be very misleading. They are child-like in many respects as Ky, himself, has illustrated and we, with all our hordes of advisors, certainly have taken on the indulgent fath-

er role. This could be an emotional trap, a natural one for our paternalistic society.

On the other hand, the Vietnamese have a more mature attitude than we do when it comes to the fundamentals of living — in other words, death, impending death, pleasure and happiness. It is most evident in regard to sex, for this seems to be our culture's present major fantasy. Baci Khoa put it nicely when he said, "You Americans just talk and talk about it and we just do it."

Whenever I read an article, I always start at the end with the summary. I hope you do too, for all I really have to say is this.

Project Viet Nam is a unique opportunity for doctors to go to a different world, to serve the people there in some small capacity and, in return, to get a close look at a very different society with their problems, their way of life, and their hopes. In doing so, one realizes that we Americans are in a very small minority group, so very highly privileged, that most of the world would covet our poverty. Someway, we must find a way of giving them the best of our culture, which I think is our respect of the right of the individual, instead of exporting our worst, which I think is materialistic violence. See for yourself, you can get a look for 60 days PLUS \$10.00 a day, a round-the-world airline ticket, a few worms, and no telephones from Project Viet Nam. Write care of the A.M.A.

—ROBERT E. LANE, M.D.



"I GUESS THE DOCTOR HAS DECIDED TO STOP BADGERING US FOR HIS FEE!
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Courtesy Medical Society Magazine Group

Pierce County Medical Society

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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 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 Monday of each month—8:00 p.m. at 424 South K Street

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July and 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 at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

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

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and 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, September, December—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.

LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 7

TACOMA, WASH.

JULY - 1966



Tear down
City Hall?
See Page 7

PIERCE COUNTY MEDICAL SOCIETY

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JUNE - JULY - AUGUST**

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- 3 Martin R. Johnsen
- 8 Sidney Kase
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- 10 Claris Allison
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- 11 Harry W. Camp
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- 12 Robert W. Florence
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- 17 Walter M. Arthur
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- 19 Paul B. Smith, Jr.
- 21 George S. Kittredge
- 23 Charles H. Denzler
- 24 John A. Sheppard
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- 26 Archibald W. Heaton
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- 28 William H. Goering
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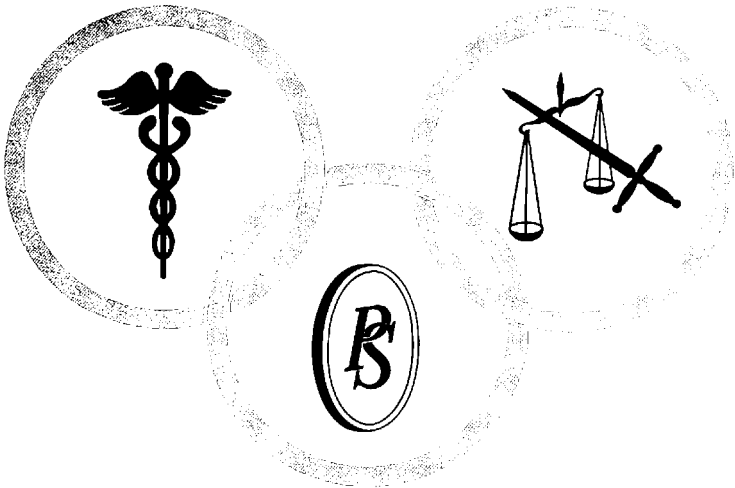
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We strongly urge you to review your present will with your attorney, or to use his experience in drawing a will if you do not now have one.

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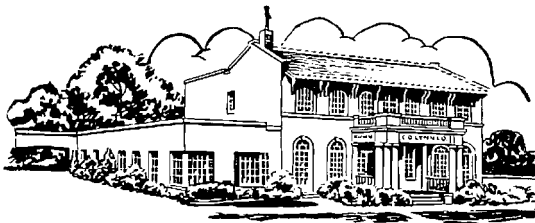
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President's Page

"WHO'S DEAD—AND WHO ISN'T?"



One of our prominent ophthalmologists tells the story of a patient who was in an automobile accident when the car he was driving ran into a pole. It seems the patient, the driver, was blind, and his wife who could see, but didn't drive, coached him by telling him how much to turn the car right or left, et cetera. The cause of the accident? The driver's hearing aid broke down. Fortunately, his cardiac pacemaker kept functioning after the crash. Sounds far-fetched, doesn't it?

There was another case in which the patient sustained a massive cerebral hemorrhage and ordinarily would have died except that his cardiac pacemaker was in perfect running order. Was he alive or dead?

With the recent breakthrough in transplanting monkey embryos into test tubes and raising them in vitro—plus the advent of the several extraordinary means of preserving life—it is no longer a "Cradle to the Grave", but now a "Test Tube to the Repair Shop" society. Instead of saying, "I'm off to see my general practitioner", it's "I'm off to see my General Electric repair man."

Sir George W. Pickering, British Medical Researcher of Oxford University, said, "I'm glad that I shall be dead and will have ceased to make my own contributions to this catastrophe long before it happens." The "catastrophe" he predicts is an earth "completely occupied by human being—more and more of them senile. The goal of medicine is that of indefinite life . . . with somebody else's heart or liver, somebody else's arteries, but with somebody else's brain."

We are, as a profession, on the brink of an era in which we must decide: When are we to use these extraordinary means of preserving life? How long should these be used—for a reasonable time, or as long as there is any sign of life? At what point should these procedures be discontinued? In other words, who's dead and who isn't?

Perhaps we shall need help in making these decisions.

—GLENN G. McBRIDE, M.D.

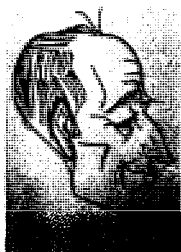
IS YOUR CHILD ARTISTIC?

Put His Work of Art
on Display at the

Allied Arts Center

(Call SKyline 9-0011 for details on
the doctors' families' art show)

Editorially Speaking



Want to make a Chicagoan mad? Ask him how come they don't tear down that useless old Water Tower that occupies an umpty-thousand dollar piece of property at the corner of Michigan and Chicago Avenues.

Want to irk an San Franciscan? Just tell him they should junk those silly impractical cable cars that run up and down Powell Street.

And now let's make a Tacoman yawn. Ask him for an opinion on the razing of the old City Hall at 7th and Pacific Ave. A substantial percentage of Tacomans will stifle the yawn long enough to mumble out some reasons that would also be arguments in favor of tearing down the Chicago Water Tower and scrapping San Francisco's trolleys. Stuff like—expensive upkeep, not practical, using up valuable space, doesn't look right alongside modern architecture.

Sentiment hasn't quite gone out-of-date. If it had, we could all marry robots to keep the house neat and do the cooking. I feel sorry for the family that's so impractical that it hasn't some sort of family heirloom it keeps for sentiment—the old mantle clock, the cracked vase mother used to have in the window, the old upright piano, the Bible with Grandma's favorite passages listed on the flyleaf.

Want to build up downtown Tacoma with some new and modern buildings—fine! I'm all for it, and can point out 30 or 40 old structures that are useless and deserve being destroyed to make way for progress. But the old City Hall? I haven't heard of a single new use for that small piece of property that couldn't be as well satisfied with some other property nearby.

Long may she stand! Tacoma's heirloom—landmark of the historic past—towering guardian of Commencement Bay!

—S.W.T.

I'M FINE

*There's nothing the matter with me,
I'm just as healthy as I can be.
My throat fills up, I can hardly talk,
And my legs are so numb, it is hard to
walk.*

*I'm short of breath, and my blood is
thin,
But I'm awfully well for the shape I'm
in.*

*I'm so very shaky, I can hardly eat.
And I have no feeling in my feet;
I know my heart is out of whack,
And I've terrible pains in my lower back.
The way I stagger sure is a crime,
I'm likely to fall down any time,
But all things considered, I'm feeling
fine.*

*I have varicose veins, and my eyes are
dim,
Most everything's getting out of trim;
My memory is failing, my head's in a
spin,
I'm practically living on bufferin,
But I'm awfully well for the shape I'm
in.*

*Now the moral is, as this tale we unfold,
That for you and me, who are growing
old,
It's better to say, "I'm fine" with a grin,
Than to tell everybody the shape I'm in.*

By: ORVILLE C. GOSS

May 6, 1966

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Tacoma

Allied Arts Center To Feature Doctors In Aug. 15 Art Show

First call for all artists, sculptors, painters and other participants in the creative arts. For the first time in its history, the Allied Arts Center will present an art show devoted to the artistic efforts of doctors and their families. The show will run for 2 weeks starting on August 15 and will be open to the general public.

Hanging committee for the art show consists of Beth Hennings, Ruth Houtz, Ken Gross and Fred Schwind. They urge all doctors, their wives and their children to sort out their best recent creative masterpieces — they don't even have to be masterpieces — and ready them for showing at the art show. The space at the Allied Arts Center is very much in demand and must be reserved many weeks in advance, so it is hoped that doctors' families will take advantage of this opportunity to show off their artistic talent. All types of creative arts are wanted — collages, wood-carvings, mosaics, sculptures, photography and paintings in any media.

It's an art display, not a contest. If you have recent works of art that should be in this art show, call Beth Hennings at SKYline 9-0011.

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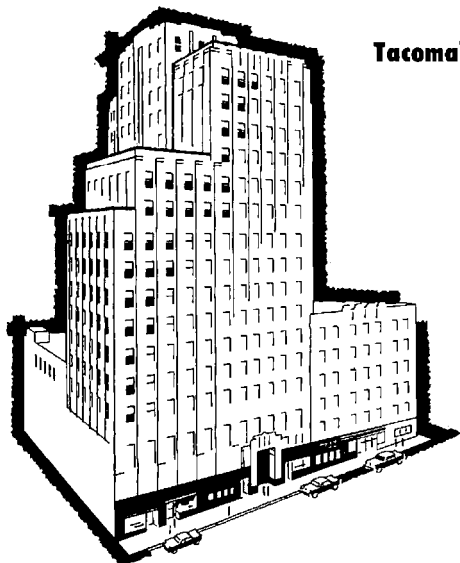
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First Hole-in-One! Brokaw's Ballyhoo Makes Big Field Day

Big things happened and didn't happen on Friday, June 17, at the annual Doctor-Dentist Field Day.

The big thing that happened was that a participant sunk a hole-in-one for the first time in the history of the event.

The big thing that didn't happen was that nobody caught a 50-lb. fish and nobody shot a 50 on the golf-course—so therefore nobody won the trip to Bermuda that event-chairman Glenn Brokaw had generously donated as a prize for such accomplishments.

The hole-in-oner was a dentist, Dr. Dale Murray, who plunked in a 155-yard shot off the 11th tee. The pleasant weather and Glenn Brokaw's noticeable advance ballyhoo brought out a big crowd to the golf course, with 68 doctors and dentists competing. Tennis players numbered eight for easy bracketing, while the poor fishing tides resulted in a scanty turnout of only eight fishermen. A total of about 80 assembled for the evening banquet at the close of the day's program.

Best entertainment of the evening was provided by impromptu speaker Marsh Whitacre, who was egged into telling how he became the day's champion on the golf course with a low gross of 76—best score of the day. In a tie for low-net were John Comfort and Horace Anderson, each with a net 70. High gross champ of the day was Anton Walloch with 144. His appropriate award was a can of three tennis balls.

By handicap divisions, the winners amongst the doctors were: 1st Division — low gross, Whitacre, with 76, and low net, Horace Anderson; 2nd Division — low gross, Bob O'Connell with 86, and low net, Bill Rohner with 72;

3rd Division — Sam Adams, low gross with 89. John May stroked a 102, but Calloway'd in for low net of 72 in the 3rd Division.

Since the fishing wasn't too hot, the fishing prizes were distributed by fishermen's luck—all fishermen drew numbered tags from a hat and the highest numbers won the prizes.

Letter To The Editor

From: Depart of the Air Force
325 USAF Dispensary
McChord AFB Washington
98438

To: Pierce County Medical Society
Tacoma, Washington

Dear Sir,

To expedite processing of medical bills for services rendered Air Force military personnel by local hospitals and physicians we request the following be published in your monthly bulletin: Forward all medical bills in triplicate and certified, to the 325 USAF Dispensary (325DISP-R), McChord AFB Washington 98438 on all Air Force military personnel. Please include rank, name, service number, organization, base, and home address of individual treated. This information will enable us to process your bills more expeditiously. Sincerely

James H. Hazel, Major, MSC, USAF
Dispensary Administrator

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Additional information available to physicians upon request. Eli Lilly and Company, Indianapolis, Indiana.

AMPAC 1966

Recently, those of you who have not yet joined our group received a reminder billvelope asking you to please submit your \$20.00 at this time. As the letter says, "We need you on our team."

We are starting to come down the stretch for the Congressional races for 1966. The final date for filing as a candidate for the U. S. Congress is July 29. This means that at the end of this month we will know just who the official candidates are and will then be ready to choose up sides and decide who we want to vote for.

This year is a most important one for all of us. It is not just a question of what will happen to the medicare program, but all the other legislation that is rapidly taking shape and is being voted on. Within a relatively short time every phase of our medical practice will be involved with the Federal government, from what drug we prescribe to how we

bill our patients and even to whom we can hire and fire in our own offices.

We who are concerned about the future of medicine feel it is necessary to band together so that a united front can be presented to help put hard dollars into candidates' campaign in order that they may win. AMPAC is dedicated to the cause of medicine as we know you are. Those of you are members have already received a membership card from our State AMPAC organization. Those of you who do not have one of these cards are urged to reconsider what can be achieved by an organized group and consequently determine to join up today. The price of preserving the free enterprise system of medicine may be great, but the price of losing it will be enormous.

THOMAS H. SKRINAR, M.D.
Chairman, AMPAC
State of Washington

Tacoma General

Graduation ceremonies were held Friday evening, June 17 for the Class of 1966. Dr. Richard Hartley delivered the graduation address, "Challenge to Womanhood."

Mrs. Bess Piggot, Director of the School, presented the class to Mr. W. L. Huber, Administrator of the Hospital to receive their diplomas. A scholarship of \$200 from the hospital was presented to Miss Gretchen Schodde for use in continuing her education, and one of \$150 to Mrs. Patricia Kupka. Miss Schodde also received the Inspirational Trophy, an honor bestowed upon the outstanding senior by her student body. Following graduation, a reception was held in Jackson Hall.

Miss Lucille Larson, head Technologist, is attending two separate scientific meetings in Los Angeles during the latter part of June. She will also attend an advanced course in Laboratory Management sponsored by the Hyland Laboratories.

You are invited to inspect a new clinic suitable for two physicians and ready for immediate occupancy.

The building is new brick of Colonial design and soundproof construction. It is located adjacent to the South 38th Street business district and served by three bus lines. The clinic, all ground floor, covers 1750 square feet and is divided into six examining rooms with ample cabinets, two hardwood panelled private offices, furnished reception room, all rooms with wall-to-wall carpeting and draperies, X-ray and dark room complete with tank and mixing valve. Private exits. An FM radio with ceiling speakers provides background music. Carpeting, draperies, hot water heat and additional storage in the basement are all included at a reasonable rental. Ample off-street parking is also available for patients and covered parking is provided for the occupants.

For an appointment to inspect at your convenience please call GR 4-9541 daytime, or GR 5-4866 after 8 o'clock in the evening.

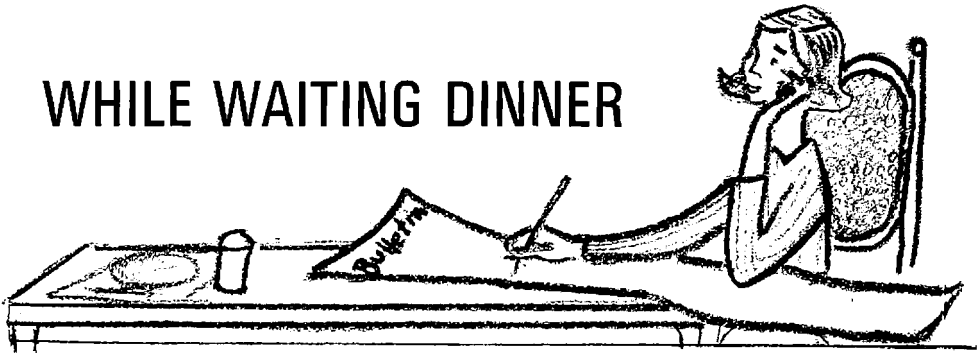
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the doctors' families' art show)

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To The Pierce County Medical Society

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3rd Vice President and Today's Health	Mrs. Walter M. Arthur
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Fashion Show	Mrs. John M. Havlina
Dance	Mrs. Ronald T. Spangler
	Mrs. Orvis A. Harelson
	Mrs. John R. Alger
	Mrs. G. W. Bischoff

Vice-President; Ellen Pinto is Legislative Chairman; Dorothy Meier is Treasurer; and Marje Wicks will be Community Service Chairman. These gals certainly do a great deal for all of us through their devotion of time and efforts.

Our Talented Ones

Here's a chance for our many talented members to display their creative abilities. For two weeks, beginning August 15, the Allied Arts Center will present an art show for doctors and their families. All doctors, their wives and their children, are urged to submit their works of art — be they paintings, woodcarving, sculptures, photography or whatever form of art — for the dis-

Our apologies for the mistake in last month's list of officers. Florence (Mrs. Gordon) Dean is our Social Chairman and certainly deserves recognition, appreciation and gratitude for all her work.

Our Busy Ones

The Pierce County Medical Auxiliary can be proud and brag a bit about the outstanding women we have on the Washington State Auxiliary Board. Jeanne Judd is Southwest Regional

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play which will be open to the public.

If you have work which should be in this show, please call Beth Hennings at SK 9-0011.

Our Young Ones

As long as we're bragging, we thought you'd like to know a few of the honors our graduates won this year.

Carolyn Diane Burt graduated from Clover Park High as one of the top five graduates in a class of 385. She was the first speaker and set the theme for the ceremonies of "Alice in Wonderland." Carolyn received honors at entrance to U.P.S., an Art scholarship, Honor Society scholarship, and a plaque and pin for outstanding service to her school.

Stadium High School had three of our smart ones graduating on the Honor Roll. Our congratulations to Philip Kallsen, Charles Meier and Janet Sue Florence.

Sue Colley received the Kiwanis Music Inspiration Awards at Lakes High School, as well as being an Honor grad.

Stanford is the choice of schools next year for Chris Rigos. Chris graduated with honors from Charles Wright.

Wilson High was lucky to have Linda Dole Backup graduate as second of the Top Ten of her class.

Hugh Judd is among the top four of his law class at Stanford.

Jonathon Hurst received the Kiwanis award for the outstanding boy student at Mason Junior High.

We feel sure there are others we've missed, so give us a call, please, so we can include them next month. Our congratulations to all of our young people who graduated. We're proud of each and every one of you. Let us know about school plans for next year.

(Continued on Page 18)

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(Continued from Page 17)

From Our President

Dear Members:

This is a delightful time to become president of the Auxiliary. With all of our future activities in the Board's competent hands, I'm looking forward to a long, lazy summer and an exciting new year. Hope it's a pleasant summer for all and will see you in September.

Dona

DUES

Should doctors be billed for their wives' dues to the Woman's Medical Auxiliary?

(This plan for dues payment has been suggested by National as a possible improvement over the method now employed. Our members have requested a pro and con presentation before they are asked to vote.)

PRO:

- 1. It would help the Auxiliary have a large membership.
- 2. There would be more money for Auxiliary projects without fund-raising affairs.

3. It is a voluntary act and need not affect those who do not wish to join.

4. It could be a simpler procedure for national membership.

5. It would help insure new members becoming a part of the Auxiliary immediately.

CON:

1. It would tend to produce too many nominal members.

2. The voluntary aspect may not be readily recognizable.

3. There would be confusion for the local membership chairman.

4. These are two separate organizations and the members in each should be based on personal motivation.

Hope these will give you a few ideas! If you have any more to add, please call me and we'll include them in the next bulletin.

—NANCY BILLINGSLEY

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What's YOUR call number, Doctor?

If you've forgotten, better take a look at your name and number in the following list so you'll know when to answer and when not to. Every doctor in Pierce County has been assigned a call number for use in paging him in public places, sports events and the like. New doctors especially should take note of the system and memorize their call numbers.

Staff physicians at Mary Bridge Hospital have no trouble remembering their numbers—they're coordinated with the numbered check-in system at the hospital. In fact, some juggling of number assignments has been necessary in order for the doctors who go to that hospital to have numbers which fall within the capabilities of the electronic machine that remembers who is in, who is out and who has messages.

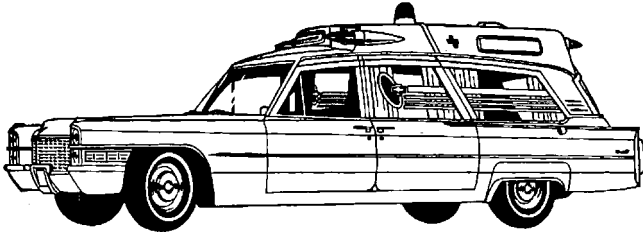
Any doctor who does not have a call number should call Judy at MA 7-2020. The numbers are *not* in use at the University of Washington football games, where different individual numbers are assigned at a special window at each game.

101—Samuel E. Adams
383—John R. Alger
102—Claris Allison
103—Donald Allison
105—Edw. R. Anderson
106—H. A. Anderson
107—Leo Annest
89—Theodore Apa
256—Bryan M. Archer
109—Charles Arnold
158—Walter M. Arthur
110—William E. Avery
111—Phillip H. Backup
112—Bernard A. Bader

135—D. T. Baer
113—E. E. Banfield
114—Richard Barronian
355—Edward E. Barth
115—Lester S. Baskin
116—Myron Bass
117—George R. Batey
118—Joseph A. Benson
119—Bryce Betteridge
120—Robert H. Bias
172—James Billingsley
121—G. W. Bischoff
348—G. W. Bissonnette
122—Leland J. Bland
123—James Blankenship
124—E. C. Blizard
125—Charles R. Bogue
126—Robert G. Bond
127—Paul E. Bondo
129—James W. Boudwin
206—Marvin L. Bourne
130—J. W. Bowen
390—Max Brachvogel
93—Kurt Brawind
210—Robert Brettell
131—Lawrence Brigham
132—Glenn Brokaw
133—J. Robert Brooke
136—William C. Brown
138—William Burrows
139—Robert R. Burt
140—Douglas Buttorff
141—Walter Cameron
142—Harry W. Camp
407—M. M. Campbell
259—Peter Cannon
384—Robert Chambers
143—Thomas H. Clark
144—Homer T. Clay
145—John Colen
146—Russell Colley
147—John F. Comofrt
95—William R. Conte
96—Juan E. Cordova
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283—Loy E. Cramer
150—Donald F. Cummings
196—Lawrence Cutner

(Continued on Page 23)

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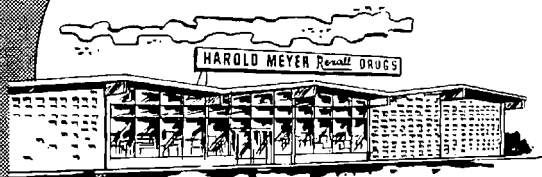

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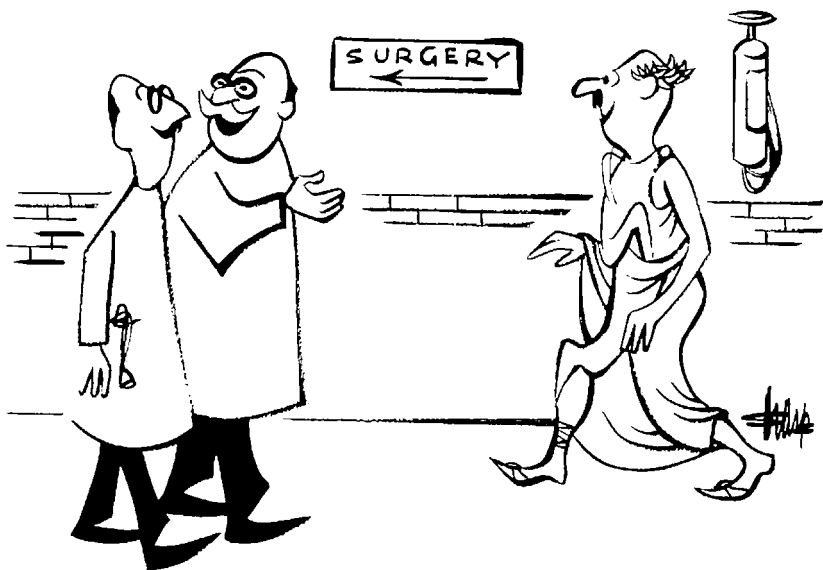

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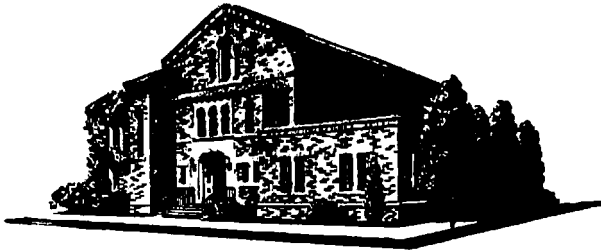
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MONTHLY MEETINGS

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 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 Monday of each month—8:00 p.m. at 424 South K Street

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July and 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 at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

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

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and 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, September, December—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.

LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 8

TACOMA, WASH.

AUGUST - 1966



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING
JUNE - JULY - AUGUST**

Pierce County Medical Society

1966

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 President-Elect Charles P. Larson
 Vice-President Douglas P. Buttorff
 Secretary-Treasurer Arnold J. Herrmann
 Executive Secretary Judy Gordon

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Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

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Hermna S. Judd	Stanley W. Tuell
Wayne W. Zimmerman	

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Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger
George A. Tanbara	

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Hugo Van Dooren, Chairman
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August Birthdays

- 2 John F. Steele
- 5 Glenn G. McBride
- Anthony J. O'Keefe
- 6 George Mohler
- David L. Sparling
- 8 Robert H. Bias
- 10 Max Brachvogel
- 13 Richard Vimont
- 15 Charles P. Larson
- Hugo Van Dooren
- 16 Jerman W. Rose
- 18 Walter C. Cameron
- Horace Thuline
- 19 William S. Sullivan
- 20 Ernest E. Banfield
- 21 Karl Staatz
- Elmer W. Wahlberg
- 22 Harold F. Kahler
- Leonard Morley
- 23 Gerhart A. Drucker
- Frederick M. Peters
- 26 Glenn H. Brokaw
- Stillman Hathaway
- 27 Sacide S. Morain
- 28 Joseph B. Jarvis
- Edwin C. Yoder
- 29 Cletus I. Stevens
- 31 Harlan P. McNutt

COVER PICTURE . . . Looking north along Tacoma Avenue, the Public Library, County-City Building and Board of Education Building.

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How would the children manage your money



if both of you died tomorrow?

(A frank discussion about a very unpleasant subject.)

It does happen.

What would your youngsters do if suddenly such tragedy struck?

No amount of insurance, and in many cases not even a will, would truly take care of your children the way you'd do it if both of you were living.

They might go to the grandparents to live. Or to your brother's or sister's place. But how would they handle the funds you've left in the children's behalf? Suppose heavy medical bills were to hit? Will all the money be gone when the children are ready for college?

And what if something happens to the guardian, too? Who then would take your children's money?

Actually, you don't have to leave all these matters just to chance. A well-designed trust agreement is the one sure way to see that your

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And don't ever assume that you have to be rich to need the full benefits of a trust. The right kind of trust can make a lot of sense for families with very modest means.

What's the first step? Call the Puget Sound National Bank. FUlton 3-2811. Ask for Charles M. Fogg, manager of our trust department. He'll be happy to answer any of your questions.



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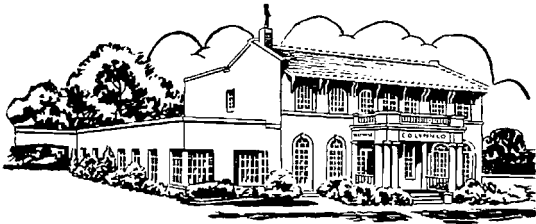
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President's Page

THE "CONVENIENCE ROOM"



The metamorphosis of the "emergency room" into the "convenience room" in the last few years has been quite apparent to most of us who deal in the "after hours" type of practice. This change presents us with several problems and apparent paradoxes.

In some hospitals the increase in utilization of this department has been as much as 600% in the last ten years. A study by the American College of Surgeons Field Program states that "less than half of the cases are true emergencies." In other surveys it has been estimated that two-thirds of the patients could have been treated in the physician's office. Most hospitals state that they lose money in running this service, and yet they do not wish to part with it.

There are several factors which contribute to this metamorphosis. A few of these are: the increased utilization of the "emergency" room by physicians for after hours appointments; the increased belief by the public that the hospital is a medical center for all types of care; and the belief that care can be obtained more cheaply in the emergency room than in the physician's office. In addition, some hospitals encourage the use of their emergency room as an outpatient clinic.

Whatever the cause of the increase, many of us in Pierce County have become more aware of the problems imposed by this increase, and the problem of trying to *staff and equip* the emergency room *adequately* in *each* and *all* of our hospitals. Because of this, a committee has been appointed to study this problem and to try to formulate a solution. The members of the committee have been chosen with an attempt to give "staff representation" from all the various hospitals in the community. The committee is composed of Dr. Paul Bondo, Chairman, Dr. Robert Florence, Dr. Douglas Buttorff, Dr. Edmund Kanar, Dr. George Tanbara, Dr. Herman Judd, and Dr. Frederick Schwind.

The deliberations of this committee will be profound and of slow fruition. Each of us may feel free to express our opinions to the committee for their consideration.

GLENN G. MCBRIDE, M.D.

IS YOUR CHILD ARTISTIC?

Put His Work of Art
on Display at the

Allied Arts Center

(Call SKyline 9-0011 for details on
the doctors' families' art show)

Guest Editorial

How many physicians now alive remember initiative 172 and its resulting financial chaos to the Washington State Treasury?

Does history teach anything? Or are politicians immunized against history?

Section 19 of the Medicare Law aims at providing medical care to all patients considered in low income groups, whether on public assistance or not. The government can't provide the care, but they think they can pay for it.

Here in Washington State, one of the first steps in this program was announced on June 23, 1966. The State Department of Public Assistance is now the complete administrator of the welfare medical program. Washington Physicians Service and the local medical bureaus no longer have any administrative responsibility and are no longer "carriers". Physicians will deal directly with Olympia. The Department of Public Assistance will make the authorizations and they will pay the bills. They have signed an agreement to pay usual and customary fees for service. But they have added a "kicker". If they run out of money, they can give the physicians 30 days notice and cut payments accordingly!

Dr. Arnold Herrmann, our faithful welfare screener, will move to the County Health office and is now called a medical consultant for the Department. The details of all this should have reached you from the Department by the time you read this. If you intend to be a participating physician, I believe you will have to sign a written statement with the Department to accept their decisions. This will probably be the pattern for future extensions of Title 19 in this State.

If this promise of complete medical care results in *unlimited* demands for treatment and if the funds *are* limited, the patients are going to be most unhappy, and the physicians will probably be blamed, while the politicians will continue to make their pie-in-the-sky promises.

How about a subsidy for beer drinkers!

WAYNE W. ZIMMERMAN, M.D.

Tacoma-Pierce County
Health Department
MEMORANDUM

By: DR. R. R. WELLER, D.V.M.
City Veterinarian

The incidence of bat rabies appears to have increased in the Northwest area during the past few years. Unprovoked attacks by these bats on humans have been reported on a number of occasions revealing a probable reservoir and source of infection in a new group of wildlife heretofore unknown to harbor the virus in this country. Recently a 5 year old boy was bitten after having picked up a bat which he found during daylight hours. Near Belfair a child was also bitten under very unusual circumstances. The bats involved were caught and were determined to be positive for rabies by the fluorescent antibody test. Both children are presently receiving treatment.

It must be assumed that bats found under unusual circumstances, such as lying on the ground, hanging on walls or doors during the daytime or acting abnormally, must be considered to be rabid. All persons who have been exposed by means of a bite or rarely by saliva of such animals entering a break in the skin should be treated without delay. An effort to capture the animal and/or bat should be made in order to determine or confirm clinical suspicions by laboratory examination. The apprehension of the suspected animal must be done only with extreme caution.

The incubation period is usually 4 to 6 weeks, occasionally shorter or longer, and depends on the extent of laceration, site of the wound in relation to richness of the nerve supply, and other factors.

The treatment procedure following exposure consists of various amounts

of hyperimmune serum, ranging from 1,000 to 5,000 units, according to body weight. The serum should be administered in the gluteal region. The total volume of serum recommended for administration should be given as soon as possible after exposure has occurred. The best results are achieved if the serum is administered within 24 hours after exposure. After that interval of time has elapsed, the effectiveness of the serum diminishes very rapidly. Since the serum is of horse origin, persons known to be allergic to horses or products derived from this animal should be treated cautiously.

The administration of the vaccine (Duck Embryo, Dried Killed Virus) should also be started immediately. The complete treatment consists of one subcutaneous dose daily for fourteen (14) days. It is recommended that the injections be made subcutaneously under the skin of the abdomen in alternate sides each day. Booster shots on the 21st day and again on the 42nd day are advised. Persons with a history of allergy, especially when the allergy is to egg, should be carefully observed.

All warm blooded animals are capable of transmitting the disease, however, bats remain the prime reservoir at the present time. Since 1926 rabies has never been found in the following animals in the State of Washington: guinea pigs, hamsters, squirrels, mice or shrews, rats, weasels or mink, beaver, Mountain beavers or ground hogs, raccoons, muskrats or moles.

Emphasis again must be put on immediate treatment for any human exposure due to a bat bite. If the animal is caught and the findings prove negative, the treatment may be discontinued.

If further information is needed, call Dr. Ernst Kredel, Director of Health, FU 3-3311.

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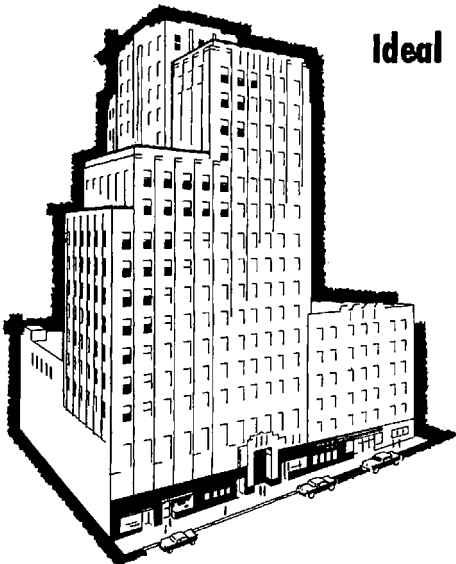
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AMA Favors Direct Billing; Protects Hospital Physicians

Federal health legislation, physicians' billing, procedures, medical ethics and racial discrimination, were among the major subjects acted upon by the House of Delegates at the American Medical Association's 115th Annual Convention held June 26-30 in Chicago.

Dr. Milford O. Rouse of Dallas, Texas, Speaker of the House of Delegates for the past three years, was named AMA president-elect by acclamation. He will succeed Dr. Charles L. Hudson of Cleveland, Ohio, who took office at the Tuesday afternoon inaugural ceremony during the Chicago convention.

Final registration reached a total of 35,506, made up of 12,445 physicians and 23,061 guests.

Federal Health Legislation

The House of Delegates received and considered a large number of reports and resolutions dealing with Medicare, the expanded Kerr-Mills program under Title 19 of Public Law 89-97 and other federal laws or programs.

The Board report ended with the following conclusion:

"During the past year many individuals have represented the American Medical Association and the physicians of the United States by meeting frequently with officials of the Department of Health, Education and Welfare. This degree of cooperation on our part should be viewed as a recognition by responsible citizens of an obligation to obey the law of the land, including this law with which we disagree. Our specific purposes have been to provide expert assistance to the government so that this law could be implemented in a manner most helpful to the beneficiaries while

disturbing the practice of medicine to the minimum degree. Despite our best efforts it is apparent that serious problems are inevitable in connection with the implementation of this law and we trust that the physicians and the public will place the blame for such deficiencies squarely where they belong—on the Federal Government."

The House strongly supported the general concept of individual responsibility and endorsed a report from the Council of Medical Service which included the following statement:

"Since the Council believes that the current interest in the doctrine of individual responsibility stems in large part from concern over the matter of assignments under PL 89-97, it hastens to add that, as a matter of American Medical Association policy, the Council on Medical Service recommends reaffirmation of the responsibility of individual physicians for determining how they will govern their professional practices under this law and that physicians should be made acutely aware of the manifest superiorities of direct billing.

Physicians' Billing Procedures

In connection with the Medicare part of Public Law 89-97, the House also adopted three resolutions which recommended that physicians use the direct billing method rather than the assignment procedure.

"The American Medical Association opposes any program of dictation, interference or coercion, whether direct or indirect, affecting the freedom of choice of the physician to determine for himself the extent and manner of participation or financial arrangement under which he shall provide medical care to patients under Public Law 89-97."

In considering a resolution on the right to bill patients under Title 19 of

(Continued on Page 14)

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Smith Kline & French Laboratories, Philadelphia

(Continued from Page 12)

the law, the House passed an amendment pointing out that direct billing has been recommended as the billing method of choice under Title 19 by the Board of Trustees and the Council on Medical Service.

Hospital-Based Physicians

The House passed two resolutions involving billing and reimbursement principals affecting hospital-based specialists but also of significance to all physicians. The first said:

“Resolved, That, since separate billing by the physician for his professional services is a preferred ethical practice, it shall be deemed unethical for a physician to displace a hospital-based physician who is attempting to practice separate billing when said displacement is primarily designed to circumvent separate billing.”

You are invited to inspect a new clinic suitable for two physicians and ready for immediate occupancy.

The building is new brick of Colonial design and soundproof construction. It is located adjacent to the South 38th Street business district and served by three bus lines. The clinic, all ground floor, covers 1750 square feet and is divided into six examining rooms with ample cabinets, two hardwood panelled privated offices, furnished reception room, all rooms with wall-to-wall carpeting and draperies, X-ray and dark room complete with tank and mixing valve. Private exits. An FM radio with ceiling speakers provides background music. Carpeting, draperies, hot water heat and additional storage in the basement are all included at a reasonable rental. Ample off-street parking is also available for patients and covered parking is provided for the occupants.

For an appointment to inspect at your convenience please call GR 4-9541 daytime, or GR 5-4866 after 8 o'clock in the evening.

Barronian New PCMB President; Bureau Starts Carrier Role

With Dr. Richard Barronian as new Board President, and with six new Board members, a revised fee schedule and an enlarged staff, the Pierce County Medical Bureau found the first month of Medicare still a matter of preparation and getting ready for things to come. The real problems aren't expected to crop up for the local carrier for Medicare until bills start to come through from hospitals, doctors and recipients. August and September are expected to give a better impression of how much of a task the Bureau has assumed in taking on the assignment as carrier for Medicare.

Calmness and cooperation prevailed at the annual meeting of the membership of the Bureau, held at the Top of the Ocean Restaurant on June 1, 1966. Without adding a single new nomination, the members considered the list of 12 nominees suggested by the Nominating Committee and elected the following six physicians to serve 2-year terms on the Board of Trustees: Samuel E. Adams, Douglas P. Buttorff, George C. Gilman, James E. Hazelrigg, Clinton A. Piper and William L. Rohner. Holdovers for another year on the Board are: Richard F. Barronian, newly-elected Board president; John F. Comfort, John M. Kanda, Robert E. Lane, Charles P. Larson and Stanley W. Tuell.

The following members were elected to the Nominating Committee for 1967: Chris C. Reynolds, chairman, G. Marshall Whitacre and Wayne W. Zimmerman.

At a brief Board meeting following the annual meeting, the new Board elected Dr. Barronian president and also chose Dr. John Kanda as vice-president and elected Dr. John Comfort to serve a second year as secretary-treasurer.

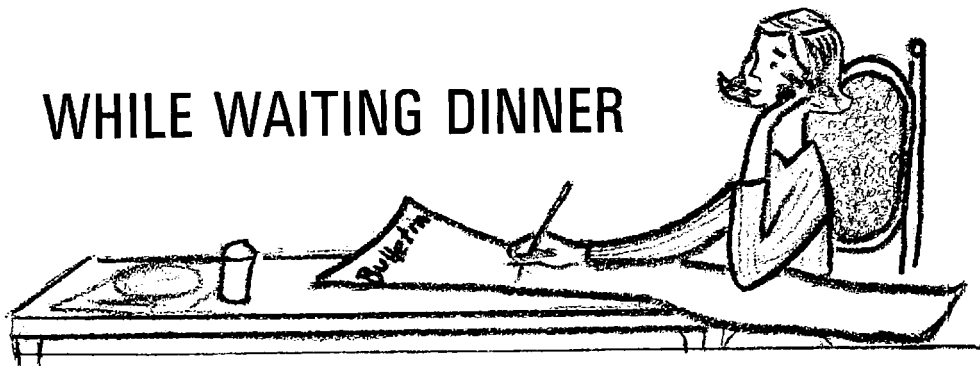
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WHILE WAITING DINNER



WOMAN'S AUXILIARY . . .

To The Pierce County Medical Society

AUXILIARY OFFICERS—1966-1967

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President Elect	Mrs. Robert R. Burt
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2nd Vice President and Minute Women	Mrs. Wayne W. Zimmerman
3rd Vice President and Today's Health	Mrs. Walter M. Arthur
4th Vice President and Dues Secretary	Mrs. Glenn H. Brokaw
Recording Secretary	Mrs. Loy E. Cramer
Corresponding Secretary	Mrs. Kiyooka Hori
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Legislative	Mrs. Sherman Pinto
Membership	Mrs. David N. Goodson
Paramedical	Mrs. Edward M. Wood
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Bulletin	Mrs. James G. Billingsley
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Speakers Bureau	Mrs. Richard Barronian
Telephone	Mrs. Vernon Larson
Coordinator of Community Services	Mrs. George Tanbara
Finance	Mrs. Merrill J. Wicks
Mental Health	Mrs. Haskel Maier
Cookbook	Mrs. Herbert C. Kennedy
International Health	Mrs. Leo F. Sulkosky
Fashion Show	Mrs. John M. Havlina
Dance	Mrs. Ronald T. Spangler
	Mrs. Orvis A. Harrelson
	Mrs. John R. Alger
	Mrs. G. W. Bischoff

art, and if you are entering more than one item, please make a list.

Don't be bashful; display your talents!

Coffee Hours

The get acquainted Coffees for the Auxiliary will be held on September 16. Wives whose husbands have come to Pierce County since last October will be the honored guests. Plan now to join us on that date and get a good start for the new year. You will be notified by telephone of the time and place.

Cook Book

The new cook books are tremendous and will be available at various places throughout the area as well as at the September coffee hour. Be sure to save your favorite recipes to share with the rest of us.

Art Show

Dates for the Doctors Art Show to be held at the Allied Arts Center are August 15 to 28. Entries may be brought to the Center on August 12 from 1 to 4 p.m., and on August 15 from 10 a.m. to 2 p.m. The entries should include the title, medium, the artist's name, address and phone number, the price if it is for sale, or NFS if not for sale. Please fasten this information securely to the

State Auxiliary Meeting

The Washington State Auxiliary will meet in Spokane on September 20 and 21 at the Ridpath Hotel. All members of the Auxiliary are not only welcome, but urged to attend. We need eight delegates from Pierce County. Two delegates

will be Mrs. Robert Burt and Mrs. Jack Alger. We need six more, so if you are interested, call Dona Gilman and volunteer. Jeanne Judd, Dorothy Maier, Ellen Pinto, and Marje Wicks will attend as officers of the State Auxiliary.

Community Health Clinic

The Tacoma Community Health Clinic has been admitted to the UGN. It is the only new agency accepted by the organization this year. Nadine Kennedy is our representative to the Health Clinic and we are most grateful for her work.

Mental Health

The Pierce County Mental Health and Retardation Corporation has been awarded funds to begin comprehensive mental health services in Tacoma, and also to initiate a Mental Retardation Coordination Agency in the County.

Another agency of interest to the Auxiliary is a volunteer bureau being created by the Junior League to provide volunteer services to many social agencies in Tacoma. The Auxiliary has been notified and asked to cooperate. A governing board, selected from the community, will hire a director and plan to open this office at the YWCA in September.

Let's Face It . . . AMA Dues Go Up 25 Bucks in 1967

Annual AMA dues will go up from \$45 to \$70 as of January 1, 1967, as the result of final action by the AMA House of Delegates at its meeting in June in Chicago. The vote was 168 to 46. The initial recommendation had been made by the Board of Trustees in 1965 and initial approval had been voted by the House of Delegates at the 1965 meeting.

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Doctors Art Show Needs More Works; Will Open Aug. 15

More paintings, drawings, sculptures and other works of art by doctors and their families are needed for the Doctors' Art Show which will open on August 15 at the Allied Arts Center. The Art Show Committee urges all doctors, and their wives, who have works of art by any members of their families, to call in and report what they have to submit. This will give the Committee a better chance to plan the display and to evaluate the adequacy of the volume of the material.

Anyone with entries to submit should call either Beth Hennings at SK 9-0011 or Dr. Fred Schwind at SK 9-8681.

All pieces submitted should preferably be brought into the Allied Arts Center on Friday, August 12, between 1:00 and 4:00 p.m., when Luana Sever will be there to collect them. Each piece should be properly labelled with a title, and with the name, address and phone number of the artist, as well as a price if the owner is willing to sell his work. If it is impossible to get the work in on Friday the 12th, pieces may also be brought in to the Center on Monday, August 15, the first day of the showing, between 10:00 and 12:00 noon, but it would be most helpful to the committee if it could have advance notice of works to be brought in that late.

August 15 will be the first day of the show, and it will last for two weeks.

Haviland Named On AMA Committee

Dr. James W. Haviland, of Seattle, was elected by the AMA House of Delegates in June to serve on the Council on Medical Education of the AMA. Dr. Haviland replaces Dr. Melvin W. Breese of Portland, Oregon.

WANTED

DOCTOR: To join the Washington Army National Guard and be the Medical Officer for the 144th Transportation Battalion (TERMINAL), located at the National Guard Armory, 11th and Yakima, Tacoma. Telephone No.: MA 7-4131, ask for Captain Greene, adjutant.

PERSONS ELIGIBLE: Doctors (Preferable GP) — Doctors in Intern or Resident status.

QUALIFICATIONS: (1) Male (2) Maximum age 39 to grade of Captain (3) Prior Military Service not a requirement (4) Must be a citizen of the U.S. (5) Be able to obtain favorable security clearance (6) Furnish copy of Birth Certificate (7) A candidate with prior Military Service in the Armed Forces of the U.S. must furnish copies of Discharges and/or DD Form 214 (8) Documentary evidence that one meets professional requirements (9) Be able to pass physical examination required by National Guard Regulations.

SUMMARY: This is an ideal situation for a young Doctor to serve his Military Obligation at home, continue his internship, residence or practice. The 144th Transportation Battalion is the only National Guard Battalion in the USA with Harbor Craft Vessels, otherwise known as the "Army's Navy". The position in the headquarters is a section with three qualified medical enlisted men, no command responsibilities.

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Staff physicians at Mary Bridge Hospital have no trouble remembering their numbers—they're coordinated with the numbered check-in system at the hospital. In fact, some juggling of number assignments has been necessary in order for the doctors who go to that hospital to have numbers which fall within the capabilities of the electronic machine that remembers who is in, who is out and who has messages.

Any doctor who does not have a call number should call Judy at MA 7-2020. The numbers are *not* in use at the University of Washington football games, where different individual numbers are assigned at a special window at each game.

101—Samuel E. Adams
383—John R. Alger
102—Claris Allison
103—Donald Allison
105—Edw. R. Anderson
106—H. A. Anderson
107—Leo Annest
89—Theodore Apa
256—Bryan M. Archer
109—Charles Arnold
158—Walter M. Arthur
110—William E. Avery
111—Phillip H. Backup
112—Bernard A. Bader

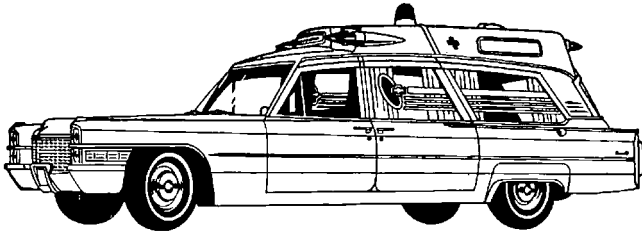
135—D. T. Baer
113—E. E. Banfield
114—Richard Barronian
355—Edward E. Barth
115—Lester S. Baskin
116—Myron Bass
117—George R. Batey
118—Joseph A. Benson
119—Brycc Betteridge
120—Robert H. Bias
172—James Billingsley
121—G. W. Bischoff
348—G. W. Bissonnette
122—Leland J. Bland
123—James Blankenship
124—E. C. Blizard
125—Charles R. Bogue
126—Robert G. Bond
127—Paul E. Bondo
129—James W. Boudwin
206—Marvin L. Bourne
130—J. W. Bowen
390—Max Brachvogel
93—Kurt Brawind
210—Robert Brettell
131—Lawrence Brigham
132—Glenn Brokaw
133—J. Robert Brooke
136—William C. Brown
138—William Burrows
139—Robert R. Burt
140—Douglas Buttorff
141—Walter Cameron
142—Harry W. Camp
407—M. M. Campbell
259—Peter Cannon
384—Robert Chambers
143—Thomas H. Clark
144—Homer T. Clay
145—John Colen
146—Russell Colley
147—John F. Comofrt
95—William R. Conte
96—Juan E. Cordova
149—Robert Crabill
283—Loy E. Cramer
150—Donald F. Cummings
196—Lawrence Cutner

(Continued on Page 23)

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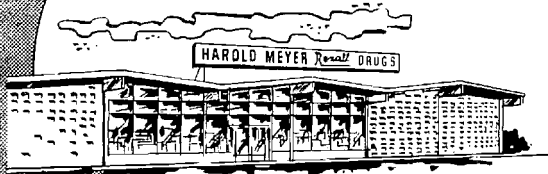
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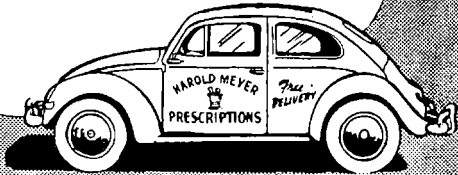
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AMPAC 1966

A recent article in the Tacoma News Tribune noted that a State legislative committee was told that lobbying is "absolutely essential" to the functioning of the political process in Washington State. A State representative from Seattle was further quoted as stating that "with a session limited in time and without adequate staff, the legislature could not function as effectively as it has done without the information supplied by a host of lobbyists."

There is no doubt about it, lobbying is here to stay. It is an integral part of our political world. An office holder wants to know the pros and cons of an important issue and these lobbyists are literally at his beck and call.

We are fortunate that our lobbyists for the Washington State Medical Association are completely informed on all health issues and can answer all questions as quickly as they arise.

The money that AMPAC puts into a legislative candidate's campaign does more than merely help to get him elected. It tells him that doctors are interested in him and want to aid him when they can. Thus, this money also helps to give our lobbyists a chance to talk to these men and explain our side of a health issue. It is important to win a ballgame, but you must be in the game before you can even think of winning or losing. A lobbyist who can't get in to see a legislator isn't in the game, and therefore we are licked before we even begin.

Backing candidates with hard dollars opens the door for our lobbyists, but sometimes we can even do more to insure that we get in the game. If we know legislators as friends we can be of great aid to our lobbyist by providing the opportunity for personal introduction. Nothing can ever replace personal con-

tact. (If you have any legislator friends anywhere in the state and would be interested in helping to provide a personal introduction, please let us know.)

With the primary elections imminent, our present big ballgame is about to begin. Get on the first team by contributing your \$20 dues to AMPAC as so many of your colleagues have done. And don't forget, if you still find yourself sitting out in the bleachers at game time, cheer the team on!

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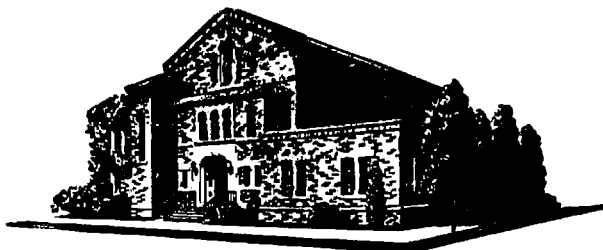
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PHYSICIANS' AND HOSPITAL SUPPLIES

1966 WSMA Meeting In Spokane; Sports Events on Monday

Spokane will play host to the 1966 annual meeting of the Washington State Medical Association to be held September 18-21 at the Davenport Hotel.

The usual format for the program will be followed, with the scientific program being presented on Monday, Tuesday and Wednesday. The House of Delegates will meet in the Marie Antoinette Room at 1:30 p.m. on Sunday afternoon, September 18, for its first session, and will have its second and final session at 1:30 p.m. on Wednesday, September 21. Reference committee meetings will be held all day Tuesday, September 20.

Monday, the 19th, will be the day for Sports Events. The Washington State Medical Golf Association will hold its 44th annual tournament at the Spokane Country Club. There will be a golfers' luncheon and a sportsmen's stag banquet in the evening with prizes and trophies awarded.

Committee members apparently heard about Tacoma's Dr. Erna Guilfoil winning first prize with the biggest salmon at the WSMA meeting in Seattle a few years back, for they've announced the annual physicians' fishing derby as "Strictly for Men Only." A special bus will depart from the Davenport Hotel at 6 a.m. on Monday. Breakfast and

lunch will be provided, and then there'll be all-day fishing for Mackinaws, Dolly Vardens, cutthroat and bluebacks.

Registration forms for these sports events were to be mailed out about August 1.

All New Doctors . . . Don't Look Blank In Society Roster

A new pictorial roster of all physician members of the Pierce County Medical Society is being prepared. A *complete* roster is desirable to make it more useful to everyone, and during the next few months Perler's Studio will be contacting all new member-physicians to come down for a sitting at the doctor's convenience.

This service by Perler's is *free*. No charge is made for having the picture taken and placed in the roster. Any physician may purchase additional, larger prints if he wishes.

Mr. Perler will be contacting all physicians who have arrived in the last three or four years, and all physicians who did not have a picture in the last roster.

In the roster, each name is listed with pertinent biographic data, and if no picture is available, a blank space will appear by your name. The price and availability of the rosters will be announced later.

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Judy Gets Richard Nixon's Suit--Almost

Some people have fame thrust upon them—and so it almost was with our executive secretary, Judy Gordon, on her recent trip to Chicago on official business. Had Judy been a little less perceptive she might have been wandering around the windy city wearing the suit belonging to former Vice President Richard Nixon. It seems Judy sent two of her own suits out to the cleaners and when they came back she soon noticed that only one was hers—the other belonged to a man. Judy complained to the management, who hastened to correct the error, for the man's suit should have been returned to its rightful owner who occupied the room next to Judy's—the honorable former V.P. himself.

Explorer Program Under Way Again; Tacoma Doctors Help

The fall series of programs of the Medical Health Science Explorer Post No. 507 will begin on the third Monday in September, according to Post Chairman Dr. George Tanbara. The local post is one of about 150 Explorer Posts throughout the nation, devoted to acquainting high school boys with the nature of various careers in the health science field.

Extra recognition was given the Explorer program in a Tacoma News Tribune editorial of June 25, as well as extensive comments in the AMA News of June 20, 1966. According to the AMA News, the AMA House of Delegates gave official approval of the program in June, 1965, when it approved a statement reaffirming "its long-standing appreciation of the contributions of the Boy Scouts of America and par-

ticularly" commending, "scouting's Explorer Program for Medical Specialty Posts." The House also urged all medical societies and individual physicians to encourage widespread development of the Medical Explorer Scout program throughout the nation.

Physicians interested in helping with the Explorer program should contact Dr. Tanbara.

Big Turnout For Hospital Open House

More than 2,000 interested Tacomans turned out for the open house at the new Medical Arts Hospital on June 26, when the public was invited to inspect the facilities at the newly-opened structure at South 19th and Union. The hospital is a 50-bed unit, is air-conditioned, and completely modern in its equipment.

According to hospital administrator, Carl Rasmussen, the open house turnout was greater than expected. The visitors enjoyed themselves at the affair, consuming some 40 gallons of coffee and 4,000 cookies before the afternoon was over.

Actual opening of the hospital for patients coincided with the beginning of Medicare, and in the first three weeks of its existence in the new location about 50 per cent of the patients were in this category. The percentage of Medicare patients among the surgical cases was considerably smaller.

The hospital is in a medical building complex that includes the Allenmore Medical Center, where more than 20 physicians and three dentists are already in practice in new offices. Professional personnel also include a pharmacist, an optician and an audiologist. Eight more doctors and two more dentists will be moving in soon.

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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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 9

TACOMA, WASH.

SEPTEMBER - 1966



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
SEPTEMBER 13**

Pierce County Medical Society

1966

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- 4 Myra Vozenilek
- 6 John S. May
- 8 James P. Duffy
- 10 Max S. Thomas
- 11 Charles Bogue
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- 12 Myron A. Bass
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- 24 Walter L. Sobba
- 26 Carl N. Ekman
- 27 Arnold Johansson
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 Auxiliary News Editor Mrs. James C. Billingsley

Medical Arts Building Auditorium

Tuesday, September 13

PROGRAM - - - 8:15 P.M.

**Discussion by W.S.M.A. Delegates
of Resolutions to be Considered
at the State Meeting**

• • • • •

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

Arnold Herrmann States Qualifications

I am running for Congress in the Sixth District because I feel I am a qualified candidate and am interested in efficient and honest government.

As a husband and father of four children, I am disturbed by constantly rising prices and increasingly shaky dollars. I am opposed to reckless spending in "Great Society" programs which cause the poor to be dependent on handouts and which neglect the education and job-training incentives so necessary to the dignity of the individual. I have a deep belief in law, order and national unity.

I have been a Tacoma city councilman and Deputy Mayor since 1962. That experience has made me aware of urban problems and the proper role

of the State and Federal governments in helping to solve these problems.

In the field of foreign policy, I favor self-determination for all peoples within a system of enforceable international law. I believe our commitment to the cause of freedom must be a constant one.

I am aware of the unhappiness with the Medicare program with its limited benefits, the lack of consideration of need and the steep rise of social security taxes.

My medical training, combined with my municipal experience, qualifies me to aid in the solution of pressing national problems of air and water pollution.

Your support in behalf of my candidacy will be appreciated.

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September Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Pierce County Pediatric Society 6:00 p.m.	2	3 C.P.C. of TGH-MVGH (MVGH Classrm 8 a.m.
5 LABOR DAY	6 Staff of Tacoma General 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	7	8	9 C.P.C. of St. Joseph's—9 a.m.	10 C.P.C. of TGH-MVGH (MVGH Classrm 8 a.m.
12 Staff of Doctors Hospital 7:30 p.m. Staff of Good Samaritan 6:30 p.m.	13 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.	14	15	16 Staff of Medical Arts—7:15 a.m.	17 C.P.C. of TGH-MVGH (MVGH Classrm 8 a.m.
19 Staff of St. Joseph's 6:15 p.m.	20 ELECTION DAY Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	21 Staff of Lakewood General 7:30 p.m.	22	23 Staff of Mary Bridge 12:15 p.m. C.P.C. of St. Joseph's—9 a.m.	24 C.P.C. of TGH-MVGH (MVGH Classrm 8 a.m.
26 Pierce County Academy of General Practice 6:30 p.m. Staff of Mt. View General Hospital	27 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge—8 a.m.	28	29	30	

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President's Page

"WHY VOTE?"



It is nearly that time again. Time to go to the polls once more. Time to express our choice of individuals to be elected, and measures to be accepted or rejected.

Because of recent developments in the political field, there are factors which tend to discourage us from being enthusiastic regarding our individual vote. Two of these factors are: first, that we are such a small group that *our votes do not count*; and second, that we cannot hope to buck forever the *"trends and developments of history."*

On close analysis, it can be shown that both of these factors are false. We are not alone. There are many who feel as we do regarding democracy. The second factor is a subtle device of the reformers who proclaim what they want done and label it a *"trend in history."*

It is essential that we continue to support our two-party form of government. W. H. Chamberlain in the July issue of *The Freeman* says, "Two thousand years and more of recorded history, confirmed most emphatically by the experience of our own time, prove that tyrannical government, without *check, balance, or limitation*, is the greatest evil to which humanity is liable. . . . It is no accident that the biggest and most shocking crimes against human beings have always been perpetrated by dictatorial governments operating without any restraint of law or constitution."

John Adams stated that the only sound and durable form of government was one so nicely balanced that ambition would check ambition and power would check power. Even a superficial study of the United States Constitution shows that the Founding Fathers shared John Adams' distrust of unchecked, unlimited power.

Judge Learned Hand in 1944 stated, "The spirit of liberty is the spirit which is not too sure that it is right; the spirit of liberty is the spirit which seeks to understand the minds of other men and women; the spirit of liberty is the spirit which weighs their interests alongside its own without bias. . . ."

In view of the above, I would like to suggest several specifics that need our careful consideration and action:

1) Support of *Dr. Arnold Herrmann* in his candidacy for the U. S. Congress; and *Dr. Homer Humiston* in his, for the Washington State Legislature.

2) Study of *Referendum 15*, a bond issue which would finance thirty needed building projects at state universities, colleges and institutions. This referendum has been endorsed by both political parties.

3) Joining of *AMPAC*, which supports bipartisan government.

4) Joining of the American Association of Physicians and Surgeons, which has been a bulwark against socialized medicine for many years.

—GLENN G. MCBRIDE, M.D.

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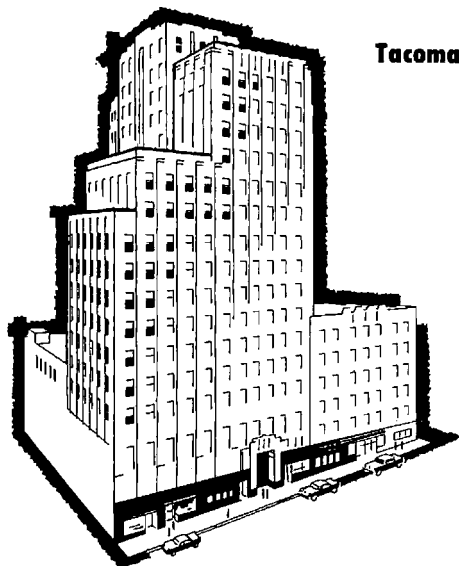
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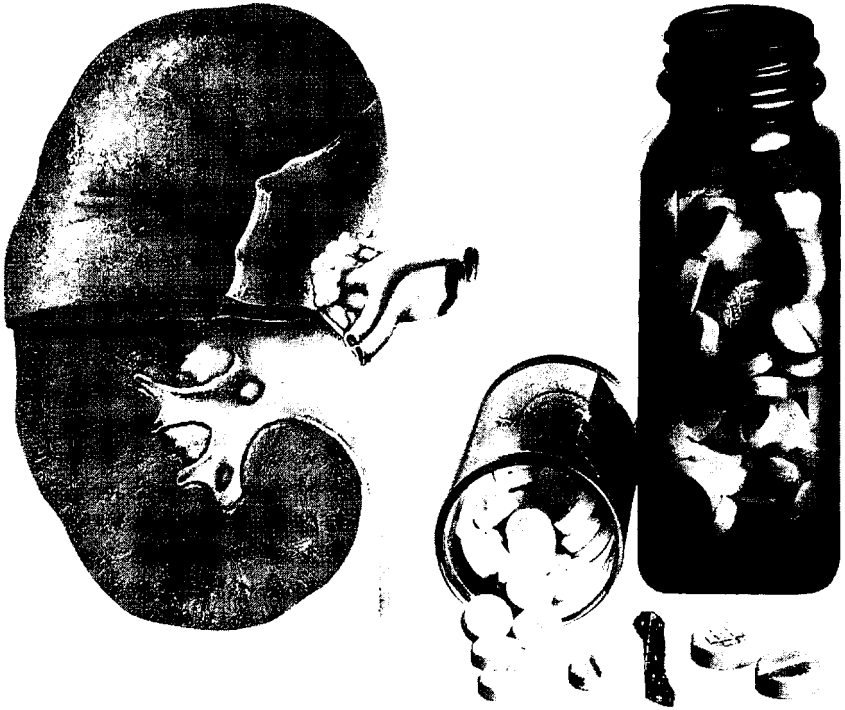
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- Many problems connected with renal structure and function were still undefined or unsolved. The Renal Research Program would begin its basic research in some of these problem areas.

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Editorially Speaking



Here's your chance to make your wife happy by giving your office nurse a present. Doesn't sound too realistic, does it. But it's true—here's how it works: That faithful, hard-working, self-sacrificing, beautiful bunch of women—the Medical Auxiliary—has just published a new edition of its famous cook book (see page 21). The work was hard, the book is excellent, and the more books they sell (at a mere \$3.00 apiece) the more profit they make to go around doing the good deeds that Auxiliaries are noted for doing.

And that almost as faithful, almost as hard-working, almost as self-sacrificing, almost as beautiful girl who works in your office will be so pleased to know that you care that she'll smile on the patients, more patients will pay their bills, and . . . what a bargain for only \$3.00!

—S.W.T.

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In Memoriam



We have all had the experience sometime in our lifetime, when we stepped out on a balmy, peaceful morning, and felt at peace with ourselves and the world about us.

On such an occasion, the very air we breathe has a special fragrance, all seems to be in harmony and for that one day, at least, we are kindly disposed toward everything and everyone.

Hillis Griffin was the personification of this outlook on life as he went about his daily duties.

As a young man, after his return from World War I, Hillis earned his way through school working as a pastry cook on the railroad. This satisfying skill he perused as a hobby in later years, much to the delight of his family and friends. One can visualize him—unhurriedly turning out his delicacies while the train raced from destination to destination.

This unhurried, unperturbed, patient manner characterized Hillis, the physician, as he skillfully administered to the needs of his grateful patients. Yet, beneath all this seriousness, he possessed a sparkling, dry sense of humor which revealed his warm personality.

World War II saw Hillis back in the service—this time not as a private, but as a captain in the medical corps. After this interlude, he resumed his practice in Tacoma until his recent illness from which he succumbed as peacefully as he had lived.

Hillis F. Griffin, gentle physician of the school, has left our ranks, but he will long be remembered by all who knew him.

—S. ROBERT LANTIERE, M.D.

Hospitals Handling Medicare O.K. But Red Tape A Headache

The first month of Medicare in Tacoma hospitals brought little impact on the nursing staffs, minor problems for admitting offices, and some big, splitting headaches for the business offices. That was the general conclusion of a survey of five of Tacoma's hospitals.

In general, the survey showed that Medicare did result in some increase in the daily census, though this was not as great as had been anticipated before the program started. Of the hospitals surveyed, only St. Joseph's and Tacoma General actually had instances in which patients had to be turned away. There were 60 such instances at Tacoma General. Apparently beds were always available in some hospital, so that no one was actually forced to go without medical care because of the new program.

From one-fourth to one-half of July admissions in the various hospitals were Medicare patients. Except for the above turnaways, the admitting offices and nursing staffs were able to handle the load without too much strain. The business offices felt the greatest burden. Doctor's Hospital estimated that the complex billing procedure and filling out the extra government forms required approximately double the time required for billing a conventional patient. This was also a major complaint at Tacoma General, Medical Arts and St. Joseph's Hospitals. It was even worse at Mt. View General Hospital where there was little change in the census, but where the business office has had to do almost no patient-billing in the past, and now is burdened with the complex Medicare billing system.

Another burden has been the need to properly register all out-patients — even if they just come in for a blood

(Continued on Page 21)

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Warning: If coumarin-type anticoagulants are given simultaneously, the physician should watch for excessive increase in prothrombin time. Pyrazole compounds may potentiate the pharmacologic action of sulfonamide-type agents and insulin. Patients receiving such concomitant therapy should be carefully

observed for this effect. Use with caution in the first trimester of pregnancy.

Precautions: Before prescribing, the physician should obtain a detailed history and perform a complete physical and laboratory examination, including a blood count. The patient should be kept under close supervision and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Regular blood counts should be made to guard against blood dyscrasias.

Adverse Reactions: The most common adverse reactions are nausea, edema and drug rash. Moderately lowered red cell count may sometimes occur due to hemodilution. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. Infr-

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Lowell, J. B.: New England J. Med. 269: 798, 1963.

When Lowell added phenylbutazone to his usual immobilization and rest measures for the treatment of acute shoulder bursitis, he found "The response is dramatic and occurs within forty-eight to sev-

enty-two hours, and occasionally as early as twenty-four hours. There is rapid loss of pain and concomitant increase in available motion".

quently, agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome or a generalized allergic reaction may occur and require withdrawal of medication. Stomatitis, salivary gland enlargement, vertigo or languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia are also possible side effects.

Confusional states, hyperglycemia, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hepatitis, jaundice and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently.

Average Dosage: Initially, give 400 mg. daily (one tablet or capsule q.i.d.), reducing this, if possible, when

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Don't forget to be in two places at once on September 20. First, you'll be attending the 1966 meeting of the State Medical Association. Second, you'll be fulfilling your duty as a citizen right here in Tacoma voting for the candidates of your choice. But you can't carry out that duty unless you've made arrangements for voting by absentee ballot.

Absentee ballots are easy to obtain. Simply go to the office of Jack Sonntag, Pierce County Auditor, and he will provide you with one. Then follow the instructions on the ballot and your vote will count just as much whether you are in Spokane or on a fishing trip to Alaska.

(Continued from Page 17)

count. At Tacoma General, this meant an additional 1,100 plastic cards turned out on the fancy typing machine.

Complete ignorance about the whole program was a common attribute of most Medicare patients. Many presented themselves without their ID cards — simply walked in and expected unlimited services.

After one month of Medicare, none of the hospitals were aware of any significant instances of over-utilization, though all had functioning utilization committees and expected some problems in this area sooner or later.

The anticipation that over-utilization may soon be the next big headache is best exemplified by the attitude expressed in the following anecdote from the St. Joseph admitting office: A somewhat deaf, elderly couple came in and old John saw to it that his wife was properly admitted. Then, as he bid her goodbye, he shouted in her ear, "Dear, remember you can stay for 60 days. Enjoy yourself!"

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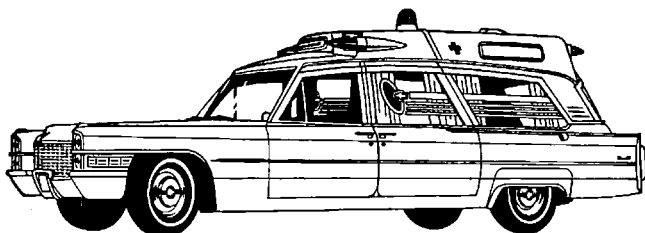
The 1966 edition of the Cook Book of the Pierce County Medical Society Women's Auxiliary is off the presses and if you have some friends who have not had any "Grasshopper Pie" lately, better get a copy off to them right away, with a marker in page 206. The popular new cook book has 300 pages with over 600 recipes, and a new feature this year is the 18-page index in the back, which tells you how to find the recipe for "Gin Sauerkraut", in case you need a lift. This one is ideal for people who can't stand sauerkraut. It includes 2 jiggers of gin and a half-a-cup of wine. By the third helping, you forget about the sauerkraut. (One variation is to leave out the sauerkraut.) In case you're getting hungry—or thirsty—"Gin Sauerkraut" is on page 112 and is a contribution of Luana Sever.

Virtually all the recipes in the book are contributions of local doctors' wives, though some are from the doctors themselves or other members of their families. The printing is large and clear and easy to read and a new cover (donated by local artist Bill Phillips) features a big red apple under an Rx insignia. A bright red, plastic, loose-leaf type binding adds to the handsome appearance of the book, making it an ideal and attractive gift for newlyweds, birthdays, anniversaries, office nurses, etc. The listing of the name of the contributor after each recipe adds to the interest of the book, and the classification of the great variety of recipes into separate sections such as salads, cakes, meat dishes, etc., adds to its usefulness.

Just thumbing through this book is fun—and no doubt a lot of the stuff

(Continued on Page 23)

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(Continued from Page 21)

is good to eat too. If you open to page 60, you'll see that Mrs. Spaulding has a thing called "Steak In a Paper Bag"—and she means it, too. Read it and see. Betty Maddison isn't too selfish concerning her husband's competitors—she calls her concoction on page 158 — "Dilly Bread." Whoever heard of "Onion Pie"? Louise Bowen and Laine Lindstrom have, and each has a recipe for same.

If you can't choose between cake and pie, Hazel Whitacre has a recipe in the book for just such decisions — it's a calorie-packed item called "Apple Cake Pie." Then there's that "must" repeat from the last edition of the cook book, Bev Harrelson's "Eggless-Milkless-Butterless Cake."

Some of the best parts of the book are in the homey comments by the contributors. Marje Wicks calls her "Swedish Meat Balls" a "delight to the taste buds," and in describing her "Meat Fondue", Teri Greissinger advises, "Plan a long enjoyable dinner." Margaret Harris makes her "Cheese Souffle" sound like a patent medicine for headaches or irregularity when she says, "This has never failed me." Louise Bowen contributes a sauce recipe with the same comment, "You may save sauce and use again." (Surely she means the left-over part.)

"Famous" recipes are scattered through the book. Teri Greissinger won a trip to Nassau with her recipe for "Bar-B-Qued Chicken Teri" and husband Walt won a trip to Hawaii for his "Pheasant Hunters' Delight." Grace Kanda's recipe for "Streusel Pear Pie" was previously featured in Sunset Magazine.

You'll learn things in this book. You thought "Flapjacks" were something you eat for breakfast. This gave the indexers trouble until they found out that where Jean Malden comes from, "Flapjacks" are a sort of cookie. You'll meet a perfectly logical new word—"doneness"—

so new it's not even in Webster's Collegiate Dictionary, but it turns up twice on page 65 of this new, new book. And you'll note that cooking is definitely an art, not an exact science. Thus, there's room for a little individual variation, like the ingredient in Stephanie Tuell's salad recipe which reads, "Pepper — quite a lot."

For fillers at the bottom of some pages, there are dozens of clever suggestions, like the one on page 65 that might come in handy in the operating room: "To make rubber gloves last longer, put a very small tuft of cotton in the end of each finger. Keeps finger nails from punching through gloves." (Might try clipping the nails, too.)

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AMPAC 1966

"They're off and running!" Filing has been completed and all the candidates for political office are headed toward the first turn, the Primary Election. They have now committed themselves in attempting to become your representatives in government affairs and are now asking you to make a commitment to them. Will your decisions as to which candidates you support be based on ill-informed or fuzzy ideas or strictly on emotional appeal or what some friend tells you *his* conclusions are? Or will you make an honest effort to determine for yourself each candidate's motives, philosophy and capability to fill the office he seeks, assimilating both the pros and cons?

AMPAC is primarily interested with the State and National house races. And we think it would be well if you would give some thought to the following facets of the campaign. When an individual decides to seek office as a legislator, he must feel he has certain capabilities. He must have convinced himself that he can get others to believe in these capabilities. Two things encompass this belief: one is that people will vote for him. Not all people can afford a financial contribution, but can contribute in other ways (campaign support committees, addressing and stuffing envelopes, office work, distributing precinct literature, etc.). But sufficient financial support is often the key to a successful campaign, and for the State House of Representatives this cost runs from \$4,000 to \$12,000, depending on the legislative district involved and on how tough the race is.

It might be well to reflect for a moment—if you were a worthwhile candidate, would enough friends and relatives be willing and able to contribute \$5,000 to your campaign? This thought probably staggers you a bit. If so, go on to consider it in relation to the National

Congressional races and roll the thought of raising \$40,000 to \$120,000 over in your mind. Yet, the man seeking National Congressional office can't even get by on \$50,000—he must have another potential \$50,000 in free labor, considering all the time and effort which goes in to sending out brochures, telephone calls and door-knocking. But that first \$50,000 in cold, hard cash is necessary to pay for political brochures, yard and billboard signs, paid advertisements, rent office space, pay for telephones, etc. This represents a lot of friends and a lot of belief!

In our Sixth Congressional District, six men are seeking the nomination for the House of Representatives. Each must be willing to devote his full energies to forming a good political organization, raising money, and, of course, winning. It might be interesting to review briefly who these men are, to know who is willing to give up a segment of his life to represent YOU. The incumbent, Floyd Hicks, is a 51-year old attorney who is seeking his second term on the Democratic ticket. Since the voting record of Mr. Hicks in Congress is available for all to see, this undoubtedly represents the most factual source for evaluation. The other five candidates do not have a Congressional voting record, but all have various public records or statements by which they may be judged.

Henry K. Carlbon, age 65, also seeking the Democratic nomination, states that he is running because all the other men represent "hawks" as far as Viet Nam is concerned and he wants to give the people a chance to vote for a "dove."

On the Republican side, we can start off with a member of our own profession, Dr. Arnold J. Herrmann, age 49, who has been active in many fields outside medicine, including serving as Deputy Mayor of Tacoma. His past voting records and public statements are therefore also available for evaluation.

Patrick Steele, a 53-year old attorney, has also served as a city councilman and Freeholder, so a record is available for gathering and evaluating information.

Everett Griggs, age 34, comes from a prominent Tacoma lumber family, and has served as an administrative assistant to the Secretary of State but has no previous voting record to evaluate. Consequently, judgment must be based on his education, business experience and public statements.

The fourth Republican candidate, George Mahler, at age 46, retired this year from the Navy with the rank of Captain, has a Master's Degree in Political Science, but also has no public voting record to evaluate, and like the previous candidate, must be judged on the basis of education, experience and public statements.

Who will be representing YOU in Congress next year? The answer to that depends on *you* — so it behooves each of us to make the effort to meet and evaluate each of the candidates and base our votes on factual information. This is a two-way street. We need somebody of integrity to represent us in the State and National Legislatures, and the candidates need us to help get them there. A candidate can't make it by himself. Just as bad government can come from your lack of interest, good government can come from your personal zeal. The best way to get good government is to elect decent men in the first place!

See you at the AMPAC booth in Spokane. Remember, on Tuesday night our Hospitality Room just outside the ballroom will give up-to-date election returns on the State and National House races.

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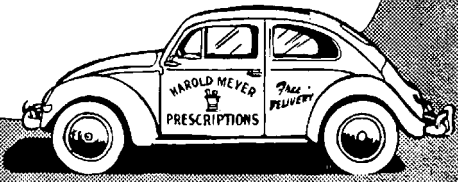
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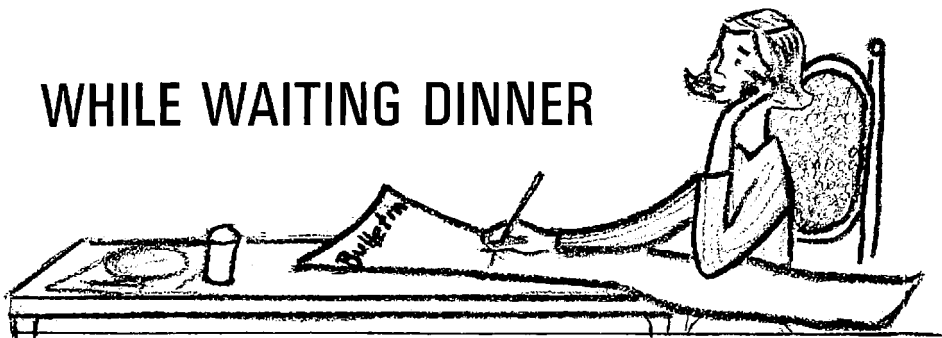
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Membership.....	Mrs. David N. Goodson
Paramedical.....	Mrs. Edward M. Wood
Publicity.....	Mrs. Robert Kallsen
Bulletin.....	Mrs. James C. Billingsley
Social.....	Mrs. Gordon Dean
Speakers Bureau.....	Mrs. Richard Barronian
Telephone.....	Mrs. Vernon Larson
Coordinator of Community Services.....	Mrs. George Tanbara
Finance.....	Mrs. Merrill J. Wicks
Mental Health.....	Mrs. Haskel Maier
Cookbook.....	Mrs. Herbert C. Kennedy
International Health.....	Mrs. Leo F. Sulkosky
Fashion Show.....	Mrs. John M. Havlina
Dance.....	Mrs. Ronald T. Spangler
	Mrs. Orvis A. Harrelson
	Mrs. John R. Alger
	Mrs. G. W. Bischoff

Olympia; Martin Johnsen, Tacoma; Robert Brettell, Spanaway; Lawrence Curner, Puyallup; Wayne Bergstrom, Fircrest; W. Ben Blackett, Lakewood; Marvin Bourne, Tacoma; Richard Buxton, Tacoma; Charles Cobb, Gig Harbor; Stanton Sheimo, Lakewood; Gerald Bissonette, Tacoma; David Gimlett, Lakewood; Peter Cannon, Tacoma; Robert Whitney, Tacoma; Joseph Katterhagen, Tacoma; Ernst Kredel, Tacoma; Alan Sobul, Federal Way; and J. Lawrence Smith, Fircrest. While you're meeting these new ones, why don't you make a point to also get re-acquainted with some old friends too!

Last Call

This is the last call for delegates for the State Auxiliary meeting in Spokane on September 20-21. Why don't you plan to go along with your husband? It should be interesting and fun—besides, the new Ridpath is lovely! Give Dona Gilman a ring now. The program is out, so she can tell you what will be doing.

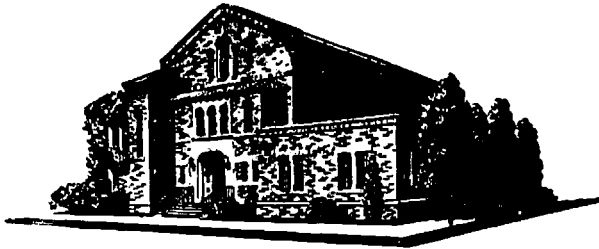
"Fashion Fiesta"

We're headed for a big "Fashion Fiesta" on Thursday, October 13. The Top
Continued on Page 29

Coffee Break

So we can all get off to an easy start this fall, there will be a coffee in September for the new members and the board only. Mrs. David Goodson, Membership Chairman, is planning this affair to honor twenty new members and welcome them to our group. These new gals are from every area so keep an eye out for them and offer your help and friendship. Here are the names we have so far. Mesdames William Conte,

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PHYSICIANS' AND HOSPITAL SUPPLIES

Continued from Page 27

of the Ocean will be the scene, and 11:30 a.m. is the time for the social hour with luncheon being served at 12:30 p.m. Mrs. Ronald Spangler and Mrs. Orvis Harrelson, co-chairmen, tell us it looks like a great event this year with Andrews Apparel doing the lovely goodies. Mrs. Kenneth Graham has charge of the raffle tickets, while Mrs. David Hopkins is planning the decorations. Tickets and reservations will be handled by Mrs. Robert Johnson and our own beauties, as models, will be under the care of Mrs. Robert Brooke. As you know, tickets are \$3.25, and the cause is for our nurses scholarships. This is a nice time to bring a group of friends for an afternoon outing and do something good at the same time.

How do you get tickets? Mail your check with a self-addressed envelope to Mrs. Robert Johnson, 1114 N. James, after September 15. Ticket sales will end on October 5 — and remember, there will be no coffee or luncheon before the style show so you'll have to do this by mail. No cancellations will be accepted after October 9. Plan now for a big "Fiesta."

October Luncheon News

Our first luncheon of the year will be on Friday, October 28, at our usual 12 p.m. time. Mrs. Murray L. Johnson is our hostess at her lovely home at 501 North Tacoma Avenue. Mrs. Harold Lueken is chairman and Mrs. Jack Mandeville is her co-chairman. Working with them will be Mrs. Robert Truckey, Mrs. Ralph Stagner, Mrs. James Billingsley and Mrs. Myron Bass.

The program will be presented by our State president, so let's show what a terrific auxiliary we have by turning out to greet her. See you there.

Word to the Wise

A bird told us that there are some terrific programs planned for this year.

I've heard such topics mentioned as alcoholism, mental health, poison control center, community services, and the new Health Department Director, Dr. Ernest Kredel. Mark the third Friday of each month for the Auxiliary meetings and we'll see how wise the bird is.

Dr. Larson Receives Army Commendation; Achievements Cited

Dr. Charles P. Larson, President-Elect of the Pierce County Medical Society, was recently awarded the Army Commendation Medal, in recognition of his performance as Commanding Officer, 359th General Hospital and 6250th U. S. Army Hospital, Tacoma, from May, 1947, to December, 1963.

The citation accompanying the medal includes the following comments:

"His outstanding professional ability, as a physician and surgeon, as a leader, organizer and commander, resulted in the formation and operation of highly trained, efficiently operated hospitals which consistently received superior ratings. His reputation for outstanding service, unselfish devotion to duty, and assistance to the medical profession is widespread throughout civilian and military medical circles wherever he has served.

"He has been a member, director, chairman or president of thirteen international, National, State and local medical associations, societies and clubs as well as having served as President of the World Boxing Association. The publicity ensuing from these assignments, which associated him as a physician of national prominence with the military service, materially contributed to the overall reputation and stature of the United States Army Reserve Program."

"Ask Your Doctor" Going Strong Again; Has Huge Audience

This month marks the beginning of the seventh year for the television program "Ask Your Doctor", sponsored by the Pierce County Medical Society. Since the first telecast on November 8, 1959, when Doctors Charles Bogue, Robert Johnson and Orv Harrelson discussed Athletic Injuries, 234 programs have been presented to a viewing audience varying from 80,000 to 90,000 persons each Sunday evening at 9:30 on KTNT-TV, Channel 11, Tacoma.

During the interim, a rather impressive array of statistics has accumulated. There have been 702 physician appearances, including several from King County, and AMA President, Dr. Edward Annis, as well as a number of non-professional people. All of which adds up to a total of 117 hours of television time donated by KTNT-TV and the participants. According to Max Bice, general manager of Channel 11, this amounts to about \$122,850. This represents salaries paid by the station as well as time that could have been sold during a prime viewing period.

Of historical interest, our first moderator was Dr. Frank Rigos; Dr. Homer Humiston then presided (and who can forget those Friday night trips to Seattle), followed by Dr. Arnold Herrmann, that never-tiring, glib Deputy Mayor who still holds forth except during political campaigns and civic duties which require his absence on occasion.

The "Ask Your Doctor" series probably holds a "first" as there is no record, to my knowledge, of a regularly scheduled program prior to November, 1959, that is still active.

For those who may question the value of the effort and time involved to present these shows, it might be worth noting that Channel 11 has annually re-

quested that they continue, and a few quotes from viewers' letters should be of interest:

" . . . Only one thing is wrong. It is the shortest half-hour on television . . ."

"The doctors are relaxed, informative, and present information in a manner we can understand. . . ."

"I think Dr. Herrman is great and please keep the show on the air. . . ."

"Your program goes a long way toward dissemination of factual and practical medical information. Also, the panel members are a credit to your Society."

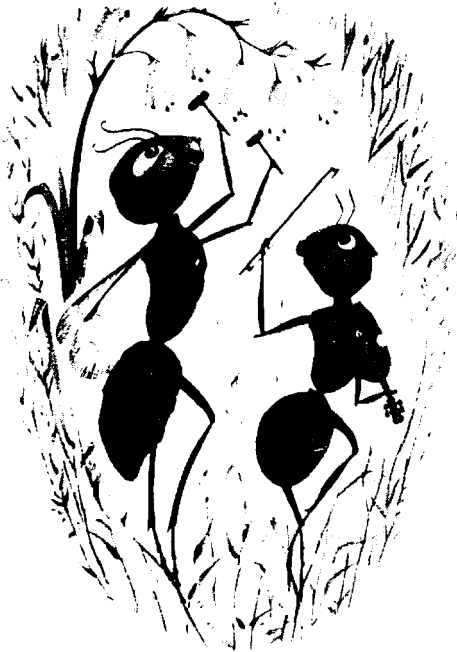
"My husband and I never miss your program. . . ."

Occasionally a request comes for advice on the proper treatment for a condition, and sometimes cranks will respond.

These letters come from all over the Puget Sound area—from Victoria, B.C. to Aberdeen. The fan mail is on file at the Society office for any who might care to read it.

Some changes are planned for the coming season which starts September 11. "Ask Your Doctor" is to be done in color during the entire 39 weeks. The program director has requested more film, preferably in color, from 5 to 15 minutes in length. Those of you who want movies for your presentation, let Judy Gordon know and she will make arrangements with KTNT photographers. Also, there is a catalogue of films available from the AMA and if you wish to use these, let us know and they will be ordered in time for your taping. Any visual aids—charts, still photos, X-rays, graphs, and actual instruments or equipment — are very valuable and desirable.

JAMES D. LAMBING, M.D.
Chairman,
Public Relations Committee



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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 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 Monday of each month—8:00 p.m. at 424 South K Street

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July and 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 at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

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

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and August—
6:30 p.m.

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, September, December—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.

LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

VOL. XXXVII—No. 10

TACOMA, WASH.

OCTOBER - 1966



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
OCTOBER 11**

Pierce County Medical Society

1966

OFFICERS

President	Glenn G. McBride
President-Elect	Charles P. Larson
Vice-President	Douglas P. Buttorff
Secretary-Treasurer	Arnold J. Herrmann
Executive Secretary	Judy Gordon

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Douglas P. Buttorff	Charles P. Larson
Robert M. Freeman	Glenn G. McBride
James E. Hazelrigg	Clinton A. Piper
Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

DELEGATES

Glenn H. Brokaw	Charles P. Larson
Robert M. Ferguson	Glenn G. McBride
Hermna S. Judd	Stanley W. Tuell
	Wayne W. Zimmerman

ALTERNATE DELEGATES

Douglas P. Buttorff	John M. Shaw
Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger
	George A. Tanbara

COMMITTEES

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Den G. Willard, Chairman	Frank R. Maddison
B. D. Harrington	
Grievance	
Frederick J. Schwind, Chairman	Stanley W. Tuell
Frank J. Rigos	
Public Relations	
James D. Lambing, Chairman	Paul E. Bondo
Kenneth E. Gross	John F. Comfort
Charles J. Galbraith	
Library	
S. Robert Lantieri, Chairman	Robert M. Freeman
Dudley W. Houtz	
Miles Parrott	
Public Health	
Orvis A. Harrelson, Chairman	George S. Kittredge
Bryce Betteridge	George G. R. Kunz
M. R. Hosie	Louis M. Rosenblatt
House and Attendance	
Kenneth D. Graham, Chairman	Haskel L. Maier
Russell Colley	Ernest L. Randolph
Robert Klein	
Civil Disaster	
Charles M. McGill, Chairman	Bernard N. Ootkin
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Charles E. Kemp	Leo F. Sulkosky
Richard B. Link	Arthur P. Wickstrom
Stanley A. Mueller, Jr.	
Diabetes	
Robert A. Kallsen, Chairman	Edwin J. Fairbourn
Richard F. Barronian	Ralph H. Huff
Rodger S. Dille	
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Glenn H. Brokaw, Chairman	Robert M. Ferguson
Robert C. Johnson	
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Charles R. Vaught, Chairman	Albert Ehrlich
G. W. Bischoff	
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Herman S. Judd	
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Robert W. Florence, Chairman	Joseph B. Jarvis
Edward S. Eylander	James Mason
William P. Hauser	
Schools	
John M. Shaw, Chairman	James E. Hazelrigg
Charles Bogue	Arnold Johansson
Orvis A. Harrelson	
George A. Tanbara	
Mental Health	
Hugo Van Dooren, Chairman	Harold B. Johnston
James M. Blankenship	Myron Kass
Treacy H. Duerfeldt	
Poison Control	
Claris Allison, Chairman	John S. May
Everett P. Nelson	



October Birthdays

- 2 Dudley Houtz
Graham Watkins
- 3 Lester S. Baskin
M. R. Hosie
- 4 Edward R. Anderson
Arnold J. Herrmann
Somers R. Sleep
- 5 J. Robert Brooke
David F. Dye
Kenneth E. Gross
Thomas B. Lawley
- 7 Haskel L. Maier
Richard I. Rich
- 10 Donald M. Nevitt
- 11 Myron Kass
- 12 Robert A. Kallsen
- 13 G. W. Bischoff
Sumiho Wada
- 14 Robert G. Bond
Frank H. James
James E. McNerthney
- 16 Murray L. Johnson
- 17 S. L. Sheimo
C. B. Ritchie
- 19 Marvin L. Bourne
David T. Hellyer
Vincent M. Murphy
- 20 Dumont Staatz
- 21 Buel L. Sever
- 23 Horace A. Anderson
- 24 Giulio di Furia
- 25 Donald F. Allison
Charles M. McGill
- 31 John F. Kemman
John Srail

Program
Charles C. Reberger, Chairman
Chris C. Reynolds William L. Rohner

Credentials
C. B. Ritchie, Chairman
Alfred L. Schultz Wm. L. Spaulding

Medicine & Religion
Charles E. Kemp, Chairman

Medicare
Wayne W. Zimmerman, Chairman

Bulletin Staff

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Business Manager Judy Gordon
Auxiliary News Editor Mrs. James G. Billingsley



You . . . your lawyer . . . and us . . . partners in matters of trust

A simple will leaving everything to your wife may be perfectly all right. *But have you checked it with your lawyer lately?*

Conditions change, and perhaps your will should be brought up-to-date or re-written.

We strongly urge you to review your present will with your attorney, or to use his experience in drawing a will if you do not now have one.

And we suggest you learn the many advantages of a trust at our bank. We welcome the opportunity of talking with you and your attorney about your estate plan. There is no obligation . . . come in anytime.



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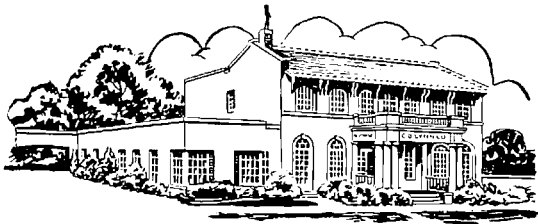
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Tuesday, October 11

PROGRAM - - - 8:15 P.M.

"REMINISCENCES OF VIET NAM"

Dr. Robert E. Lane

• • • • •

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

Junior League Starts Volunteer Bureau, Recruits Idle Hands

As a doctor, do you know the chronic complainer who has no ailment other than self-concern? The young mother whose headaches are caused by the tension of no relief from her home responsibilities? The elderly citizen who is bored with life and himself since his retirement?

If these examples are familiar and if the physical problems might be helped by the creation of new interests and a sense of being needed, then prescribe the Volunteer Bureau. Opening October 17, the Volunteer Bureau of Tacoma will recruit, interview, screen and place individuals in the community agency best suited to their interests, time and skills.

Young people, elderly people, men, women, teenagers, all can find a meaningful place in their community, make new friends, gain a warm sense of satisfaction and develop new interests by calling the Volunteer Bureau SK 2-0361,

Monday through Friday from 9:30 a.m. to 2:30 p.m.

Following the first contact an interview appointment will be set-up at the Bureau office, 401 Broadway, YWCA Building. At this time the prospective volunteer expresses his interests and learns what opportunities are available. Then the selected agency and the volunteer are brought together.

The most important qualification is the willingness to serve, for volunteer opportunities range from clerical work to conversation with the aged or shut-in, from childcare to interior decoration, from library research to recreational supervision.

Once a week, once a year, an hour or a hundred hours, every volunteer contribution is appreciated by the agency, the community and the receiving individual.

The first three years of operation of the Volunteer Service Bureau are being financed by the Junior League of Tacoma, Inc. A part-time director has been hired and Junior League members will help staff the office, interview prospective volunteers and carry-out a public relations program.

—JANE SHANAMAN



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October Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
3 Tacoma Acad. of Psych. & Neurol. 8 p.m. Tacoma Orthopedic Society 6 p.m.	4 C.P.C. of Mary Bridge—8 a.m.	5 Surgery Grand Rounds—T.G.H. 8-9 a.m.	6 Pierce County Pediatric Society 6:00 p.m.	7	8 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
10	11 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge—8 a.m.	12 OB-GYN Conf. T.G.H. 8-9 a.m.	13	14 C.P.C. of St. Joseph's—9 a.m.	15 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
17	18 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	19 Medicine Grand Rounds—T.G.H. 8-9 a.m.	20	21	22 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
24 Pierce County Academy of General Practice 6:30 p.m.	25 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge—8 a.m.	26 Path. Cancer Conf.—T.G.H. 8-9 a.m.	27	28 C.P.C. of St. Joseph's—9 a.m.	29 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
31					

Grand Rounds—Mt. View General Hospital—Every Saturday 9 to 10 a.m.

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President's Page

INTRINSIC TALENT



It was both illuminating and gratifying to visit the Allied Art Center in August this year and see the display of art offered by the "Medical Community" of Pierce County. Contributions were made by the medical wives and children, as well as the physicians, and covered many phases of art including paintings in various media, sculpturing, wood carving, weaving, photography and etchings.

The degree of skill displayed varied but was excellent over all. Considering the short notice allowed to the donors, and the relatively inconvenient time of the year, the show was a resounding success.

There is much hidden talent in our group and I feel sure that with a little encouragement, some of our reluctant members may be persuaded to share their artistic attributes with the rest of us, especially if there is enough notice given of future shows.

Without singling out any individuals for special mention, many thanks to all those who worked to make the display a success, and to those who contributed entries.

Let us make it an annual affair, shall we?

—GLENN G. McBRIDE, M.D.

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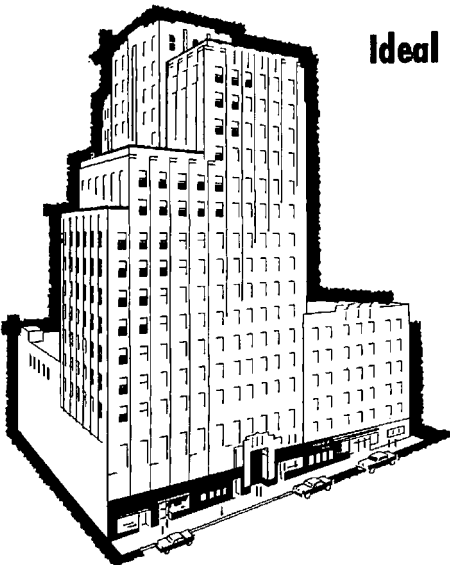
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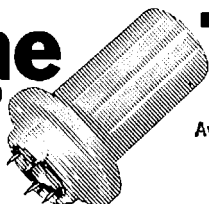
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Editorially Speaking



Less than 10 cents a day—sounds like peanuts!

By unanimous vote of the WSMA House of Delegates—sounds like a big deal!

Considering what the new \$35.00 increase in dues will mean in terms of sacrifice by Washington State physicians, it is peanuts.

Less than a dime-a-day is all it'll cost each member. There'll be a few hollers. And the loudest will come from those who have stayed most aloof from organized medicine, some justly coveting their independence and self-reliance. Most physicians defend their participation or non-participation in organized medicine by saying, "I'm doing it this way because it's in the best interests of the patient."

Best reason I know!

But we'd better realize that there are more and more people in Washington, D.C., whose thinking is reflected in the comment WSMA President Carl Schlicke heard at a White House Conference—"Health matters are too important to be left to the doctors!"

Try that again.

"Health matters are too important to be left to the doctors!"

Still sounds just as bad.

If we really think doctors know what's best for their patients, then we'd better take the offensive in planning, researching, organizing, investigating. If we don't, the government will move into all aspects of medical care with increasing confidence, bureaucratting, bungling, and rising expense. The resulting decline in the quality of medical care will hardly be "in the best interests of the patient."

The extra dime-a-day from doctors is to help organized medicine in this state keep at least one firm hand on the helm, instead of letting government steer a misguided and tragic course.

That unanimous vote *was* a big deal in terms of what it might mean in the future in letting the medical profession continue to play a role in "health matters."

Pay up.

—S.W.T.

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CONTRAINDICATIONS: Ilosone is contraindicated in patients with a known history of sensitivity to this drug and in those with preexisting liver disease or dysfunction.

SIDE-EFFECTS: Even though Ilosone is the most active oral form of erythromycin, the incidence of side-effects is low. Infrequent cases of drug idiosyncrasy, manifested by a form of intrahepatic cholestatic jaundice, have been reported. There have been no known fatal or definite residual effects. Gastro-intestinal disturbances not associated with hepatic effects are observed in a small proportion of patients as a result of a local stimulating action of Ilosone on the alimentary tract. Although allergic manifestations are uncommon with the use of erythromycin, there have been occasional reports of urticaria, skin eruptions, and, on rare occasions, anaphylaxis.

DOSAGE: *Children under 25 pounds*—5 mg. per pound of body weight every six hours. *Children 25 to 50 pounds*—125 mg. every six hours. *Adults and children over 50 pounds*—250 mg. every six hours. For severe infections, these dosages may be doubled.

Available in Pulvules[®], suspension, drops, and chewable tablets. Ilosone Chewable tablets should be chewed or crushed and swallowed with water.

Additional information available to physicians upon request.
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Use cautiously in individuals with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution adults who operate machinery or motor vehicles that drowsiness may occur. Each Melet contains phenylephrine hydrochloride 10 mg. and chlorpheniramine maleate 2 mg.

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In Memoriam

The recent death of Raymond D. MacRae, M.D. marked the passing of the last of the old pioneers in Radiology in this area.

"Mac", as he was familiarly known to many of us, was a real man in the true sense of the word. He was not only a fine Doctor, well-versed in his specialty, but he was also one of the kindest and most gentle of men to grace our local medical profession.

He performed many acts of unselfishness to his fellow man, not the least of which was loaning and giving appreciable sums of money to the less fortunate than he, or to young doctors in order that they might get a start in their profession.

He was unswervingly loyal to the Sisters of St. Joseph Hospital and they will never forget his kindness toward them during the depth of the great depression when he often refused to accept remuneration for his work as Radiologist.

His interests were many and varied, running the gamut from active participation in sports in his younger days to politics, curling, raising and training hunting dogs and gardening, as the years passed by.

"Mac" often talked of his baseball barn-storming days throughout the middle west, particularly in his native state of Wisconsin as a young semi-pro first baseman.

He was also a star end on the Camp Lewis football team of World War I and played against the Mare Island Marines in 1919 in what later became the well-known annual Rose Bowl classic.

Dr. MacRae graduated from the University of Oregon Medical School and was a member of Phi Chi Medical Fraternity. In addition to the local and state medical societies, he was also a member of the Washington State Radiological Society and the Radiological Society of North America. He accepted his last and painful illness with great patience, fortitude, and dignity to the very end.

Survivors, in addition to his son Joe, include a brother and sister in Wisconsin.

—JOHN R. FLYNN, M.D.

The following errors were made in the new edition of the Directory of Pierce County Physicians and Surgeons. Please make the following corrections in your copies.

BOWEN, J. W., JR. Office Phone: FU 3-3541

DRUCKER, GERHART A. Office Phone: JU 8-7875

Please add the following physicians name to page 32.

SCHEYER, CARL J.

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Office, 110 2nd Avenue, S.W. Puyallup 98371

Home, 3621 24th N.E., Puyallup 98371. UN 3-4900

Dr. Humiston Ready
For Finals; Return
To Olympia Likely



With a reassuring vote of confidence in the primaries, Dr. Homer Humiston moves into the final election as the strongest candidate for his second term in the legislature, representing the 26th district. Dr. Humiston expresses concern for the two-party system and urges the voters to have this principle in mind at the polls.

Dr. Humiston says, "Having served in the House during the 39th session when the Republicans had 39 of 99 seats, I can assure you that we need 50 seats in the next session. If the Republicans fail to control the House of Representatives, Governor Evans' program will not get a fair hearing in either the House or the Senate. May I urge you to keep this in mind in evaluating other legislative candidates."

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Warning: If coumarin-type anticoagulants are given simultaneously, the physician should watch for excessive increase in prothrombin time. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Patients receiving such concomitant therapy should be carefully

observed for this effect. Use with caution in the first trimester of pregnancy.

Precautions: Before prescribing, the physician should obtain a detailed history and perform a complete physical and laboratory examination, including a blood count. The patient should be kept under close supervision and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Regular blood counts should be made to guard against blood dyscrasias.

Adverse Reactions: The most common adverse reactions are nausea, edema and drug rash. Moderately lowered red cell count may sometimes occur due to hemodilution. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. Infr-

"The response in most cases is dramatic..."

Lowell, J. B.: New England J. Med. 269: 798, 1963.

When Lowell added phenylbutazone to his usual immobilization and rest measures for the treatment of acute shoulder bursitis, he found "The response is dramatic and occurs within forty-eight to sev-

enty-two hours, and occasionally as early as twenty-four hours. There is rapid loss of pain and concomitant increase in available motion".

quently, agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome or a generalized allergic reaction may occur and require withdrawal of medication. Stomatitis, salivary gland enlargement, vertigo or languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia are also possible side effects.

Confusional states, hyperglycemia, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hepatitis, jaundice and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently.

Average Dosage: Initially, give 400 mg. daily (one tablet or capsule q.i.d.), reducing this, if possible, when

a favorable therapeutic effect has been obtained. If after one week there has been no response, discontinue the drug.

For complete details, please refer to full prescribing information. 6509-V(B)

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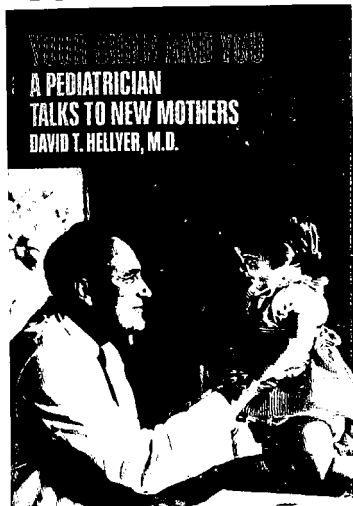
‘ ‘ ‘

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Critics Like Homey Advice in Hellyer's Book For Mothers



A Tacoma pediatrician's book of advice to new mothers, "Your Child and You", is selling well in Tacoma bookstores and, judging from reviews throughout the country, is probably doing as well or better in bookstores in New York and Chicago. Doctor David T. Hellyer, with nearly 20 years in practice in this community, started writing the book in February of 1964. A year later, it was accepted for publication and went on sale on April 29 of this year.

Instead of "chapters", Dr. Hellyer's book is a series of "letters". The characteristic salutations and closings are not there, but the warm, sympathetic, friendly tone of a personal letter is present throughout the book. The letters are arranged chronologically, with most of them named according to age-group, such as "Ten to Twelve Months" and "The One-Year-Old", but at the appropriate times other letters are interspersed, such as "Up to the Table" and "Toilet Training."

The book is written in non-technical language — it's for mothers, not for doctors — but most doctors would find it fascinating reading. Dr. Hellyer is masterful in his use of words, without being pedantic. For an example, turn to page 21 in the book and read his ac-

count of what labor and birth are like from the viewpoint of the unborn child as it ventures into its new environment. Even the physician who has long since lost interest in babies — and baby books — will find it worth his while to stop in at the Medical Library, turn to page 48 and read the author's 3-page chapter on "The Human Face."

Favorable reviews on the book have appear in *The Chicago Tribune*, *Washington Post*, *New York Times*, *Omaha World-Herald*, *Galveston News*, *Shreveport (La.) Journal*, *Rutland (Vt.) Herald*, *Tacoma News Tribune*, *Seattle P. I.*, *Seattle Times*, *American Home Magazine*, and the *Journal of Pediatrics*. The *Newport News Daily Press* refers to Dr. Hellyer as a "superlatively qualified pediatrician", and concludes its review with, "It is hard to conceive of a more useful and comforting volume to new parents than this fatherly, sympathetic doctor has produced."

Chapter 3 was condensed in the April issue of *Parent's Magazine*. Chapters 5 through 15 are being condensed and serialized in *American Baby*.

Dr. Hellyer says to the new mother in his foreword, ". . . let us talk together as we would if you brought your baby to my office, or accompanied your older child. We will not need to worry about patients waiting in the outer office, nor will the harassment of the telephone interrupt our conversations, and although I have the advantage that you cannot question me or object to my remarks, I will attempt to anticipate your questions and resolve your doubts in advance."

The preface is written by Dr. F. Howell Wright, Professor of Pediatrics at the University of Chicago.

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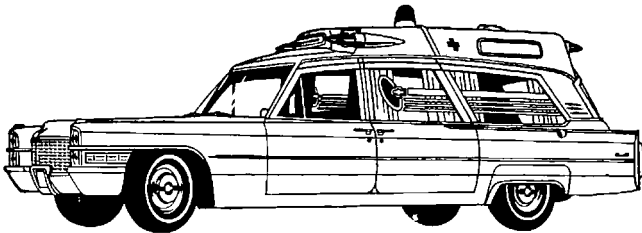
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Karl Staatz Honored For 50 Years in Medical Practice



Though unable to be in Spokane for the WSMA meeting, Dr. Karl S. Staatz of Tacoma was one of five Washington State physicians honored at the family banquet on Sunday evening, the first day of the annual session. Each of the five received a 50-year pin for 50 years of practice of medicine. Dr. Staatz graduated from the University of Michigan Medical School in 1916 and has been in practice in Tacoma since that time.

Other doctors so honored were Harold L. Goss of Seattle, Victor Piro of Chelan, Raymond M. Schulte of Spokane, and Edmund H. Smith of Seattle.

Doctors, Lawyers Vie For Prizes in Golf, Bridge Day

October 6, Thursday, was the date set for the annual Doctor-Lawyer Field Day, according to late arrangements made by Stan Burkey, President of the County Bar Association. Fircrest Golf Club is the site of the event, with golf starting in the early afternoon and a concurrent bridge tournament going on, with dinner and other revelry extending on into the evening. Next month's *Bulletin* will have a report on results of the tournament.

It's Zip Code Week! Bills Move Quicker, Checks Bounce Faster

Zip code week is here on October 10-15, and the Tacoma Postmaster offers local physicians some suggestions on how to use the mail system correctly, to lower costs and help the Post Office department process the mail speedily and more efficiently.

Let's start with A and end with Z—

1. ABCD stands for Accelerated Business Collection and Delivery. Letters deposited by 11:00 a.m. in a collection box in the downtown business area marked with an ABCD sticker will be delivered to all business deliveries in zones 2 and 21 and to all box sections in our classified stations and branches by 3:00 p.m. the same day. (You may get a check in payment mailed back to you a day earlier).

2. Band it! All metered mail and all quantity mailings (monthly statements, for example) should be faced and separated into local, out-of-town and airmail, and then banded. *Rubber* bands should not be used as they break or come off the bundles when the mail is being trucked to the Post Office. Instead, phone FU 3-2861, Extension 375, for a free supply of local, out-of-town and airmail *pressure sensitive bands*.

Your carrier will deliver them to your office. You will find them *quick and easy* to use.

3. Mail early in the day, and mail often. If a quantity of envelopes are ready by the time you (or your Nurse) goes to lunch, please take them with you to drop in the nearest box or building chute.

4. ZIP! Convert your mailing list of patients to ZIP Code! The Post Office will send a representative to your office to give personal assistance. Phone Extension 379 for free copies of the Tacoma ZIP Code Directory, a list of Washington cities with their ZIP Codes, or for a loan of the National Zip Code Directory (any address in the United States).

The Post Office will ZIP Code your mailing list at a charge of \$1.50 per thousand names if submitted, one name and address on a 3x5 file card; and of

course, your nurse should ask for ZIP Code when obtaining the address of a new patient. Please check your office stationery to assure your ZIP Code is included on all return addresses on envelopes, letterheads, and statement headings.

The tremendous volume of mail, up presently to 74 billion pieces per year, requires new and modern techniques to keep the mail moving swiftly, and to contain costs.

Help your Post Office to serve you more efficiently!

The following sections of the Tacoma Post Office are staffed with experts who are eager to assist you. Keep this list of phone numbers on your desk for ready reference:

For the ZIP Code of any address in the United States: FU 3-2861, Ext. 379.

For classification of mail: (How much postage? Shall I seal? What markings? Rates to foreign countries? FU 3-2861, Ext. 379.

For the Postal Services Representative to call at your office and discuss any mail problem or give help with your ZIP Code program: FU 3-2861, Ext. 378.

Superintendent of Mails, for special problems on all mailing matters: FU 3-2861, Ext. 371.

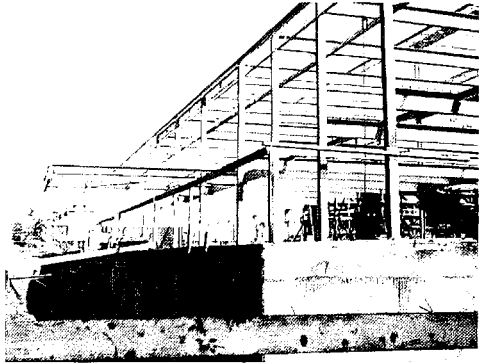
Tacoma Doctors Show at State Meeting in Spokane

Twenty-seven Pierce County physicians attended the WSMA annual meeting in Spokane in September. According to the registration through Tuesday at the meeting, those signed up were: Glenn Brokaw, J. W. Bowen, Jr., Edward Eylander, Robert Ferguson, George Hess, Herman Judd, Gerald Kohl, Glenn McBride, Haskel Maier, Robert Osborne, Chris Reynolds, William Rohner, John Shaw, Thomas Skrinar, Phillip Smith, Stanley Tuell, Elmer Wahlberg, Marshall Whitacre, Edwin Yoder, Wayne Zimmerman, Samuel Adams, Horace Anderson, Philip Kyle, Alan Porter, Marcus Stuen, Robert Johnson, Arthur O'Leary.

PATRONIZE YOUR ADVERTISERS

New Doctor's Hospital Shapes Up On Fawcett ...One Month Behind

The new Doctor's Hospital is taking shape on Fawcett Ave. and the shape is well outlined by the yellow steel girders seen in "front view" of the hospital shown below. The picture was taken in early September.



Hospital construction is running about one month behind schedule, according to Mr. James Feutz, hospital administrator, in his report to the staff at the September staff meeting. All the structural steel is now up and the 4th floor concrete slab should be poured and dry by the time you read this. Completion is expected sometime in February or March. The new hospital will have four floors in all, though only two will show on the front view. The lower two floors will open to the alley side. The lowest floor will provide parking for 61 cars and the 2nd level for 43 cars, plus a kitchen, dining room, lounge and storage area. The 35 beds on the medical wing are on the third floor, to the

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left inside entrance, while the surgical beds are immediately above on the fourth floor.

Mr. Feutz invited physicians or other interested parties to share in the hospital by making specific contributions. An entire private room can be furnished for about a thousand dollars, and suitable plaques will be installed to indicate the donor if desired.



The above picture illustrates one of the minor problems during the several months of construction. The "No Parking" sign has meant that doctors have had to park elsewhere, but the hospital has filled the gap by providing free parking for doctors in the parking lot adjacent to the present hospital building. This picture was taken from the alley side about April and shows what will eventually be the lower parking level.

The hospital is built so that another floor can be added if desired later on, and the kitchen and other facilities are planned to be able to take care of the additional patient load if this should occur. About 13 additional employees will be needed to staff the new hospital.

Dr. Glenn McBride, a member of the building committee, furnished the above pictures. Other members of the committee are Doctors C. B. Ritchie and Lou Rosenblatt.

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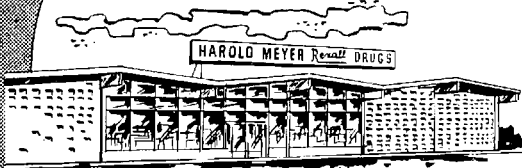
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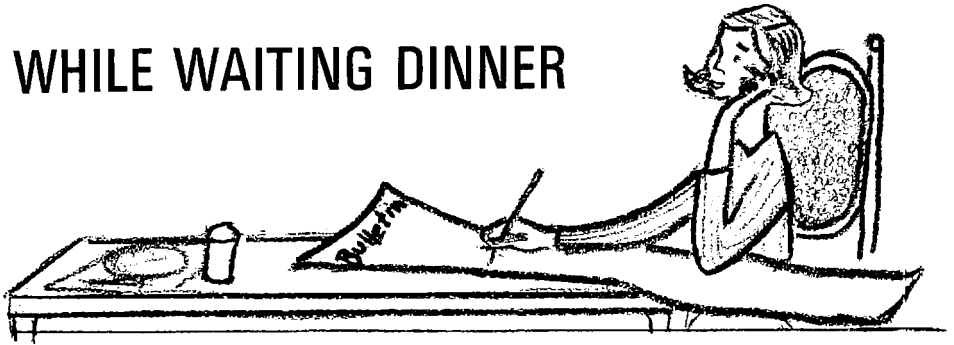
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	Mrs. Ronald T. Spangler
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Dance	Mrs. John R. Alger
	Mrs. G. W. Bischoff

Avenue. If you don't know how to get there, give someone a call and we'll find you a ride. The program will be given by our State president.

Where Do We Get Them?

This has been a popular question this month and we have the answer for you. Yes, the cook books are everything you've heard and you'd better stock up on them now. Think what nice gifts they would make if you had a stack of them on hand! Here are the names of members who have them and I'm sure you can find one near you.

- Mrs. Robert Burt,
6638 Hilltop Lane, S.W.—JU 4-1813
- Mrs. J. J. Erickson,
616 So. 117th—LE 7-5044
- Mrs. Kiyooki Hori,
6915 No. 17th—SK 9-3883
- Mrs. George Gilman,
3720 No. Union—SK 9-6885
- Mrs. Herman Judd,
8505 Woodlawn Ave., S.W.—
JU 8-2686
- Mrs. Axel Lindstrom,
508 Bridge Ave., Puyallup—
TH 5-6452
- Mrs. Stanley Mueller,
55 Summit Road—SK 9-4862
- Mrs. Thomas Skrinar,
424 No. C—BR 2-0486
- Mrs. Leo Sulkosky,
1403 - 5th St. S.E., Puyallup—
TH 5-8264

The Big Day—October 13

Our models are working, decorations are made, and we are planning on seeing you at the Fashion Fiesta at the Top of the Ocean. Tickets are obtained only by mail to Mrs. Robert Johnson, 1114 No. James. The sales will end October 5, but don't wait any longer. This is a big event and we'd hate to miss you. The tickets are \$3.25 and the money goes for our nurses scholarships.

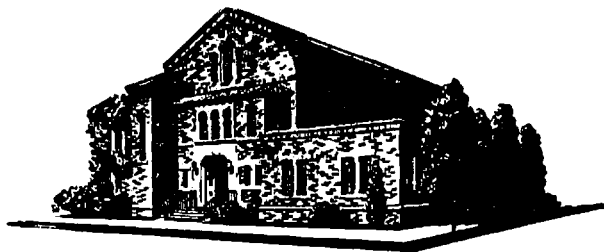
First Luncheon

Another date to put on your calendar is Friday, October 28. The luncheon will begin at 12 noon at the home of Mrs. Murray L. Johnson at 501 No. Tacoma

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Continued from Page 27

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Mrs. Stanley Tuell,
3650 Browns Point Blvd.—
WA 7-1117
Mrs. G. M. Whitacre,
926 Fairview Drive—SK 9-0700
Mrs. M. J. Wicks,
7520 No. 11th—SK 2-5560

A "Word" For Fall

Sometimes we all get so busy and involved with our families, activities, etc. that we forget to take the time for one of my favorite words, "ENJOY". We live in a delightful climate, and community, so whatever you are doing, be it work, play, activities, or with those around us, take the time to enjoy!

Thanks

The board and new members did "enjoy" the coffee given at our president's home to welcome the newcomers. Our thanks to all who helped and your editor promises to remember her name the next time and not introduce herself as "Nancy Bulletin."

Christmas Card News

Before you know it, the Christmas Season will be here and it's not too early to give thought to the traditional custom of sending greeting cards to friends. Again this year the Medical Auxiliary extends to you the opportunity of giving you help in this task, in return for your help in simply making a tax deductible gift to the AMA-Educational Research Foundation. For a gift of any amount, the Medical Auxiliary will send to each physician in Pierce County a Christmas card on which the names of all contributing physicians will be imprinted along with a Christmas greeting and explanation of the worthy cause for which you have contributed. It is suggested that you determine the amount of money you would normally spend in card purchases and postage to send to your physician friends and colleagues in the community and make this your gift. Records of individual contributions are kept only for accounting purposes and are strictly confidential. Every cent is tax deductible and in

return for letting us help relieve you of a time-consuming burden, we urge your generosity in supporting AMA-ERF which distributes this money to medical schools for research and education. You may specify a school of your choice to receive your donation. Unspecified gifts are placed in the General Fund and are distributed according to need. Operating costs of the project are paid by the Auxiliary.

These contributions are not meant to replace the ones usually made by physicians each year to AMA-ERF. This program is offered to help you with your task of sending Christmas cards and at the same time make the money you would normally spend for this meet a more purposeful and useful need.

November 15 is the deadline for sending in your contribution and having your name on the Christmas card. Make your check to AMA-ERF and send it to: Mrs. Paul B. Smith, Jr., 3404 No. Adams, Tacoma, Wash. 98407.

Dues Time

September is nearly over and if you haven't remembered to take care of your dues yet, get it off your mind by sitting down right now and mailing your check (\$10) to Mrs. Glenn H. Brokaw, 2919 No. Alder, Tacoma 98407. We had such a good record last year, but I'll bet we can do better.

Volunteer Bureau

On October 17 at the YWCA the Volunteer Bureau will open. This is being sponsored by the Junior League, but should be of special interest to all doctors' wives. As you remember, we had a program on this last year and found that some of the most active workers in the community are our auxiliary members. There is an article on page 5 of this Bulletin that you should read also. The Bureau will offer special help to our newer members who feel they would like to aid the community but don't know just where or how to go about it. Also, for some of you who feel you might like to change your field of service, this could be a help. Don't forget your teen-age children. This is an excellent opportunity for them to serve and, at the same time, it could lead to interesting jobs or careers for them.

Doctors' Family Exhibit At Allied Arts Center Outstanding Success

The Allied Arts Center was the scene of one of the outstanding art exhibits of the summer during the last two weeks of August. The Doctors' family exhibit was unique and presented the visitors with a fine array of objects of creative art ranging from sculpture, pottery, artistic wood carving, through graphic arts, photography and artistic weaving. There were 74 individual items exhibited.

The participation of the entire family provided a refreshing change from the usual physicians' art exhibit and allowed a much wider range of media and talent. One of the outstanding pieces was an opaque water color abstract created by the 5-year-old daughter of one of our physician members. The teen-age group provided many fine works in both water color and oils and reflected the excellent art instruction to which they are subjected in our secondary schools and colleges.

The artists in our Woman's Auxiliary provided the greatest variety of art objects for the exhibit and all were of superb quality. The physicians themselves responded with a pleasing array of water colors, oils, pastels, wood carvings, and photography. Members of the committee and of the staff of the Allied Art Center were pleasantly surprised

by the high quality of art exhibited by our physician members.

Our exhibit was a very successful one and proved that not only are the doctors and their families faithful patrons of art and music (as they have always been), but they can also be good, productive artists. The exhibit also proved that no one is too young or too old to embark on a career in creative art as a hobby. We wish to thank all the physicians and members of their families who exhibited their works and helped make our first doctors' family art show a successful one. Be sure to continue to visit and support our Tacoma Allied Arts Center.

—FREDERICK J. SCHWIND, M.D.

Open House at Research Institute

The Seventh Annual Open House of the Mental Health Research Institute at Fort Steilacoom will be held from 3 to 6 p.m. on October 28, 1966, according to Robert L. Schalock, Ph.D., Research Psychologist and Open House Chairman. Dr. John R. Marks is Director of the Institute.

The theme of this year's Open House is "Understanding Through Research." Each of the six departments of the Institute will have displays and exhibits demonstrating their most current work and research interests. All interested physicians and friends are invited to attend.

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The following is a brief precautionary statement. Before prescribing, the physician should be familiar with the complete prescribing information in SK&F literature or *PDR*.

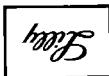
Contraindications: Comatose or greatly depressed states due to CNS depressants. **Precautions and side effects:** Drowsiness, dizziness, amenorrhea and skin reactions occur occasionally; hypotension, cholestatic jaundice, leukopenia and agranulocytosis, rarely. Keep patients under regular observation. Patients sensitive to other drugs may be more liable to have a reaction to prochlorperazine. An additional depressant effect is possible when used with other CNS depressants. Neuromuscular (extrapyramidal) symptoms (motor restlessness, dystonias, pseudo-parkinsonism) may occur and, in rare instances, may persist. Use the lowest effective dosage since the possibility of such reactions increases as dosage is raised. Should they occur in children or pregnant patients, the drug should be stopped. Use in children with acute illnesses or dehydration only under close supervision. Use in pregnant patients only when necessary for the patient's welfare. The drug's anti-emetic effect may mask symptoms of other disorders.

For a comprehensive presentation of 'Compazine' prescribing information and side effects reported with phenothiazine derivatives, please refer to SK&F literature or *PDR*.

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Pierce County Medical Society

Medical Arts Building
Tacoma, Washington 98402

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P A I D

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 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 Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and 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 at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and August—
6:30 p.m.
- 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, September, December—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.
- LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.

The

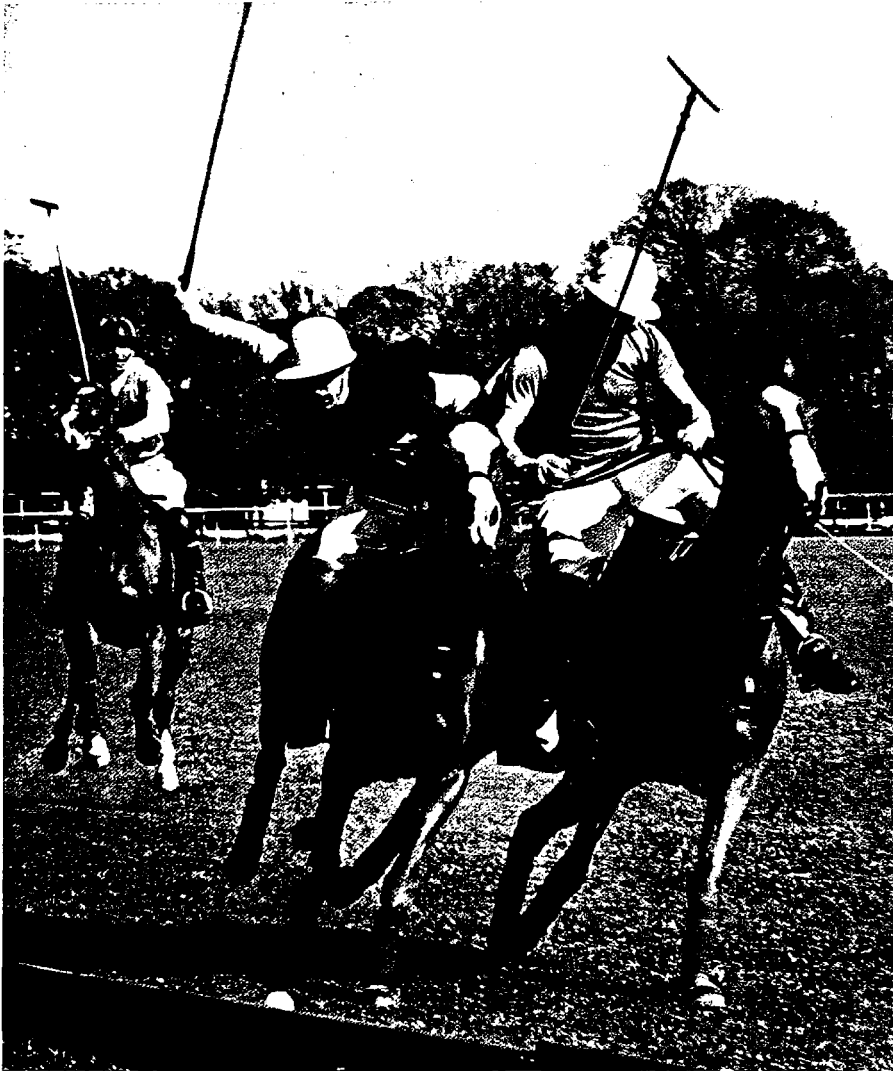
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 11

TACOMA, WASH.

NOVEMBER - 1966



**A Polo Team
in Tacoma?**
(See page 16)

PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
NOVEMBER 8**

Pierce County Medical Society

1966

OFFICERS

President Glenn G. McBride
 President-Elect Charles P. Larson
 Vice-President Douglas P. Buttorff
 Secretary-Treasurer Arnold J. Herrmann
 Executive Secretary Judy Gordon

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Robert M. Freeman	Glenn G. McBride
James E. Hazelrigg	Clinton A. Piper
Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

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Robert M. Ferguson	Glenn G. McBride
Hermna S. Judd	Stanley W. Tuell

Wayne W. Zimmerman

ALTERNATE DELEGATES

Douglas P. Buttorff	John M. Shaw
Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger

George A. Tanbara

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 B. D. Harrington, Frank R. Maddison

Grievance
 Frederick J. Schwind, Chairman
 Frank J. Rigos, Stanley W. Tuell

Public Relations
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 Kenneth E. Gross, Paul E. Bondo
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 Dudley W. Houtz, Robert M. Freeman

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 Orvis A. Harrelson, Chairman
 Bryce Betteridge, George S. Kittredge
 M. R. Hosie, George G. R. Kunz

House and Attendance
 Louis M. Rosenblatt
 Kenneth D. Graham, Chairman
 Russell Colley, Haskel L. Maier
 Robert Klein, Ernest L. Randolph

Civil Disaster
 Charles M. McGill, Chairman
 Philip H. Backup, Bernard N. Ootkin
 John W. Gullikson, Sherman S. Pinto
 T. R. Haley, W. Howard Pratt
 Louis P. Hoyer, Jr., Buel L. Sever
 Charles E. Kemp, Dumont Staatz
 Richard B. Link, Leo F. Sulkosky
 Stanley A. Mueller, Jr., Arthur P. Wickstrom

Diabetes
 Robert A. Kallsen, Chairman
 Richard F. Barronian, Edwin J. Fairbourn
 Rodger S. Dille, Ralph H. Huff

Entertainment
 Glenn H. Brokaw, Chairman
 Robert C. Johnson, Robert M. Ferguson

Geriatrics
 Charles R. Vaught, Chairman
 G. W. Bischoff, Albert Ehrlich

Legislative
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 Douglas P. Buttorff, Gerald C. Kohl
 Philip Grenley, C. B. Ritchie
 Herman S. Judd, Roy H. Virak

Medical Education
 Robert W. Florence, Chairman
 Edward S. Eylander, Joseph B. Jarvis
 William P. Hauser, James Mason

Schools
 John M. Shaw, Chairman
 Charles Bogue, James E. Hazelrigg
 Orvis A. Harrelson, Arnold Johansson

Mental Health
 George A. Tanbara
 Hugo Van Dooren, Chairman
 James M. Blankenship, Harold B. Johnston
 Treacy H. Duerfeldt, Myron Kass

Poison Control
 Claris Allison, Chairman
 Everett P. Nelson, John S. May



November Birthdays

- 1 Charles E. Kemp
- 3 Carl O. Granquist
J. Hugh Kalkus
George A. Moosey
- 5 William C. Brown
- 6 Joseph G. Katterhagen
Sherman S. Pinto
- 7 G. W. Bissonnette
- 8 Ray M. Lyle
Wayne W. Zimmerman
- 10 John H. Hirschberg
- 13 Dale D. Doherty
Paul E. Gertsmann
- 14 Thomas H. Clark
Kiyooki Hori
- 16 Kurt Brandand
- 17 T. R. Haley
- 18 James D. Krueger
G. M. Whitacre
- 19 Calvin R. Lantz
- 20 Joseph A. Benson
- 22 Edward S. Eylander
Vernon O. Larson
John M. Shaw
- 23 Ralph V. Stagner
- 24 John R. Alger
- 25 William McPhee
- 26 Kenneth S. Kilborn
Theodore J. Smith
- 29 John Colen
- 30 Thomas A. Smeall

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Medicare
 Wayne W. Zimmerman, Chairman

Bulletin Staff

Editor Stanley W. Tuell
 Business Manager Judy Gordon
 Auxiliary News Editor Mrs. James G. Billingsley

Medical Arts Building Auditorium

Tuesday, November 8

PROGRAM - - - 8:15 P.M.

"THE PART-TIME DIABETIC AND DIABETES DETECTION"

James D. Lambing, M.D.

• • • • •

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

AMPAC 1966

This is an election year and already the primaries are over and we are heading into the final onslaught of campaign speeches in preparation for the final elections on November 8th. Vice-President Hubert Humphrey is asking us to "let us be partners together" and President Lyndon Johnson is telling us to "come, let us reason together." It remains to be seen whether all this togetherness will be in the best interest of medicine.

Medical legislation of all kinds is moving through the House and Senate at a rapid clip. The entire face of medicine was changed by the 88th Congress, and the 89th Congress has not let the plastic repair even set before it has done further face-lifting. There is no question that the practice of medicine will never be the same again.

AMPAC is certainly not against revamping society and extending progress, but we do feel that some guide lines and basic principles are necessary so that this revamping and extension will result in something truly of value rather than resulting merely in change without improvement. AMPAC feels the best way to achieve control of medical legislation so that it does result in something

of value is to elect competent legislators.

Recently the Seattle Post-Intelligencer had an article by Jack B. Robertson called "Politics: What you can do." The lead point of the article stated, "Too important to remain solely with the professionals." This very succinctly states AMPAC'S feeling on the subject of politics.

There are things we can and must do to make politics work for us. With the final elections upon us, there is not much more we can do at this point. But with elections still fresh in our minds it is worthwhile to reflect for a moment. What candidate did we care enough to lend our name to his campaign? What candidate were we willing to back with money out of our own pocket? Did we put even one sign on our lawn or car bumper for a good candidate of our choice? Finally, did we offer to help a candidate in any way at all?

If the November elections bring forth good legislators, we are bound to get good legislation. AMPAC has worked diligently for two years for this election. We know many of you have helped us in this campaign. We trust the rest of you will join AMPAC in the coming battle of November, 1968.

THOMAS H. SKRINAR, M.D.
Chairman, AMPAC
State of Washington

Doctor Directory Now Has Zip Codes; Corrections Noted

With its bright orange cover, that indispensable reference book for all nurses' desks, doctors' offices and homes, the Directory of Pierce County Physicians and Surgeons, has been distributed again, courtesy of Dammeier Printing Co.

This 1966 edition contains more information than ever before. For the first time the ZIP code is included for each of the office and home addresses of the 314 Pierce County physicians listed in the book, which is still in its handy 3½ by 6-inch size.

Page 8: Dr. J. W. Bowen's office phone should be changed to read: FU 3-3541.

Page 12: Dr. Gerhart Drucker's office phone should be changed to read: JU 8-7875.

Page 18: Dr. Richard Huish's office address should be Tacoma Medical Center No. 43.

**Add: Dr. John P. Liewer
General Practice—Tues.
Office, 6345 Motor Ave. S.W. JU 8-1759
Home, 9310 Westview Dr. S.W. JU 8-1203**

**Add: Dr. Carl J. Scheyer
General Practice—Thurs. & Sat.
Office, 110 2nd Ave., S.W.,
Puyallup TH 5-6695
Home, 3621 24th N.E., Puyallup . UN 3-4900**

Page 49: The address of the Mental Health Clinic should read 109 N. Tacoma Ave.

Besides the doctor listing, the useful booklet contains the phone numbers, addresses and the weekday, Sunday and holiday hours of 60 Tacoma drug stores, as well as the same information for 11 other drug stores in Puyallup, Sumner, Orting and Gig Harbor. All the detail men for the large pharmaceutical houses are listed, as well as 11 medical laboratories and 27 registered physical therapists in the area. All hospitals are listed, as well as numerous other para-

medical facilities. All 11 funeral directors are listed, and there is space provided for writing in additional phone numbers and addresses on the last 6 pages of the book.

3 Tacoma Doctors In Residency Status

On page 39 of the new Directory of Pierce County physicians, three members are listed as "in residency", but their activities are not fully clarified. All three were in active practice in Tacoma, but have temporarily left practice for graduate training.

Dr. Galen Hoover, after several years of general practice in Tacoma, is now in his second year of a 3-year residency on orthopedic surgery at Henry Ford Hospital in Detroit. His residency started July 1, 1965. His family is in Detroit also.

Dr. Richard T. Davis has temporarily left his surgical practice for a year of additional graduate training in surgery at the Bess Kaiser Hospital in Portland. He is frequently able to commute on weekends, to visit his family here in Tacoma. He expects to resume practice here in July of 1967.

Closer to home is Dr. Don Allison, who has left his private practice to take a three-year residency in psychiatry. He is spending his first year at Western State Hospital, starting last July 1. The second year will include work at the University Hospital and Veterans' Hospital in Seattle, and the third year will include working at the Child Study and Treatment Center at Western State Hospital.



Norm Magnussen with a batch of big ones he landed at the mouth of the Columbia River a few weeks ago.

Mental Health Clinic Eager To Cooperate With Local Doctors

Tacoma's Community Mental Health Clinic, which started as a part-time project in November of 1964 and has been on full time since September of 1965, is in full swing and going strong. Yet many Pierce County physicians are hardly aware of its existence and functions, according to an interview with Mark Livengood, Chief of Social Service and Acting Administrator of the Clinic.

The purpose of the Clinic is to provide short-term psychotherapy for those in need of emergency care of this nature. It is especially helpful to persons in lower income groups who might otherwise fail to seek needed psychological or psychiatric assistance. Since the Clinic receives many of its referrals from local doctors, it is important for the doctors to be aware of the functions of the Clinic and the services available there. Mr. Livengood stresses that the Clinic does not want to "take over" the patient, but wants the patient to continue his relationship with his doctor—if this is what the doctor wishes. "We would like to be able to refer patients back to their original physicians for follow-up on medications and their effects," Mr. Livengood said.

The Clinic is located at 109 North Tacoma Ave., and is financed in part by a grant from the National Institute of Mental Health and also in part by fees paid by patients. No patient is refused needed care, and is usually asked to pay anywhere from one to ten dollars per session, depending on his financial status as determined by an interview with the Clinic secretary.

Typical cases that come to the Clinic are cases of acute depression and cases with acute anxiety problems. Impending and potential suicides frequently receive significant help at the Clinic. Referrals to the Clinic come not only from doctors, but also from lawyers, courts and social agencies. For therapy, the Clinic sends the patient to one of a panel of about 50 therapists—psychologists, social workers, counsellors, psychiatrists—depending on what type of assistance the patient needs. There is a 15-session limit for all patients, but

the average therapy takes only 5 or 6 sessions. Most sessions can be conducted at the Clinic, but if actual psychiatric care is needed, the patient may be sent directly to the psychiatrist's office. Therapists are paid by the hour for their services. Some group therapy is used and some marriage counselling is also provided. By virtue of the financial support from the NIMH, the Clinic can make use of the annex at St. Joseph's Hospital.

The Clinic is actually one of six components of a larger complex known as the "Tacoma Mental Health Center", all included in a grant from the NIMH. The other components are the St. Joseph's Hospital Annex, the Mental Health Division of the Pierce County Health Department, the Public Health Nursing Division, the Child Study and Treatment Center at Western State Hospital, and the Pierce County Unit at Western State Hospital.

Since it began providing full time service, the Clinic has been providing the essential elements required by the NIMH. These elements include inpatient and outpatient treatments, partial hospitalization, 24-hour crisis service, and education and consultation to organizations and individuals who work with patients.

Dr. Hugo Van Dooren was the first Medical Director of the Clinic, a position which is now taken over by Dr. Nicolas A. Godfroy. The Clinic employs two full-time secretaries and 2 full-time professional persons — Mr. Livengood and Dr. Zylstra.

During the year ending June 30, 1966, there were 440 patients admitted to the Clinic for care. The current case load numbers a little over one hundred.

The Clinic phone number is MA 7-8080.

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President's Page

A FOUR PRONGED PROGRAM



Several facts were noteworthy at the Washington State Medical Association meeting in Spokane this year. These were especially noticeable in the meetings of the House of Delegates. I couldn't help but be impressed by the caliber of the members of this group and by their dedication to their tasks, both assigned and voluntary. It is heartening to know that a group of this type is helping to guide our medical destinies. Many of these men have little or nothing to gain, personally, by their actions, and are working in the best interests of the public, of the government, and of the medical profession.

I feel that we can take pride in our Pierce County delegates. Their attendance at the meetings was excellent and several of the men were in positions of considerable responsibility.

Many problems were considered and passed, rejected, or modified. Not the most important matter, but one surely to arouse some discussion around the State was the passage of a "dues increase" of \$35.00 a year for the State Association. Careful consideration of this matter was given before passage.

Prior to the action taken, we, as a group of doctors in this State, were faced with adopting one of two policies; we could increase the dues and move ahead with a positive program; or we could reject the increase and assume a defensive or "Maginot Line" policy.

With the dues increase, your State governing body visualizes a new Four Pronged Program consisting of:

1. Carefully integrated and increased activities in "regular" Association services.
2. Continued and increased public service efforts in the health field.
3. A more active role in relationship to governmental agencies and increased effectiveness as legislative advisors.
4. A research arm to provide objective data necessary to the formulation of our policies of the future, and essential to our being currently believable" in the eyes of the public.

Whether or not you agree with the above action is a matter of conjecture but, as Dr. Schlicke in his presidential address stated: "The profession must start using its greatest resource, brains, and not abandon its destiny to politicians and social schemers. Physicians must inform themselves as to what the health needs of their community are. They must apply scientific methods to determine accurately the extent and distribution of these needs . . . and to search for satisfactory and realistic solutions."

I urge you to support your State Association, to seek and to accept positions of responsibility in your County Society. In unity there is strength.

—GLENN G. McBRIDE, M.D.

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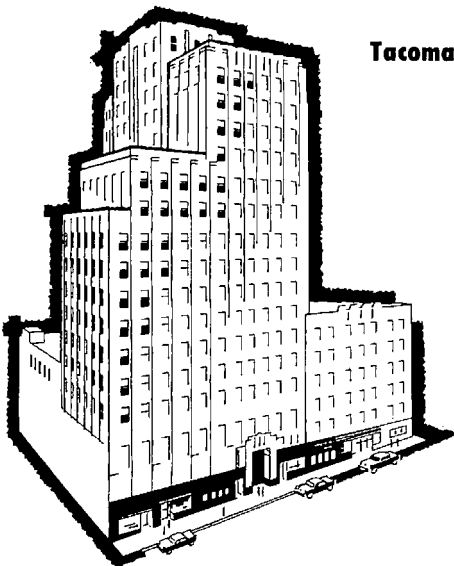
The Medical Arts Building located in the heart of Tacoma—where it should be—provides all the needs of the medical profession . . . a modern hospital, fully equipped laboratories, prescription pharmacy, optical store, fine auditorium, new restaurant, medical supply house, Pierce County Medical Society office and library . . . PLUS more than 500 parking spaces within a half block of the building. Your inquiry is invited.

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Building Office: 110 Medical Arts Bldg.

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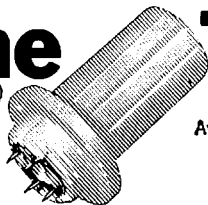
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Guest Editorial

WHEN WILL IT HAPPEN HERE?

We have experienced disgust in observing the Berlin Wall, the Iron Wall of East Europe, and the Bamboo Curtain around China. These structures were designed to prevent people from escaping from the communist regimes, not necessarily to keep people out. Britain, one of the so-called "free countries" but one which has a socialistic political economy, is now erecting a financial wall to prevent its doctors from escaping Britain. There is a bill before the Parliament at the present time proposing a fine of \$14,000 to any doctor who leaves Britain. Few of the doctors have been able to save or accumulate \$14,000 on their low pay scale, so many will not be able to escape.

As our economy becomes more socialistic and the government proceeds with more controls on medicine, what kind of barrier will they propose to prevent us from escaping? Oh well, by then there will probably be no place left to which one can escape.

Citizens bemoan the terrible Iron Wall, the Berlin Wall, and probably will bemoan this recent action in Britain, yet they will probably go right along voting for candidates who promise the "Pie in the Sky". It is apparently this human weakness which allows socialism to develop, which will eventually destroy not only our economic but all of our other freedoms, as well.

—WAYNE W. ZIMMERMAN, M.D.

NPBA Hospital

The black topping and resurfacing around the hospital has been completed. Extensive remodelling is in progress, in the near future.

and there is hope for new construction

Mr. R. D. Holmen, our Administrator, made an emergency trip, September 26, to St. Paul, Minnesota, because of the illness of his father. Upon his return he was confined to his home for a few days with influenza.

On October 9, Miss Gail Hoban, Secretary to the Administrator, became Mrs. George Sleet at a Nuptial Mass celebrated at the Sacred Heart Catholic Church. She will return to her duties as Secretary following the honeymoon.

Dr. E. R. Anderson, our Chief Surgeon, was honored on his birthday with a special cake served as a surprise at the afternoon coffee hour.

A welcome back to two members of our Nursing Staff returning to us after several years absence: Mrs. Viola Gronenthal, R.N., on the 3-11 shift, a graduate of the St. Joseph's School of Nursing,

Minot, North Dakota; and Mrs. June Grimm, R.N., in the Our Patient Clinic, a graduate of St. Joseph School of Nursing, Tacoma. Welcome also to a newcomer, Mrs. Naomi Walpert, R.N., on the 8-4 shift. She is a graduate of the Sinai Hospital, Baltimore, Maryland.

Mrs. Helen Underwood, Director of Nursing Service, Mrs. Bea Hammerstrom, Assistant Director of Nursing Service, and Mrs. Bea Stover, Medical Floor Supervisor, attended the 14th Annual Meeting of the Washington State League for Nursing. It was held October 10 and 11 at the Hyatt House.

Mrs. Althea Luttrell, our Dietitian, attended a meeting at the Public Health Department, County-City Building on October 11. The meeting was conducted by Mrs. Clare Van Natta, Nutritionist for the State Health Department. It served to acquaint the Dietitians and Health Department personnel alike with the problems of extended care facilities seeding Medicare Certification, and the need for more qualified Dietetic Consultants.

Wait, Annabelle. Mommy hasn't told the doctor yet that you *need* a shot.

Maybe she does, maybe she doesn't. But if her problem is nasal congestion due to cold or allergy, consider the medication that combines convenience and effectiveness—Novahistine Melet.

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adults, too, will appreciate this modern dosage form.

Use cautiously in individuals with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution adults who operate machinery or motor vehicles that drowsiness may occur. Each Melet contains phenylephrine hydrochloride 10 mg. and chlorpheniramine maleate 2 mg.

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PITMAN-MOORE Division of Dow Chemical Company, Indianapolis

Local Polo Team Great Recreation; Dr. Piper Explains

(In 1965, Dr. Clinton A. Piper and three other horse enthusiasts organized the "Spanaway Mets", a polo team that has since seen competitive action in Washington, Oregon and Canada. In this article, Dr. Piper briefly explains the basic principles of the game and how it has developed locally. —Ed.)

This oldest of stick and ball games originated in Persia some 3000 years ago where it was considered the final test of a man's character, courage, physical strength and stamina. Polo is believed to be a slight change from the Tibetan word "pulu" meaning "willow root", from which the balls were made. English Army officers adopted the game in Punjab, India, in the 1860's and transported it home a few years later. The basic rules under which the game is played today were formulated in 1873 by the Hurlingham Club. Americans brought the game back from England in 1876 and did much to speed up and open up the play. At the present time there are ten collegiate teams, several under-graduate military academy teams and well over a thousand players listed and rated with the U. S. Polo Association.

The game is played on horseback with four men to a team in the outdoor and three in the indoor meets. There are six periods, or chukkers, outdoors and four indoors, each chukker being seven and one-half minutes in length. A three minute rest is allowed between chukkers and five minutes at half time. The outdoor field is 300 yards by 160 yards and may have low sideboards. Indoors a large riding ring is utilized. The ball is of willow root, $3\frac{1}{4}$ " in diameter and weighing 4 ounces. Indoors a slightly larger inflated ball is used. A goal is scored when the ball is driven between uprights which are spaced eight yards apart at the ends of the field. Indoors the goals are space twelve feet apart.

The four positions are Forward, Attack, Pivot, and Back. The opposition is inversely mated. Offensively the forward is the goal maker and always optimistic, the attack initiates the charge

and must be very clever with his stick; the pivot is the play organizer, usually the team captain, and a long accurate hitter; the back supports the drive but is basically a pessimist. Defensively the forward has little work, attack will try to disrupt the play, pivot is duty bound to regain control, and the back must prevent goals and break up deep penetration.

The polo pony is really a horse and accounts for 75% of the player's usefulness to his team. They are usually of medium height, standing 60-62" at the top of the shoulder (15 hands) and weighing about 950 pounds. Thoroughbred or cross bred quarter horse-thoroughbred make up the majority of the ponies. The thoroughbred blood gives them speed, boldness and stamina whereas the quarter horse contributes compactness, agility and ease of training. It takes two years of steady work to produce a good, skillful and safe pony. Each horse is asked to play two periods in a match with a rest of one or more periods between. He is trained to travel in a straight line on a slack rein and not specifically to follow the ball. He is also trained to be fearless when faced with collision; to sprint "flat out", then stop on a dime; and to bump hard and like it.

English type of flat saddles and various bridle combinations are used. The horse has his legs wrapped to prevent injury and his tail braided to keep it from interfering with mallet swing. The mallets have solid cane shafts and heads made of bamboo, ash or maple. They vary in length from 48-52" and weigh about 1 pound. Whip is built into the stick somewhat similar to that of a driver in golf. White breeches are traditional and the teams wear contrasting shirts. Protective knee guards are optional but a hard helmet is mandatory. Recently, wire face guards have been added.

The strokes are forehand and backhand on both sides of the horse as well as under the neck from either side and under the tail. It takes about three years to learn to meet the ball with the side of the mallet at a full gallop when everything in the world seems to be moving in different directions.

The game starts with the teams lined up in the center of the field when the

ball is thrown in by the umpire. The play from there is basically up and down the long way of the field. The attacking team attempts to move the ball from mallet to mallet to the forward who shoots for goal. Although a strong hitter can drive the ball 150 yards, accuracy is more important than power and the game is basically one of passing. The movement and plays are similar to hockey or basketball.

A mounted umpire is essential and in the first class games he is aided by a mounted referee plus a second referee on the sidelines. The fouls are designed to avoid collisions. Position of the players in relation to the line the ball is traveling determines who has the right of way to hit it. Two men may ride in opposite directions down the line of the ball if they are both swinging on the right side of their ponies. Subsequent priorities are determined by the player's angle to the line of the ball. Hooking of an opponent's mallet to interfere with his swing is allowed but cannot be done across his horse. Bumping and shoving his horse aside is permitted if done in a manner that does not risk upending him. The penalties vary from the award of a goal for a blatant foul to free shots at various distances up to mid field.

The players are handicapped by "goal" ratings up to 10. This indicates Zero is an amateur, 1-3 fair, 4-6 good, 7-8 excellent and 9-10 superb. These ratings are reviewed annually by the U. S. Polo Association. The potency of teams is equalized by subtracting the totals of the ratings of each team. The difference is awarded in goals to the team with the smaller total.

In the spring of 1965 four of us who owned family-type horses rounded up some old mallets and organized as the "Spanaway Mets". Since then our local roster has averaged ten men with 1-3 ponies apiece. We have played one night weekly. Our own outdoor field at present is 220 yards long and we play with three men on a side. Since this area is rough and small we have been pleased to travel. This summer the group saw action in Portland, Yakima, Toppenish, Victoria and Vancouver. We made eight trips as a team and several more as individuals. Olympia and Seattle have indoor teams and we will be com-

peting with them again this winter.

The game affords considerable exercise and a fine opportunity for mental relaxation. The combination of the stick and ball element, the team effort, and the demanding horsemanship is unbeatable for pleasure. We are very happy that this greatest of games has become less aristocratic and is making room for the average horseman to enjoy the speed, danger and thrills of its "hell-bent-for-leather" action.

—CLINTON A. PIPER, M.D.

Doctor-Clergy Confab Set For Tuesday, Nov. 29

Should a doctor tell his patient the real truth when that patient has an incurable cancer? If he has not told him, how much of the patient's condition can he share with the patient's minister, priest, or rabbi when asked? How much "privileged" information about a patient should a doctor divulge to a hospital chaplain? Does it make a difference whether the chaplain is full-time or a volunteer?

These, and other questions pertinent to communication between physician and clergyman, both ministering to a given person, will be discussed in a two-hour roundtable conference to be held in the Medical Arts Building auditorium on Tuesday evening, November 29 at 7:45 p.m. All interested physicians and clergymen of Pierce and South King Counties are being invited to attend and participate in the discussion groups by the Committee on Medicine and Religion of the Pierce County Medical Society who will chair the meeting.

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observed for this effect. Use with caution in the first trimester of pregnancy.

Precautions: Before prescribing, the physician should obtain a detailed history and perform a complete physical and laboratory examination, including a blood count. The patient should be kept under close supervision and should be warned to report immediately fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools. Regular blood counts should be made to guard against blood dyscrasias.

Adverse Reactions: The most common adverse reactions are nausea, edema and drug rash. Moderately lowered red cell count may sometimes occur due to hemodilution. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. Infr-

"The response in most cases is dramatic..."

Lowell, J. B.: New England J. Med. 269: 798, 1963.

When Lowell added phenylbutazone to his usual immobilization and rest measures for the treatment of acute shoulder bursitis, he found "The response is dramatic and occurs within forty-eight to sev-

enty-two hours, and occasionally as early as twenty-four hours. There is rapid loss of pain and concomitant increase in available motion".

quently, agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome or a generalized allergic reaction may occur and require withdrawal of medication. Stomatitis, salivary gland enlargement, vertigo or languor may occur. Leukemia and leukemoid reactions have been reported but cannot definitely be attributed to the drug. Thrombocytopenic purpura and aplastic anemia are also possible side effects.

Confusional states, hyperglycemia, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hepatitis, jaundice and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently.

Average Dosage: Initially, give 400 mg. daily (one tablet or capsule q.i.d.), reducing this, if possible, when

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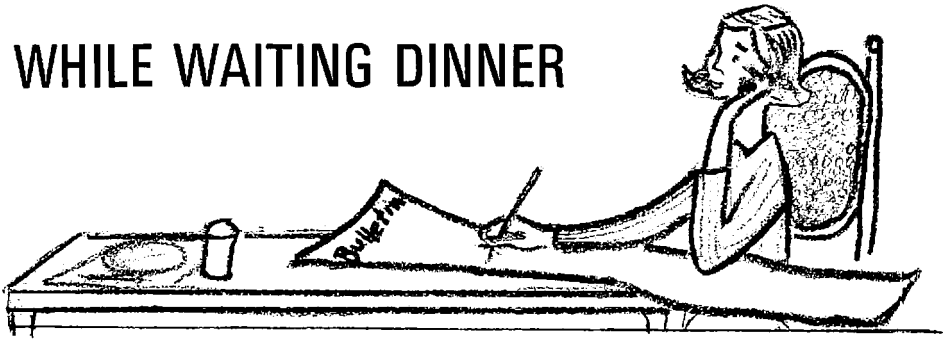
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A Word of Thanks

To each of our lovely models and the entire committee goes our praise for a delightful afternoon at the "Fashion Fiesta." In case you missed the names of our beauties modeling, they were Mrs. Robert Chambers, Mrs. Russell Colley, Mrs. Gordon Dean, Mrs. Stevens Dimant, Mrs. James Hazelrigg, Mrs. Joseph Katterhagen, Mrs. Thomas Murphy, Mrs. William Rademaker, and Mrs. Merrill Wicks. Helping behind the scenes was Mrs. Sherman Pinto.

Another thanks goes to Mrs. Murray Johnson for the October meeting in her home. It was a delicious luncheon and an interesting program.

A Date in November

We have a luncheon date with each of you for November 18 at 12:00 at Johnny's On The Mall. Our chairman that day will be Mrs. William Sullivan with Mrs. Sherman Pinto as co-chairman. The program is one you shouldn't miss! Rev. James E. Royce, S.J., M.A., Ph.D., S.T.L., is the speaker and, as you can tell by all those lovely letters after his name, he is a very outstanding man. At present is the associate dean of the College of Arts and Sciences at Seattle University. He was chairman of the Department of Psychology there from 1949-65, with the rank of professor since 1961. He has been very active in various boards and departments of alcoholism in the State and in December, 1965, he received the Governor's Distinguished Service Award from the State Department of Health for combating alcoholism. See you there!

(Continued on Page 23)

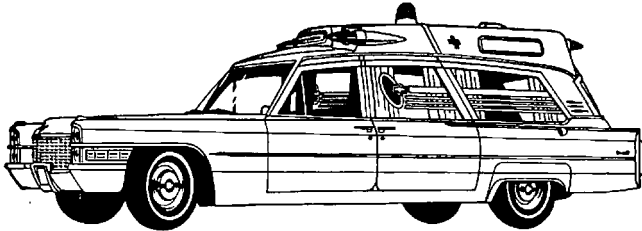
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(Continued from Page 21)

Reminder

Lest you have tucked your letter in a drawer and forgotten, we want to remind you that the deadline for the AMS-ERF Christmas cards is Nov. 15. This is an excellent opportunity, so do take care of it now. Mail your contribution to Mrs. Paul B. Smith, Jr., 3404 No. Adams, Tacoma, Wash. 98407. If you have any questions she will be happy for you to give her a call.

Report From Our President

Dorothy Maier, Kathleen Skrinar, Marge Wicks, and I attended the State Auxiliary Board meeting in Seattle on Oct. 14. Jeanne Judd was left at home mending ribs.

President-elect, Shari Nooman, set the tone for the day with a report from the national auxiliary meeting that was held in Chicago. Many facets of the auxiliary were discussed at that time. The program committee presented a new concept of one general topic being discussed in local auxiliaries throughout the country. Legislation said that Title 19 (second part of Medicare) would be a household word in the coming year and community service presented reams of new ideas for auxiliary involvement in the community.

Dorothy Overman, president, described the new "umbrella" program project for auxiliaries. One theme, "Health of Today's Youth", was divided into seven categories. Physical fitness, mental health and venereal disease have been adopted for county auxiliaries to consider nation-wide. You will have heard Mrs. Overman's elaboration of this idea at our first meeting.

Gaining membership in urban areas instead of concentrating solely on members-at-large was a suggestion made by Membership chairman, Mrs. Bailey. Expansion of the Health Careers program seems imminent under Kathleen Skrinar's chairmanship. Kathleen and Marge Wicks, Community Services chairmen, were among Washington delegates to a regional workshop held in late October at Denver.

This was a worthwhile meeting for all of us and special praise is due to all State Board members who give so much time and effort to the Medical Auxiliary.

DONA GILMAN

We Need You!

Volunteers are needed by Community Service chairman, Marge Wicks. She has some wonderful projects for us this year and is calling for help to carry them out. If you would be interested in the GEMS program, a teen-age tour of the Surgical Club exhibit in May, or in helping the auxiliary publish a pamphlet, please call and offer your help.

Another Change

Over 300 children are enrolled in the Headstart program in the Tacoma area. On Oct. 19, Evie Osborne and Marge Wicks were taken on a two-hour tour by Dr. O. A. Harrelson to a few of the classes being held. If you care to donate children's clothes or toys to Headstart, there will be a box at the door of each meeting for your contributions.

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under consideration was the degree to which the particular phenothiazines neutralized anxiety (the angolytic index). Interestingly enough there was, again, an inverse relationship. The most sedative of the phenothiazines appeared to be the least active in neutralizing anxiety. Fluphenazine, one of the least sedative,

on the other hand, was found to be most effective in relieving anxiety.⁷

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Carphenazine	25	25	25 mgs.
Trifluoperazine	3.3	95	2.0 mgs.
Fluphenazine	3.5	100	2.5 mgs.

*adapted from Sainz⁷

Contraindications: Do not use with high doses of hypnotics or in patients with subcortical brain damage. Use with caution in patients with a history of convulsive disorders. Severe reactions may occur in patients with idiosyncrasy to other centrally-acting drugs, and severe hypotension may occur in patients with special medical disorders, e.g. mitral insufficiency and pheochromocytoma.

Precautions: Effects of atropine, anesthetics and C.N.S. depressants may be potentiated. Hypotension may occur in patients undergoing surgery. Do not use epinephrine for treatment of the hypotensive reactions which may appear in patients on phenothiazine therapy.

Side Effects: Extrapyramidal reactions, allergic skin reactions, the possibility of anaphylaxis, drowsiness, visual blurring, dizziness, insomnia,

nausea, anorexia, salivation, edema, perspiration, dry mouth, abnormal lactation, polyuria, hypotension, and jaundice and biliary stasis may occur. Routine blood counts are recommended to determine possible blood dyscrasias; if symptoms of upper respiratory infection occur, discontinue drug and institute appropriate therapy.

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References: 1. Simpson, G.M.: Postgrad. Med. 39:557, 1966. 2. Freyhan, F.A.: Am. J. Psychiat. 77:577, 1959. 3. Dorland's Illustrated Medical Dictionary, ed. 24, Philadelphia, W. B. Saunders Co., 1965, p. 1603. 4. Physicians' Desk Reference, 1966. Oradell, N.J., 1965, p. 310. 5. Cohen, S.: Northwest Med.: 65:197, 1966. 6. Detre, T., and Jarecki, H.: Connecticut Med.: 25:553, 1961. 7. Sainz, A.: Psychosomatics 5:167, 1964.

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SQUIBB NOTES ON THERAPY**“‘Tranquilizer’ is not a good word”¹**

“This classification is psychologically too seductive, pharmacologically too unspecific, and in terms of results not infrequently untrue.”²

What is a tranquilizer? According to the 24th Edition of Dorland’s Medical Dictionary³ a tranquilizer is “an agent which acts on the emotional state, quieting or calming the patient without affecting clarity of consciousness.”

Defining a drug by its effects, however, can be misleading. The same effects by which the dictionary defines a tranquilizer have sometimes been seen after administration of a sedative — or, for that matter, a placebo.

Ambiguous though the term may be, it appears to be here to stay. The 1966 edition of the Physicians’ Desk Reference⁴ lists 42 tranquilizers indicated for treatment of anxiety and apprehensive states.

‘Tranquilizers’ have differences in action, differences in effect

Although all tranquilizers are intended to calm anxious patients there are differences in their actions — and in their effects. They have been divided into three categories—the rauwolfia group, the ‘minor’ tranquilizers, and the phenothiazines.⁵

Although the tranquilizing effect of rauwolfia has been known for centuries, its use as an antipsychotic agent in current practice has diminished.⁵

A ‘minor’ tranquilizer is often prescribed to achieve more than one effect. Thus, besides being tranquilizers some of these compounds may be muscle relaxants, antihistaminics with some calming action, anticholinergic sedatives, or antispasmodics.⁵

The phenothiazines are considered ‘major’ tranquilizers because they alter psychotic behavior.¹ This classification may have done them more harm than good because it implies that the phenothiazines should be reserved for the more severely disturbed. This is not necessarily true.

The phenothiazines — and the problem of sedation

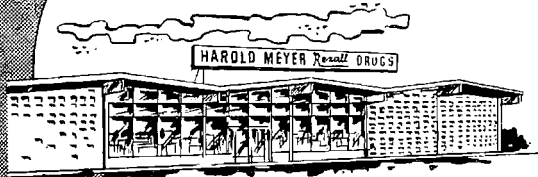
One of the problems of prescribing phenothiazines for ambulatory patients has been the fear that excessive sedation will impair the patient’s ability to function. This, however, is less of a problem with some of the phenothiazines.

“Clinically they may be differentiated primarily in terms of their potency and the extent of their sedative effect, which appear to be inversely proportional. That is, the least potent, the one which is used in highest dosage, chlorpromazine, is the most sedative, while the reverse holds true for fluphenazine.”⁶


In a recent report on various studies conducted over several years evaluating 360 patients treated for anxiety and stress with seven phenothiazines, this inverse relationship of potency to sedation was confirmed.⁷ Also

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Dr. Skinner Tells Of Present Status Of Hiroshima, Japan

(The following letter was received from Dr. Lawrence E. Skinner, who is in Japan with Mrs. Skinner. —Ed.)
Dear Editor:

I thought you might like to have an article on the Atomic Bomb Hospital and something about Hiroshima, since I as a physician found it intensely interesting, and I feel that most members of our society might also.

We have been travelling in Japan for the past three weeks, having "done" all the usual tourist places and sights, and we found that Japan was just about what we expected. However, we felt that Hiroshima was going to be different — this was the only city where we knew we had friends and people who would be expecting us. Through the Presbyterian Mission Office in New York we were referred to a Miss Amy Waugh in Tokyo. She in turn referred us to a Mr. Lawrence Thompson in Hiroshima, who referred us to Dr. Hideya Tamagaki, who has for years been associated with the Atomic Bomb Hospital here in the city. I wrote to him, and he replied stating that he would look forward to meeting us and showing us around the hospital.

The other contact was much more personal. Our x-ray technician at the Lakewood Clinic Building who has been with us since 1938, lived in Hiroshima for years (although he was born in Tacoma), and his parents still live here. He decided to make a month's visit to his old home, choosing the month of October to make it. So as soon as we

arrived at the airport last evening, there was Hisato Miki (everyone in Lakewood knows him by the nickname "Hi") to greet us, together with his brother-in-law. They took us to the hotel, fed us supper, and got us nicely settled.



Hisato Miki points out "The Dome" in Hiroshima, for Dr. Skinner.

Then this morning they met us again, and we spent the morning in visiting the Atom Bomb museum. This is in a beautiful little park on a peninsula between two of the mouths of the river, and is within a few hundred yards of the point over which the bomb exploded (at an altitude of about 1800 ft.). In the museum are pictures of Hiroshima before and after the bomb and the way it looks today; also relics of the bombing itself — fused pottery utensils, coins, watches that had been buried for years, grave stones (showing the effects of the intense heat on the granite), roof tiles (darkened by the heat of the blast), etc. Also pictures of the mushroom cloud taken shortly after the blast, and many pictures and wax models of patients showing various types of injuries. Altogether it was really a very gruesome sight. There were huge crowds of Japanese (we were the only Americans that I saw in the museum) going through the museum, and the only emotion that I saw was one of wonder — no resentment or anger, although I would not have been surprised at either.

In the grounds also is a burial ground, where the ashes of all the bomb victims are buried, and future bomb deaths will also be buried there. Near it is an eternal flame as a memorial, and another memorial to the children who died in the explosion. Then across the river is "The Dome"—the only bomb destroyed building that has not been removed.

Continued on Page 29

BEALL'S

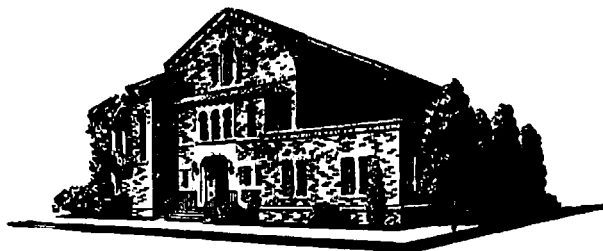
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PHYSICIANS' AND HOSPITAL SUPPLIES

Continued from Page 27

This was built in 1913 as an industrial exhibit building, and was a reinforced concrete building with a steel dome on top. Most of the shell of the building is still standing, but the rest of the building is gutted — only the steel ribs of the dome are left. This to be left as a permanent monument to The Bomb.

We had arranged to meet Dr. Tamagaki after lunch, so at one o'clock we were at the Atomic Bomb Casualties Commission Hospital (called the ABCC for short). Pretty soon we got a phone call from Dr. Tamagaki — he was at the A-Bomb Hospital connected with the Red Cross Hospital — some distance away. We had not realized that there were two hospitals, until he explained the reason to us. The first one (ABCC) is run by the U.S. Atomic Energy Commission as a research institution. Here they examine every two years all the bomb survivors, and keep careful statistics on their physical condition. If any of them need hospitalization or special treatment for conditions that are discovered, in most cases they are referred to the A-Bomb Hospital (a Japanese Government hospital) for this treatment. The ABCC has only 13 beds, and occasionally they will hospitalize a patient for research purposes. But their primary purpose is research.



Left to right: Dr. Fumio Shigeto, M.D., Director of Atomic Bomb Hospital in Hiroshima, Dr. Skinner, Mrs. Skinner and Dr. Hideya Tamagaki.

The A-Bomb Hospital (Japanese), on the other hand, is primarily devoted to treatment. It has 125 beds, and is intimately associated with the Red Cross Hospital of 450 beds. Dr. Fumio Shigeto (M.D.), is the medical director of both of these, and he was very gracious in showing us around and answering our questions.

He first took us into his private office, where we all sat around a table and had

tea. (The enclosed picture was taken at this time.) On the table were photograph albums showing the effects of the bomb both in Hiroshima and in the hospital itself. The hospital was in the southern part of the city, about 1.8 km. (1 mile) from the epicenter, and while the outside walls remained standing, the entire inside of the building was gutted. Part of one wall is covered with glass and left to show the effects of the blasted glass against the wall — it is covered with many small holes where the concrete was hit by the glass fragments.

Only patients with medical problems which might be related to the Bomb are hospitalized here (not like our U.S. Veterans Hospitals!). The average duration of stay is over one year, and many have been in the hospital for 6-8 years. These are mostly the elderly who have no family survivors, and who are too sick or weak to take care of themselves, and so they are given nursing care as long as they live.

In 1946 there were a few over 116,000 people who had been within three miles of the epicenter of the blast. In 1962 (the last date for which I could get the statistics) there were just over 97,000 survivors of this number. Dr. Shigeto said that the death rate in this group from now on will be less than that for the average Japanese of the same age groups, primarily because they receive good medical attention, are examined frequently, and treated for whatever conditions are found.

Two of the commonest conditions which seem to be related to radiation are aplastic anemia and leukemia. At first the leukemia was chiefly acute lymphatic, but now it is about equally divided between the chronic myelogenous and the sub-acute (or acute) forms. With treatment the life expectancy is about two years.

He showed us photographs of many people who had had burns or other injuries in addition to radiation, and in nearly all cases these people developed keloids about six months after the injuries, when the wounds were completely healed. In many of them surgery was performed for unrelated causes (I. & D. for abscess, etc.), and in these as in the other scars, keloids developed. So they tried to remove the

keloids and use skin grafting, but in many cases this only made the keloids worse. Then they discovered that if they left the keloids alone, in 3-4 years the keloids (which had been as much as $\frac{3}{4}$ " in. thick) would gradually thin and almost completely disappear spontaneously. So they learned to leave them alone.

I asked Dr. Shigeto about the possible effects genetically on the future generations, and he answered that it would be impossible for them to do much research on this subject, because if it became known that the question was even being studied, people would panic and it would make it impossible for any of those exposed to radiation to ever get married. However, the ABCC has done extensive research on the subject, and have studied 70,000 births in Hiroshima and Nagasaki (of these over 6,000 were from parents one or both of whom had been within 1.2 miles of the epicenters), and their conclusion was that there was no evidence of major genetic damage.

Faternally,
L. E. SKINNER, M.D.

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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 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 Monday of each month—8:00 p.m. at 424 South K Street

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July and 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 at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

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

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and August—
6:30 p.m.

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, September, December—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.

LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—

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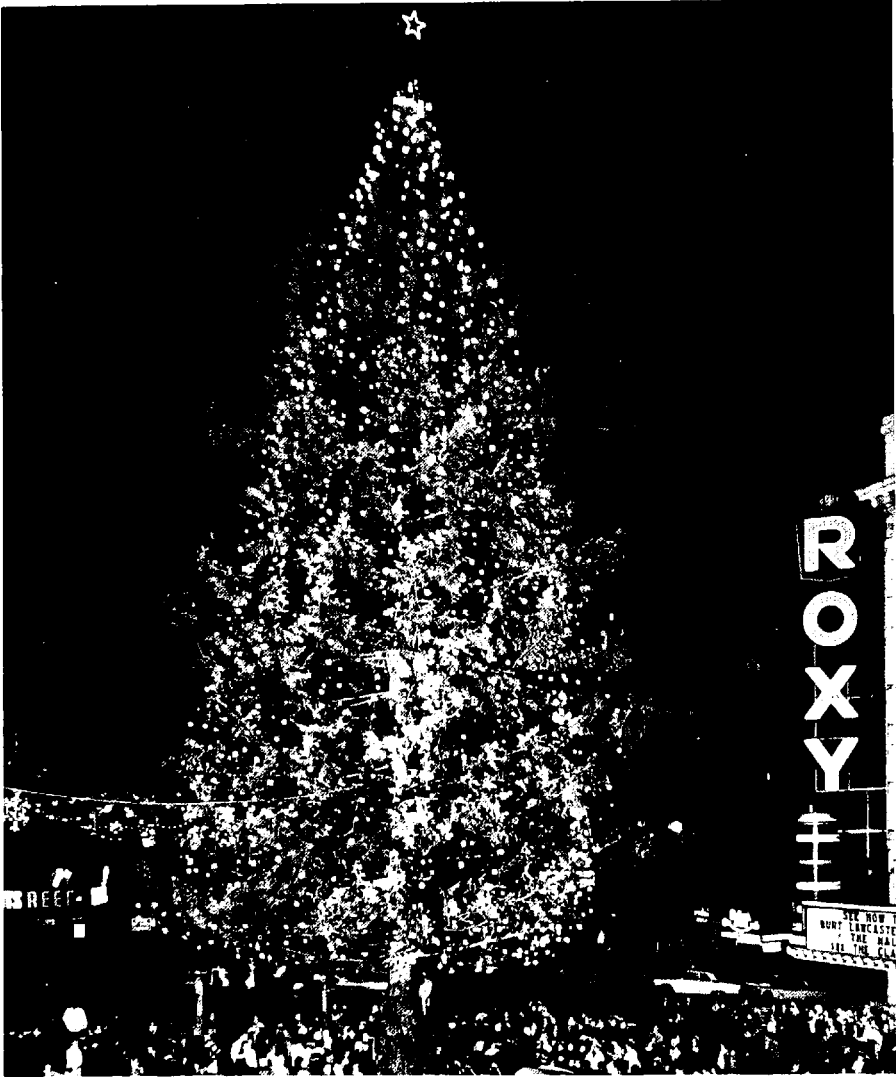
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XXXVII—No. 12

TACOMA, WASH.

DECEMBER - 1966



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
DECEMBER 13**

Pierce County Medical Society

1966

OFFICERS

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President-Elect	Charles P. Larson
Vice-President	Douglas P. Buttorff
Secretary-Treasurer	Arnold J. Herrmann
Executive Secretary	Judy Gordon

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Arnold J. Herrmann	Frederick J. Schwind
Robert C. Johnson	James L. Vadheim

DELEGATES

Glenn H. Brokaw	Charles P. Larson
Robert M. Ferguson	Glenn G. McBride
Hermna S. Judd	Stanley W. Tuell
Wayne W. Zimmerman	

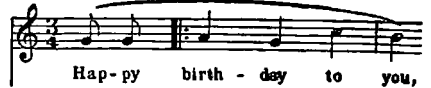
ALTERNATE DELEGATES

Douglas P. Buttorff	John M. Shaw
Philip Grenley	Frank J. Rigos
Robert W. Osborne	Charles C. Reberger
George A. Tanbara	

COMMITTEES

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Diabetes	
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Charles R. Vaught, Chairman	
G. W. Bischoff	Albert Ehrlich
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J. Hugh Kalkus, Chairman	
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Robert W. Florence, Chairman	
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John M. Shaw, Chairman	
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George A. Tanbara	
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Hugo Van Dooren, Chairman	
James M. Blankenship	Harold B. Johnston
Tracy H. Duerfeldt	Myron Kass
Poison Control	
Clariss Allison, Chairman	
Everett P. Nelson	John S. May

c



December Birthdays

- 1 Davis S. Hopkins
Charles C. Reberger
- 3 Bernard R. Rowen
- 6 Homer W. Humiston
Woodard A. Niethammer
- 9 Stanley W. Tuell
- 12 Arthur P. O'Leary
- 14 Samuel A. Adams
David H. Johnson
- 15 Warren F. Smith
- 16 Robert M. Freeman
Kenneth J. Ritter
Maurice Yoachim
- 20 Loy E. Cramer
- 21 Gerald Geissler
Philip Grenley
- 23 Carl J. Scheyer
- 24 John R. Flynn
- 28 Kenneth L. Pim
- 30 Gordon Dean
- 31 Lewis A. Hopkins

COVER PHOTO — Tacoma's community Christmas tree. Tacoma City Light photo by W. E. Smith.

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, December 13

Medical Arts Building Auditorium

ELECTION OF OFFICERS

PROGRAM - - - 8:15 P.M.

"EFFECTIVE FINANCIAL PLANNING"

Mr. Percy (Ted) Goodwin

(This is Part 1 of a 2-part symposium on Estate Planning. The 2nd program will be in January.)

• • • • •

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

PIERCE COUNTY MEDICAL SOCIETY

NOMINEES - 1967

Ballots received by mail are to be returned to the Medical Society office not later than 5 p.m. Tuesday, December 13, 1966.

PRESIDENT-ELECT

(Vote for 1)

Douglas P. Buttorff
James D. Lambing

VICE-PRESIDENT

(Vote for 1)

Robert W. Florence
Robert A. O'Connell

SECRETARY-TREASURER

Arnold J. Herrmann

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(Vote for 3)

Thomas H. Clark
David F. Dye
Philip Grenley
Theodore R. Haley
Herman S. Judd
W. Howard Pratt

DELEGATES

(Vote for 3)

Philip Grenley
Robert C. Johnson
Glenn G. McBride
Frederick J. Schwind
Wayne W. Zimmerman

December Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Pierce County Pediatric Society 6:00 p.m.	2	3 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
5 Tacoma Area Chapter of A.P.A. 8:00 p.m. Tacoma Orthopedic Society 6 p.m.	6 Staff of Tacoma General 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	7 Surgery Grand Rounds—T.G.H. 8-9 a.m.	8	9 C.P.C. of St. Joseph's—9 a.m.	10 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
12 Staff of Good Samaritan 6:30 p.m. Staff of Doctors Hospital 7:30 p.m.	13 PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m. C.P.C. of Mary Bridge—8 a.m.	14 OB-GYN Conf. T.G.H. 8-9 a.m.	15	16 Staff of Allenmore Hospital 7:15 a.m.	17 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
19 Staff of St. Joseph's 6:15 p.m.	20 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	21 Medicine Grand Rounds—T.G.H. 8-9 a.m.	22	23 Staff of Mary Bridge 12:15 p.m. C.P.C. of St. Joseph's—9 a.m.	24 C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
26	27 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge—8 a.m.	28 Path. Cancer Conf.—T.G.H. 8-9 a.m.	29	30	31

Grand Rounds—Mt. View General Hospital—Every Saturday 9 to 10 a.m.

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Profile '66

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President's Page

"REVIEW AND PREVIEW"



In January, 1966, the year ahead promised to be an exciting one. It has more than lived up to its promises from an economic and sociologic standpoint. Some of the things we thought would happen — did happen. Others, were either modified or eliminated. Adjustments have been made by all of us to fit these changes into our lives.

The year ahead has every indication of presenting as many, or more, conditions to solve. The largest of these is the Title XIX program which dwarfs Medicare in its immensity. Basically, this program is a welfare program, but many of the recipients are not on conventional relief.

Of more immediate concern in our county is the formation of a Utilization Review Plan for extended care facilities. This is now under consideration and study. In addition, in 1967 other phases of our medical activities should be given attention such as:

1. Further consideration in the establishment of a central emergency care unit.
2. Revision and bolstering of our medical disaster procedures.
3. Increase in our medical-religion liaison.
4. Establishment of an annual medical family art display.
5. More activity by us as individuals in our local governmental and community affairs.

These and other problems are forthcoming, just as in 1966 these were handled, so in 1967, new situations will be confronted and solved.

I would like to express my sincere appreciation to you for allowing me the honor and privilege of serving as your president. It has been a rare experience and one that I can recommend to all of you. One of the more rewarding parts of this work has been the chance to have a close contact with so many of you. Your prompt acceptance of committee assignments and other duties has been more than expected.

Without singling out anyone by name, I would like to thank all who so willingly helped. May we all continue to serve in a useful capacity in the future.

—GLENN G. MCBRIDE, M.D.

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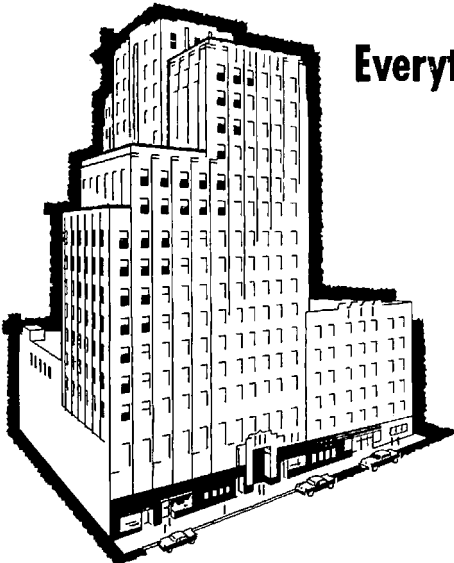
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Editorially Speaking



HELP WANTED

WANTED: Doctor to run for the position of Pierce County Coroner. He must have the following qualifications:

1. He must have a medical degree—indication of enough medical knowledge and experience that he can exercise mature and reasonable judgment in determining the need for granting autopsies ascertaining the cause of death, either for legal reasons, or for medical reasons, and a willingness to call in qualified medical or pathologic consultants when indicated.
2. His record of ethics and moral character must have earned the respect of his professional colleagues.
3. He must be willing to consider the position of coroner as that of a public servant, for he will likely have to make financial sacrifice to leave a practice and assume this task.
4. He must be willing to apply standard time-proven principles of medical profession ethics to the coroner's office, by refusing to use the office for personal financial gain other than the salary offered.
5. He must not have a family or financial interest in any law firm or mortuary which is in a position to profit from such a relationship with the coroner's office and must agree to be equitable in his decisions in the office as they relate to services required by these professions.

Perhaps the situation will be remedied if passage of the Medical Examiner Act can be achieved in this state. But if this does not pass soon, it would seem that at least one of 300-plus doctors in Pierce County would fulfill the above qualifications and be willing to consider running for this office.

How do *you* fit the above qualifications? Considering such a decision a month before the primary is not soon enough. Start now. If the right doctor-candidate can be found, the medical profession should be able to unite in its support of such a campaign.

—S.W.T.



Courtesy Medical Society Magazine Group



Wait, Annabelle. Mommy hasn't told the doctor yet that you *need* a shot.

Maybe she does, maybe she doesn't. But if her problem is nasal congestion due to cold or allergy, consider the medication that combines convenience and effectiveness—Novahistine Melet.

Melet is especially suitable in the treatment of children. It's a pleasant tasting, chewable tablet that leaves no after taste or gritty, undissolved particles in the mouth. It provides decongestant action almost as quickly as a liquid, but assures the accurate dosage of a tablet.

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Revered U. of W. Anatomy Professor Dies in Seattle

We are poorer by one dear and respected friend. David L. Bassett, M.D., Professor of Gross Anatomy, Division of Biologic Structures, University of Washington School of Medicine, died Thursday, November 17, 1966 after an extended illness at the age of 52 years.

In 1965 the students at the University of Washington School of Medicine elected David Bassett the outstanding basic science teacher of the year. Many of us have good reasons to concur in this recognition of his talents, not only for 1965 but for many years. We owe David Bassett many debts of gratitude. Among these debts, we are grateful for the pleasure and stimulus of being periodically exposed to his unostentatious, intellectual brilliance during his participation in the activities of the Tacoma Surgical Club.

David Bassett was born and educated in Palo Alto, California, rising to the Professorship of Gross Anatomy, Stanford Medical School, a post which he held until becoming the Professor of Gross Anatomy at the University of Washington in 1959. While at these two schools, he produced and wrote the internationally renowned "Stereoscopic Atlas of Gross Anatomy." Those who studied and read this atlas recognized the greatness of this teacher. We recall with heartfelt admiration his personal presentation of portions of this atlas to physicians of this area at the Annual Surgical Club meetings. These meetings and others provided opportunities for our personal appreciation of his warm, open-handed sincerity and friendliness.

We are better physicians, surgeons and human beings for having known David Bassett, M.D., a great teacher and a great friend. The void he leaves can never be truly filled.

—EDMUND A. KANAR, M.D.

M E R R Y
C H R I S T M A S

Writer-Doctor George Race New Prexy of Local Pen Club

Dr. George A. Race, Tacoma internist and the only physician-member of the Tacoma Writers' Club, was elected president of that organization at a recent meeting of the club. He has served the past year as vice-president of the club and his new term will be for one year, though officers are usually elected for a second term. Dr. Race has authored numerous articles for scientific publications, and has recently been writing short stories.

Dr. Race was not available for comment when this was written, but according to Mrs. Clydelle Smith, newly-elected vice-president of the Writers' Club, there are approximately 100 members in the club at present. Meetings are held the third Tuesday of each month in the "Pen-Den", the club's own room at the Allied Arts Center. Physicians, or others, are invited to attend any of the meetings as visitors, and are invited to join if interested in writing.

Regular meetings feature outside speakers as well as presentations by club members. In addition to regular meetings, a poetry workshop is held once a month and an article and fiction workshop twice each month.

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Famed Urologist To Address Meet Here; Dr. Osborne Presides

Local members of the Northwest Urological Society play host to the annual meeting of the society at the Winthrop Hotel on Saturday, December 3. Local doctors in the society are Robert W. Osborne, Herbert C. Kennedy, Philip Grenley and Ralph V. Stagner. Dr. Osborne is this year's president of the Society and will preside at the all-day meeting.

Guest speaker for the affair is Dr. Ormond S. Culp, nationally known urologic surgeon who is Chief of the Department of Urology at the Mayo Clinic. Dr. Culp will draw on his wide experience in the physiology and surgery of the uretero-pelvic junction in presenting his paper on "Uretero-Pelvic Enigmas." His other major paper of the day is entitled "Another Look at Radical Prostatectomy." About 10 other papers will be given by members of the Society, the membership of which includes urologists in Washington, Idaho, Montana, British Columbia and Alberta.

The meeting will conclude with a banquet and dance at the Crystal Ballroom at the Winthrop Hotel on Saturday evening, with the real mystery number on the entertainment program being billed as "Tacoma's own Go-Go Girls!"

Dr. Kemp Named Director of National Easter Seal Society



A Tacoma pediatrician was elected to the high office by the House of Delegates of the National Society for Crippled Children and Adults—the Easter Seal Society—at its annual meeting in Pittsburgh on November 11, 12 and 13. Dr. Charles E. Kemp, who was at the meeting and has long been active in Crippled Children work, was named to the Board of Directors of the national organization. Dr. Kemp was previously a President of the State affiliate of the Society, as well as being a charter member of the State organization since its inception in 1947.

Mother's Shopping List

Stocking Stuffers	Med. Aux.
	Cook Book
Gifts for Teachers.....	Med. Aux.
	Cook Book
Aunt Jane	Med. Aux.
	Cook Book
Myself	Med. Aux.
	Cook Book

HAVE YOU PAID YOUR AMPAC DUES?



NARCOTIC ALERT

Local physicians should be aware of the current practice of local addicts in obtaining the strong antitussive medication, Citra Forte capsules and syrup. This is a habit-forming medication, and some local addicts are finding out which doctors are off duty, then are calling their substitutes to ask for re-fills of this medication.

Free Prenatal Caps Now Available For Welfare Patients

Free prenatal capsules will be available to all welfare prenatal patients as a result of the closing of the Prenatal Clinic at Mountain View General Hospital, scheduled for the end of December, according to Dr. Claris Allison, Superintendent at the hospital. Closure of the Clinic results in a large unused supply of the capsules, which have the following composition:

Sodium Fluoride	2.21	bg.
Ascorbic Acid	100	mg.
Ferrous Fumerate	40	mg.
Calcium Carbonate	625	mg.
Vitamin D	400	units

After Jan. 1, former clinic patients will receive all their prenatal care in the offices of physicians participating in the welfare program. Doctors who wish to provide their welfare prenatal patients with free capsules should write out a prescription for same on the usual welfare prescription form, and have the patient take the form to the hospital to get the capsules.

PATRONIZE YOUR ADVERTISERS

Be An "In" Family; Auxiliary Cook Book Is What It Takes

No Tacoma-area household is really "in" if it doesn't yet have in its kitchen the famous 300-page cook book with the big red apple on the cover.

At least, so it seems from the volume of current sales of the Pierce County Medical Auxiliary's 1966 cook book as reported by cook book chairman Lorraine Sulkosky. The 1,000 mark has already been passed in sales, which means that the doctors' wives are now "in the black" and every book sold from now on means money going to a good cause, as well as providing some good family cooking and eating. The new book is selling well to a great variety of individuals and groups. The only problem seems to be making the book known — when a prospective buyer hears about the book, then gets a chance to look at one, it usually means a sale. The book is that good.

The over 600 recipes in the book are provided by doctors' wives—plus some by their husbands — and are divided into several categories. An innovation in this edition is an 18-page index at the back for easy reference. The book is an ideal Christmas or birthday gift.

How do you get one? Just call your favorite doctor's wife — or take a look on page 23 of this Bulletin.

Now Why Didn't I Think of That!

If you keep wanting to write a scientific paper, yet keep feeling that everything's been written about, you're wrong. There are new subjects for the imaginative investigator. The title noticed by one of our well-read members as he thumbed through the pages of *Index Medicus* in our library is sure to make you say, "Now why didn't I think of that!"

The article is in the October, 1964, issue of *Z. Ges. Hyg.* 10:720-36 and is titled: "The Effect of Vehicle Vibrations on the Genitalia of Female Driving Personnel."



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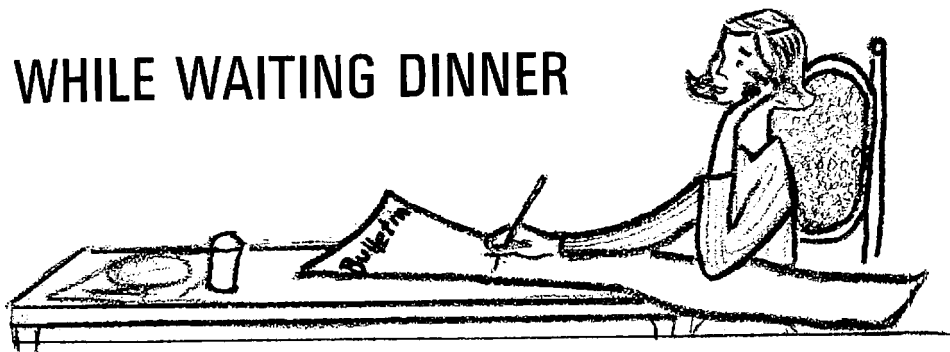
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Doctors Hospital Building

WHILE WAITING DINNER



WOMAN'S AUXILIARY . . .

To The Pierce County Medical Society

AUXILIARY OFFICERS—1966-1967

President	Mrs. George C. Gilman
President Elect	Mrs. Robert R. Burt
1st Vice President and Program	Mrs. Robert W. Osborne
2nd Vice President and Minute Women	Mrs. Wayne W. Zimmerman
3rd Vice President and Today's Health	Mrs. Walter M. Arthur
4th Vice President and Dues Secretary	Mrs. Glenn H. Brokaw
Recording Secretary	Mrs. Loy E. Cramer
Corresponding Secretary	Mrs. Kiyooka Hori
Treasurer	Mrs. Stanley A. Mueller
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Mental Health	Mrs. Haskel Maier
Cookbook	Mrs. Herbert C. Kennedy
International Health	Mrs. Leo F. Sulkosky
Fashion Show	Mrs. John M. Havlina
Dance	Mrs. Ronald T. Spangler
	Mrs. Orvis A. Harrelson
	Mrs. John R. Alger
	Mrs. C. W. Bischoff

Ah, You Missed It!

If you were not at our November luncheon, you missed an excellent program. Our thanks to chairman, Mrs. William Sullivan, to co-chairman, Mrs. Sherman Pinto, and a special bouquet to Mrs. Robert Osborne for bringing Rev. James E. Royce. Good work, gals!

Plan Now, Go Later

Since we have no meeting in December, plan ahead to join us on two dates in January. On Friday, January 21, 1967, we will gather in the home of Mrs. Howard Pratt at 1364 Heather-

wood W. Chairman will be Mrs. Robert Johnson with Mrs. Herbert Kennedy as co-chairman. Working with them will be Mrs. Vernon Larson, Mrs. Roy Virak, Mrs. Arthur Wickstrom, and Mrs. Fred Schwind. Dr. Ernst Kredel, County-City Public Health Director, will present the program.

The next January date will be Tuesday, the 24th. This will be the State Auxiliary Legislative Day. Those of you who have gone in the past know what a stimulating day this is. After our visit to both Houses, there will be another fascinating luncheon speaker, and again we will be guests of the Thurston-Mason County Woman's Auxiliary for a tea. This should be a must, especially if you are new in the State. We'll have more information for you in the next Bulletin, but do put the date on your Calendar now. You won't be sorry.

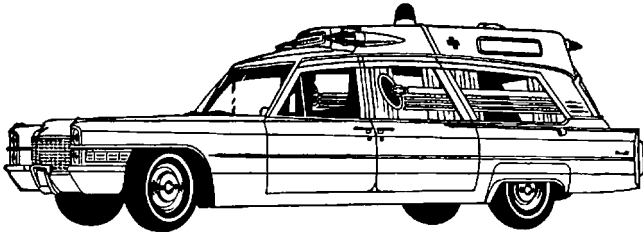
One of Our Services to the Community

Every high school and junior high school in Pierce County receives a gift subscription to "Today's Health" from the Woman's Auxiliary to the Pierce County Medical Society. A total of forty gift subscriptions were given this year. The Society contributes thirty dollars toward this project yearly and the Auxiliary pays the difference.

In addition to the gift subscriptions, the Tacoma School District, through

(Continued on Page 23)

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(Continued from Page 21)

the Auxiliary, was able to enter subscriptions for forty-two elementary schools at our reduced rate.

Both the Tacoma Public Schools and the County Schools appreciate and enjoy receiving "Today's Health." Their praise of the magazine and their thanks to us are freely given.

Members may also at any time give a gift subscription to friends, schools or themselves at the reduced rate of two dollars a year. Just contact the Auxiliary's "Today's Health" chairman, Mrs. Walter M. Arthur, 1324 10th Ave., N.W., Puyallup.

What! You're Not Being Called?

If you are not being called about the meetings it is probably because you forgot to pay your dues last year. This is the only way it can be worked and it is so easy to slip up on this. Most of the doctors' wives are active in many groups and it is easy to forget to take care of that little matter. If you have any questions about the meetings, Mrs. Vernon Larson and Mrs. George Tanbara will be happy for you to call them. And while we're on the subject of dues, please take care of THIS YEAR'S DUES now. It's so easy to drop your check in the mail, but do put it in an envelope addressed to Mrs. Glenn Brokaw, 2919 No. Alder St.

Cookbook News

What better time to talk about our cook books than in December when we are doing so much entertaining, gift buying and holiday baking. They are selling like hotcakes (listed under Pancakes. Buttermilk, 168; German style, 168; Potato Pancakes, 169; Sourdough, 170; Sourdough Starter, 170; Crisp Waffles, 169; and Swedish Hotcakes, 168.) Buy them by the bunch for friends, relatives, employees, mailmen, and teachers. (DON'T FORGET YOURSELF.) Our local distributors are Mesdames Robert Burt, J. J. Erickson, Kiyoaki Hori, George Gilman, Herman Judd, Axel Lindstrom, Stanley Mueller, Thomas Skrinar, Leo Sulkosky (our Cook Book Chairman), George Tanbara, Stanley Tuell, G. M. Whitacre, M. J.

Wicks, Gordon Dean and Glenn Brokaw. Do your Christmas shopping late and we'll help you fill your list with cook books!

Take Time

With all the hustle and bustle of the season, take time for something extra with your family this year — a new custom, or even something as simple as a poem read together. Here's a favorite you will recall.

Christmas Everywhere

Everywhere, everywhere, Christmas tonight!

Christmas in lands of the fir tree and pine,

Christmas in lands of palm-tree and vine,

Christmas where snow peaks stand solemn and white,

Christmas where cornfields stand sunny and bright.

Christmas where children are hopeful and gay,

Christmas where old men are patient and gray,

Christmas where peace, like a dove in his flight,

Broods o'er brave men in the thick of the fight,

Everywhere, everywhere, Christmas tonight!

For the Christ-child who comes is the Master of all;

No palace too great, no cottage too small.

Phillips Brooks

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STOP BADGERING US FOR HIS FEE
THIS BILL SAYS 'FINAL NOTICE'!"

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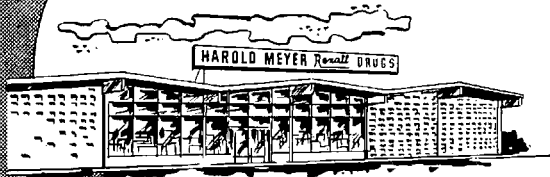


"WE'RE LUCKY SHE WASN'T
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2 LOCATIONS

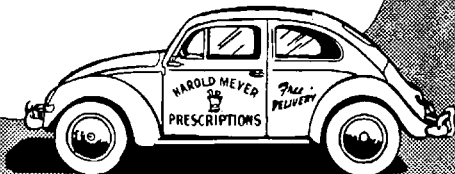
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AMPAC 1966

Here is AMPAC's report of what it has done with your hard dollar contribution. We backed two people in the State primary elections. In the State House races, we supported seven Democrats and ten Republicans and out of this group, two Democrats and one Republican lost. This gives a percentile of 83%. In the State Senate races, we backed one Democrat and two Republicans and had no losses for a 100% rating.

In the general election we backed 75 candidates. In the State House races, we invested money in 14 Democrats and 48 Republicans. Out of this group, it appears that three Democrats and ten Republicans have lost. Some of these races are still in doubt, but on this basis, it looks like we have a percentile of 79%. In the State Senate races, we backed three Democrats and 11 Republicans. All three Democrats won, but four Republicans lost. This gives us a percentile of 72%.

We feel this represents sound use of your dollars when we can give an overall percentage of 84% winners. We now have to wait and see what the State legislators will actually achieve in the coming two years. We screened our selection of candidates rather thoughtfully and thoroughly and, consequently, we know we will get a justifiable accounting from them.

In the National Congressional races, we entered into all seven Congressional districts. We were especially pleased to see the tremendous amount of political activity put forth individually by so many doctors. Nationally, the House of Representatives has changed considerably with the Republicans picking up about 45 new seats. Since this changes the political makeup of the National Congress, it should result in fuller utilization of the natural checks and balances.

There is one final comment in regard to the Congressional races. There were 24.6 million people who voted for a Republican Congressman, and 23.5 million who voted for a Democratic Congressman. There were about 24 million

votes cast in the 1964 general election. This points up one of the basic problems in any election — you must get the vote out. Just one additional million votes for either party could have made a big difference in this general election of 1966.

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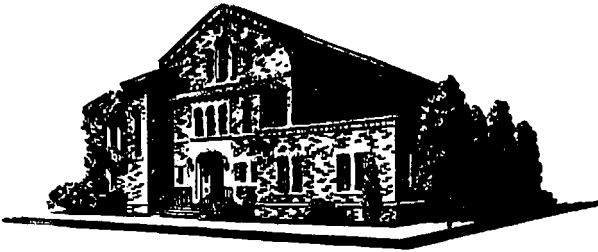


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PHYSICIANS' AND HOSPITAL SUPPLIES

Don't Say "Medical Arts Hospital"; It's "Allenmore Hospital"

Don't say "Medical Arts Hospital" anymore. There is no such place. As of October 1, 1966, after continuing that name for three months in its new location, the hospital officially changed its name to "Allenmore Hospital." The change in title will help avoid confusion with the previous relationship of the hospital to the Medical Arts Building, and will provide a better orientation relative to its location as a part of the Allenmore Medical Center complex at South 19th and Union Ave. Carl Rasmussen, hospital administrator, made the announcement.

Incidentally, the name "Allenmore" comes from a combination of the last names of two men who once owned the land on which the hospital now stands, and which also included the present Elks Temple and the Allenmore Golf Course. Through many years of usage, the word has become familiar to most Tacomans in identifying the location of the office.

Part-Time Internist Needed In Auburn

An additional internist is needed to do part-time work for Boeing at their Auburn plant, according to a letter received from Dr. Lewis W. Berry, plant physician at the new Auburn facility. The work involves giving routine physical examinations to supervisors. About 5 such exams will be done per week, and all can be done in one morning's work. The pay is open to negotiation, but would be about \$10.00 per hour. Any internist interested should contact Lewis W. Berry, M.D., M.S. 17-26, Boeing Co., Auburn, Wash.

**M E R R Y
C H R I S T M A S**

Tacoma General

The freshman class of student nurses numbers 49 this year. Welcome to Tacoma General Hospital School of Nursing!

Mrs. Bess Piggott, Director of the School, was elected President of the Washington State League for Nursing at the annual meeting in Seattle last month. Congratulations!

The Pathology Department personnel have been attending various meetings and seminars around the state and out of state, also.

The Anesthesiology Department has a new resident from the University of Washington, Dr. J. Graham Finley. Drs. Edwards and Siebold have left the department. Dr. Edwards returned to his hometown of South Bend, Indiana, and Dr. Siebold has returned to England to attend Leeds University.

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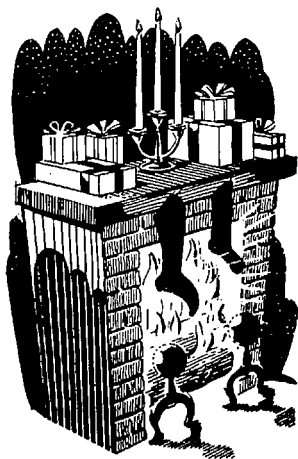
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