

*The*

**PIERCE COUNTY MEDICAL SOCIETY**



# **BULLETIN**

**JANUARY - 1969**

**TACOMA, WASHINGTON**

**VOL. XL—1**



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
JANUARY 14**

# Pierce County Medical Society

1969

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COVER PICTURE: Scaling the Temple Mountain Ridge — Bill Mattson, Ted Haley and Fred Schwind.

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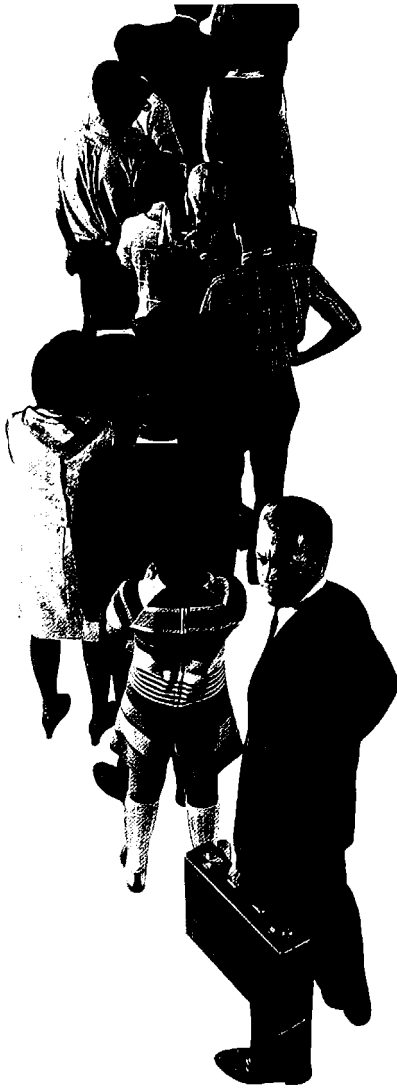
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, January 14**

Medical Arts Building Auditorium

**PROGRAM - - - 8:15 P.M.**

**"NEW DIRECTIONS IN THE  
HEALTH DEPARMENT"**

Harlan P. McNutt, M.D.

Social Hour: 6:30

Dinner: 6:45

**Honan's Restaurant**

• • • • •

# *Happy New Year*

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# **BANK OF WASHINGTON**

## President's Page

Having failed to prepare my first letter to the Bulletin on time, I now appreciate more than ever the efficiency of both Drs. Tuell and Lambing.

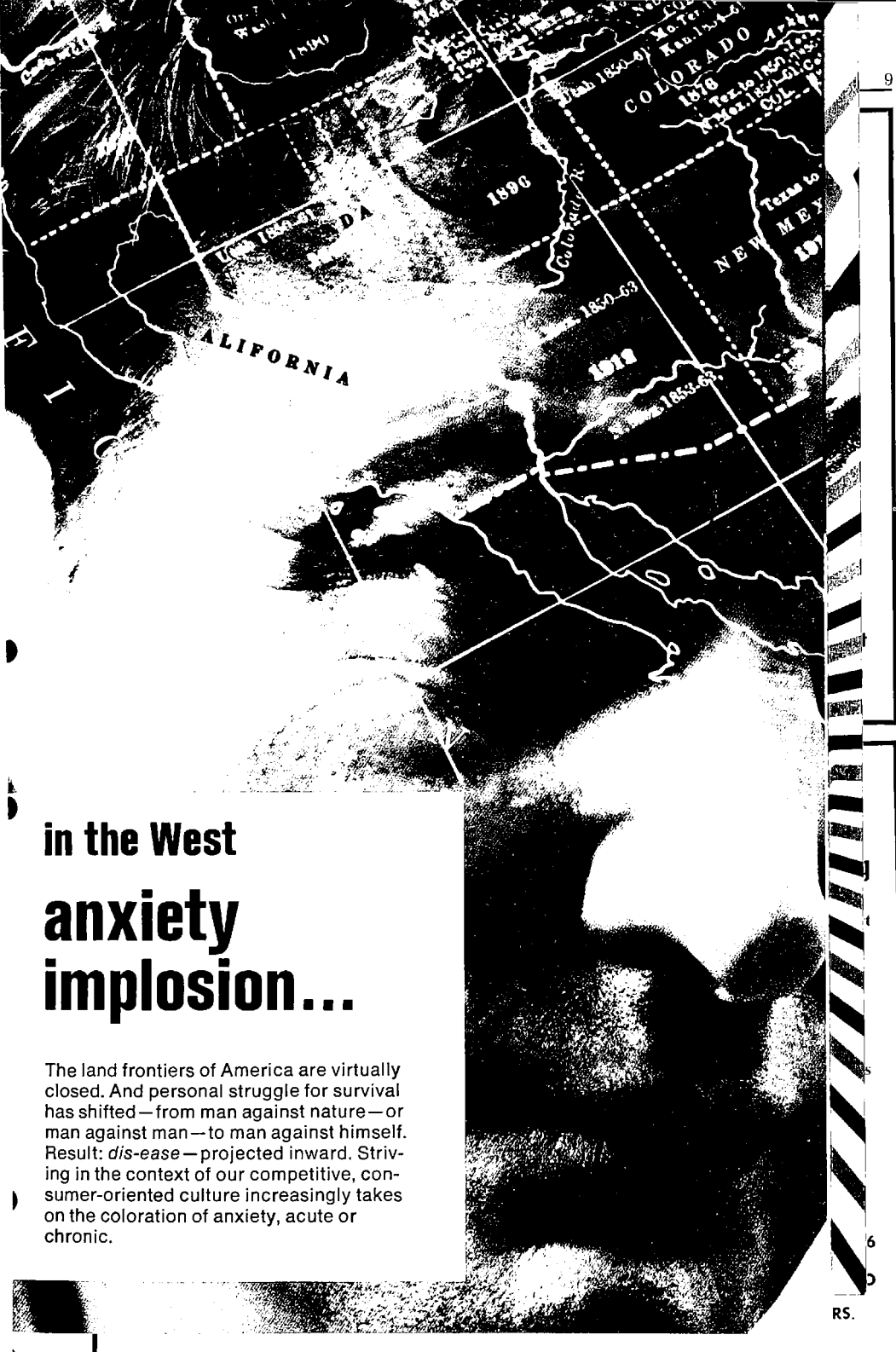


Of the current problems before the Society I have no ready solutions. We need the help of many members. Dr. Moses has taken over the job of welfare screening physician and would appreciate guidance from the different segments of our membership. An advisory committee will be established to help with over-all policy of servicing this State-run program. The State establishes the rules which Dr. Moses is requested to follow.

Instead of a regional heart, stroke, cancer and bunion program with centralized controls, the government is wisely now going to concentrate these forces on a continuing education program, and one at the local level with as much local talent and cooperation as possible. A future medical society program will explain this to us. Dr. Malden has been spending time (along with Dr. Reberger and others) being instructed on how it may be established here.

In looking at the calendar of medical meetings it seems that we could remove some of the concentration from the months of March, June, September and December if we could merely achieve coordination and cooperation from the hospital staff presidents and executive committees. Why not have the TG hospital meeting on the first Thursday of February, St. Joseph's on the 1st Tuesday of March, and then combine Doctors Hospital and Allenmore and have their staff meeting the first Tuesday in April—then start the rotation again with TG the first Tuesday of May, etc.? Maybe eventually TG and St. Joseph's will be willing to combine their staff meetings. Allenmore and Doctors should do so as they have the same problems and similar operations. Any other suggestions to ease up the meeting jam will be helpful. Help! Help!

—WAYNE W. ZIMMERMAN, M.D.



# in the West anxiety implosion...

The land frontiers of America are virtually closed. And personal struggle for survival has shifted — from man against nature — or man against man — to man against himself. Result: *dis-ease* — projected inward. Striving in the context of our competitive, consumer-oriented culture increasingly takes on the coloration of anxiety, acute or chronic.

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reactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

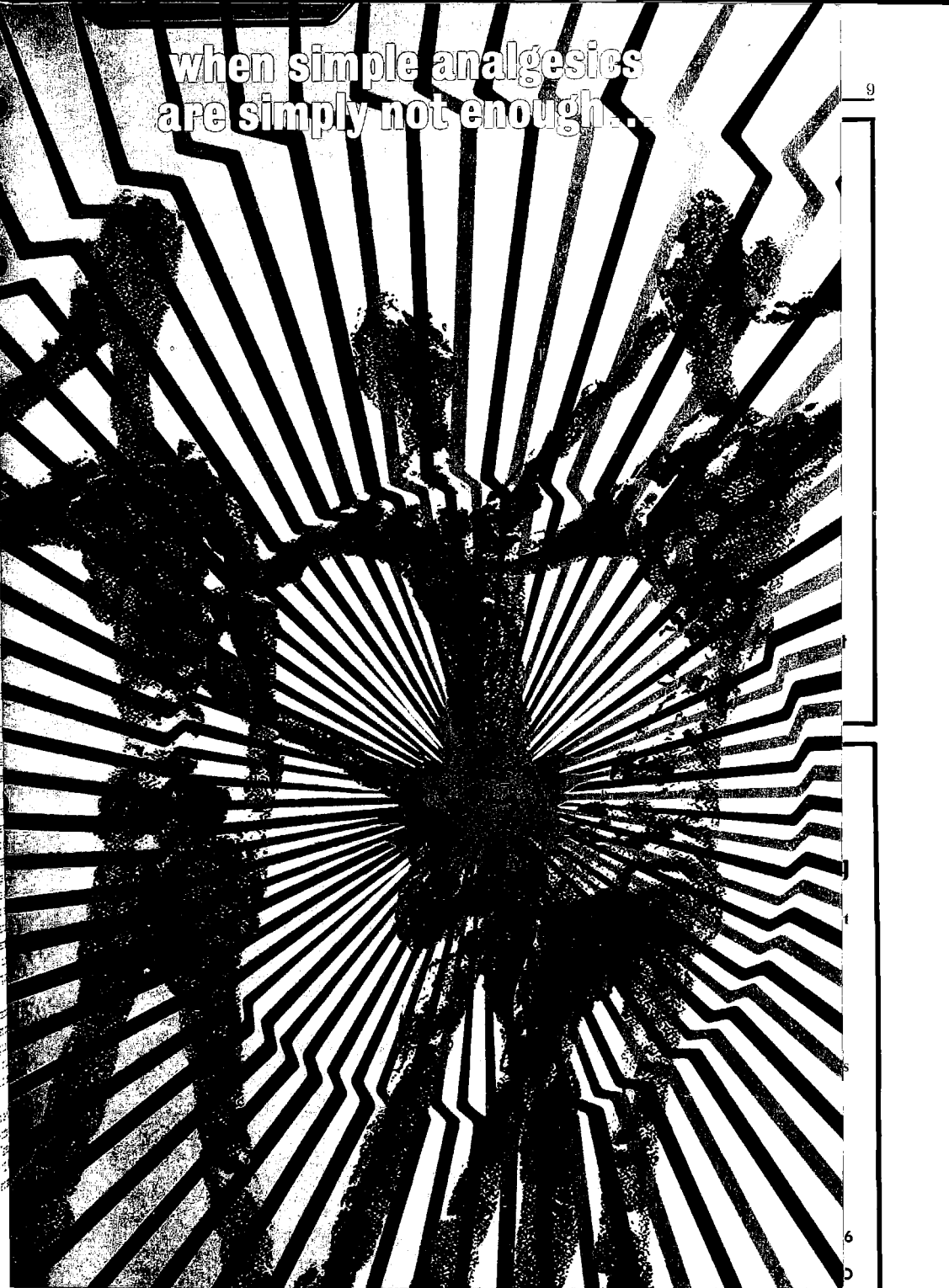
**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, pyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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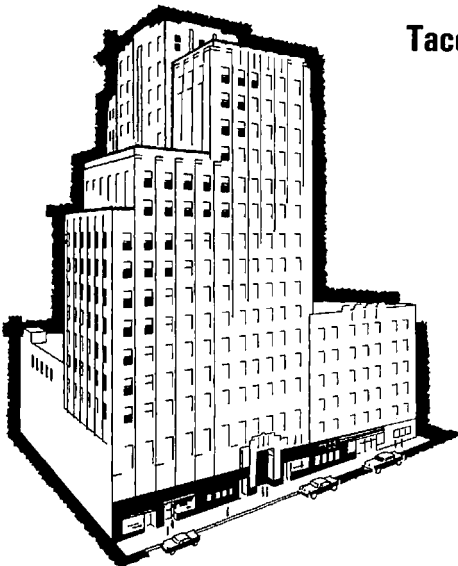
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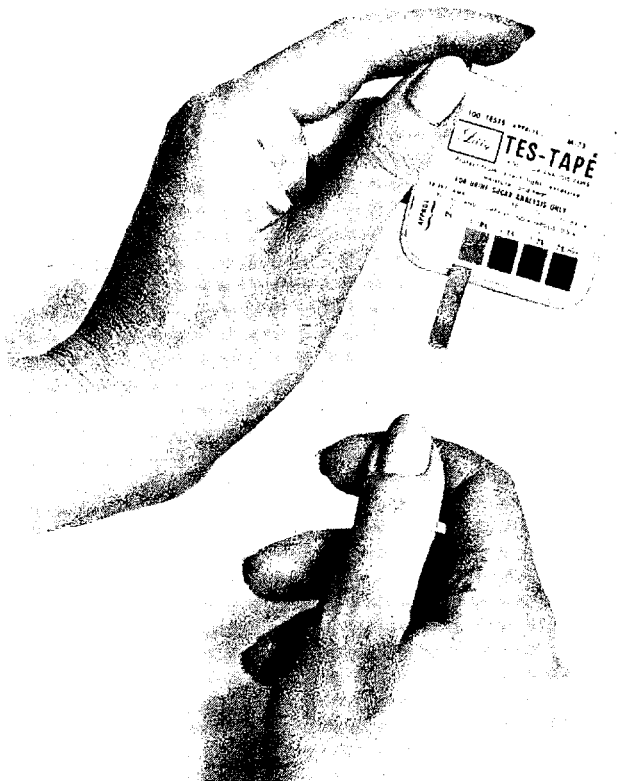
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## *Editorially Speaking*

By the nature of his work and training, the physician seems most susceptible to an incipient depression or fatigue from which he tries to extricate himself by increasing his work load.

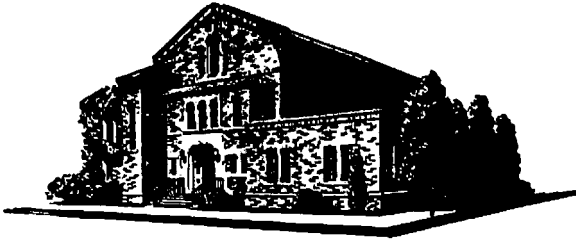
My own spirit seems best sustained by the infinite variety of outdoor recreation available in the Northwest. I hope you will bear with me this coming year while I indulge in a series on outdoor recreation.



For those who find our winters drab, I would urge skiing. The weather contrast is refreshing on top of the hill. As a skier, you will find yourself looking forward to the winter season. The skier often becomes a mountain hiker in the summer. It isn't just the schussing that sustains the spirit. The scenery on the top becomes even more dramatic in the summer.

The first outdoor article consists of a series of brief notes by the participants in a four-day hike into the Enchantment Lakes region of the North Cascades.

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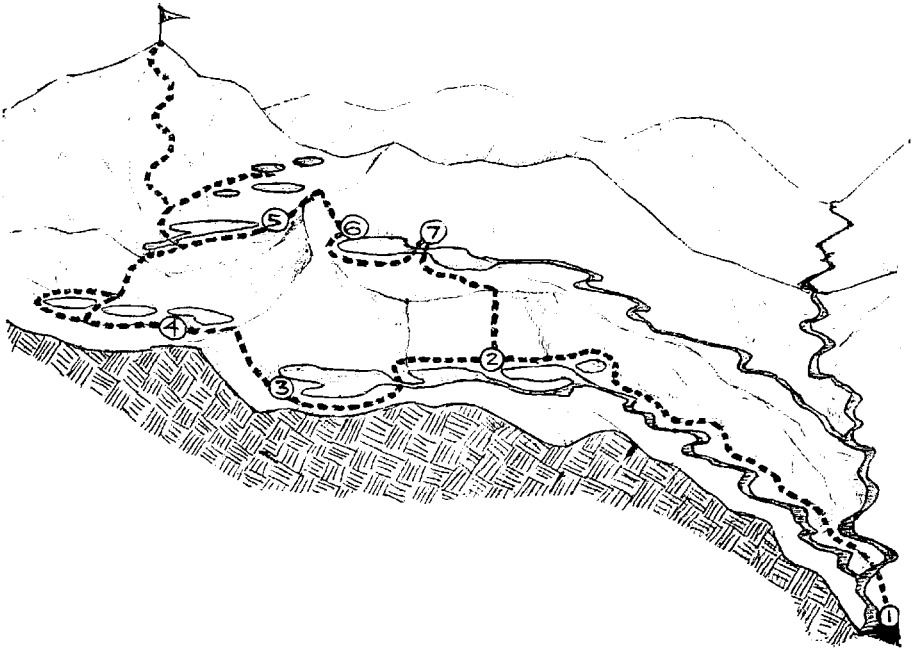
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1. Parking area beside Icicle Creek at 1500 feet elevation.
2. Lunch beside Nada Lake at 5300 feet and 5 miles of switchback.
3. Snow Lake camp at 5400 feet. (Eastern brook trout).
4. Lower Enchantment lunch site at 7000 feet and many fat rainbow trout.
5. Perfection Lake camp at 7200 feet with a curious marmot. (Cutthroat trout).  
A trip up Little Anna Purna by Dr's. Haley and Mattson. (Flag).  
A trip to the upper enchantments and Coalchuck Lake by other stalwarts.
6. Over Prussic Pass at 8000 to Shield Lake. (Rat Lakes)
7. Shield Lake camp site at 7000 feet. (A fat cutthroat with every cast—Dr. Fred Schwind).
- 7 - 2. Descent over Temple Mountain Ridge. (2500 feet "straight down").
2. Return to the Snow Creek trail.

## BACK PACKING BOLD AND FEARLESS

(As told by the survivors)

The Alpine Lakes Wilderness Area, some 50 miles long and 25 miles wide, lies between Stevens and Snoqualmie Passes, with its western edge one hour's drive from the Puget Metropolis. Its rugged terrain is accessible by unimproved trails. The size of the area allows thousands of people to gain a wilderness experience without overwhelming its solitude or destroying its ecology.

The eastern fringe of this wilderness area can be reached via the Snoqualmie Pass highway to Cle Elum and thence over Blewett Pass to Leavenworth. A spur road takes one 7 miles along the rock-studded flowage of the Icicle Creek to a parking area at the base of the snow creek trail.

Here, on August 7, 1968, eight Tacoma doctors breached the eastern edge of nature's fortress, and thought long, long thoughts, saw magnificent scenery and learned something of worth about each other. Their accounts of this adventure follow. —THE EDITOR.

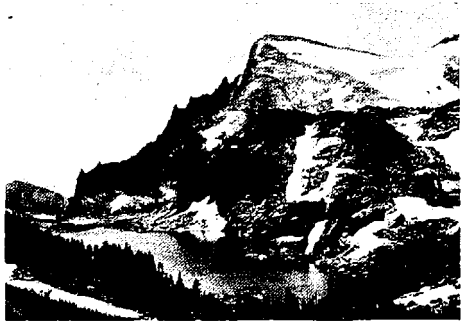
DUDLEY HOUTZ . . .

*the leader*

It's called Back-Packing. I'd made this hike four years ago with Paul Luvaas. It's beautiful territory and this is a nice hike, not a mountain-climbing expedition . . . just a nice walk where there are no roads.

We were out four days. We left the cars at Icicle Creek, south of Leavenworth, and were on the trail about mid-morning. Our starting elevation was about 1500 feet. We stopped for lunch at Nada Lake and camped the first night at the upper end of Snow Lake, an elevation of about 5400 feet.

The second day we hiked to the upper end of the lowest of the five Enchantment Lakes, camped that night there at an elevation of about 7200 feet.



*Perfection Lake and Little Anna Purna from Prussic Pass*

The third day we took a morning hike into the Upper Enchantment area. Haley and Mattson climbed Little Anna Purna. Kallsen had stayed behind to fish at the campsite. By the way, the fishing was so good we'd just take the best ones. They were mostly native brook and cutthroat trout—very good eating. We caught and ate around eighty fish on the trip and cooked them every way you can think of. I think the last fish we ate were poached, by Kallsen.

The afternoon of the third day we hiked to the Rat Lakes over Prussic Pass and camped there Friday night between Shield and Earle Lakes.

Saturday we went over and down the side of Temple Mountain back to Nada Lake and out.

The food was good. Each man was theoretically allowed just a 25-pound pack, most were carrying about 27 pounds, but these freeze-dried foods give you a lot for not much weight.

Our average day started with a big ranch-style breakfast of eggs, sausages, hash-browns. Lunch was usually a cold lunch of cheese and crackers, or beef jerky. At night we really ate well . . . steaks, stroganoff, chops, martinis too. Along with this we always had trout. Everyone took turns fire building and cooking except Brigham and Malden, who were our perpetual dishwashers.

The scenery was beautiful. There's just nothing like getting out of sight and out of touch with people and their problems.

-----  
 TED HALEY . . .  
*experienced climber*



*Water temperature 36°*

That four-day hike into Enchantment Lakes last summer was the darndest hike I have ever been on and I have been on quite a few of them. My usual is to go off for two to five days and never shave, never change underwear, never even wash my face. But under our intrepid leader, Dudley Houtz, imagine if you can Schwind, Malden, Brigham, Kallsen, Mattson, Prewitt and myself bathing daily in the stream or lake at near-freezing temperature and changing socks and underwear. This usually happened before the evening social hour and refreshments. While the fishermen were out catching the evening meal (and they totaled about 87 fish for the whole trip) the rest of us were bartending.

The high point in the trip, both literally and figuratively for me, was when Bill Mattson and I took the gentle walk to the top of Little Anna Purna for a gorgeous view of the whole north Cascades. We were unable to talk anyone else into going up there with us, even though the climb is almost no more than going up Prospect Hill.



*Drs. Brigham, Malden, Haley  
 and Mattson — on top*

The entire trip was characterized by jollity and light, except for the nuisance of mosquitoes, and except for a couple of times when there was a worry or two about trail hazards. One of these was when I was glissading on the seat of my pants, slightly out of control, with the rest of the crew watching from 200 feet below expecting me any moment to careen over a cliff. Another time was when half the party decided to go around the lake on what looked like steep and treacherous snowfield where one slip meant an ice cold dunking. The route was really apparently much simpler than it looked, but I chose the safe route following Fred Schwind around the longer side of the lake. Another rough spot was the last day's almost 90° climb down. When going around the Rock Out-Crop I was leaning in and hugging the rock wall, but at the same time I was aware of somebody behind me holding my pack and reassuring me that I would make it all right and everything would be okay. It turned out to be Fred Schwind who was not at all concerned about his own safety, just the other guys'.



I don't think Dudley Houtz will ever live down that "quarter mile" the first day on the climb up when everyone was ready to stop for lunch. He kept saying, "It's just another quarter mile up to the lake. There we can have lunch in the beautiful surroundings next to the lake." That quarter mile took about three hours and was more like five miles—all of them UP.

All in all, I have never seen quite such a beautiful spot for a two to four day hike as the Enchantment Lake country and I plan to take my family in there next summer. I highly recommend it for the utmost in northwest mountain beauty.

-----  
 BILL MATTSON . . .  
*mountaineer*

Having worked for the Rainier National Park Co., two summers on the Paradise side and two summers on the Sunrise side, I thought for practical purposes I'd seen it . . . as far as Cascades terrain was concerned. Such was not the case. Rainier has mostly the "rotten" lava type of rock. In the Enchantment Lakes area there were those massive slabs of beautiful almost-white granite. Then there were those sharp "cathedral" spires, or peaks, much more spectacular than Pinnacle Peak across Paradise Valley on Rainier.

Particularly spectacular were those snow fields and small glaciers bordering the upper Enchantment Lakes . . . adding to the effect was the way the upper Enchantment Lakes overflowed, tumbling over beautiful pieces of granite, one lake into another, and the high precipitous cliffs dropping directly into the lakes.

I could go on and on, on our "Communion with Nature" . . . conviviality on the trail, in camp . . . cooking freshly caught trout.

MARCEL MALDEN . . .  
*challenger of the elements*

This country is beautiful! You can't describe it and you can't imagine it unless you see it yourself. There's a great deal of satisfaction in this experience . . . conquering fear and weakness, overcoming the elements.



*Marcel Malden and Dudley Houtz  
 nature study*

The first day the trail didn't seem long or steep, but we will none of us forget Dudley's "quarter-mile" to the lunch site . . . it took one and a half hours to cover!

The second day we climbed from one lake to another, met some other hikers on the trail and a lot of mosquitoes at our camp site. That night Fred stayed up and photographed the moon.

The next morning we climbed to the Upper Enchantment Lakes. Crossing a snowfield half of us went one way, half the other. I was among the half who went along the glacier, which dropped at an angle of 45 degrees down to the lake, part of it on top of the lake. We were roped together by a shoelace . . . no crampons of course . . . Larry Brigham had a stick!

That afternoon we hiked over Prusic Pass, making our descent across a snowfield. The fishing was best at Rat

(Continued on Page 24)

**2 LOCATIONS**

*Harold Meyer Drugs*

The illustration shows two drug store buildings. The one on the left is labeled '48th & So. Tacoma Way' and 'HAROLD MEYER Retail DRUGS'. The one on the right is labeled '11th & K' and 'OPEN 'TIL MIDNITE'. A Volkswagen Beetle delivery car is shown in the foreground with 'HAROLD MEYER' and 'PRESCRIPTIONS' on the side, and 'FREE DELIVERY' on the door.

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## AMPAC, 1969

A New Year begins! And AMPAC, too, is off to a fresh start with our new 6th Congressional District Director, John Shaw, M.D. Since this is his first year on the board, we would like to encourage all Pierce County Medical Society members to get their dues paid promptly to AMPAC in order to show John that we are behind him 100%.

AMPAC completed a most successful year in 1968. With the state legislature about to convene we will now see the effects of AMPAC's efforts unfold. Mr. Harlan Knudson, Director, Division for Public Services and Governmental Affairs for the Washington State Medical Association, has once more moved to Olympia to devote full attention to the legislature. He will be giving WSMA members periodic reports so we can all keep abreast of what is happening in Olympia, particularly as it relates to medicine.

Mr. Knudson recently sent out a questionnaire to allow us to further participate in political action by helping him contact legislators whom we may know personally. It also gives us the opportunity to indicate interest in particular medical fields in which bills might come up during this session of the legislature. By helping Harlan we can help ourselves and also further the cause of good medical legislation. So please complete and return your WSMA "Red-Head" questionnaire.

AMPAC hopes to undergo some dramatic changes in 1969. Past emphasis was placed on educating state physicians to the purpose and dedication of the organization in order to achieve direct billing in all counties. Since this goal has been fairly well accomplished, AMPAC can now move on to direct more emphasis toward more in-depth

(Continued on Page 26)

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3rd Vice President and AMAERF .....	Mrs. Paul Smith Jr.
4th Vice President and Social Chairman .....	Mrs. Max Brachvogel
Recording Secretary .....	Mrs. James Billingsley
Corresponding Secretary .....	Mrs. Marvin Bourne
Treasurer .....	Mrs. Stanley A. Mueller, Jr.
Dues Secretary .....	Mrs. Charles McGill

## FEBRUARY WITH GUESTS

Yummy, that Cookbook Tasting Luncheon is scheduled for February 21. You who attended last year were enthusiastic and felt it was a wonderful way to promote Auxiliary Cookbook sales. Sally Lane and Luanna Sever are the Co-Chairmen. They will tell you all about it at the January meeting. The Arts and Crafts display in connection will cover a wide variety of our members' hobbies, weaving, ceramics, gardening, sculpture, and a few surprises.

## COMMITTEE CHAIRMEN

Nominating .....	Mrs. Robert Burt
Membership .....	Mrs. Vernon Larson
Membership Co-Chairman .....	Mrs. George Tanbara
Today's Health .....	Mrs. Ernest Randolph
Safety and Civil Defense .....	Mrs. James Stillwell
Historian .....	Mrs. William Goering
Legislative .....	Mrs. Thomas Skrinar
Para-medical .....	Mrs. Roy Virak
	Mrs. Frederick Schwind
Publicity .....	Mrs. Arthur Wickstrom
Bulletin .....	Mrs. Bernard Pipe
Speakers Bureau .....	Mrs. George Hess
Telephone .....	Mrs. Dale Doherty
	Mrs. Russell Colley
Finance .....	Mrs. Robert Florence
	Mrs. Robert Osborne
Mental Health .....	Mrs. Hugo Van Doren
Cookbook .....	Mrs. Leo Sulkosky
International Health .....	Mrs. Theodore Haley
AMPAC .....	Mrs. Wayne Zimmerman
Fashion Show .....	Mrs. David Hopkins
	Mrs. James Vadheim
Dance .....	Mrs. Kenneth Gross
	Mrs. Edward Lawrence
Minute Women .....	Mrs. Stanley Tuell
	Mrs. Samuel Adams
Representative to Council on Smoking .....	
Representative to Council on Alcoholism .....	Mrs. Homer Clay
Representative to President's Council .....	Mrs. Murray Johnson
Cookbook Tasting Luncheon and Arts and Crafts Display .....	Mrs. Robert Lane
	Mrs. Buel L. Sever
Midyear Conference .....	Mrs. Jack V. Erickson
	Mrs. J. Robert Brooke

## SHARING IN MID-YEAR

State Auxiliary attention will be focused on Pierce and Kitsap counties March 19 and 20, as hosts for the mid-year conference at the Lakewood Motor Inn.

Mrs. Harry Bailey, President of the Woman's Auxiliary to the WSMA, is inviting all interested members to attend. The theme of "Sharing" will bring an exchange of ideas to the conference, with several counties, including Pierce, being asked to discuss projects of theirs having some aspect that is unique or of general interest. In addition, two excellent outside speakers are scheduled, Dr. Ronald Pion from the U. of W. Medical School, will talk about the communications gap between parents and children concerning sex, and Dr. Joseph Trainer of the U. of Oregon Medical School, will speak at the luncheon on the 20th.

You say you are having a hard time remembering the numbers in your life? Numbers and more numbers plague this computerized society . . . social security, zip code, credit cards, license, address, etc. And now we're confronted with a new number to remember . . . 1969! Sure you can.

## JANUARY MEETING

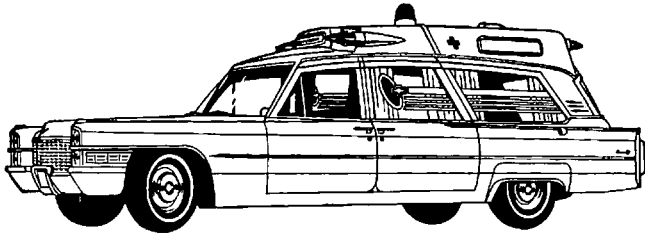
Let's begin the new year with a record turnout for the luncheon meeting at the home of Ruth Murphy, 803 Stadium Way. Co-Chairmen Bonnie Stagner and Nancy Spangler, with their committees of Florence Dean, Maryln Baer and Norma Smith, are sure to make it worth the effort. The date is Friday, JANUARY 17, and the time is 12 Noon.

## GOALS FOR 1969

Our president, Dorothy Grenley, asks us to give some thought to the following worthwhile goals for our group to pursue in 1969.

(Continued on Page 23)

**LOOK** WHY NOT GIVE YOUR PATIENTS  
 THE BEST IN TRANSPORTATION  
 COSTS NO MORE . . . REASONABLE RATES



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DAVID LUDWIG, Manager  
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**JU 8-2191**

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 SUNDAYS      10 A.M. TO 6 P.M.

**THUNDERBIRD CENTER**

WM. H. LUDWIG, JR.  
 8105 Steilacoom Boulevard S.W.

**JU 8-1889**

OPEN DAILY      9 A.M. TO 10 P.M.  
 SUNDAYS      10 A.M. TO 6 P.M.

**SOUTH TACOMA STORE**

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 5401 South Tacoma Way

**GR 4-9419**

OPEN DAILY      9 A.M. TO 10 P.M.  
 SUNDAYS      10 A.M. TO 7 P.M.

365 DAYS A YEAR

**FREE PRESCRIPTION DELIVERY**

(Continued from Page 21)

To work closely with the Pierce County Medical Society, when called upon, in their program and projects toward the advancement of medicine and public health.

To develop and maintain friendly relations in the medical family by promoting greater mutual understanding.

To be consistently alert to the health problems of our community; to develop a system of priorities for these needs and with the advice and consent of the County Medical Society, become involved in the resolution of these problems.

To maintain the good balance of activity established by your past president, Lorna Burt.

To increase active membership, become better acquainted with new members, and renew friendships with older and inactive members.

To work daily to improve and maintain the image of the physician in our community.

To host together with Kitsap county, a well-organized, stimulating and enjoyable mid-year conference, with special attention to the many details that make "out of town" guests feel very much at home.

To strengthen friendships and work with other health service organizations toward the goal of improved community health.

To be alert toward all legislation involving the medical profession.

To maintain an open mind and objective heart toward all social changes and recognize that our resistance toward these changes could be motivated by fears and prejudice.

And last, but not least, to join forces with all physicians' wives to promote better health, through yearly physical examinations, for our doctor husbands and our families.

Wishing you health, happiness and a world at peace.

—INEZ M. PIPE.

---

## IN MEMORIAM

Archie B. Heaton, M.D.

The Tacoma medical community lost one of its most revered members with the passing of Archie B. Heaton on December 2 at the age of 82.

He was born in Farnhamville, Iowa, and graduated from the University of Colorado Medical School in 1914. He served his internship at the Northern Pacific Hospital here.

In 1918 he opened his office in the Jones Building in downtown Tacoma and practiced there until his retirement in 1965.

Archie, a practitioner of the old school, was noted for his dedication to the welfare of his patients. He also had a very keen sense of humor and was an ardent and able skier.

Besides his wife, Bertier, he is survived by two sons, Robert A. of Tacoma, and Dr. Warren A. Heaton of Castle Rock, Colorado; a brother, Carl, of Tacoma; and a sister, Mrs. Nellie Nefarmer of California, and three grandchildren.

—ARTHUR P. O'LEARY, M.D.

---

**HAVE YOU PAID YOUR AMPAC DUES?**

(Continued from Page 17)

Lakes, and Friday night we had the best dinner of all . . . we finished off everything. Fred Schwind was fortunate that night in having the only full-length air mattress, and he also had an emergency tube tent. These extra pounds might have been agonizing to pack all over the mountains, but that night it rained—and Fred was prepared.

The next morning we came down the side of Temple Mountain, an escarpment of rock 2000 feet nearly straight down . . . on our bellies! Man, we were very glad to reach the bottom of that cliff. We had lunch at Nada Lake, and the walk out after lunch seemed interminable, endless. Haley and I thought we were lost and kept looking for another trail. The walk went on, and on, and on, and on. We couldn't believe it was the same walk we had come in on four days before.

FRED SCHWIND . . .  
*the chaperone*

The hills are getting steeper for me. I was senior citizen on this trip. But it wasn't as hard as it could have been.

I was most impressed by the scenery and the fishing. It's hard to find a place where you can catch all you can catch . . . like that.

The wildflowers were amazing up there. He saw all stages of bloom on the trail—from rockflowers on timberline to late bloomers down below. There were salmon berries all along the trail. I must have eaten a ton of them on the hike.

There's real geological history there in those granite formations. I was quite impressed with the glacial trailing. The rocks themselves were most impressive to see.

## CLINIC OR OFFICE

**SALE OR RENT** in the new growing FIFE DISTRICT.

Next Door to Puget Sound Bank—Near Poodle Dog Restaurant

Two blocks from Freeway cloverleaf—Fast, easy access from  
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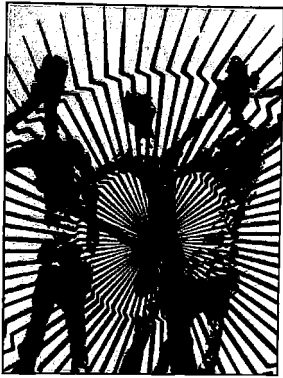
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Call WA 2-6523, WA 2-6045 Evenings, or call MA 7-2020.

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Tacoma, Wash. 98424





CHARLES PREWITT

. . . the flying cattleman

I was eighth man on the hike, and I went out for the first day only. I know the area well as I was raised on a ranch on the Metthow River near Twisp. We've run cattle in the North Cascades, and I worked with the Forestry Service for a while, so I was acquainted with the terrain of that area. It's a beautiful terrain, challenging, and a very exciting prospect to hike.

Before the hike I flew over the area in a light plane and took a good look at the route, and saw what was coming.

The one day I was on the trail was quite an experience for me . . . seventy-two switchbacks, blistered feet, sore achilles tendons, but it was well worth it.

I thought that since I was the youngest of these men, I'd really show them . . . but I guess I was just not in shape. Next time I will be.

And so it goes. They came, they saw, they endured. But most of all, they enjoyed each other's company.

—THE EDITOR

Diabetic Call

For follow-ups for Diabetes Detection Week, it will be appreciated if all physicians will have their nurses call our office and give the number of persons who turned out to be diabetic.

JAMES D. LAMBING, M.D.  
MA 7-1443

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UGN CONTRIBUTION?

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ce like this. You just have to do it.

(Continued from Page 17)

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The next morning we came down the side of Temple Mountain, an escarpment of rock 2000 feet nearly straight down . . . on our bellies! Man, we were very glad to reach the bottom of that cliff. We had lunch at Nada Lake, and the walk out after lunch seemed interminable, endless. Haley and I thought we were lost and kept looking for another trail. The walk went on, and on, and on, and on. We couldn't believe it was the same walk we had come in on four days before.

# CLINIC O

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Next Door to Puget Sound Bar  
Two blocks from Freeway clov  
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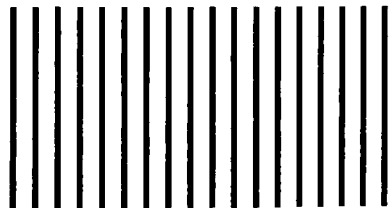
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and ease of movermer

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A stratum of red iron ran up to the top of Temple Ridge. When we came down the other side we were surprised to see it ran diagonally 15 or 20 feet wide clear down again on that side.

-----

LARRY BRIGHAM . . .

*M.D. at any altitude*

I don't know if anyone has told this, but on the way down, below Nada Lake when we were on the way out, and believe me, we were tired then . . . we stopped someplace when we met a pair of hikers on their way up. One was a cripple with bad eyes, his friend was obviously froshish, and they were resting there on the trail when we met them.

Here WE had done this marvelous feat . . . this thing . . . but they had packs we couldn't lift. They were going up for two weeks, had all sorts of photographic equipment including tripods, e.c. Their packs must have weighed sixty-five pounds!

How did they manage to get those packs up on their backs? ? ? The skinny cripple became effusive and started to demonstrate by swinging this thing up on his back . . . but he tangled his foot in the strap and the pack threw him to the ground.

This hike for us was pleasant and fun.

The previous hike with Dudley last year, at 6,000 feet I did a hemorrhoidectomy—with nothing but Vodka, nylon fishing line and a jackknife. The patient recovered, and there has been no lawsuit. That was a good trip, too.

There is no way to tell about an experience like this. You just have to *do* it.

CHARLES PREWITT

*. . . the flying cattleman*

I was eighth man on the hike, and I went out for the first day only. I know the area well as I was raised on a ranch on the Metthow River near Twisp. We've run cattle in the North Cascades, and I worked with the Forestry Service for a while, so I was acquainted with the terrain of that area. It's a beautiful terrain, challenging, and a very exciting prospect to hike.

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—THE EDITOR

-----

## Diabetic Call

For follow-ups for Diabetes Detection Week, it will be appreciated if all physicians will have their nurses call our office and give the number of persons who turned out to be diabetic.

JAMES D. LAMBING, M.D.  
MA 7-1443

-----

**HAVE YOU SENT IN YOUR  
UGN CONTRIBUTION?**

(Continued from Page 19)

participation in politics. There will be more concentration on getting our political message out to the membership in order to better draw each member in to the political spectrum.

May I personally thank all those who have backed AMPAC through the years. With the help of John Shaw's leadership and with you good people as members, AMPAC will most certainly be an even greater success in this bright New Year!

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

## Living It Up At The Ball



Out-going Medical Society President  
Del Lambing and his wife

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## IN MEMORIAM

William W. Mattson, M.D.  
(1885 - 1968)

William W. Mattson was one of Tacoma's competent, well-trained surgeons. He was one of the early Fellows at the Mayo Clinic and was highly regarded by the staff. When I came to Tacoma in 1929 he was established here as one of the leading surgeons. We became good friends. He made us welcome by taking us on family outings on his yacht. He was an ardent boatman. We were invited to a Christmas party at his elegant home overlooking the harbor. It was his custom to act as Santa Claus for the families of his circle of friends and a droll and jolly role he played! The reindeer sleigh arrived altho there was no snow on the ground. My first recollections are of this outgoing friendliness.

Bill was a great sportsman. He loved to hunt and fish. He played football at the University of Washington and at Pennsylvania. He was always active, never lazy. After graduating from the U. of Penn. Medical College he spent three years as surgical Fellow at Rochester, Minnesota. Following this, in 1917, he served as surgeon in the A.E.F. in France where he developed further resourcefulness and skill.

Men who reach positive convictions, who actively pursue them and are never neutral stir up controversy, but they must be admired for their sincerity and investigative spirit. Bill was such a man. He developed several convictions which to most of us seemed abberations, but no one could accuse him of dishonesty. He stirred up professional thinking. We remember him for his spirit. He made his mark. We honor his memory.

—S. F. HERRMANN, M.D.



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**January Birthdays**

- 1 George Kunz
- 2 Stevens Dimant
- 3 Burton Brown  
Ralph Huff
- 4 Edmund Kanar
- 5 Norman Magnussen  
Bernard Ootkin  
Paul Smith, Sr.
- 7 Robert Ferguson  
George Hess  
George Race  
William Wright
- 8 Tong Rip Yi
- 9 Carlisle Dietrich
- 10 William Burrows  
D. A. Marlatt
- 12 Peter Cannon  
William Todd
- 16 Wayne Bergstrom  
Robert Gibson  
Leo Sulkosky
- 18 R. A. Norton  
James Ward
- 19 Ted Apa  
Don Cummings  
J. Lawrence Smith  
Alan Sobul
- 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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Mrs. Axel Lindstrom, 508 Bridge Ave.	TH 5-6452
Mrs. Leo F. Sulkosky, 1403 5th St.S.E.	TH 5-8264
Mrs. Charles Vaught, 1317 21st St. S.W.	TH 5-6215

### Sumner

Mrs. John Kemman, Rt. 1, Box 617-B.	UN 3-7231
-------------------------------------	-----------

### Tacoma

Mrs. Marvin Bourne, 1537 Weathervane Court	LO 4-4696
Mrs. Max Brachvogel, 1724 Fernside Drive	LO 4-4308
Mrs. Robert O. Brettell, 7808 John Dower Road	JU 4-5493
Mrs. Robert R. Burt, 6638 Hilltop Lane, S.W.	JU 4-1813
Mrs. Homer T. Clay, 16 Summit Road	SK 2-0494
Mrs. Robert P. Crabill, 6926 100th S.W.	JU 8-0558
Mrs. Gordon Dean, 4234 West Soundview Drive	LO 4-1945
Mrs. J. J. Erickson, 616 South 117th	LE 7-5044
Mrs. George C. Gilman, 3720 North Union	SK 9-6885
Mrs. David S. Hopkins, 1624 Markham, N.E.	WA 7-0818
Mrs. Herman S. Judd, 8505 Woodlawn Ave., S.W.	JU 8-2686
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Mrs. Herbert Meier, 7 Barlow Road	JU 8-7554
Mrs. Kenneth L. Pim, 5434 A Street	GR 5-4255
Mrs. Thomas H. Skrinar, 424 North C	BR 2-0486
Mrs. Paul B. Smith, Jr., 3404 North Adams	SK 2-6201
Mrs. Ronald Spangler, 1015 Crestwood Lane	LO 4-5535
Mrs. George A. Tanbara, 710 N. Yakima Ave.	BR 2-5235
Mrs. Stanley W. Tuell, 3650 Browns Pt. Blvd.	WA 7-1117
Mrs. Robert B. Truckey, 634 Vista Drive	LO 4-4886
Mrs. G. Marshall Whitacre, 926 Fairview Drive	LO 4-3300

## Arthritis Foundation Grant Awarded Here

The Tacoma-Pierce County Branch of the Arthritis Foundation has been given a grant by the Delta Chi Sigma Sorority, International, for use in providing indigent *arthritics* with physical therapy assistance.

We are opening this program on a 'first come, first serve' basis. For those indigent who are on the Medicare program—we will pay the difference between what Medicare pays and the cost of the treatment. For those not on Medicare and on a basis of *need* and who could not have physical therapy unless it is provided free to them, we would bear the entire cost.

We have an allocation of \$150.00 each for therapy at Tacoma General, St. Joseph's and Good Samaritan; \$50.00 at Doctors Hospital. It will be necessary for the attending therapist to mail to our office the name, address and age of the recipient; name of attending physician and therapist. Invoices must be submitted promptly after six (6) treatments or less.

The address of the office is:

Tacoma-Pierce County Branch-Arthritis Foundation, 9015 Ridgeview Circle W., Tacoma, Washington.

If there are any questions please contact the secretary or William P. Hauser, M.D. (who is Chairman of the Medical-Scientific Committee of the Arthritis Foundation.).

Sincerely,

F. PETERSON,  
(Mrs. Curtis Peterson)  
Executive Secretary

---

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Auxiliary President Mrs. Philip Grenley  
and escort

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NEW OFFICERS OF THE  
PIERCE COUNTY MEDICAL SOCIETY



Robert M. Ferguson  
*President-Elect*



Robert C. Johnson  
*Vice-President*



George A. Tanbara  
*Secretary-Treasurer*

# Pierce County Medical Society

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

FEBRUARY - 1969

TACOMA, WASHINGTON

VOL. XL—2



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
FEBRUARY 11**

# Pierce County Medical Society

1969

## OFFICERS

President.....	Wayne W. Zimmerman
President-Elect.....	Robert M. Ferguson
Vice-President.....	Robert C. Johnson
Secretary-Treasurer.....	George A. Tanbara
Executive Secretary.....	Judy Gordon

## TRUSTEES

Samuel E. Adams	John M. Kanda
Lawrence Brigham	James D. Lambing
Robert P. Crabill	George A. Tanbara
Edwin J. Fairbourn	Arthur P. Wickstrom
Robert M. Ferguson	Don G. Willard
Robert C. Johnson	Wayne W. Zimmerman

## DELEGATES

Robert M. Ferguson	Herman S. Judd
Robert W. Florence	Clinton A. Piper
Kenneth D. Graham	Charles C. Reberger
Wayne W. Zimmerman	

## ALTERNATE DELEGATES

Lester S. Baskin	John S. May
Charles J. Galbraith	Frank J. Rigos
Dudley W. Houtz	John M. Shaw
George A. Tanbara	

## Ethics

L. S. Baskin, Chairman	G. M. Whitacre
Douglas Buttorff	

## Grievance

J. D. Lambing, Chairman	Glenn McBride
C. P. Larson	

## Credentials

John Alger, Chairman	E. A. Kanar
James Early	J. Mc Nerthney

## Program

George Barnes, Chairman

## Public Relations

Leo Annest, Chairman

## Public Health

J. G. Katterhagen, Chairman	DeMaurice Moses
Harlan McNutt	

## Subcommittees:

Alcoholism—Thomas Clark  
Cigarettes—Vernon Larson  
V.D.—Ralph Stagner

## Television

James Billingsley, Chairman	Robert Ferguson
John Comfort	

## Library

Glenn Brokaw, Chairman

## Civil Disaster

Arthur Wickstrom, Chairman

## Entertainment

William Rohner, Chairman

## Diabetes

Bernard Rowen, Chairman

## Legislative

Stanley Tuell, Chairman

## Mental Health

James Boudwin, Chairman

## School Health

Kenneth Pim, Chairman	T. Clark
DeMaurice Moses	Alan Sobul

## Poison Control

David Sparling, Chairman	Clarice Allison
William Coyner	Wayne Bergstrom

## Medicare

John May, Chairman



COVER PICTURE: A fast run at Alpentel by Dr. Tom Murphy.

## Sports Medicine

Loy Cramer, Chairman

## Geriatrics

G. W. Bischoff, Chairman	Theodore Smith
Kenneth D. Graham	Arthur P. Wickstrom

## Traffic Safety

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## Health Planning

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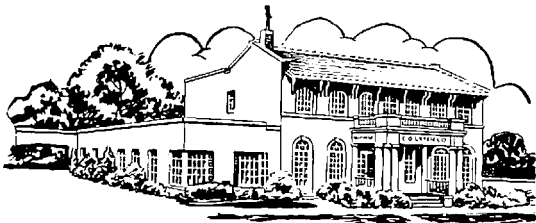
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, February 11**

Medical Arts Building Auditorium

**PROGRAM - - - 8:15 P.M.**

**"CONTINUING EDUCATION  
IN PIERCE COUNTY"**

Donal R. Sparkman, M.D.  
Marcel Malden, M.D.

Social Hour: 6:30

Dinner: 6:45

**Honan's Restaurant**

• • • • •

## February Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3 Tacoma Orthopedic Society 6 p.m. Tacoma Chapter of American Psych. Assoc.	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 p.m. C.P.C. of St. Joseph's 9 a.m.	7	8
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 Hematology, Oncology Study Group—TGH 7:45 a.m.	15
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 C.P.C. of St. Joseph's 9 a.m.	22
24 Pierce County AACP 6:30 p.m.	25 Tacoma Academy of Internal Medicine—6 p.m.	26 Path. Cancer Con.—T.G.H. 8-9 a.m.	27	28 Hematology, Oncology Study Group—TGH 7:45 a.m.	

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

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## President's Page

On this page I shall inform the membership of problems under current study by your board of trustees. Last month we prepared statements for the county commissioners. Subject: Mountain View General



Hospital. We believe Mountain View is the best public-owned facility available to hospitalize the remaining TB patients in Western Washington. We have outstanding physicians to supervise their medical and surgical treatment. It would cost overall much less to hospitalize them here. It was the original legislative intent that they would all be here. Emotional political considerations have overriden the objective facts and by the time this is printed, King County's political muscle will probably have them all housed in the old barracks structure called Firlands.

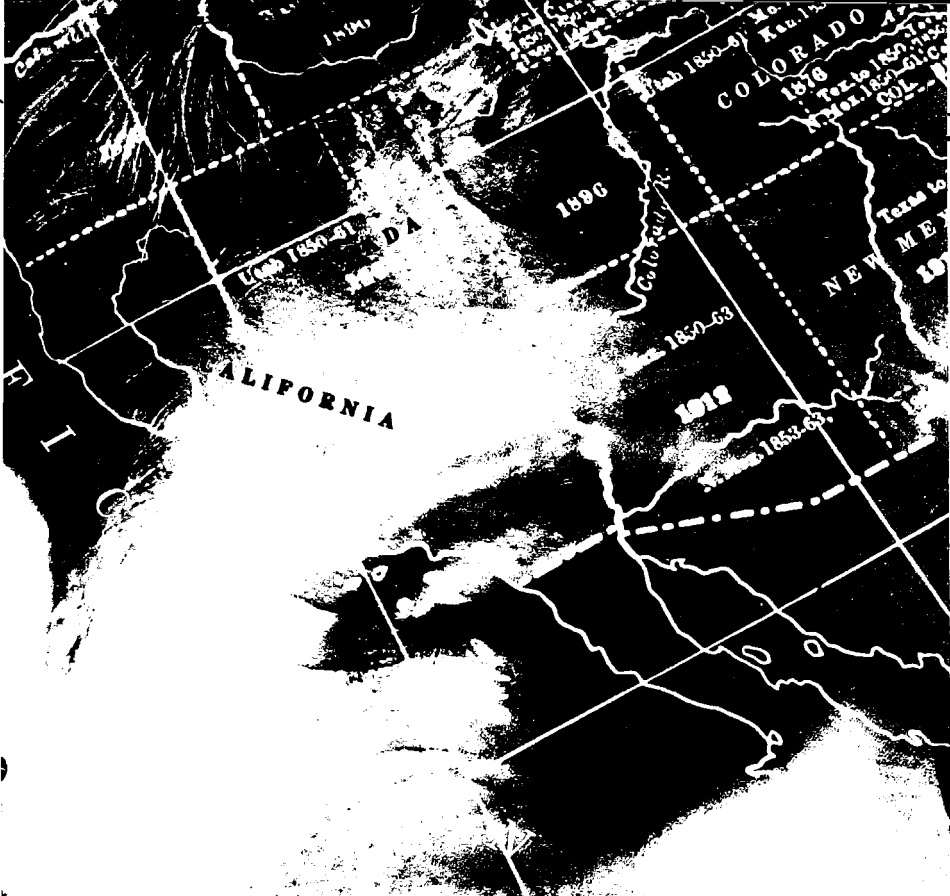
In the meantime, Mountain View is incurring quite a debt to the state on advanced funds being used to keep the hospital open. The least the Legislature can do is provide forgiveness for this debt.

Surveys show that Pierce County badly needs these hospital beds. Passage of medicare doomed Mountain View as many aged welfare patients were then (by free choice) able to occupy beds in other hospitals. The census dropped and we lost our intern and residency programs. Medicaide will further compound the problem. But all is not black, (nor red). The Northern Pacific Hospital Association may buy or lease the facility from the county. They plan to modernize it and open it as a new community non-profit open-staffed hospital. If we lose these hospital beds by not having the hospital reopened, a waiting list system will have to be developed to hospitalize patients. It is therefore essential that our physicians properly utilize whatever new facility is developed at Mountain View. Dr. Charles Larson, as Liaison to the County Commissioners, will be working on this whole problem. He informs us that if the N. P. Association is unable to acquire it, there is still a strong possibility that a Chicago based stock corporation running convalescent centers will bid for the property and develop it into a modern hospital.

In conclusion, I wish to offer a belated Valentine to Dr. Claris Allison, medical director of Mountain View Hospital, formerly the old Pierce County Hospital. For some years now she has devoted her full efforts to maintain good hospital care for our medical indigents and the less fortunate of our community. In spite of continual frustrations regarding staff and funds, she has supervised one of the most efficient operations in the nation. We hope her fine abilities shall not be lost to the community when Mountain View finally must close its doors.

The problem of medical indigents becomes more acute as our social evolution has not yet provided the means for their hospitalization. This problem must be faced and solved by our gradually developing health planning conferences, wherever they may be.

—WAYNE W. ZIMMERMAN, M.D.



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The land frontiers of America are virtually closed. And personal struggle for survival has shifted—from man against nature—or man against man—to man against himself. Result: *dis-ease*—projected inward. Striving in the context of our competitive, consumer-oriented culture increasingly takes on the coloration of anxiety, acute or chronic.

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reactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are so occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, trapyramidal symptoms, increased and decreased libido — all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. *Oral*—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Pediatric patients: 5 mg b.i.d. to q.i.d. (See precautions.)

**Applied:** Librium® (chlordiazepoxide HCl) capsules, 5 mg, 10 mg and 25 mg—bottles of 100. Libritabs™ (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

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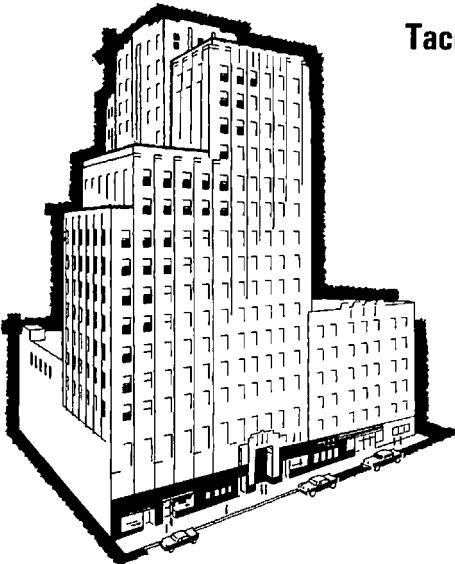
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**Contraindication:** Penicillin hypersensitivity.

**Warnings:** In rare instances, penicillin may cause acute anaphylaxis which may prove fatal unless promptly controlled. This type of reaction appears more frequently in patients with a history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Resuscitative drugs should be readily available. These include epinephrine and pressor drugs (as well as oxygen for inhalation) for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects.

**Precautions:** Use cautiously, if at all, in a patient with a strongly positive history of allergy.

In prolonged therapy with penicillin, and particularly with high parenteral dosage schedules, frequent evaluation of the renal and hematopoietic systems is recommended.

In suspected staphylococcus infections, proper laboratory studies (including sensitivity tests) should be performed.

The use of penicillin may be associated with the overgrowth of penicillin-insensitive organisms. In such cases, discontinue administration and take appropriate measures.

**Adverse Reactions:** Although serious allergic reactions are much less common with oral penicillin than with intramuscular forms, manifestations of penicillin allergy may occur.

Penicillin is a substance of low toxicity, but it possesses a significant index of sensitization. The following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; and reactions resembling serum sickness, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has occurred (see Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy are rarely observed side-effects and are usually associated with high parenteral dosage.

**Administration and Dosage:** Usual dosage range, 125 mg. (200,000 units) three times a day to 500 mg. (800,000 units) every four hours. For infants, 50 mg. per Kg. per day divided into three doses.

See package literature for detailed dosage instructions for prophylaxis of streptococcus infections, surgery, gonorrhea, and severe infections.

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# ***Editorially Speaking***

## OSTEOPATHS IN OUR HOSPITALS

At the Annual Convention, the House of Delegates authorized the Board of Trustees to begin negotiations directed toward the beginning conversion of schools of osteopathy to schools of medicine. To achieve the objectives of improving health care, educational standards and providing avenues whereby qualified osteopaths may be assimilated; the AMA suggests that accredited hospitals may accept qualified osteopaths for appointment to their staffs, that medical societies may accept qualified osteopaths as active members and that American Boards for the Specialties may accept for examination those osteopaths who have completed AMA approved internships and residencies, and that the determination of qualifications be made at these levels . . . locally.



My own understanding of osteopathy has been vague and I thought it might be well to review the background of osteopathy so that we might approach the suggestions of the House of Delegates with a modicum of knowledge.

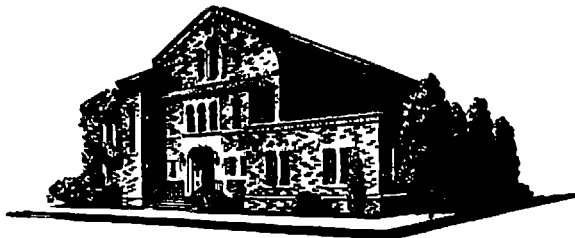
Osteopathy is a system of practice based on the belief that the body can best heal itself when normal structural relationships exist and that maintenance or restoration of health may be promoted by manipulation of faulty structure of skeleton or soft tissue. Andrew Taylor Still began the manipulative approach to disease in 1874 and started the first school of Osteopathy in 1892 at Kirksville, Missouri. The training was limited to manipulative techniques and provided graduates after two years. By the early 1900's there were 37 schools that gradually amalgamated into 5 schools with a four-year curriculum, graduating about 450 Doctors of Osteopathy each year. In addition to courses in manipulative techniques, the curriculum expanded to include the usual basic sciences and clinical subjects taught in our medical colleges. The admission requirements are at least 3 years of undergraduate training. The graduate interns in a hospital of osteopathy, of which there are about 150 with 18,000 beds. The largest hospital is in Detroit, with 341 beds and 40 bassinets. There are 4 osteopathic hospitals in Washington.

The schools of osteopathy are funded by tuition, bequests and various grants from government and industry. None are under the control of universities. Their boards of trustees are composed of lay and osteopathic personnel. The American Osteopathic Association gives approval to the training of its specialists. Membership includes 10,000 of 13,000 practicing osteopaths. Licensure is obtained in most states

(Continued on Page 14)



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PHYSICIANS' AND HOSPITAL SUPPLIES

(Continued from Page 12)

by passing an examination separate from the M.D.'s under the supervision of a board composed of osteopathic physicians. Two states have one healing arts examination with all M.D.'s and D.O.'s licensed under the supervision of a composite board of 5 M.D.'s and 2 D.O.'s. Reciprocity exists.

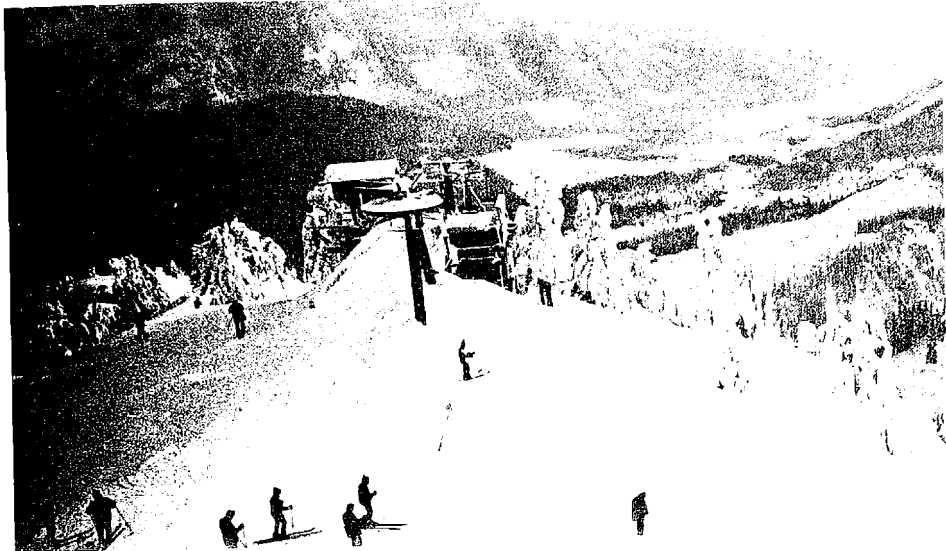
The nature of the osteopath's practice is determined by his devotion to the principles of osteopathy and his own artistry in manipulative techniques. By training he may diagnose and prescribe in a manner similar to that of the allopathic M.D. or he may limit himself to manipulation in varying degree. Manipulation may be used in as many as 70 to 90% of his office patients. He may use manipulative techniques to promote healing or relaxation in his patients who are being treated by more conventional means as well. This may be a source of conflict on the hospital wards. Other areas of conflict possibly include the care of disc syndromes, neuralgias, tic, chronic back syndromes, tension states and headaches.

Incorporation of the osteopath into the hospital routine will require restraint and education on the part of all interested in the care of the patient. Supervisory committees would need to be activated and would need to understand the osteopathic approach in assessing the quality of care. The osteopath would have to learn the standard of care for various conditions in the hospital community. The credentials committees would need guidance from the Osteopathic Association and schools in determining the qualifications of those who would join the medical societies or local hospital staffs. This cooperation may not be forthcoming for one aim of the osteopathic association is not to amalgamate but rather to make the practice of osteopathy a complete system of medicine. Submission to the discipline of the university might be a helpful means to determine the proper role of osteopathy in the practice of medicine.

The House of Delegates feels that the development of two systems of medicine is not in the best interest of the patient and hopes for amalgamation and very likely a decreased emphasis on the osteopathic system. By offering internships, residencies, county society membership and hospital privileges, the AMA hopes to raise the standard of training of the osteopathic graduate and broaden his perspective. Certainly the isolation from the medical community which the osteopath now pursues, is not in the best interest of his patients. Bringing him into the educational and professional mainstream will not be easy.

R.A.K.

## SOME ASPECTS OF SKIING



The Ski Area . . .

*Tom Murphy*

I can't tell you how to start a ski area, but I can give you a little history of the mountain, how Alpentel really got off the ground. Back as early as 1964 a couple of guys were looking around for a possible new mountain operation. They went all over looking. When they saw this place it was obviously the answer right then, the greatest mountain they had seen. So for \$160,000 they bought 780 acres of land, cash, bottom up. Others were in with them. When they went on the air with their T.V. ads, they marketed 109 lots in 48 hours . . . not realizing the service on the lots they marketed for \$6,800 average cost \$4000 to service. They lost money on every lot. They had good advice but nobody knew what it was. This is the way the thing got moving.

David Flood was hired. He has laid out more ski areas than anyone else in the world. He took Alpentel out of the amateur route.

As of last May, Alpentel is not a mountain operation. It's a lakefront land operation. We have a lake, that we dug the other way. A lake is normally a round hole that goes down, ours is a round hole that heads up. We rolled the lake over, and we're selling, actually, beach lots, with a mountain operation in the middle. These we can market.

We'll need about 500 household owners who are there every weekend year-round, or about 2,000 locked in on the mountain every morning, and we'll make money on it. But this will be about eight or nine years hence.

When we run the new lift for about \$350,000, and when we put the gondola up . . . which is going to run a million and a half, and \$400,000 for the lift up Mount Snoqualmie, we'll have on the mountain operation then about five million. We'll have about fifteen million under the mountain.

The little things are the big headaches . . . like the actual garbage man. We have 190 lots with 46 condomini-

ums open right now . You can't imagine the garbage item we've got there. What do you do with a truck load of garbage every hour?

We lost \$25,000 a day Christmas week when it rained. I fell down in the parking lot and darned near drowned . . . in two and a half feet of water. Try doing the breast stroke in a ski suit!

We've got a bunch of houses up on the mountain called Overstrasse. New Year's Eve night no one could get up that mountain. We couldn't even run Tuckers up there. It was snowing like mad, and twenty under zero, and there was no way you could get on that mountain. But these clowns kept on coming, with their cars and their groceries. We had a wide area in the road about twenty-five feet wide, and we had sixty cars left there. The next morning they were all snowed in. We don't have guys with shovels there to dig cars out, we have heavy equipment to clear the roads and parking areas. When we went down to clear that road we ground up a Volkswagen right down to the motor, and shot the thing out before we could get the machine stopped! Well, we bought our \$1600 Volkswagen.

The interesting thing about going into one of these things like Alpentel . . . you think when you own one of these areas you'd be up there every weekend, enjoying it. But you're not. You go to the Winthrop and you go to meetings, with your banks, your landholders.

We've learned a lot . . . We know that the average youngster uses about \$3.50 a day in tickets, and that you use \$15.80 a day on the mountain. We're betting on those youngsters, eight, nine or ten years from now.

Ski Equipment . . .

*Jack Alger*

The main words of wisdom I have to say about equipment is how important it is in impressing the young ladies.

A very good case in point is when George and I came out here in '60 and we were real neophytes and we went up to ski in our G. I. pants and our old Army boots and ridgetop skis. We went up to Sonqualmie Pass one day and we came out of the lodge and we saw those two chicks, and as we were coming down the stairs we sort of flattered ourselves into thinking we were met with rather appreciative stares, but as they looked down at our cuffed pants and their smiles turned to sneers, we realized then that equipment is really important.

There's no question that modern equipment has made skiing much easier. From my own experience, I know that each time I've gone to better equipment I have been able to do things that I couldn't do previously. There have been so many changes in equipment . . .

I think the biggest change really has been a result of the modern groomed slopes. The ideal ski boot used to be far different from the ski boot of today. And I'm sure the reason for this is that the ideal skiing conditions used to be powder snow. This is what everybody skied on.

Anyone who has walked from the day lodge to his car in today's ski boot, with the completely rigid lateral support, knows that the modern-day boot is for the competitive skier who rides up the hill on a chair lift and skis down on a groomed slope. I think in general they're finding that the more rigid the boot, the more you can get away with downhill.

About the most impressive experience that I've had with skis, as far as equipment goes . . . several years ago I'd gotten discouraged with my skiing and felt that I was never going to ski well enough to amount to anything and was about ready to quit . . . I was skiing with a friend of mine and he was criticizing me, and he was telling

me I was just awful. He said, 'Let me try those skis'. So he put mine on and I put his on, and it was like Instant Skiing! Those skis made all the difference in the world. I had a wonderful time on them, and of course my friend was miserable all day on mine. The next day I went out and bought a pair of skis like his.

The same thing applies to the children. They really ski proportionately to the quality of equipment, after a certain point.

You see more good skiers around here than you see anyplace else in the country. I think the novice here has just as much fun skiing as any expert. Probably the slopes here and the readily available good equipment make it the great Northwest sport.

#### Ski Injuries . . .

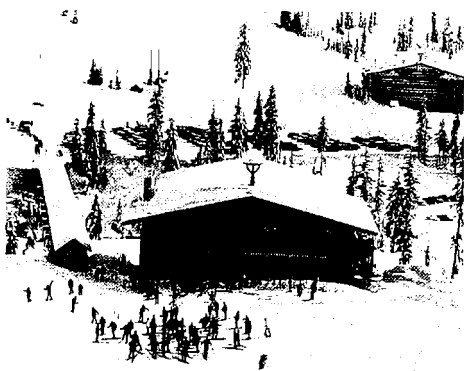
*George Gilman*

I'm entitled to several years of trouble-free skiing. The average injury incidence is six per thousand skier-days, or one every 162 days of skiing. That's quite a bit of skiing. Of the injuries that are reported, about half of them are sprains. About the other half are what you'd consider serious injuries . . . fractures.

Beginners are much worse. Their injuries average three times as much as the overall. Among the good skiers, young people are hurt more than the older people. Women have a higher injury rate than men. Beginning women over thirty have the lowest rate of all. Beginning women under thirty have the highest.

An unusually high percentage of the women hurt are in the first or second

Ski fractures tend to be fairly simple . . . some tricky, but those you'd expect a perfect result from. Most ski injuries are such that, given proper care, you'd expect no after-effects. About eighty to ninety per cent of these injuries are to the leg. Of those, about seventy per cent are around the ankle.



Skiing is a good deal safer now, with the release bindings. They give a high degree of protection. It's interesting, the release bindings protect the male legs, but don't seem to protect the female legs as much.

Instruction is important. The injury rate in classes is very low as compared to free skiing. Of course, when you're in class you sometimes don't do anything but stand around and listen to the instructor . . . day of their menstrual period. I read that in a book.

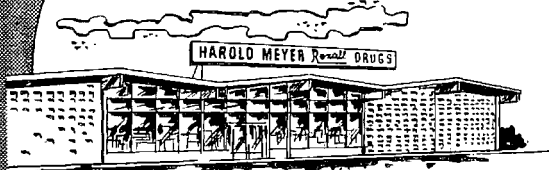

The most common injury in the beginning skier is the medial knee sprain. The slower the thing happens, the more the force spreads out, particularly in girls. When they fall, they throw a lot of strain on the inner side of the knee. I suppose the injuries to beginning girl skiers are four out of five medial knee sprains, because of the way their knees are made, the knee bends a little more than boys'.

The more expert skiers tend to break the ankle or leg. Good boots, and you'll break the tibia as opposed to the ankle.

Basically, the ski patrol does a good job. There isn't much you can do for an injured skier on the mountain, other than keep them warm and splint them, and get them down fast. The ski patrol does this well.

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## Nursing Students To Give Doctors The Knee

Tacoma General Hospital Nursing Students have challenged the medical staff to the first annual basketball game as a benefit for the Washington Association for Retarded Children on Thursday night at 8, February 27, 1969, at the UPS Field House.

Claims of victory from both sides are being made. As coach, I can assure you your M.D.'s will win hands down (or hands off). What with Dr. David (Stork) Johnson, Jim (the Stilt) Stillwell, Bob (Big O) Osborne, how can we lose? Two-a-day turnouts are being held. Keen competition is expected for starting positions.

Tickets are now on sale at \$1.00 for adults and 50c for children. Bring family and neighbors for a night of fun.

P.S. We need a volunteer team physician.

—COACH BOB JOHNSON

## Announcement . . .

Again this year an Auxiliary committee is collecting surplus or used supplies for Medical Supplies for Missions.

Wanted are: drug samples, lab coats, blankets, surgical supplies and instruments, physicians' desk reference books (1968).

These items may be deposited at the Society office or picked up by request by phoning Judy or Peggy Haley, chairman.

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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1968-1969

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2nd Vice President and Community Service .....	Mrs. Vincent Murphy Mrs. John Kemman
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Treasurer .....	Mrs. Stanley A. Mueller, Jr.
Dues Secretary .....	Mrs. Charles McGill

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Membership .....	Mrs. Vernon Larson
Membership Co-Chairman .....	Mrs. George Tanbara
Today's Health .....	Mrs. Ernest Randolph
Safety and Civil Defense .....	Mrs. James Stillwell
Historian .....	Mrs. William Goering
Legislative .....	Mrs. Thomas Skrinar
Para-medical .....	Mrs. Roy Virak Mrs. Frederick Schwind
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Bulletin .....	Mrs. Bernard Pipe
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Mental Health .....	Mrs. Hugo Van Doren
Cookbook .....	Mrs. Leo Sulkosky
International Health .....	Mrs. Theodore Haley
AMPAC .....	Mrs. Wayne Zimmerman
Fashion Show .....	Mrs. David Hopkins Mrs. James Vadheim
Dance .....	Mrs. Kenneth Gross Mrs. Edward Lawrence
Minute Women .....	Mrs. Stanley Tuell Mrs. Samuel Adams
Representative to Council on Smoking .....	Mrs. Homer Clay
Representative to Council on Alcoholism .....	Mrs. Murray Johnson
Representative to President's Council .....	Mrs. Buel L. Sever
Cookbook Tasting Luncheon and Arts and Crafts Display .....	Mrs. Jack V. Erickson Mrs. J. Robert Brooke

Co-chairmen Sally Lane and Luanna Sever promise a memorable afternoon. Starting with a Sherry Hour there will be your favorite recipes to sample and hobbies demonstrated by fellow Auxiliarians. The Committee busy, busy, making this event successful, includes Lorraine (Cookbook) Sulkosky, Rosemary Dye, Emily Barronian, Hazel Whitacre, Marion Smith, Anne Fairbourne, Mabelle Miller, Bart Huff, Judy Brachvogel, Joanne Johnson and Lila Early. Members of the Board will be assisting hostesses.

## HAPPINESS IS A PACKED CONFERENCE

If you must leave town, don't be away March 19 and 20. Those are Conference dates, important to Pierce and Kitsap counties. Phyllis Erickson, Ruth Brooke and their committee, along with President Dorothy Grenley, bear the burden of responsibility for planning this complicated affair, and the rest of us owe Auxiliary and ourselves the satisfaction of attending as many functions as possible to make this Conference outstanding. Most of us haven't had the opportunity to observe the State organization at work. Just to give you an idea what goes on, Phyllis outlined the schedule briefly.

Wednesday, March 19, at 10 a.m., there will be registration. At 12:30 a luncheon in the York Room of the Lakewood Terrace Restaurant with arrangements handled by Kitsap Auxiliary. At 2 p.m. a business meeting will be held, with the possibility of installation of Pres.-Elect Mary Ellen Vaughan of Vancouver, as President, due to the resignation of Lucy Bailey. That evening a no-host dinner at 7:30 will be preceded by a 6:30 social hour. Husbands are invited (make special note of that.)

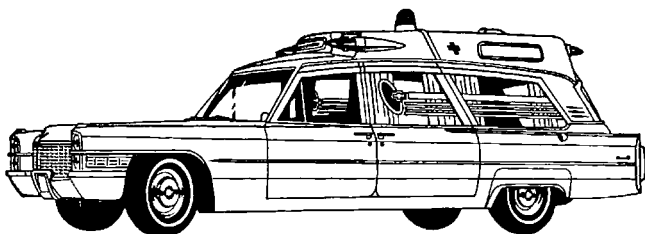
(Continued on Page 23)

Yo-ho, the boys are back from the moon and here it is February, the shortest month. Why does January always seem the longest? February is crammed full of all sorts of goodies like Ground Hog's Day, Lincoln's birthday, St. Valentine's, Ash Wednesday, Washington's birthday, the first crocus and . . . what else? No doubt about it, it's an exciting month bursting with promise! The smell of spring is in the air!

## BRING ONE AND COME

Yes, come yourself and bring one guest to the COOKBOOK TASTING LUNCHEON AND HOBBY SHOW at St. Mary's Parish Hall in Lakewood (across from Clover Park High) on Friday, February 21, at 11:30 a.m. Admission \$1.00 and lots of parking available.

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(Continued from Page 21)

On Thursday delegates will be breakfasting informally before the 9 a.m. conference session. Luncheon again will be at 12:30 in the York Room with Elsie Schwind in charge of arrangements. Dr. Joseph Trainor of the University of Oregon Medical School, is the speaker. Both he and Dr. Ronald Pion of the University of Washington Medical School, who speaks on Wednesday, are outstanding in their fields.

The following people are doing the planning and the pre-conference work: Call-to-convention letters, Lorraine Sulkosky; Pre-Registration, Dorothy Maier; Conference Registration, Jeanne Judd; Hostess Committee, Lorna Burt; Arrangements, Judy Brachvogel; Luncheon, Elsie Schwind; Banquet, Toni Bourne; Decorations, Kit Larson and Kimi Tanbara; Publicity, Dee Wickstrom and Inez Pipe.

### CONDOLENCES

Members of Pierce County Medical Auxiliary feel deeply saddened by the loss of Gladys Parrott, who died December 27. Our sympathy goes out to her husband, Dr. Gordon Parrott and family. Dorothy Grenley spoke for all of us when she commented, "Gladys was a loyal, cooperative Auxiliary member, a fine and courageous person."

We also offer condolences to Ruth Meier in the recent loss of her mother.

### BULLETIN DEBUT

On behalf of Auxiliary this correspondent applauds Editor Kallsen's successful effort in the January Bulletin to introduce a series of articles on outdoor recreation. "Back Packing Bold and Fearless" presented from six points of view, plus appreciative pictures, made good reading and explored an area unknown to some of us. We'll look forward to more outdoor adventures.

—INEZ M. PIPE

## February Birthdays

- 1 Charles B. Arnold  
David W. Millett
- 2 Arthur P. Wickstrom
- 3 William P. Hauser
- 6 Herbert C. Kennedy  
Don G. Willard  
Alfred L. Schultz
- 7 Donald A. Graham
- 10 Ronald J. Beck  
Lawrence P. Cutner  
Michael Maddalosso
- 15 Paul E. Bondo  
Thomas R. West
- 16 Scott S. Jones
- 19 James L. Schneller
- 20 George A. Delaney  
Ada Van Dooren
- 22 Charles J. Galbraith
- 23 Philip C. Kyle  
Frank J. Rigos
- 24 James E. Hazelrigg
- 25 Axel Lundstrom
- 27 David M. Gimlett

## UNIVERSITY PROF. TO DISCUSS HYPERTENSION

Warren Chapman, M.D., of the University of Washington will discuss the value of renin pressor assays in the diagnosis of hypertension at 8 a.m., February 26th at Jackson Hall auditorium. Case presentations will be by Doctors Houtz, Osborne and Rohner.

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## AMPAC, 1969

Dr. Tom Skrinar stepped down from the chairmanship of the American Medical Political Action Committee of the State of Washington. For five years he devoted time and energy to his duties, for he realized the importance of AMPAC to each physician, to his practice, to his family and to his patients. Through Dr. Skrinar's monthly AMPAC column in the Pierce County Medical Bulletin we were informed of local, state and national political activities and how such activities could affect us. To him we owe a warm thank you.

Some physicians feel politics is beyond their field of interest. Why bother? It doesn't matter, anyway.

Tom has explained "why it matters".

You busy physicians practice within a tight framework of government control, a net of rules and regulations which draws tighter by the month. While this is going on the government continually seeks to cover larger groups of people under federal financed systems. Your voice in that government speaks through your elected representatives. Your selection of good men to stand up for you requires some form of participation in political action. If you ignore your prerogative, someone else will eagerly grab it. To do nothing expresses silent approval of governmental pressures on your practice. These pressures act as a barrier between you and your patients, and may interfere with your concept of good medicine. Here lies the value of AMPAC. Your AMPAC dues represent the thriftiest and easiest method to select good men in government who will speak for you.

As a new member of the AMPAC board, I am astonished at how little I know of government and practical politics. Assuming that you may be in the

same boat, I will submit a simple quiz each month, hoping to increase your political expertise and interest you in taking a more active part. The answers will be found on page 27. Test yourself . . . and quickly mail your \$20.00 AMPAC dues for 1969 to: Judy Gordon, Pierce County Medical Association, Medical Arts Building, Tacoma, Washington 98402.

1. Once you are registered to vote, are there ever any circumstances under which you are required to re-register?
2. In which precinct do you live?
3. What is the name of your precinct committeeman? Is he a Republican or a Democrat?
4. Are the members of your city council elected in a partisan or non-partisan election?
5. Who are your United States Senators and Representatives?

JOHN M. SHAW, M.D.

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**Adverse Reactions:** Drowsiness; cholestatic jaundice (use cautiously in patients with liver disease or previous phenothiazine jaundice); agranulocytosis; eosinophilia; leukopenia; hemolytic anemia; thrombocytopenic purpura and pancytopenia; postural hypotension; tachycardia; lanting; dizziness; epinephrine effects may be reversed;

© 1967, 1968 Smith Kline & French Laboratories.

EKG changes, cerebral edema; neuromuscular (extrapyramidal) reactions; pseudo-parkinsonism, motor restlessness, dystonias, persistent dyskinesia, and hyperreflexia in the newborn; urticarial reactions and photosensitivity (avoid undue exposure to sun), exfoliative dermatitis, contact dermatitis (avoid by using rubber gloves), peripheral edema; lactation and breast engorgement (in females on large doses); false positive pregnancy tests, amenorrhea, gynecomastia; dry mouth, nasal congestion, constipation, adynamic ileus, miosis, mydriasis, psychotic symptoms and catatonic-like states rarely, after prolonged substantial doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits, mild fever (after I.M. dosage); increased appetite and weight, hyperglycemia, hypoglycemia, glycosuria; convulsive seizures, abnormality of the cerebrospinal fluid proteins.

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**AMPAC ANSWERS**

1. a. Failure to vote once every four years.  
b. Move from one precinct to another.
2. If you don't know—call the City Clerk if you live in Tacoma, or the County Election Desk if you live in Pierce County. FU 3-3311.
3. If you don't know—call the Republican Headquarters if you live in a Republican precinct, or vice versa. Republican, 764 St. Helens, FU 3-1497  
Democrat, 739 St. Helens, MA 7-0863
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Mrs. Max Brachvogel, 1724 Fernside Drive	LO 4-4308
Mrs. Robert O. Brettell, 7808 John Dower Road	JU 4-5493
Mrs. Robert R. Burt, 6638 Hilltop Lane, S.W.	JU 4-1813
Mrs. Homer T. Clay, 16 Summit Road	SK 2-0494
Mrs. Robert P. Crabill, 6926 100th S.W.	JU 8-0558
Mrs. Gordon Dean, 4234 West Soundview Drive	LO 4-1945
Mrs. J. J. Erickson, 616 South 117th	LE 7-5044
Mrs. George C. Gilman, 3720 North Union	SK 9-6885
Mrs. David S. Hopkins, 1624 Markham, N.E.	WA 7-0818
Mrs. Herman S. Judd, 8505 Woodlawn Ave., S.W.	JU 8-2686
Mrs. Vernon O. Larson, 1889 North Hawthorne Drive	SK 9-4655
Mrs. Herbert Meier, 7 Barlow Road	JU 8-7554
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Mrs. Thomas H. Skrinar, 424 North C	BR 2-0486
Mrs. Paul B. Smith, Jr., 3404 North Adams	SK 2-6201
Mrs. Ronald Spangler, 1015 Crestwood Lane	LO 4-5535
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Mrs. Stanley W. Tuell, 3650 Browns Pt. Blvd.	WA 7-1117
Mrs. Robert B. Truckey, 634 Vista Drive	LO 4-4886
Mrs. G. Marshall Whitacre, 926 Fairview Drive	LO 4-3300



## Medical Welfare and the Pierce County Physician

During the past years when the welfare and marginal patients were cared for at Mountain View, the Pierce County Doctor felt little responsibility to influence the medical program of the Department of Public Assistance. Funding was limited and paperwork was too complicated, so that physicians relied on a single consultant to supervise the program. In recent months the expenditure of funds has drastically increased to the point where the next budget may exceed \$80,000,000 for the State Public Assistance medical program. There will be very shortly free choice of medical care selection. Paper work has been greatly simplified. Easy approval for funded care and drugs, easy acceptance to the roles of public assistance, and attempts to meet reasonable and customary fee schedules have resulted in expenditures above revenue intake to the level of \$1,000,000 per month throughout the state. Pierce County's monthly share of this deficit is approximately \$100,000.00. The result of the deficit has been the installment of an austerity program directed toward physicians and other vendors of care and consequently interference with the normal processes of patient care.

There does appear to be overuse of special drugs with little adherence to the formulary. Justification in a few cases for surgery, admission to the hospital, and for approval to treat M patients is insufficient to support the request for funding. In most cases I have approved the request, but in the future there will be more denials if justifications do not improve. Patients who have a potential surgical disease should be worked up when possible outside the hospital. This would save unnecessary days of hospitalization during a diagnostic workup and wait for operative

scheduling. Utilization of the hospital by in-patients and excessive hospital admissions need review. Dr. David Sparling's recent review of Mountain View General Hospital children's admissions over the past five years reveals that 41.8% of the hospital days were not justified by medical criteria. His excellent study is being reviewed at the State government level. A similar study of adult admissions needs to be conducted. The increased number of new public welfare recipients who are forced on welfare rolls through hospital pressure for payment of the bill also needs review. A survey submitted to the legislative council of Washington State on hospital costs indicates a need to control hospitals through legislative action as has been done in New York state and Rhode Island.

I think it should be quite clear from the above discussion that the welfare medical program needs control, and I think that local control in our own county may be most effective. I am therefore asking that the County Medical Society appoint a committee to consider the following topics:

1. The chief criteria for surgical procedures and most important the relative priorities of operations;
2. The role of the physician in dispensing drugs that have the potential of misuse;
3. Admission priorities; and,
4. Utilization guidelines in a patient population which has the potential of overutilization of the hospital.
5. The control of hospital and Department of Public Assistance pressures to place new recipients on the welfare rolls which create continual financial deficits.

Your cooperation as a Society would lead to a solution of this very serious problem in medical care.

Sincerely yours,

DEMAURICE MOSES, M.D.

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

MARCH - 1969

TACOMA, WASHINGTON

VOL. XL—3



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MARCH 11**

# Pierce County Medical Society

1969

## OFFICERS

President.....	Wayne W. Zimmerman
President-Elect.....	Robert M. Ferguson
Vice-President.....	Robert C. Johnson
Secretary-Treasurer.....	George A. Tanbara
Executive Secretary.....	Judy Gordon

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Robert C. Johnson	Wayne W. Zimmerman

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Kenneth D. Graham	Charles C. Reberger
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Charles J. Galbraith	Frank J. Rigos
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James Early	E. A. Kanar
	J. McNeerhney

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## Public Relations

Leo Annest, Chairman

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J. G. Katterhagen, Chairman	
Harlan McNutt	DeMaurice Moses

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Cigarettes—Vernon Larson  
V.D.—Ralph Stagner

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## Diabetes

Bernard Rowen, Chairman

## Legislative

Stanley Tuell, Chairman

## Mental Health

James Boudwin, Chairman

## School Health

Kenneth Pim, Chairman	
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	Alan Sobul

## Poison Control

David Sparling, Chairman	
William Coyner	Clarice Allison
	Wayne Bergstrom

## Medicare

John May, Chairman



COVER PICTURE: A Nice Morning's Work.

## Sports Medicine

Loy Cramer, Chairman

## Geriatrics

G. W. Bischoff, Chairman	
Kenneth D. Graham	Theodore Smith
	Arthur P. Wickstrom

## Traffic Safety

L. S. Durkin, Chairman

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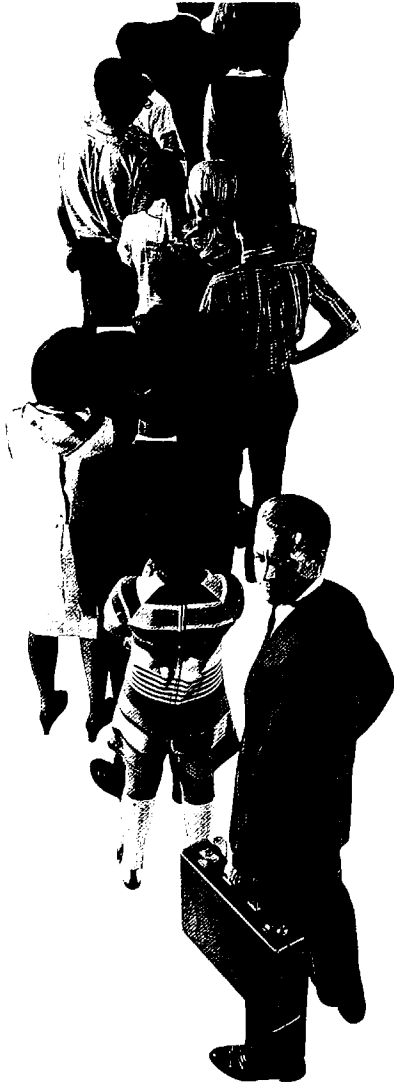
Paul Bondo, Chairman	
James Hazelrigg	T. J. Smith
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## Bulletin Editor

Robert Kallsen

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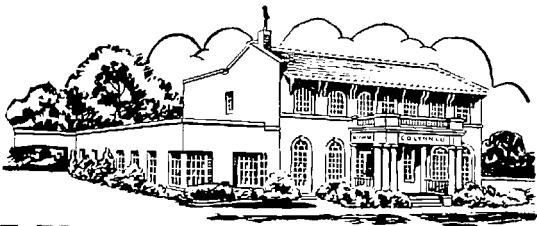
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, March 11**

Medical Arts Building Auditorium

**PROGRAM - - - 8:15 P.M.**

**"MEDICAL WELFARE - - - ORDER OR CHAOS?"**

**DeMaurice Moses, M.D.**

Social Hour: 6:30

Dinner: 6:45

**Honan's Restaurant**

• • • • •

## March Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3 Tacoma Orthopedic Society 6 p.m.	4 Staff of Tacoma General— 6:30 p.m. 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 p.m.	7 C.P.C. of St. Joseph's 9 a.m.	8 Annual Meeting Tac. Acad. of Int. Med.
10 Staff of Good Samaritan 6:30 p.m. Staff of Northern Pacific Hosp.—12:30 p.m.	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 Hematology, Oncology Study Group—TGH 7:45 a.m.	15
17 Staff of St. Joseph's— 7:30 p.m.	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 C.P.C. of St. Joseph's 9 a.m. Staff of Allenmore Hospital 7:15 a.m.	22
24 Pierce County AACP 6:30 p.m.	25 Tacoma Academy of Internal Medicine—6 p.m. C.P.C. of Mary Bridge 8 a.m.	26 Path. Cancer Con.—T.G.H. 8-9 a.m.	27	28 Hematology, Oncology Study Group—TGH 7:45 a.m.	

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

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## President's Page

January 24, 1969

Honorable Floyd Hicks  
Representative, State of Washington  
House Office Building  
Washington, D.C.

Dear Representative Hicks:

Thank you kindly for the recent opportunity you provided me to discuss the existing medical care problems in the United States. Although you are probably very busy at this time I wish you would give me your ear for another continuation of that discussion.

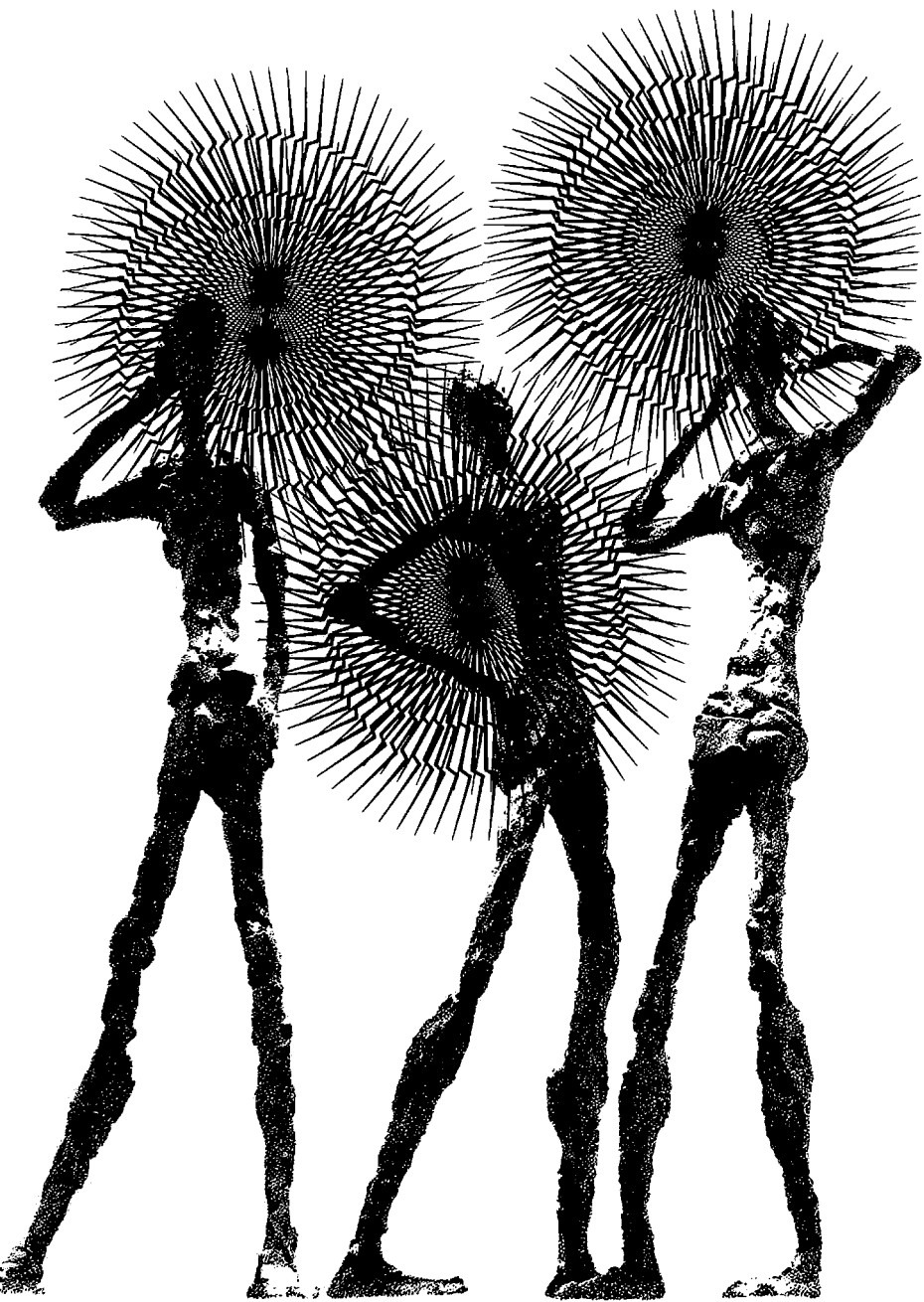


The Medicare Law has helped in providing more care for people over age 65, but it has had a serious side effect. It developed in this fashion. As Medicare permitted these elderly patients, including those on Welfare, a free choice of hospital care the majority of them chose not to go to Mt. View General Hospital. With the lower utilization rates shown at Mt. View, we lost our interne and resident staff approval. With further implementation of the Medicaid Law Mt. View will lose more of its patients. The state and county are not able to raise funds to continue operating this institution even though we are seriously short of beds. They have already specified that they can no longer accept medical indigents.

Medical indigents are people in the lower income group who are able to handle their problems without being on welfare as long as their problems are minor and low in cost, but with hospital rates between \$50.00 and \$60.00 a day, if they have a medical emergency they are not able to raise the funds for hospital care. Most of them, unfortunately, have no medical health insurance. It is, then, this group of patients, the medical indigents, who are without means for hospitalization that are becoming an acute problem in the community. When Mt. View Hospital was operated by the county we would treat these patients free of charge from the doctors' standpoint, and the hospital would hospitalize them at county expense. In this way they were given help only during hospitalization and were not added to the welfare rolls. Increasing the welfare rolls would probably be one means of solving their problem but it would also greatly increase the cost to the state and federal government, and again lessen any incentive they may have for remaining semi-independent.

House of Representatives Bill No. 19 was recently introduced in Congress. I believe this bill embodies many of the positive elements actually supported by the American Medical Association. It will provide payments

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Issued March 1969 (1322MA)

supported by the American Medical Association. It will provide payments

of the premiums for adequate health insurance to people in low income brackets. As their incomes get higher the government would still pay a portion of the premiums, and in higher brackets still some deduction on income tax expense is allowed, as is currently the practice under the Internal Revenue Code.

The advantages of this program as I see it are that the government would, thereby, establish minimum standards for the insurance carriers as they do under the Federal Employees Act, and thus would eliminate the sub-standard health insurance companies. Yet it would allow people to still have a free choice between good, competing companies such as Blue Shield, Kaiser Permanente, Group Health, Western Clinic here, and others, companies that are now already giving good care for a just premium. Already existent companies would do the book work and a big federal bureaucracy would not be needed. I am sure you will give this matter your serious study.

Thanks again,

Sincerely yours,

WAYNE W. ZIMMERMAN, M.D.,  
President, Pierce County Medical Society

WWZ:bern

copies to:

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## Editorially Speaking

### Are You Working More And Enjoying It Less?

Did you just get back from a nursing home call on some little old shut-in, and you found him out for a ride and a hair cut? And your stomach is beginning to burn? And you gave away the last antacid sample to a drop-in patient? Is that creating a little dyspepsia?



Did you just get a subpoena to appear in court next week "some time after two"? As a people's witness? And you have twenty insurance forms stacked on your desk? Does that cause a little eructation?

Did you just finish dictating thirty histories in the record room, but the recorder didn't work after the first sentence? And now your staff privileges have been suspended? And your two best friends are retiring? And they are sending their old patients to you? Are people increasing faster than doctors? Is that what's bugging you?

The doctor/patient ratio won't increase appreciably, but we can become more efficient. We can eliminate administrative detail from our daily routines. We can spend more time at the bedside and less in our automobiles between eight hospitals and fifteen nursing homes scattered over one hundred square miles. We can consolidate our hospital patients and reduce duplication of committees. We can use medical assistants in many administrative and professional duties.

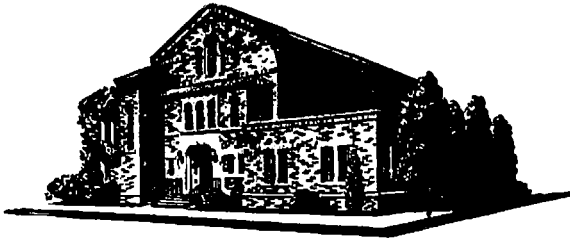
Some of the frustration in providing good care in our non-teaching hospitals derives from the loss of the *Interne* who maintained records and kept close watch on desperately ill patients and provided many emergency services at the request of doctor and nurse. The *Interne* will not be back. But we need some professional to fill his place. Capable nurses can be trained to do and record histories and physical examinations. This could be an extension of the nursing service or a division of a professional service under the supervision of a teaching physician. Such a division could offer many emergency services of a minor and sometimes major nature. This will be the challenge to the nurse of the future.

Many of us have found that a questionnaire filled out by the new patient often speeds the interview and brings out new data for consideration. In the hospital such a questionnaire would have additional value. It would add to the permanent record. If it were administered by the nurse, she would gain greater understanding in her bedside care and would be taking another step toward her future roll in patient management.

Furthermore, much of the information may some day be placed in computers. Then a patient's past history will be available within minutes of the time of admission. And some day patients may be given a tape recorder (wrapped in a fuzzy blanket) to which they will pour out their problems. And when you make rounds, the patient won't want to talk to you, but to the recorder. For it knows his case best.

—R. A. K.

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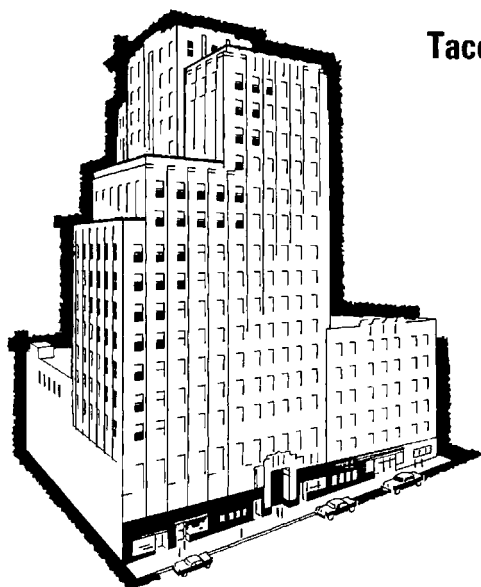
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## THE IDES OF MARCH

I cannot write a poem today,  
no matter how often I try!  
Where hundreds of other poets prevailed,  
I must admit that I woefully failed,  
though none has tried harder than I.

It's the Ides of March, and spring's in the air,  
though cold winds still blow from the North,  
My duty as poet, when spring's in the air,  
is to write a fine poem! Behold my despair!  
the verses just will not well forth!

I see dainty snow-drops lining the wall  
and know what dear message they bring,  
while early golden daffodils call:  
"Arise, you poets, let's hear from you all  
"a rousing welcome to spring!"

Already some daring young butterflies  
have escaped from their wintery lair,  
and as risen hemlines reveal shapely thighs,  
I follow them longingly with my eyes . . .  
No question: spring *is* in the air!

Soon I shall hear children's merry chant  
under spring sky's magnificent arch.  
Enjoy the spring, children, God's loveliest grant,  
but pity this one poor poet, who can't  
write a poem this Fifteenth of March!

So I talk to my soothsayer friend, and he chides:  
"What? No love, no laughter, no cheer?!"  
"Trees bloom, birds twitter, girls smile, and besides,  
"you are *NOT* Julius Caesar, therefore from the Ides  
of March you have nothing to fear!"

"Call your muse, oh poet, while skies are still blue,  
"for the Ides of April come soon!  
"And then, when this my prediction comes true,  
"the Collector of Internal Revenue  
"will play you a different tune!"

GERHART A. DRUCKER, M. D.

## STOUTHEARTED STEELHEADERS . . .

*By Four Knowledgeable Fishers*

The average steelheader catches his first fish after three years of really trying. It is hoped the following observations will shorten this time for you, dear reader.

The steelhead is a bright silvery sea-run rainbow trout of 4 to 40 pounds on the way up the river to spawn. His enemies are on top. He is protected by surface contour, water depth or objects above or in the water, and he knows it. He takes the path of least resistance as long as it is protected. In low water he will stay in deep holes. In high water he migrates and may be anywhere. He may travel 22 miles per day but on the average moves 3 to 7 miles up stream.

He enters the waters at different times according to water conditions and his inheritance. In January and February the coastal streams are productive, the Hoh and Bogachiel. In March he reaches the upper Sound streams, the Skagit; or the inner Columbia, the Toutle. In April the lower Sound streams become productive, also the Cowlitz and Quinault. In May, the Kalama. July, the Stilequamish. August, the Queets. September, the Klickitat and Wenatchee and in October the Thompson. In December the Puyallup???

To keep warm you need insulated underwear, dacron or down. Wool socks. Insulated boots. Chest waders with a belt are warmer and drier. Rain gear, the best . . . with a hooded parka ending below the top of the wader. Wool gloves with the fingers cut out. Vaseline for the fingers. (No hand lotions).

You need a spinning reel, open-faced bail reel type. The bait should be a red bobber. Start with artificial bait for the fish hit it harder than eggs, and the soft strikes will be easier to detect.

Snap on an eight-inch drop line with lead to keep the bait tumbling on the bottom. If the drop line is 8 pound test it will be lost before the 16 pound test line or the 12 pound test leader break. The egg leader is about 30 inches long and the lure leader is 15 inches. The rod should have an intermediate flex, for you will be watching the tip to determine the strike.

The egg fisherman stays with a pool or drift longer than the lure caster. Success may come after 20 minutes of snags and rebaiting before the drift gets hot. The artificial lure often hits with a few casts but then must be moved to seek out new fish. Water faster than a slow walk probably won't hold fish. The tail of the drift is productive, as is the head of a pool formed by the flow over a shallow sandbar. In high water, short line it, and keep moving. In low water, fish the pools. Fish behind bends, logs or major eddies . . . or wherever you think a fish could rest, quietly finning, just watching his diet float by, protected by 4 to 6 feet of water, or a log, or a surface ripple.

Eggs Produce Seven to One  
Over Artificials . . .

*By W. L. Sobba, M.D.*

It is difficult to put into print why the hobby of steelhead fishing intrigues me. Certainly, one gets a thrill at the soft strike of a steelhead and the sudden surge of power when it realizes someone has a tag attached.

Our most enjoyable trips generally have been in snowy, cold weather when the streams are essentially devoid of humans. The surroundings are beautiful, timber, mountains, the clear water and the wild life, elk, mink, deer, otter . . . all are active along the quiet river.

Steelhead fishing is a sport that my three sons really enjoy together. The secret here is to place them in a good

fishing area. Then they can really have a "ball". In our last venture one of my boys hooked six steelhead, beaching four, and another hooked seven or eight fish and finally landed one.

I'm not quite as serious about many things as I am about steelheading. For me it's an engrossing science and a very good antidote to the problems of my profession. So many doctors look for something to get their mind off their work. I sometimes have difficulty getting my mind off my hobby . . . and I term it as a hobby reluctantly . . . it's really more of a life's interest to me.

I've been steelheading for seventeen years . . . and yes, I fished for three years before I caught my first fish. But when I caught it, it wasn't an accident of fate, I knew exactly how and why I'd caught it, and began to use this combination as a formula. I soon found, however, that the variances of the river . . . any river . . . in temperature, height of water, speed of water, etc., and the river's changing topography, have so much to do with catching steelhead, that one simple formula couldn't apply to the whole.

Then I began keeping a log on every river for the whole year . . . to record the water levels, temperatures, rate of flow, everything that could affect the river as a habitat for the steelhead the following year. This information was not only quite useful, but in itself became quite interesting. I found I could schedule rivers for fish in advance of the season, and could actually map the rivers for fish.

You have to know every rock in a river to know where the fish are. I can chart the rocks and their movements from my log.

Water conditions and temperature are an essence of steelheading . . . these are indicated by the log of the previous year's temperatures and water conditions. The log tells me a lot of things over many years of entries . . .

for example . . . the Humptulips from Christmas through January always has fish.



Walt Sobba with one on.

I Get More Hours of Fishing with  
Artificials Than with Eggs—And  
It's More Fun! For Every Eight  
Hours on the River, Walt Spends  
Four Putting on Eggs.

By Sam Adams, M.D.

Today we attended a Baptism . . . an old fishing buddy of mine had asked me to be the Godfather. When the experience was over, I'm sure he was much relieved and at peace with the world because I assured him that the water Father had used had come from the Bogashiel.

Steelheading is a sport, yes, but more of a mystery. I'll talk a lot about the rivers in a general way, but ask me where I caught those last fish and maybe, and maybe not, I'll give you a straight answer. You only pass on so much of your information.

There's lots of adventure to steelheading. Episodes occur each trip. With steelheading, we fish many different ways, and get as much fun out of learning about new rivers as we do catching fish.

On the usual trip, we'll go down the day before and study the river. We'll find out where there's a riffle and a

(Continued on page 19)

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(Continued from page 17)

pocket of fish, and maybe even try a few lures the nite before, and test out special gear. The next morning we're immediately ready to catch fish. This may blow the minds of a few guided groups who come upstream looking for fish and find us catching them. Even if they do move into our fishing area, they don't know quite what we're using to catch them on, and chances are they won't catch anything. This is where science overtakes simple fishing.

I make my own lures. It's tricky deciding when to use a lure and when salmon eggs will catch the fish. When the fish are spread out, an artificial lure will cover a greater distance. When I find a hole where I know there are fish, I use eggs ahead of the fish . . . after they start biting, they'll take a lure as readily as eggs. I will be in the water a lot longer with artificial lures, and catch less sometimes, but I feel the end result is that the most carefully chosen lure will bring up fish that egg bait is just not interesting to. I use both, and when nobody is catching anything on salmon eggs, sometimes I limit on my lures.

Steelhead feeds on the bottom, or near it, and steelhead gear has to be banging those rocks a lot. So you lose a lot of gear until you find something that takes that kind of treatment. Every steelheader has his own solution, after the first session, for this problem. The fact remains, however, that a lot of replacement is necessary here, even in the strongest and best gear. There are few things awfuller than losing your last weight halfway up the Bogashiel. All you can do here is man the oars for the rest of the fishing party.

When I first started steelhead fishing I started fishing the Nisqually. Then . . . in 1952-1953 it was relatively easy to catch steelhead in the Nisqually. This was about the time we put the gaff

hook to the raft and the raft exploded on us. Well, that wasn't really a picnic afternoon and I guess you don't want to hear about that.

Steelheading is sort of a continuing education, if you have to legitimize this sport. You learn something each trip. Every man has something in which he tries to become totally involved. For some reason or another, it's necessary. Steelheading is something that is impossible to do without being totally involved.



Pete Piper with proof. A prize for the first right guess on the ladder.

### Spoons Give Harder Strikes, Easy Storage . . .

*By Lou Hoyer, M.D.*

Steelhead is an anadromous fish.

You're fishing for a fish that has no real home. It is not like a trout in a stream. You've gotta learn when the fish is going to be there, and a lot of facts about these fish. This gives steelheading a little zip.

Of 30,000 people fishing for steelhead, about a thousand of these are real steelheaders. The difference here is between a fisherman and a guy who is totally dedicated to what he is doing. A medium type fisherman thinks that to catch a salmon you gotta think like a salmon . . . but a real fisherman thinks like a herring. There are only a few men who can think like a bait. Sam Adams thinks like a salmon egg. This is

the difference. Sam knows that if an egg is in the river somewhere, where it doesn't belong, it's not even fishing. The last ink blot test that Sam took turned out a fish curve, a lure of some kind, a log jam . . . He won't see the things the rest of us do.

This is primarily a winter sport. But it isn't impossible to get comfortable in the cold, not if you have the right gear . . . down underwear, windproof and waterproof gear, waders, Cowichan Indian socks or insulated boots. Either walking in the water or in a boat, I've never been cold, steelheading.

Next to running the river in a liferaft, I think the greatest thrill in steelheading is that moment when you have your limit, and you catch a fish and throw it in and watch it swim away. In steelheading you're fishing for individual fish, and sometimes the limit seems to be your match . . . that's when the one you let go makes you the winner.

Basically the steelheader considers himself a caveman . . . it's a battle for survival. Most fishermen are alone for many hours and don't disenjoy their own company. The steelheader is challenging the many odds against his catching this fish, and pitting his thinking and his endurance against the natural evasive and protective qualities of the steelhead.

Steelheading is not a family recreation. Yes, there are some women and children out steelhead fishing all of the time. But they're among the 29,000 we mentioned out fishing for steelhead, they're not steelheading. If you get what I mean.

The essence of steelheading is the art of the conquest. If we didn't have to bring something home, we'd probably throw them all back so we could have the fun of outwitting them again . . . maybe.

Eggs . . . Lures . . . Spoons . . .  
Even Worms . . .

By Cal Lantz, M.D.

You might not call me a real steelheader . . . I like to catch fish. I don't spend as much time on it as these other fellows; I probably make a half-dozen two-day trips each year. So I try to go where the fish are. I'm not quite as compulsive as the average fisherman. Like the steelheader, I want to learn as much about a river as I can, but in as short a time as possible.

I enjoy being out there on the river . . . in the woods. That's part of it, getting close to nature. Some fellows like to get up on top and look down at all this . . . some of us like to get in there with the scenery. If the weather's oppressive, it just adds a little something to the remote woods river.

I prefer drifting for steelhead, from a boat or raft. The Skagit, the Ho, Quinault, Bogashiel, Queets, Humptulips, are all good for drifting. You have to have your boat under control at all times, with oars, and sometimes the river will surprise you. That's a good portion of the whole thing. You have to know your river.

And even if you know your river, a lot can happen very quickly, and your fishing party might suddenly become a contest for survival in near-freezing water. The water isn't standing still for you, and you have to rescue your gear first. If you have a fish on your line then too, it's even more difficult . . . you have to play the fish while trying not to drown. It's a foolish choice, but you sometimes take the risk there to keep the fish on . . . and there isn't much time to think about it in that cold water.

Prepare the night before so that you have your line in the stream as much as possible. Put your replacements in brown envelopes. A dose of paregoric might give you an additional 50 casts.

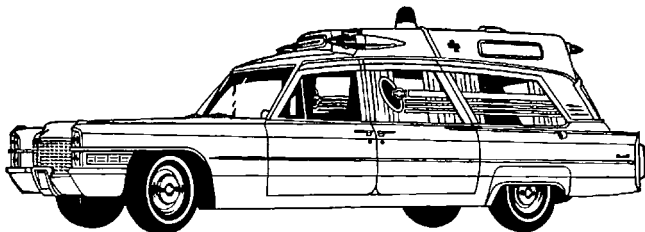
## March Birthdays

- 2 Ernest L. Randolph
- 4 Govnor Teats
- 5 Charles E. Cobb  
W. Howard Pratt
- 6 Edward F. McCabe
- 8 Bartholomew Kubat
- 9 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
- 19 Robert B. Whitney, Jr.  
Thomas L. Bowden
- 20 Franz P. Hoskins  
Albert A. Sames
- 22 Edward A. Barth  
Robert Klein  
John P. Liewer  
George P. Macha  
Charles E. Marshall
- 23 Josef K. Wang
- 24 Robert P. Crabill
- 25 Robert R. Burt  
Gerald C. Kohl
- 31 Frederic O. Paine

## WSMA CALLS FOR SCIENTIFIC PAPERS

Physicians are invited to submit a two or three paragraph abstract, with title, of the scientific paper they would like the Program Committee to consider for inclusion in the program of the 1969 WSMA Annual Meeting, September 14-17, in Seattle. Abstracts should be mailed to Robert W. Simpson, M.D., Chairman, WSMA Scientific Program Committee, 444 N.E. Ravenna Boulevard, Seattle, Washington 98115.

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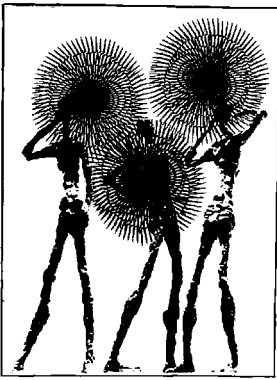
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# JANUARY PAGE . . .

The Treasurer submitted the following financial report:

Cash on hand last meeting .. \$ 790.16  
 Cash received ..... 4,230.00  
 Cash paid out ..... 2,543.29  
 No. 499-515

Balance on hand ..... \$2,476.87

The President gave a resume of the January 13th board meeting minutes.

The President thanked Mrs. Bernard Pipe for such interesting Bulletin articles. The group was also advised that the deadline is the 15th of each month.

A letter of thanks was read from Dorothy Grenley for flowers of condolence.

Mrs. Charles McGill reported that there were 99 paid members and 5 honorary and that bills will be sent out soon for remaining dues.

Again the President thanked Mrs. Vernon Larson and Mrs. George Tanbara for the clever name tags.

Mrs. Thomas Skrinar announced that the biennial Thurston/Mason Counties legislative day will be January 28, 1969. There will be a tour and no-host luncheon at the Tyee Motel with Mr. Knutson as the speaker. A legislative tea will follow at the home of one of the Olympia members.

Mrs. Ted Haley, International Health Chairman, asked for any medicines, white coats, white shirts, blankets, instruments, and PDR's that are to be shipped to missions overseas. They have 22 tons ready to send and are in need of money for packing.

Mrs. Wayne Zimmerman gave a report of the AMPAC (American Medical Political Action Committee). She reported that 74% of the candidates endorsed were elected. She also reported that a questionnaire had been sent out to the doctors and asked for support.

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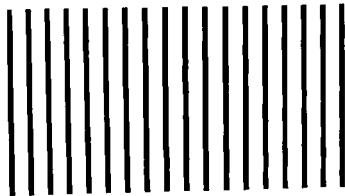
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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1968-1969

President .....	Mrs. Philip Grenley
President Elect .....	Mrs. Murray L. Johnson
1st Vice President and Program .....	Mrs. Ralph Johnson
2nd Vice President and Community Service .....	Mrs. Vincent Murphy
3rd Vice President and AMAERF .....	Mrs. John Kemman
4th Vice President and Social Chairman .....	Mrs. Paul Smith Jr.
Recording Secretary .....	Mrs. Max Brachvogel
Corresponding Secretary .....	Mrs. James Billingsley
Treasurer .....	Mrs. Marvin Bourne
Dues Secretary .....	Mrs. Stanley A. Mueller, Jr.
	Mrs. Charles McGill

## COMMITTEE CHAIRMEN

Nominating .....	Mrs. Robert Burt
Membership .....	Mrs. Vernon Larson
Membership Co-Chairman .....	Mrs. George Tanbara
Today's Health .....	Mrs. Ernest Randolph
Safety and Civil Defense .....	Mrs. James Stillwell
Historian .....	Mrs. William Goering
Legislative .....	Mrs. Thomas Skrinar
Para-medical .....	Mrs. Roy Virak
Publicity .....	Mrs. Frederick Schwind
Bulletin .....	Mrs. Arthur Wickstrom
Speakers Bureau .....	Mrs. Bernard Pipe
Telephone .....	Mrs. George Hess
Finance .....	Mrs. Dale Doherty
	Mrs. Russell Colley
Mental Health .....	Mrs. Robert Florence
Cookbook .....	Mrs. Robert Osborne
International Health .....	Mrs. Hugo Van Doren
AMPAC .....	Mrs. Leo Sulkosky
Fashion Show .....	Mrs. Theodore Haley
Dance .....	Mrs. Wayne Zimmerman
	Mrs. David Hopkins
Minute Women .....	Mrs. James Vadheim
	Mrs. Kenneth Gross
	Mrs. Edward Lawrence
	Mrs. Stanley Tuell
	Mrs. Samuel Adams
Representative to Council on Smoking .....	
Representative to Council on Alcoholism .....	Mrs. Homer Clay
Representative to President's Council .....	Mrs. Murray Johnson
Cookbook Tasting Luncheon and Arts and Crafts Display .....	Mrs. Robert Lane
	Mrs. Buel L. Sever
Midyear Conference .....	Mrs. Jack V. Erickson
	Mrs. J. Robert Brooke

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No. 499-515 .....	_____
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Mrs. Wayne Zimmerman gave a report of the AMPAC (American Medical Political Action Committee). She reported that 74% of the candidates endorsed were elected. She also reported that a questionnaire had been sent out to the doctors and asked for support.

The January 17, 1969, meeting of the Woman's Auxiliary to the Pierce County Medical Society was called to order at 12:00 noon by Mrs. Philip Grenley, President. She thanked our hostess, Mrs. Thomas Murphy; the co-chairmen, Mrs. Ralph Stagner and Mrs. Ronald Spangler and their committee of Messrs. Gordon Dean, Duncan Baer and Lawrence Smith.

New members of the Auxiliary were introduced.

The minutes of the last meeting were approved as printed.

Telephone Chairman, Mrs. Dale Doherty, asked for names of any new members.

It was reported that 73 doctors contributed to the AMAERF Christmas card fund. A total of \$2,305 was contributed, which was an increase over last year.

It was announced that any groups wishing to obtain the AMA film on alcoholism should contact Mrs. Homer Clay.

Mrs. J. J. Erickson reported on the mid-year conference to be held March 19-20, 1969, at the Lakewood Terrace and Lakewood Motor Inn. Speakers will be Dr. Pion and Dr. Trainer. Members were urged to attend as much as possible, and that husbands are invited to attend the dinners on both evenings.

It was reported that the Senior Citizens have asked that a member of our group be included on their board. Mrs. George Moosey volunteered to serve in this position.

Mrs. Homer Humiston was asked to find out which schools in the county had need of a newly printed *Today's Health Guide*. Doctors in our group, Kathleen Skrinar and Edna Backup, will give their opinion of the quality of the book for our group.

The Health Services pamphlet will now include the name of the newly formed Health Council along with ours.

The Auxiliary will re-submit the name of Mrs. Robert Brooke as our candidate for Woman of Achievement for 1969.

It was announced that the Cookbook Tasting Luncheon will be held February 21, 1969, at 11:30 at St. Mary's in Lakewood. The charge will be \$1.00 and each member may bring one guest.

Mrs. Ralph Johnson introduced the program. Author and radio commentator, Murray Morgan, spoke about the first doctor to come to the Northwest, and is doing research for a new book on voyages after Captain Cook in connection with the sea otter trade. After-

wards he autographed copies of his books for Auxiliary members.

President Dorothy Grenley adjourned the meeting at 3 p.m.

NANCY BILLINGSLEY,  
*Secretary*

### BROCHURES A SUCCESS

The Smoking and Health Committee of the Pierce County Health Council recently sent selected brochures to physicians for use in their offices. The committee is delighted to report that the response was overwhelming. Collectively you ordered up to 3700 copies of one brochure. Local and state supplies did not anticipate this demand. Your orders will be filled as rapidly as possible.

JAMES G. BILLINGSLEY, M.D.  
MRS. C. HERB WILLIAMS,  
*Co-Chairmen*



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**INFORMATION PLEASE**

Anyone seeing the accident to Mabelle Miller's green Ford parked at St. Mary's during the tasting luncheon please call her at JU 8-4677.

**GIRL TALK**

It won't be frivolous, but it will be absorbing; the Mid-Year Conference, that is. We have been talking about it all year and now, like the Ides of March, the date is upon us and Mid-Year Conference will be underway shortly after you receive this Bulletin, March 19 and 20. Phyllis Erickson and Ruth Brooke, co-chairmen, have their committee organized to the last name tag. You'll be proud to say you are from Pierce County.

**WHERE THE ACTION IS**

The York Room of the Lakewood Terrace Restaurant is the scene. Social dates include the two luncheons and the no-host, prime rib dinner on the 19th. Remember, husbands to that one. Guests, other than Auxiliary, may attend the two luncheons to hear our outstanding speakers, Dr. Ronald Pion and Dr. Joseph Trainer. Phyllis and Ruth urge that all reservations be in by Monday, March 17.

**CONDOLENCES**

Auxiliary members wish to express their sympathy to Norma Smith whose father died recently.

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**NOW, MR. LINCOLN?**

The success of the "Now, Mr. Lincoln?" day among the medical community was largely due to the fine job of organization done by Julia Mueller as Chairman. Meeting in the areas of their residence, Doctors and their wives gathered the evening of Feb. 28th to watch the televised program on Channel 11. Community support plus a pleasant social hour was the combined result. Thanks Julia.

**WHITHER GO THE DOLLARS**

Our President, Dorothy Grenley, reminds us that the Finance Committee of Helen Florence and Evie Osborne will be meeting soon to consider various worthwhile projects for the distribution of Auxiliary monies. It is requested that anyone wishing to propose a group for consideration put their request in writing and send it to Helen. The State Medical Auxiliary also acts on suggested worthwhile projects. Anyone with a suggestion for this group please contact Dorothy.

**THAT TIME AGAIN**

The nominating committee, headed by Lorna Burt announces the slate of officers for 1969-70. They are:

- President ..... Sherry Johnson
- President-Elect ..... Joanne Johnson
- 1st V. P. & Program... Nadine Kennedy
- 2nd V.P. & Dance..... Virginia Smith
- 3rd V.P. & Dance..... Judy Brachvogel
- 4th V.P. & Legis. ... Marilyn Mandeville
- Recording Sec'y. .... Maryln Baer
- Corresponding Sec'y. ... Janet Anderson
- Treasurer ..... Delores Wickstrom
- Dues Treasurer ..... Janet O'Connell

**TIDBITS**

Congratulations to Dr. and Mrs. Signa Krishnamoorti on the birth of a daughter on Jan. 26. The baby joins a three-year-old brother. Twins arrived at the Puyallup home of Dr. and Mrs. T. C. Tisdale on Jan. 19. Double congratulations to the Tisdales. Neither

snow nor sleet can keep the long-legged bird from his appointed rounds!

**AMA-ERF DOES WHAT?**

The AMA-Education and Research Foundation sponsors six programs, each important in the field of medical education and research.

**EDUCATION.** More than \$1,000,000 is raised annually by physicians and women's auxiliaries for use in all approved medical schools in the U.S.

**LOAN GUARANTEE PROGRAM.** An average of over 7,000 bank loans a year have been extended to medical students, interns, and residents.

**PROGRAM IN MEDICAL JOURNALISM.** This program affords practicing physicians an opportunity to improve writing skills under direction of the Editorial Department of the Journal of the AMA.

**RESEARCH PROJECT ON TOBACCO AND HEALTH** was initiated in 1963 by the AMA to research ailments caused or aggravated by smoking, the causative agents involved, and methods of elimination.

**INSTITUTE OF BIOMEDICAL RESEARCH** provides the opportunity for scientists to devote their full time energies to basic research in cellular biology under the most ideal conditions.

**CATEGORICAL RESEARCH GRANTS PROGRAM** was established to pool funds received through bequests or life-time gifts to medical research. Diseases are classified into 11 general categories, giving donors a broad selectivity for their gifts.

Pierce County Auxiliary supports AMA-ERF under the Chairmanship of Virginia Smith who reports that the sum of \$2,305.00 was raised this year by the Christmas card project. Virginia suggests that contributions may be made in various ways such as for memorials, or by sums donated for physicians gratuitous services to doctors' families. It is possible for a doctor to

donate to his own medical school through AMA-ERF by specifying where he wishes the funds to go. As Auxiliary members it is good to be informed and to be able to discuss our projects intelligently.

—INEZ M. PIPE

## AMPAC, MARCH 1969

AMPAC needs your support. More important, YOU need AMPAC. Doctors are too few in numbers to form an effective bloc of votes. Your thoughts on the practice of medicine and on community health care can be ignored. To the detriment of your patients, your services can be managed by the government and offered to the voting public as a "right" along with the freedoms and the pursuit of happiness.

To protect your patients from government managed medicine you must take an active part in the planning. This means participation in politics. You are too busy to run for office, of course, but you can support candidates who respect your thoughts on the care of the sick. Individually your financial support is too small to impress or elect a representative. AMPAC combines your efforts and supports candidates who represent your views on good patient care.

With over 25 bills directly concerned with the practice of medicine coming before the state legislature, your participation is vital. The modest \$20.00 AMPAC dues multiplied by all the doctors in this district speaks loud and clear to the elected representatives who receive AMPAC support. Seventy-four percent of AMPAC supported candidates were elected last November.

Answer the questions below with a score of 50% or above and qualify for a good citizen. A score of 75% elevates the contestant to "political expert". Send your \$20.00 to AMPAC, Pierce County Medical Society, Medical Arts Building, Tacoma 98402.

1. In which State legislative district do you live?
2. Who are your State Representatives?
3. Who is your State Senator?
4. How often does the state legislature meet?
5. Is the State Auditor appointed or elected?

Answers are on Page 30

—JOHN M. SHAW, M.D.

## GLUE SNIFFING . . . WHAT IT'S ALL ABOUT

*GLUE*—for sticking or sniffing? This problem has confronted many young people in our community. In increasing numbers they are trying glue sniffing. To assist parents and other concerned community people, the Interagency Committee on Drug Abuse developed a "Private Letter to Parents—Glue Sniffing and What It's All About." The letter contains information on the dangers of this practice and offers counsel in seeking professional help in the community. "*Your own physician*" is the first suggestion made to those seeking more information. The letter will be distributed through schools and other appropriate agencies.

A copy of this letter can be obtained from the Tacoma-Pierce County Health Department, Room 649, County-City Building.

Members of the Interagency Committee on Drug Abuse represent:

Intermediate School District  
XI Office

Narcotic Center of Tacoma-  
Pierce County

Pierce County Juvenile Court

Tacoma-Pierce County Health  
Department

Tacoma Public Schools

## AMPAC ANSWERS

1. Pierce County includes State Districts 25, 26, 27, 28 and 29. The County Clerk can tell you if you don't know your own.

2. District 25: Frank Brouillet, Puyallup, Dem.; District 26: A. A. Adams, Tacoma, Dem.; Thomas A. Swayze, Jr., Tacoma, Rep.; District 27: Frank S. Marzano, Tacoma, Dem.; Lorraine Wojahn, Tacoma, Dem.; District 28: Helmut Jueling, Tacoma, Rep.; Ned Shera, Tacoma, Rep.; District 29: Ted Bottiger, Tacoma, Dem.; P. J. Gallagher, Tacoma, Dem.

3. District 25: Reuben Knoblauch, Sumner, Dem.; 26: Larry Faulk, Tacoma, Rep.; 27: Joe Stortini, Tacoma, Dem.; 28: Charles Newschwander, Tacoma, Rep.; 29: John T. McCutcheon, Steilacoom, Dem.

4. Every two years.

5. Elected.

Send in your AMPAC dues now!

### TWINS ARE WHERE YOU FIND THEM

You wouldn't be so far out of it if you'd known that the nice young Doctor Tisdale out in Puyallup had twin sons last month.

You could have bet on that. Doctor Granquist has a set of twins in his family, girl and boy, same office.

Lorraine Sulkosky, better known as the 'Cookbook Queen', likes to double her own recipes . . . she's a twin sister, same office.

The head bookkeeper there has a twin sister, and her assistant was a twin to a brother, their part-time helper in book-keeping has a twin brother.

While all this was being discussed, Curly the receptionist found her own cut in the bark of this tree, and announced happily . . . "Guess what . . . my grandfather was a TWIN!.."

## Tacoma Academy Presents Controversy

The Tacoma Academy of Internal Medicine presents its Annual Meeting at Jackson Hall, Tacoma General Hospital, 9 A.M., March 8, 1969. The subject is Controversy in Cardiovascular Disease. Case reports will be discussed by panelists, including J. David Bristow, M.D., of the University of Oregon, and John R. Blackmon, M.D., of the University of Washington.

Don W. Chapman, M.D., of Baylor Medical School will speak on "Medical and Surgical Aspects of Coronary Heart Disease" at the luncheon meeting to be held at the America West, Tacoma Motor Hotel at 12:30 P.M. The session reconvenes at Jackson Hall at 2 P.M.

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## A PRIVATE LETTER TO PARENTS

### *Glue Sniffing—What's it all about?*

The practice of breathing the fumes from airplane glue, or other things such as paint thinner, lighter fluid and a variety of sprays, occurs almost entirely among some young people from 8 to 18 years of age!

### *Why do they do it?*

Some kids might do it for quick "thrills"; some might do it because they've heard about it and want to try it; some might do it because it is an easy way to do something parents or other adults frown upon or "preach" about. Young children may get involved without knowing the possible dangers; it might even appear to be a game.

### *Why worry about it?*

Permanent, severe damage to the brain, kidneys, liver, heart and bone marrow can result. Loss of weight and low blood pressure also have been reported. Glue sniffers are also known to suffer from nausea, irritability and constant sleepiness. Deaths, even, have been reported in Washington and other states.

Physical dependence does not appear to result from glue sniffing but psychological dependence may develop over a prolonged period of use.

### *How can you spot it?*

Behavior may change; there may be little interest shown in activities formerly enjoyed both at home and school.

The symptoms of glue sniffing are much like those associated with alcoholic drunkenness. According to the American Medical Association, the following are first-stage effects which occur during a 30-45 minute period of inhaling fumes: loss of muscular coordination, slurred speech, blurred vision, a ringing in the ears, mild hallucinations, nausea, and depression. A

second stage follows, lasting an hour or more. The child may become drowsy, very clumsy, or in some cases unconscious.

### *What are other things to watch for?*

Plastic bags, tubes of airplane glue, lighter fluid cans, pressurized spray cans, etc., are all items used by glue sniffers. In most cases, the odor is obvious.

### *What's the law?*

Laws regarding the act of glue sniffing have been passed in several states. In Tacoma an ordinance (No. 18495) was passed February 6, 1968, making the practice illegal. Youth Guidance reports over 90 cases have been processed this year.

### *What can you do?*

Supervise construction of toy models (cars, airplanes, boats, rockets, etc.) Teach your youngsters the importance of working in an airy room with windows open wide. Be alert to any unsupervised group activity. Work out with your child exactly what to do if faced with an invitation to join in a glue-sniffing activity. Be frank; be honest; be definite.

### *Who do you contact for more information or help?*

1. Your own physician
2. Your own clergyman
3. Your school, principal, teacher, nurse, counselor
4. Tacoma-Pierce County Health Department
5. Juvenile Division

Medical Office Bldg. for Rent. Space for 2 physicians. Has X-ray machine. Two blocks from Lakewood General Hospital. Call David Gimlett, M.D.

JU 8-4433

# Pierce County Medical Society

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.



The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

APRIL - 1969

TACOMA, WASHINGTON

VOL. XL—



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
APRIL 8**

# Pierce County Medical Society

1969

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COVER PICTURE: Dr. Marshall Whitacre  
 . . . psychoanalyzed.

Note the steady head position throughout the swing. There is a fine turn on the backswing and excellent move into the shot. The head stays behind the shot as he releases his arms extended after the ball on follow through. Picture No. 3 shows that the player can develop tremendous distance as he has maintained a full wrist cock for maximum power at impact. The only flaw shown is a bending of the straight left arm in pictures No. 1 and 2. However, in picture No. 3 the player has corrected the error by straightening the arm as he starts down.

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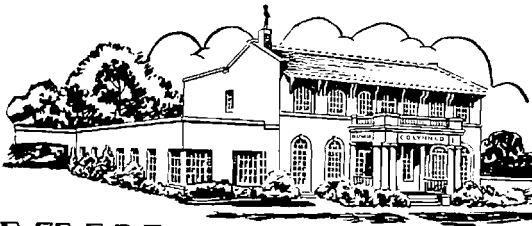
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, April 8**

Medical Arts Building Auditorium

**PROGRAM . . . 8:15 P.M.**

**"TACOMA--A DESIGN FOR PROGRESS"**

**Mr. Peter Wallerich**

Social Hour: 6:30

Dinner: 6:45

**Honan's Restaurant**

. . . . .

## April Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<b>1</b>  C.P.C. of Mary Bridge 8 a.m.	<b>2</b>  Surgery Grand Rounds—T.G.H. 8-9 a.m.	<b>3</b>  Pierce County Pediatric Society 6 p.m.  C.P.C. of St. Joseph's 9 a.m.	<b>4</b>	<b>5</b>
<b>7</b>  Tacoma Chapter of American Psychiatric Assoc.  Tacoma Orthopedic Society 6 p.m.	<b>8</b>  PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.  C.P.C. of Mary Bridge 8 a.m.	<b>9</b>  OB-GYN Conf. T.G.H. 8-9 a.m.	<b>10</b>	<b>11</b>  Hematology, Oncology Study Group—TGH 7:45 a.m.	<b>12</b>  Annual Meeting Pierce County AAGP Tac. Country Club
<b>14</b>	<b>15</b>  Tacoma Surgical Club—6:30 p.m.  C.P.C. of Mary Bridge 8 a.m.	<b>16</b>  Medicine Grand Rounds—T.G.H. 8-9 a.m.	<b>17</b>  C.P.C. of St. Joseph's 8:15 a.m.	<b>18</b>	<b>19</b>
<b>21</b>	<b>22</b>  Tacoma Academy of Internal Medicine—6 p.m.  C.P.C. of Mary Bridge 8 a.m.	<b>23</b>  Path. Cancer Con.—T.G.H. 8-9 a.m.	<b>24</b>	<b>25</b>  Hematology, Oncology Study Group—TGH 7:45 a.m.	<b>26</b>
<b>28</b>  Pierce County AAGP 6:30 p.m.	<b>29</b>	<b>30</b>			

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

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## ***President's Page***

### Guest Editorial - - Discarding Yesterday's Tools For Today's Tasks

The system, if it truly is a system, of the delivery of health care is rapidly breaking down under the increasing demand for health services. The system for the delivery of health services is being stressed beyond its capacity by an increasing demand by an increasing population that is becoming rapidly more medically sophisticated, and who has undertaken the philosophy that good, or possibly superior, health care is a right, not a privilege.

Every day, greater demands are being made upon all physicians for their time and talents in providing health care to our increasing population. In order that we may meet the demand both today and in the future, we must not only produce more physicians and more health facilities, but today's physicians must become increasingly more efficient in all areas of medicine, and yet maintain a high quality of medical care.

The Medical Education Committee of the Pierce County Medical Society has been solely concerned with the present inefficiency and, generally speaking, poor productivity of the present level of community medical education. It's apparent to practically all that the present structure of every hospital and other interested groups, all having their own independent conferences or methods of delivering medical education in the community are inadequate. With the rapid advances and with less time to spend in self-education, the physician must seek out a more efficient way of gaining maximum knowledge per unit of time spent in conferences, post graduate courses and, in general, medical education as a whole.

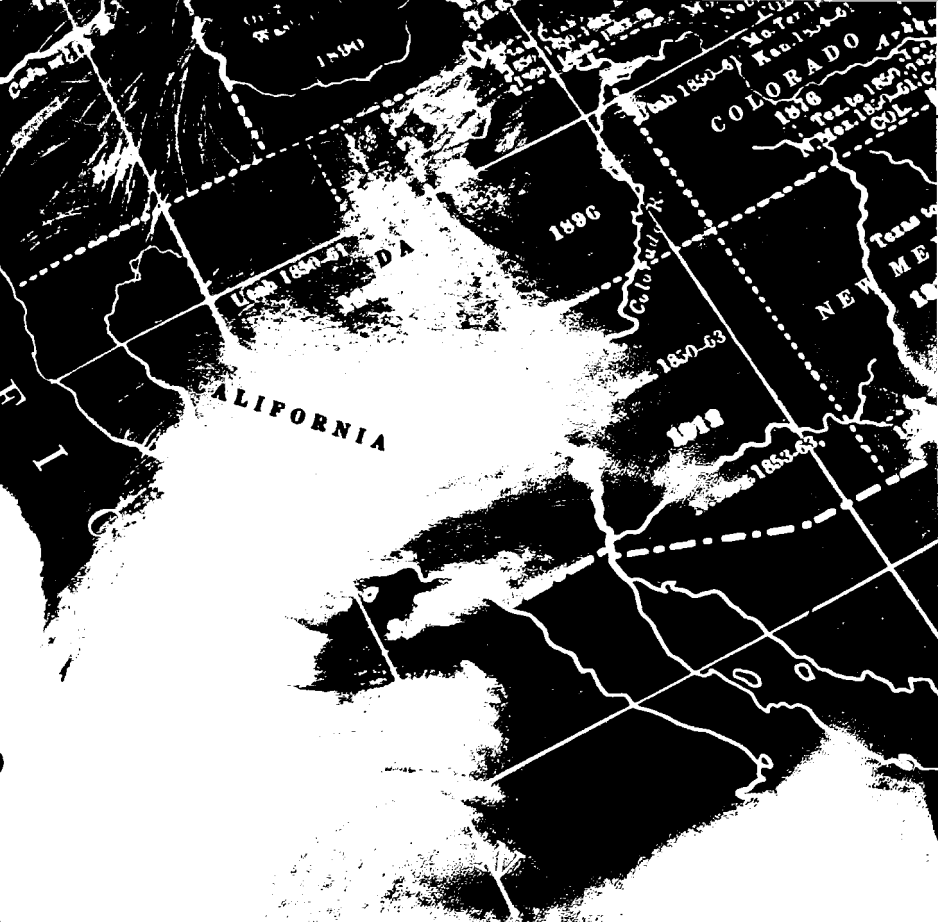
In conjunction with the University of Puget Sound, the Pierce County Medical Society has formed a "College of Medical Education". The purpose of this college will be to provide at various times during the year high quality courses and seminars pertaining to current demanding subjects for the physicians and para-medical personnel of the greater Pierce County and associated areas.

The first course to be offered will commence April 7 at Thompson Hall on the University of Puget Sound campus. The subject of the first course will be "Coronary Intensive Care". We feel this subject is very timely, what with the new Coronary Care Units opening up in the last few days both at Tacoma General Hospital, and St. Joseph's Hospital, and the new unit currently under construction at the Good Samaritan Hospital in Puyallup.

We expect the "College of Medical Education" to fill a great need within our community and, hopefully, during the coming years will become an established institution.

—J. G. KATTERHAGEN, M.D.





# in the West anxiety implosion...

The land frontiers of America are virtually closed. And personal struggle for survival has shifted—from man against nature—or man against man—to man against himself. Result: *dis-ease*—projected inward. Striving in the context of our competitive, consumer-oriented culture increasingly takes on the coloration of anxiety, acute or chronic.

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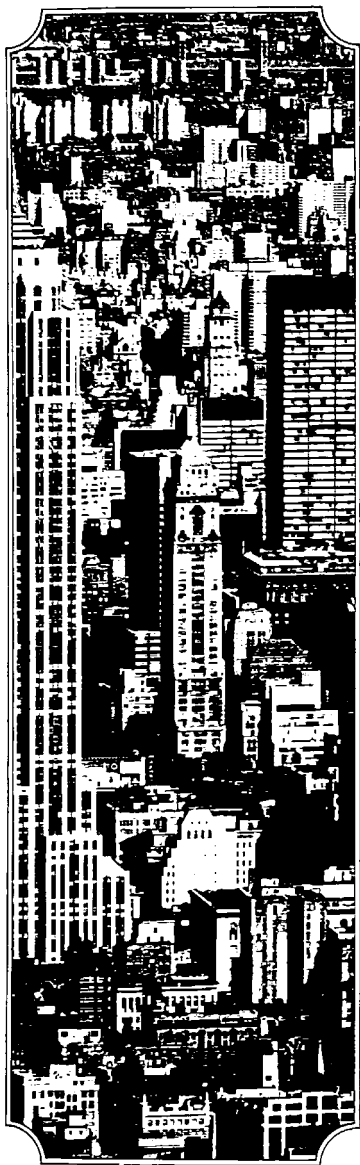
reactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are so occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, trapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Usual Daily Dosage:** Individualize for maximum beneficial effects. *Oral*—Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Pediatric patients: 5 mg b.i.d. to q.i.d. (See precautions.)

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—J. G. KATTERHAGEN, M.D.



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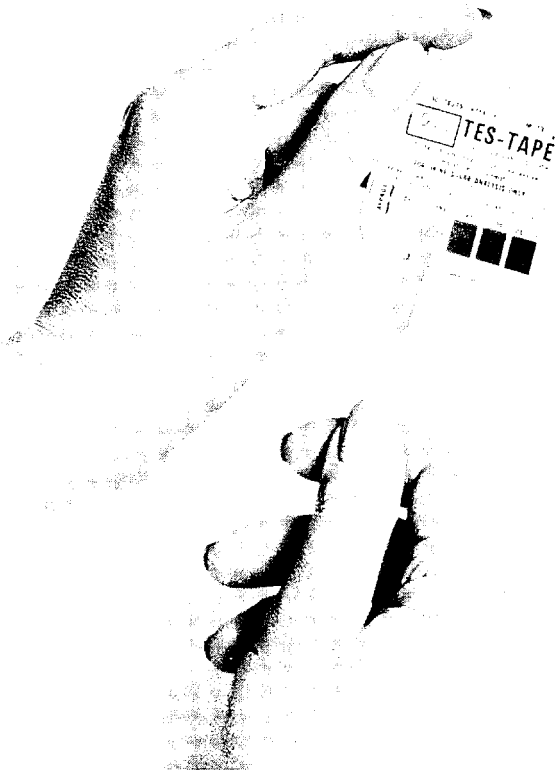
Reserve now for the Scientific Awards Dinner in honor of the Scientific Award Winners—Wednesday, July 16, 1969. Since space is limited, we suggest you make your reservations before June 30, 1969. Tickets are \$10.00 each, payable in advance.

The complete scientific program, plus forms for advance registration and hotel accommodations, will be featured in JAMA, May 26, 1969.

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# *Editorially Speaking*

## A GENERATION OF VIPERS

At first glance the recent lead article in TIME magazine seemed to be another diatribe questioning the ethics, motivations and sincerity of doctors, hospital administrators and trustees alike, reminiscent of Philip Wylie's essays of a generation ago. A second reading brought out some worthwhile points.



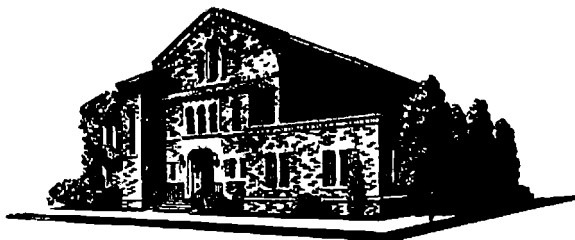
A major point made by our critics is that we do not keep up with the times, or that we don't have to, or that there is no way of identifying who is keeping up, or who is the best doctor. (I don't know this either, and I'm right here watching and taking notes). I sometimes think our critics would too-soon-legislate a better motivation, a greater intelligence and a more profound compassion into others, especially their doctors. No one knows better than the physician how often his intellect fails to meet the challenge, and no one grieves more in anguish.

In this issue is the announcement of a post graduate course sponsored by the Pierce County Medical Society. This is the first in a series of high quality lectures designed to help us keep up. This is commendable. And if you attend, you will meet many of your friends. The same ones you meet at the Seattle seminars, at the Pierce County Medical Society meetings and at the hospital education programs. The other two-thirds need to be similarly involved. A number of hours of post-graduate training each year, such as in the AAGP, could well be an annual requirement for medical licensure, for society membership or for staff privileges..

Attendance at lectures does not assure that the physician is able to incorporate the information into his daily practice, or that the information presented is pertinent to his needs. (I find that if I take home one pearl from a seminar I'm doing well.) Perhaps the physician really needs a periodic retraining based on his personal development, a sort of a medical psycho-analysis, with a review of office and hospital records, observation of his bedside technique and a written test similar to the American College of Physicians' Self Assessment Examination.

It would be an interesting experiment and it could be done in our community, even by our local College of Medical Education.

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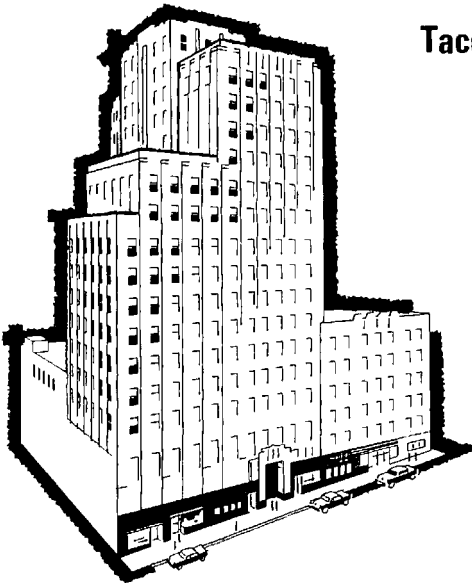
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## HANDICAPPED DOCTORS

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Payola from Pfizer

AUGUST 1, 1963

By Bob O'Connell, M.D.

I'm pleased to discuss golf, because it's been the only thing I've been able to do consistently. I was born and raised in Tacoma and I have never in my life been fishing; I have never been skiing. But I have played golf consistently since I was in the ninth grade. Golf has been the only thing that has motivated me to get away from the office, away from the phone, and enjoy an afternoon of non-work. I have never been a good golfer, I don't work on my game. I've always felt that golf is a game, but not as my Father once told me—a game where you chase a little white ball when you're too old to chase anything else. This probably represents the motivation of the older golfers in the community, like Doctor Whitacre, Dr. Rohner and Doctor West.

I have never accomplished a great deal at golf although I did win the horserace at the Country Club in September of 1968. (I barely remember

it.) The first time I played in one of these things the pro at the Country Club teed my ball up and I hooked it right into a tree, it bounced back and hit my partner . . . and this is a very embarrassing situation. But this is golf. This is the way it goes. You don't have a guard or a tackle or a center blocking for you, this is an individual game.

My wife and I take golfing vacations every year, to Palm Springs or to the Pebble Beach area and we play the public courses. Here the people of Tacoma are very fortunate to have more and better public courses than any other city in the nation. Four years ago we visited some friends in Anaheim and called the only public course in Anaheim to play golf and we were told that our starting time was five-fifteen in the morning. This has never happened here in Tacoma.

I know the fishermen, the hikers and the skiers and all kinds of outdoorsmen and athletes among our Doctors feel theirs is an exceptional opportunity here in the Northwest, but as a golfer I want to say I feel very privileged to play here in Tacoma. Our golf courses are competitive, they match up to any of the so-called championship golf courses in the U.S., and our courses are available.

My only trophies are from the Pfizer tournaments, which I won at Fircrest one year when I lucked out and beat Durkin on the 18th hole, and in Saint Joseph, Missouri, when I was back in the Army I won the Pfizer trophy there.

On the first of August, 1963, in an eight-some with some kooks—namely the Ghilarduccis, the Whitacres, and the Harbottles, I knocked a tremendous shot into the wind on number five, and it went right into the cup, 235 yards in a stiff wind, a wonderful shot that hit a limb on the first tree, hit the water sprinkler, bounced off and went right into the hole.

FEBRUARY 17, 1966

By John Comfort, M.D.

I started playing golf as a kid, maybe by sneaking my Dad's old clubs out in the street and hitting some balls out in a field. But I don't think more than once or twice a summer I ever played on a golf course as a kid. I don't remember playing once in college and I think I played once while I was in medical school. When I was an intern my wife bought me a set of golf clubs at the PX. I used them then perhaps twice a year until eight years ago when my cousin got me interested in playing golf and I joined the Fircrest Club.

My biggest triumph at golf was the first time I broke par for eighteen holes. I got a hole in one, but I think there's a lot of luck to a hole in one. February 17, 1966 (I just barely remember it) I got a hole in one on the old number eight at Fircrest. I felt real happy about it and I got into the clubhouse and called Maggie and said, "Guess what! I got a hole in one!" And when I said "on number eight", she said "Oh, that's the *short* hole!" She wanted it on the 510-yard hole, or something.

Fircrest and the Country Club are two of the best courses I've ever played. There isn't anything in the Seattle area that compares with the Tacoma golf courses. We just came back from Palm Springs and I played LaQuinta there—that's Eisenhower's course. That's a beautifully manicured course, with white sand, artificial lakes, and surrounded by beautiful hundred-thousand dollar homes. The course is tough, but more tedious than challenging . . . there just isn't a lot of variety on it.

In Palm Springs I saw a one-armed golfer—the most unusual thing I've ever seen in golf. He hit it left-handed, and he hit it back-handed, and he really hit that ball. I've seen some great golf shots and I've seen some great golfers, but this fellow hit the ball so well I

kind of felt ashamed that I couldn't do better with two arms.

Golf is competitive and, as sort of a measuring device of wins and losses, we almost always have money on the game—whether it's a nickel a hole or a dollar a hole or a big pool in a golf match. They have a Calcutta team match at the Club, and the entry fee is \$10 apiece, making \$20 a team. Charlie Galbraith and I were a team once. Before the tournament begins they auction off the teams in a separate betting pool. Charlie and I were bought for \$95—about medium for the teams—the favorites sold for around \$130 or \$140. We won the tournament and won \$200 apiece, and the man who bought our team won \$1400.

-----

JUNE 20, 1960—APRIL 14, 1968

By Marshall Whitacre, M.D.

I've been playing golf for about forty years. That means I started when I was about three?

I guess it was when I was in intermediate school my Dad belonged to Fircrest, and I used to go out and caddy for him. We'd play a family foursome. One of those first years, I remember my Mother took thirteen strokes to get to the fairway, and the rest of us were only a couple ahead of her. My Dad wasn't much of a player—he'd really rather work in his greenhouse on his day off—but everybody told him he ought to go out and play golf. It was kind of a traumatic experience, we were all so rotten. I don't know why I took it up. I don't think I ever had a lesson until about eight years ago. But by picking it up and just swinging at the ball the way most kids do, I just barely made the high school team at Stadium.

In college I don't think I played at all, and in medical school I played

maybe once or twice. Then I was in the service for four years, and we didn't play golf in the South Pacific. After the war I didn't really play much golf until we were back at Bremerton.

Then I went along with an eight-ten handicap until I took the lessons from Congdon and all of a sudden things got much better. I hit the ball about forty yards further than I ever had before and that gave me a bigger interest in golf. My handicap dropped, so it's been between three to six since then.

Golf is really a way of life. It's a way of getting away from the pressures and responsibilities of practicing medicine. When you get out on the golf course all you're thinking about is how to play this hole, and about the competition at hand. Although golf is an individual game that each person plays on his own, it's a competitive game. We never go out and play golf without having some kind of contest, and that is pretty well what engrosses you. I would say that while we're out playing the three or four hours of golf, I don't think about medicine, and I don't think about anything else except the game of golf.

Many of our golfers out at the Country Club—some of the most vigorous and the ones who play in any kind of weather—are the ones over seventy. We have golfers close to ninety, and golfers with pacemakers, who are out their regularly. There aren't too many skiers eighty years old — or tennis players.

The thing I think that draws me to golf is the companionship. It's a universal language, a common denominator . . . no matter where you go if you play golf, no matter who you're with, you're with friends during the game.

## THE DATE ESCAPES ME

By Charlie Galbraith, M.D.

I started playing golf when I was about nine or ten years old. I really have no claims to fame as a golfer. I'm not that good. I get out once a week, more if I'm playing a tournament. But I could play every day and not get tired of it.

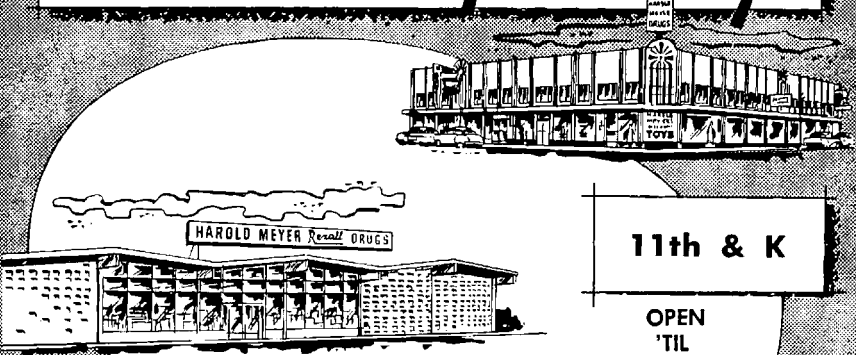
You can find every type of personality who plays golf, but by the nature of the game, the golfer tends to be a gregarious person rather than a loner. The exception is sometimes the one who is playing just to win, and just as the pros do, you've got to cut yourself off from everything else if you're going to always win. I've seen amateurs who are playing in that way. They want to win in the worst way but they just don't have the ability, and they might say two words in eighteen holes of golf. They're just concentrating. In fact, I did that myself last year, playing in a tournament.

There is something about the game of golf that requires a certain amount of finesse, and if you're tense or angry you lose that. You just absolutely cannot lose your composure on the golf course and still play golf. It's a game that needs to be played in relaxed concentration. If you analyze the golf swing you'll find it's actually a very complicated maneuver that requires some strength, but more so—it requires rhythm. The over-aggressive, fiery-tempered personality, even if he is a natural athlete and may excel at every other sport, is usually a poor golfer and, furthermore, he doesn't enjoy the game at all.

(Continued on page 19)

**2 LOCATIONS**

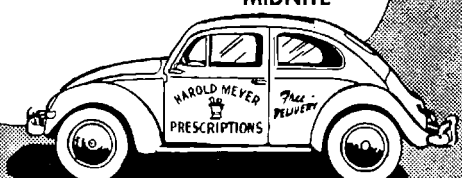
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(Continued from page 17)

In golf you're generally not just out for the walk, you're playing a competitive game . . . you're competing with your own companions, or you're playing against the course, or against your own score. I like to compete, and maybe if it's only 25c at stake for eighteen holes, I like to win. The competitive spirit, you might say, is one distinguishing feature of the golfer. The hallmark of a really good competitor is that he just doesn't give up, even though it looks as though he's being completely beaten, and I'd say that's a pretty fair description of a good golfer.

---

## April Birthdays

- 1 Lawrence Skinner
- 2 Edwin J. Fairbourn  
William W. Mattson, Jr.
- 4 B. D. Harrington
- 5 Clinton A. Piper
- 6 W. Ben Blackett
- 7 Everett P. Nelson
- 10 James M. Blankenship  
David N. Goodson
- 11 Lawrence Brigham  
Byron Dodge
- 12 Z. Joseph Vozenilek
- 15 Leo J. Hunt
- 16 Robert W. Osborne
- 20 John F. Comfort
- 21 Harold B. Johnston
- 22 William E. Avery
- 23 Richard E. Huish
- 24 Eugene W. Hanson
- 25 Rodger S. Dille
- 28 James W. Boudwin  
Richard B. Link  
Louis P. Hoyer, Jr.
- 30 Nicolas Godfroy  
Donald F. McKay

## A New Effort In Post Graduate Education

The College of Medical Education, formed by the Pierce County Medical Society and the University of Puget Sound, is sponsoring a course in Coronary Intensive Care April 7 through May 7, 1969. The sessions will be from 8 p.m. to 10 p.m. Monday and Wednesday evenings at Thompson Hall, the University of Puget Sound. Attendance is limited to 25 participants. Tuition fee is \$50.00.

For information call or write Mr. Dale Bailey, Office of Public Relations, University of Puget Sound, or talk it over with any of the committeemen, Drs. R. Johnson, C. Reberger, M. Malden, R. Vimont, S. Tuell, G. Brokaw or J. G. Katterhagen, Chairman.

---

## Congregational Church Scene Of Capping Rite

In March, 31 freshmen from the School of Nursing at Tacoma General Hospital received their caps at the First Congregational Church.

The school as a whole and members of the medical staff played a basketball game at the UPS Fieldhouse recently and it was a tremendous success. Proceeds went for the mentally retarded.

The Anesthesia Department has 2 new residents. Dr. Gerd F. Rauter is a native of Austria, having studied one year in Anesthesia at the University of Colorado before coming here. Dr. George M. Donich comes to us from Seattle.

Miss Lucille Larson from the Laboratory recently attended a seminar on automation and data processing in the clinical laboratory which was held in San Francisco.

## Bed Capacity and Rehabilitation Area Increased at Puyallup

The Good Samaritan Hospital and Rehabilitation Center, Puyallup, has increased its bed capacity to 27 beds, total rehabilitation area is 12,000 square feet.

Dr. Sherburne Heath, Jr., physiatrist, is the director of the rehabilitation program. The team consists of 4 registered physical therapists, 3 registered occupational therapists, a clinical psychologist, speech pathologist, social service worker, Division of Vocational Rehabilitation counsellors, a chaplain, 6 registered nurses, 3 licensed practical nurses, 6 orderlies, 5 aides. The activities of the department and liaison communication are correlated by Mrs. Donna Baurichter, RN, who acts as coordinator.

The total needs of the patients are considered. The goal for each patient is the return to home and community as the most productive person possible.

An intensive out-patient program for adults as well as children is also available.

---

## Hospital Staff Approves Breast Carcinoma Study

The Tacoma General Hospital Staff has approved an effort initiated by the Hematology-Oncology Study Group to develop more precise information on the therapy of breast carcinoma in our community. This effort will start with the surgeon classifying the clinical stage of carcinoma of the breast according to the TNM system. Those of us in the Study Group hope our busy surgeons will look with favor on this effort.

## IN MEMORIAM

CLYDE E. GRAY, M.D.

Clyde Edward Gray, M.D., (89) died February 27th following a long illness. He was graduated from the University of Minnesota Medical School in 1903 and interned at St. Barnabas Hospital in Minneapolis. He established the first hospital in Rush City, Minnesota and was secretary of the Pine-Chicago County Medical Society for ten years and Mayor of Rush City for several terms.

Dr. Gray practiced in Tacoma from 1924 until his retirement in 1955 when he received his gold 50-year pin from the Washington State Medical Association. In addition to his Medical Society memberships, he was a lifelong Mason and a member of St. Luke's Memorial Church, past vestryman and warden.

Contract bridge, chess and outdoor sports were consuming interests. He bagged his last moose in Northern Canada at the age of 83 and played his last golf at the age of 87.

He leaves a wife, Florence, two sons, five grandchildren and a host of friends.

## New York City Is Site of AMA'S 1969 Convention

CHICAGO — New York City is the site of the American Medical Association's 118th Annual Convention, July 13 through 17.

The nation's largest city has been host to two AMA annual conventions in this decade—in 1961 and 1965—and attendance at each exceeded 60,000.

A total registration of 60,000 is predicted for the 1969 convention, including some 22,500 physicians. Medical students, nurses and other members of allied medical professions, industrial exhibitors, and guests make up the rest of the registrants.

Four general scientific sessions are planned:

- \* Human Sexuality
- \* Physical Fitness and Aging
- \* Impact of Medical Education on Patient Care
- \* Chronic Pulmonary Insufficiency and Air Pollution Problems

Each of 22 scientific sections also will present a program. The 23rd section—on special topics—plans six sessions:

- \* Drug Utilization (in cooperation with AMA's Council on Drugs)
- \* Mental Health Dynamics in the Pre-School Child (in cooperation with AMA's Committee on Disaster Medical Care)
- \* Neurological Surgery
- \* Nuclear Medicine
- \* Plastic and Maxillofacial Surgery

The May 26 issue of *The Journal of the American Medical Association* will list the entire scientific program.

## Tacoma To Host State Medical Golf Association

The Washington State Medical Golf Association tournament will be held at the Tacoma Golf and Country Club, September 15, 1969, a new first. Congratulations, Tacoma Golfers-Doctors.

## STINKS

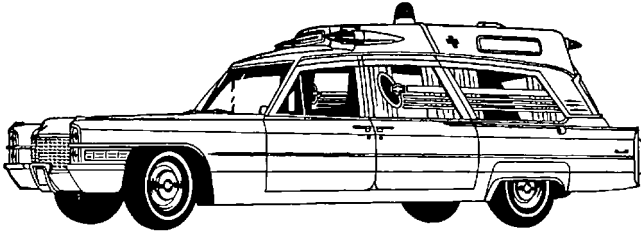
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C. G. (Jerry) Collier  
Herbert Benson  
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R. J. "Dick" Hiltbrunn

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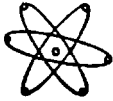
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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1968-1969

.....	Mrs. Philip Grenley
Elect.....	Mrs. Murray L. Johnson
President and Program.....	Mrs. Ralph Johnson
President and Community.....	
ce.....	Mrs. Vincent Murphy
.....	Mrs. John Kemman
President and AMAERF.....	Mrs. Paul Smith Jr.
President and.....	
d Chairman.....	Mrs. Max Brachvogel
Secretary.....	Mrs. James Billingsley
ding Secretary.....	Mrs. Marvin Bourne
.....	Mrs. Stanley A. Mueller, Jr.
retary.....	Mrs. Charles McGill

## COMMITTEE CHAIRMEN

ag.....	Mrs. Robert Burt
ip.....	Mrs. Vernon Larson
ip Co-Chairman.....	Mrs. George Tanbara
Health.....	Mrs. Ernest Randolph
d Civil Defense.....	Mrs. James Stillwell
.....	Mrs. William Goering
e.....	Mrs. Thomas Skrinar
ical.....	Mrs. Roy Virak
.....	Mrs. Frederick Schwind
.....	Mrs. Arthur Wickstrom
.....	Mrs. Bernard Pipe
Bureau.....	Mrs. George Hess
e.....	Mrs. Dale Doherty
.....	Mrs. Russell Colley
.....	Mrs. Robert Florence
.....	Mrs. Robert Osborne
leath.....	Mrs. Hugo Van Doren
.....	Mrs. Leo Sulkosky
nal Health.....	Mrs. Theodore Haley
.....	Mrs. Wayne Zimmerman
Show.....	Mrs. David Hopkins
.....	Mrs. James Vadheim
.....	Mrs. Kenneth Gross
.....	Mrs. Edward Lawrence
Women.....	Mrs. Stanley Tuell
.....	Mrs. Samuel Adams
tative to Council on Smoking.....	
tative to Council on Alcoholism.....	Mrs. Homer Clay
tative to President's Council.....	Mrs. Murray Johnson
c Tasting Luncheon.....	
rts and Crafts Display.....	Mrs. Robert Lane
.....	Mrs. Buel L. Sever
Conference.....	Mrs. Jack V. Erickson
.....	Mrs. J. Robert Brooke

## BOARD MEETING MINUTES

The board meeting of the Auxiliary of Pierce County Medical Society held Monday, March 10, 1969, at Lakewood Terrace Restaurant. Present Dorothy Grenley called the meeting to order at 10:15 a.m.

The minutes of the January board meeting were approved as corrected.

The following report was given by the treasurer:

on hand—Jan. meeting	\$2,476.87
received	1,864.00
paid out	901.66
516-526	

Balance March, 1969 \$3,439.21

The president thanked Julia Mueller for the "Now, Mr. Lincoln" program chairmanship.

A scholarship program for children of doctors was discussed. It was pointed out that this will not endanger the Auxiliary's Internal Revenue status since we are not incorporated, pay no salaries, etc. A committee will be set up to advise us. There will be 6 members — 2 will serve for 3 years, 2 for 2 years, and 2 for 1 year. Included will be Auxiliary members, Medical Society members, and educators. Suggestions included Phyllis Erickson, John Shaw, Ken Graham, Tom Ford (T.C.C.), Dr. John Prins (U.P.S.), and Dr. Richard Moe (P.L.U.). Means of financing were discussed. It was moved that funds from the dance be allocated for scholarships. *Motion carried.*

Phyllis Erickson reported on Today's Health Encyclopedia. Mrs. Humiston received lists from the Pierce County School Superintendent. The book will be placed in 118 elementary schools, 19 high schools, 34 junior high schools, 23 parochial schools, 7 public libraries, 22 Pierce County circulating libraries and the hospital libraries. This totals 225 plus 1 extra. The Clover Park Vocational School will print book plates since it is for schools. The Auxiliary will provide the material. We have had excellent reports from those who have seen the book, such as a letter from Nora Page Hall, Director of Health Education for Tacoma Public Schools. The Auxiliary has asked the Medical Society to help finance these books.

The Auxiliary name will be the only name to appear on Health Services List. There may be some help in financing of the list from the Health Council.

Requests from contributions should be in writing to the Finance Committee. They will meet soon.

Nadine Kennedy reported that the Bylaws Committee met on February 25th. Nadine Kennedy, Audrey Hori, Ruth Johnson, Toni Bourne and Dorothy Grenley were present. Elvina Brokaw, Lorna Burt, Sherry Johnson and Mrs. James Duffy also gave suggestions. It was moved to accept the Bylaws as revised by the committee. *Motion carried.* They will be printed in the Bulletin.

Edith McGill reported for Kit Larson and Kim Tanbara. Ways of getting more members were discussed.

The printer will make changes in the Medical Society Directory as were suggested and voted on previously.

Dorothy Grenley will check on the expense of having Bylaws printed in the Auxiliary yearbook, or they will be mimeographed.

Stephanie Tuell reported on a letter from Sherry Noonan regarding Senate Bill 286. The Washington State Medical Association will support revision of the present state abortion law as it appeared in the February A.M.A. News. The bill is locked in the Senate Rules Committee. Auxiliary members were asked to write letters as individuals.

Mid-year conference plans were reported by Phyllis Erickson. The membership will be called for reservations for lunches and dinners. They will be asked to mail their checks to Ruth Brooke.

Dorothy thanked the State Publicity Chairman, Lorraine Sulkosky, for the good job she is doing.

A suggestion for a 2 year academic course at a local college or vocational school for the training of doctor's assistants will be investigated.

A letter was read from the Volunteer Bureau. They need help in recruiting Licensed Practical Nurses to give 1 or 2 days or any amount of time they can for the Tacoma Public Schools' outdoor education program from April 7

to May 24. The program is carried out at Camp Calvinwood or Camp Timberlake. They would be in charge of first aid and would be considered a member of the staff under the school principal.

The meeting was adjourned at 12 noon and was followed by a luncheon with President Dorothy Grenley as hostess.

#### ATTENDANCE

Nancy Billingsley	Elsie Schwind
Kathleen Skrinar	Charlotte Randolph
Gloria Virak	Keaty Gross
Helen Florence	Jane Moosey
Mabelle Miller	Adriana Hess
Nadine Kennedy	Marion Doherty
Evy Osborne	Ruth Brooke
Ruth Zimmerman	Clara Goering
Sherry Johnson	Dorothy Grenley
Julia Mueller	Edith McGill
Stephanie Tuell	Judy Brachvogel
Ginny Smith	Florence Krueger
Jean Colley	Liz Murphy
Shirley Kemman	Phyllis Erickson
Lorraine Sulkosky	Lorna Burt
Carol Hopkins	Toni Bourne

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**APRIL MEETING**

**Friday, April 18, 1969**

Luncheon — 12:00 Noon

Mrs. Archibald Howe, Hostess  
2902 North 27th St.

Co-Chairmen ....Mrs. Marcel Malden  
Mrs. G. W. Bischoff  
Committee: Mrs. David Dye, Mrs.  
Dudley Houtz, Mrs. Arthur Wick-  
strom.

Program.....Elizabeth Wright Evans  
Ed. Dir. KING TV

**SPRING, ANYONE?**

“Winter’s done, and April’s in the  
skies,  
Earth, look up with laughter in your  
eyes.”

Charles G. D. Roberts wrote that  
fresh thought a good many years ago  
and it seems to express the feeling of  
hope and renewal that April and the  
first days of spring promise.

**CONFERENCE NOTES**

Even the weather cooperated dur-  
ing Mid-Year Conference. Clear skies  
prevailed as the Lakewood community  
welcomed delegates of Medical Auxili-  
ary throughout the state. The warm  
hospitality of President Dorothy and  
her committee fostered a relaxed and

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pleasant atmosphere for the two-day meet. Our co-hosts, the Kitsap County Auxiliary, contributed greatly to the smooth functioning conference.

Under the direction of State President Mary Ellen Vaughan of Vancouver, county reports focused on the theme of "Sharing" and many valuable ideas were exchanged. President Dorothy will have a report at the April meeting about some of these interesting projects.

Lest we forget who steered the course for this successful meeting, they include: Phyllis Erickson and Ruth Brooke, Co-chairmen; Kimi Tanbara, Kit Larson and Helen Whitney, dinner chairmen; Elsie Schwind and Gloria Virak, Co-chairmen Thursday luncheon; Evelyn Mosley and Esther Mueller, of Kitsap county, Co-chairmen of the Wednesday luncheon. Many others helped with the arrangements to make this one of the best attended conferences ever held. There were 107 reservations with 100% attendance of all county officers, regional vice-presidents and chairmen of standing committees. Out of state guests included National First Vice-President Mrs. G. Prentiss Lee and the President of the Oregon Auxiliary, Mrs. Russell Baker.

### NURSES FRONT AND CENTER

Are you a nurse? The Tacoma Public Schools' Outdoor Education program is searching for licensed or practical nurses who would be willing to give a day or two of volunteer service during the eight week camp program which runs from April 7 to May 24. The volunteer would be asked to give only the amount of time she would have available to assisting as the camp nurse at either Camp Calvinwood, 12 miles from Tacoma, or Camp Timberlake, south of Puyallup. President Dorothy

received a letter from the Volunteer Bureau voicing this appeal. Have we anyone in our ranks available? If so, please contact Dorothy, JU 4-4412.

### GONE BUT NOT FORGOTTEN

Sally Lane and Luanne Sever, Co-chairmen of the February Tasting Luncheon, wish to thank everyone who contributed food, and their efficient committee. Sally reports that 168 of us "tasted" and noted page numbers for such delicacies as Crab Lasagne, Hamburger Stroganoff, and Shrimp Salad, to name a sampling. Lorraine Sulkosky sold many cookbooks to members and guests. Beautifully handled, Sally and Luanne.

### DR. PION'S OPINIONS

His appearance is reminiscent of "young Dr. Kildare," but there the comparison ends, as Dr. Ronald Pion, speaker at the March 19th conference luncheon, comes on strong and "says it like it is." He has provocative opinions on how to narrow the communication gap between parent and child concerning sex, also the title of his speech. His positive approach is for parents to offer guide lines to their children and to be honest with them from early childhood. Dr. Pion believes there always will be a communication gap but thinks it can become so narrow it can be bridged over more easily.

His approach to the problem of overpopulation (which he considers Number One in the world today) is in education. Fundamental education about this most serious problem should begin in the family and be carried on in the church and the schools, according to Dr. Pion. He suggests such questions as: What is a family and why? What is happening in world population? Why *not* plan your family? He

reminds us that in 1850 there were one billion people in the world. Now we have four plus billion, and the projection is for seven billion in the year 2,000.

A few quotes from Dr. Pion's talk . . . We are involved in sexual evolution, not revolution . . . Society models for children . . . India could export their family expertise to us . . . There are many dirty words for sex but none for murder . . . Develop a concept that human children are invited into the world . . . We teach people to drive but not to marry . . . You can't set up a clinic for unwed fathers and expect them to come . . . I would like to get rid of just one sex abuse. Dr. Pion left his audience with much to think about.

---

### THIS'N THAT

Did you hear that Janet and Clarence Anderson's two boys each broke a leg in skiing accidents? Not at the same time, however, but just a week apart. Pat and Galen Hoover have returned from Detroit and are being welcomed by their Tacoma friends. The Humistons, Katherine and Homer, trek to the banks of the Cowlitz during the smelting run.

—INEZ M. PIPE

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## AMPAC-MARCH, 1969

At this time the 41st Washington State Legislature is notable for its apathy. Controversial bills have been approached with considerably less than partisan zeal. Voting records of your legislators are not as yet available.

A thumbnail sketch of some of the senators from the 25th, 26th, 27th, 28th and 29th districts, will introduce you to the men elected to speak for you in Olympia.

From the 25th district: Reuben A. Knoblauch, a democrat, served 3 terms

in the house and now is serving his 9th session in the senate. He was born in Sumner in 1914 and graduated from Sumner High School. He is unmarried.

From the 26th district: Lawrence J. Falk, a republican, was born in Tacoma. He graduated from Seattle University, majoring in political science. He and his wife, Mary, have two children. This is his 2nd session in the state senate.

From the 27th district: Joe L. Stortini, a democrat. Born in 1932 in Tacoma, Mr. Stortini graduated from the University of Puget Sound and obtained his master's from Oregon State University in Education. He and his wife, Carol, have 3 children. This is his first session.

28th district: Charles E. Newschander, republican, served 4 terms in the house and is now serving his first session in the senate. Born in Tacoma in 1920, he attended the University of Puget Sound and graduated from the University of Oregon Dental School. He is a practicing dentist in Tacoma and he and his wife, Emma, have 4 children.

29th district: John T. McCutcheon, democrat, is now serving his 12th session in the senate. Mr. McCutcheon was born in Tacoma in 1892, attending the University of Washington and graduating from University of Indiana Law School. He and his wife, Tina, have 3 children.

The March AMPAC 1969 quiz:  
(Answers on Page 30)

1. How many chiropractors are in the state legislature?
2. How many physicians are in the state legislature?
3. How many state senators are democrats?, republicans?
4. How many representatives are democrats?, republicans?

Send your AMPAC dues to AMP, Pierce County Medical Society, Medical Arts Building, Tacoma, Washington.

—JOHN M. SHAW, M.D.

AMPAC ANSWERS

1. Two. Senator William S. (Bill) Day, a democrat from the 4th district of Spokane County. He has served 5 terms in the house and this is his first session in the senate. He was born in Rockford, Illinois, in 1923, and graduated from the Palmer College of Chiropractic in Davenport, Iowa. The second is A. A. Adams, a democrat, representative from the 26th district, born in 1900 in Bellingham, also a graduate of the Palmer College of Chiropractic. Davenport, Iowa.

2. None. There are 2 dentists, our own Dr. Charles E. Newschwander from the 28th district, in the senate, and Dr. Caswell J. Farr from the 42nd district of Whatcom County, serving his 2nd term in the house of representatives. One representative, Marjorie Lynch, from the 14th district in Yakima, is serving her 4th term in the senate, and she is the wife of E. Donald Lynch, M.D. There are also 2 pharmacists and 1 optometrist, serving in the house of representatives.

3. Of the 49 members of the state senate, 27 are democrats and 22 are republican.

4. Of the 99 members of the house of representatives, 56 are republicans and 43 are democrats.

AUXILIARY MID-YEAR



Dorothy Maier surrounded by delegates from Seattle and Everett



Steph and Stan Tuell, Elsie and Fred Schwind attend the Conference dinner



Conference Co-chairmen Ruth Brooke and Phyllis Erickson

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Pierce County Auxiliary President Dorothy Grenley and Dr. Ronald Pion



Come to me, baby.  
(David Johnson, Ben Blackett)



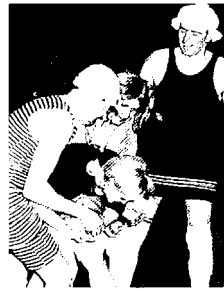
Lorraine Sulkosky, State President  
Mary Ellen Vaughan, Evelyn Mosley,  
Kitsap county chairman



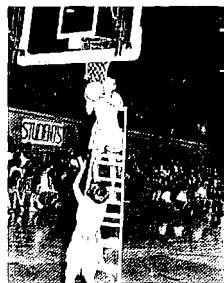
Holding hands.  
(John May, Ken Graham)

## HUNDREDS AND HUNDREDS OF DOLLARS

This was one of the most fun fund raising nights that Tacoma has seen. That is an alive bunch of student nurses. Some of the doctors are alive, too. In fact, Bob Osborne was alive enough to be placed in irons. Bill Mattson looked great in his new blonde transformation. Marcel Malden showed up as a sort-of-a-super dribbler. Others present, or soon to be dribblers, are pictured in various stages of dress and undress. Kudos to Patricia Shanahan and Dr. Robert Johnson for the mentally retarded children.



More hands.  
(Bob Osborne, friend. Stevens Dimant)



How to win.  
(You know who)

## 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 Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

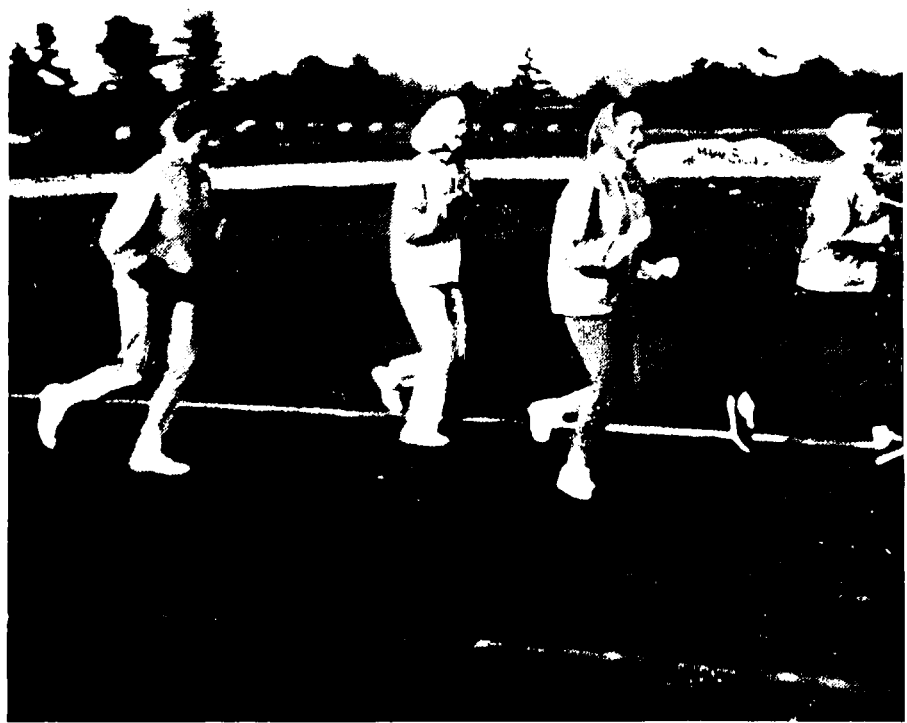


# BULLETIN

MAY - 1969

TACOMA, WASHINGTON

VOL XL-5



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MAY 13**

# Pierce County Medical Society

1969

## OFFICERS

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 President-Elect.....Robert M. Ferguson  
 Vice-President.....Robert C. Johnson  
 Secretary-Treasurer.....George A. Tanbara  
 Executive Secretary.....Judy Gordon

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Lawrence Brigham	James D. Lambing
Robert P. Crabill	George A. Tanbara
Edwin J. Fairbourn	Arthur P. Wickstrom
Robert M. Ferguson	Don G. Willard
Robert C. Johnson	Wayne W. Zimmerman

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Robert W. Florence	Clinton A. Piper
Kenneth D. Graham	Charles C. Reberger
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Lester S. Baskin	John S. May
Charles J. Galbraith	Frank J. Rigos
Dudley W. Houtz	John M. Shaw
George A. Tanbara	

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Douglas Buttorff	

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C. P. Larson	

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 Cigarettes—Vernon Larson  
 V.D.—Ralph Stagner

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William Rohner, Chairman

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Bernard Rowen, Chairman

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## Mental Health

James Boudwin, Chairman

## School Health

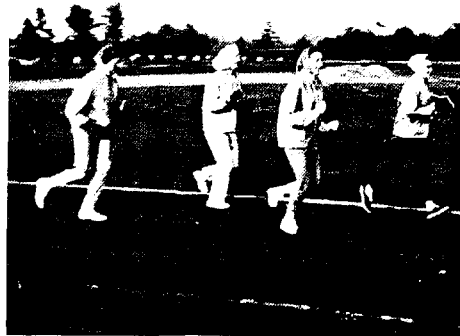
Kenneth Pim, Chairman	T. Clark
DeMaurice Moses	Alan Sobul

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David Sparring, Chairman	Clarice Allison
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John May, Chairman



COVER PICTURE: Girls

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W. Ben Blackett	Robert Whitney, Jr.
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Vernon O. Larson	

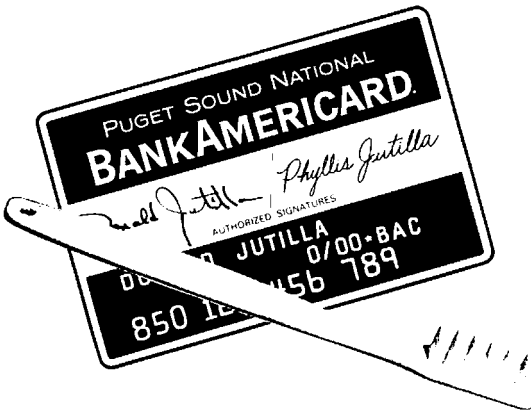
## Bulletin Editor

Robert Kallsen

## Liaison

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 Pharmacy—Lt. Col. Robert G. Scherz  
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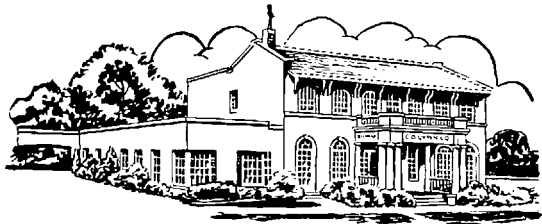
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, May 13**

MADIGAN OFFICERS CLUB

**SCIENTIFIC PROGRAM**  
**Presented By Staff Of**  
**Madigan General Hospital**

Social Hour: 6:30

Dinner: 7:00

• • • • •

## May Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Pierce County Pediatric Society 6 p.m. C.P.C. of St. Joseph's 9 a.m.	2	3 Annual Meeting Tacoma Surgical Club
5 Tacoma Orthopedic Society 6 p.m.	6 C.P.C. of Mary Bridge 8 a.m.	7 Surgery Grand Rounds—T.G.H. 8-9 a.m.	8	9 Hematology, Oncology Study Group—TGH 7:45 a.m.	10
12	13 PIERCE COUNTY MEDICAL SOCIETY Madigan Officers Club—6:30 C.P.C. of Mary Bridge 8 a.m.	14 OB-GYN Conf. T.G.H. 8-9 a.m.	15 C.P.C. of St. Joseph's 8:15 a.m.	16	17
19	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 Hematology, Oncology Study Group—TGH 7:45 a.m.	24
26 Pierce County AAGP 6:30 p.m.	27 Tacoma Academy of Internal Medicine—6 p.m. C.P.C. of Mary Bridge 8 a.m.	28 Path. Cancer Con.—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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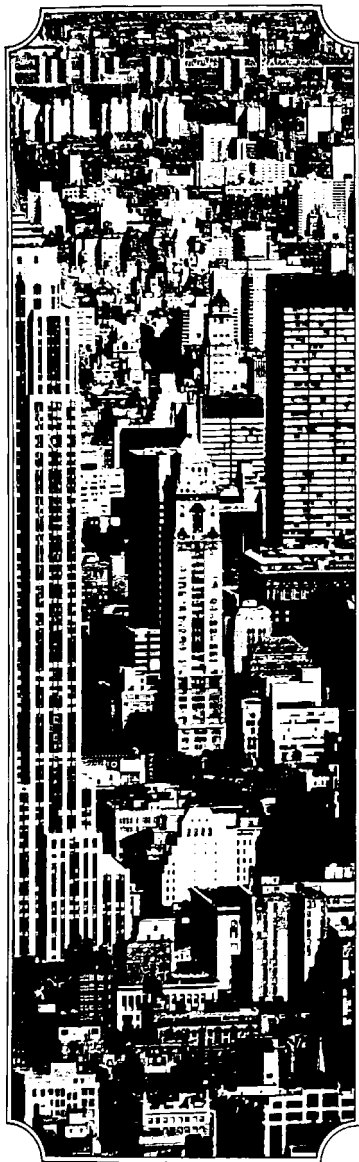
## President's Page

This is a plea for our younger physicians to become more involved in planning their own futures. We have problems galore—too few doctors, or too many patients, too few hospital beds, or too many Medicare patients to fill them, too little time for paper work, or too many governmental forms to fill out. The Federal government has passed legislation requiring all people to receive equal medical care. Does this mean that we must lower the quality for the majority, so that all who want care can receive it? These are just a few of the current problems.



There will be changes in the delivery system of medical care—this is the specific purpose of Public Law 89-749. The Puget Sound Governmental planning body seems in line for a Federal grant to organize this region. Locally we are supporting the Pierce County Health Council to help at the grass roots level. They have no ready source of cash to start a program, thus your Board of Trustees provided a donation for postage and the PCMB added more to help them get started. They also need knowledgeable advice. A few of our community-minded physicians are participating, but we need many more younger physicians to participate in the planning process. This body has to define the major local problems so that alternate solutions may be developed. The eventual implementation will affect us all. If our younger physicians become involved now, they will not have to complain later about the results. Please talk to Drs. Bondo or Tanbara to determine where you can most effectively participate.

—WAYNE W. ZIMMERMAN, M.D.



  
 118<sup>th</sup> Annual Convention  
*AMA*  
 NEW YORK CITY  
 JULY 13-17, 1969  


The magnetism and the grandeur that characterizes New York City will provide a superb setting for AMA's 118th Annual Convention in July. Plan to attend now and look forward to five memorable and stimulating convention days in a city of unlimited excitement.

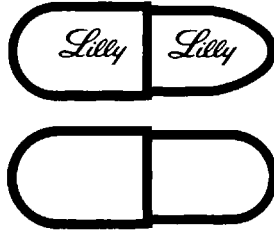
Continue your postgraduate education with a varied program of • four General Scientific Meetings on Chronic Pulmonary Insufficiency and Problems of Air Pollution, Human Sexuality, Impact of Medical Education on Patient Care, and Physical Fitness and Aging • 23 Section Programs • Color Television • Medical Motion Pictures • and over 700 scientific and industrial exhibits. The nation's outstanding medical authorities will lecture and discuss the significant advances in today's medicine.

In addition the AMA TV network will present more than 40 hours of convention programming.

Reserve now for the Scientific Awards Dinner in honor of the Scientific Award Winners—Wednesday, July 16, 1969. Since space is limited, we suggest you make your reservations before June 30, 1969. Tickets are \$10.00 each, payable in advance.

The complete scientific program, plus forms for advance registration and hotel accommodations, will be featured in JAMA, May 26, 1969.

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# Editorially Speaking

## Intensive and Coronary Care

The new Coronary Care Unit at the St. Joseph's Hospital is being featured this month in recognition of the progressive leadership of the Sisters of Mercy and to avoid confusion with the new Special Care Unit at Tacoma General Hospital which will be described next month. If you haven't seen the Sisters' Coronary Care Unit, you are missing something. A more charming pleasant area of great efficiency couldn't be found. If ever a relaxed, quiet, confident atmosphere could be combined with all the modern accessories to intensive nursing care, this is it.



There is a small danger in these modern accessories that the newly trained intensive care nurse might look on them as the end rather than the means to better care. Intensive care is still bedside care. It's knowing when the patient had his last bowel movement, what the urine output has been the past few hours, what the blood pressure is now and whether the patient is perspiring in pain that he doesn't recognize or is too sick to complain. Intensive care is running when the patient presses his buzzer. Intensive care is knowing more about the patient and his possible complications, recognizing the hazard of air, hunger and being able to call the physician in time to influence a catastrophe.

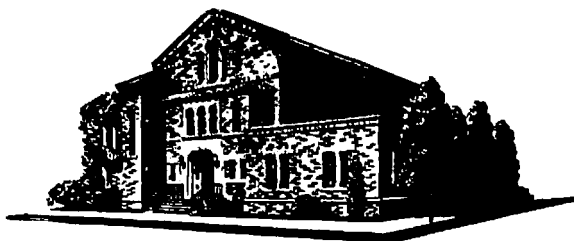
If a physician calls the unit and asks how the patient is, and you don't have the daily weight, a current pulse, blood pressure, temperature, respirations, status of bowels, urine and fluid intake, and a direct bedside evaluation including your stethoscope on the chest and abdomen, you are not in intensive care.

Intensive care nursing really is the next step toward the nursing team who will be offering the services which the interne once provided. Capable and ambitious nurses should be offered that additional training in physical diagnosis to make them more effective in the unit as well as providing the nucleus for the roving special services nursing team which will respond to emergencies throughout the hospital.

They may also have responsibility for recording histories and physical examinations on new admissions so that the physician might have a little time for thoughtful care of his patient. He, too, needs more bedside time and less chartroom time.

—R.A.K.

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Choice of cemetery, mausoleum,  
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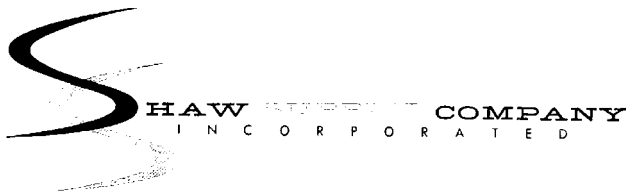
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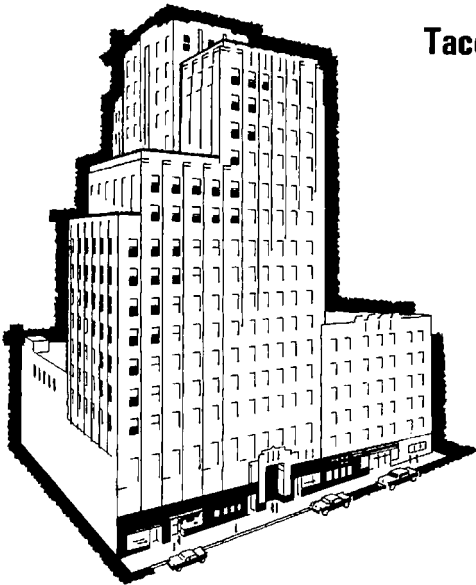
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## In Memoriam

### WALTER COURTNEY CAMERON, M.D.

Walter Cameron was a great man. He was a dominant figure in the practice of Ophthalmology in the Northwest for many years. I remember a patient who wanted the very best care possible and consulted a famous physician in New York City for a surgical procedure of the eye. She was referred back to Dr. Cameron with the comment that there was no more capable surgeon in the East.

Dr. Cameron was born in Staples, Minnesota, 68 years ago, the son of a physician. The family moved to Tacoma in 1908. He received his training at Stadium High School, the University of Virginia and the University of Pennsylvania. He served in the U. S. Army and received the Air Medal. He was past president of the Pierce County Medical Society and a member of many professional societies as well as social clubs and fraternal organizations attesting to his well rounded personality, broad range of interests and professional recognition.

Dr. Cameron was a raconteur of no small stature. He enjoyed a good story and read extensively. He especially liked a story that might tweak the nose of the Establishment. I once referred him to a very funny book about the habits of an heroic renegade Indian in Montana, titled STAY AWAY JOE. For months thereafter, Dr. Cameron would burst into peals of laughter whenever he saw me with the cry, "Stay Away Joe", and walk down the hall slapping his thigh.

Dr. Cameron was preceded in death by his first wife, Marge, and is survived by his second wife, Isolde, and a son, Walter C, of New York City.

—ROBERT A. KALLSEN, M.D.

## AMPAC --- May, 1969

TO ALL PIERCE COUNTY PHYSICIANS  
WHO HAVE NOT JOINED AMPAC:

One-third of Pierce County's 317 physicians belong to AMPAC. To the remaining two-thirds I direct these items for thought.

Doctors who have not supported AMPAC seem to fall into four categories. Which category are you?

Category No. 1: "I'm above politics—I spend all my time trying to get people well—Don't bother me with that political stuff."

All right, I won't take more of your time, but there are national and state health programs constantly before our legislators and you'd better believe these programs *will* take your time, and plenty of it. They will also take your money—by forcing you to hire more help to fill out insurance forms, increase your malpractice insurance rates, increase your business tax, employer's tax, etc., to name only a few. Does this improve your patient care?

AMPAC is your only practical and effective way to combat this tendency. It works for you during legislative sessions as well as between sessions.

Category No. 2: "I've been told AMPAC only supports ultra conservative right-wingers. I don't want to give the 'do-nothing' boys my support."

WRONG. AMPAC supports candidates who feel as we do about the practice of medicine and health care problems. AMPAC supports Democrats and Republicans. AMPAC chooses to support legislators on the basis of voting record. We consider good patient care our number one health problem.

Category No. 3: "I can't afford the twenty dollars for AMPAC dues."

Doctor, you think in practical terms and no one can criticize that. Unfortunately, your dedication to medicine isolates you from the practicalities of politics. With regard to AMPAC dues, such a philosophy is penny wise and pound foolish. Here's an example. Our state legislature has before it SB 149, legislating chiropractors into disability insurance programs. Another is HB 391, moving the time of commencement of an alleged wrongful act to the time the patient first notices any untoward effect—20 years after surgery, or later. Your AMPAC \$20.00 dues fights just this type of legislation—a small but potent investment. Compared to your increased expenses, AMPAC dues represent your best investment.

Category No. 4: "I don't contribute to anything. I don't belong to AMPAC, Red Cross, U.G.N., Y.M.C.A. or anything else. Uncle Sam takes all my money".

Aw, come on. Join the world and share the load. We pay our taxes, too. We need you and you need AMPAC.

—JOHN M. SHAW, M.D.

**when simple analgesics  
are simply not enough...**



monitoring of the electro-cardiogram

(Continued on page 19)

Non-narcotic

# TRANCO-GESIC®

## tablets

chlormezanone 100 mg. with aspirin 300 mg.

Pain perception... mental tension... muscle tension-spasm — all three are often major contributors to your patient's over-all discomfort. TRANCO-GESIC produces over-all relief because it provides analgesia to combat pain, tranquilization to calm tension, and muscle relaxation to assure comfort and ease of movement.

- oral non-narcotic analgesic
- dependable muscle relaxation and tranquilization
  - peripherally on the neuromuscular apparatus
  - centrally on the brain
- well tolerated
- suitable for prolonged administration

**Action:** TRANCO-GESIC, with its combination of pharmacologic effects in treating patients with acute or chronic pain, provides more effective control of pain than simple analgesics alone. The double action of chlormezanone, centrally on the brain, and peripherally on the neuromuscular apparatus, provides dependable muscle relaxation and tranquilization. This is combined with the well-known analgesic, anti-inflammatory and antipyretic action of aspirin.

**Contraindicated** in patients with a history of a previous hypersensitivity reaction to chlormezanone. TRANCO-GESIC should not be administered to persons known or suspected to have an idiosyncrasy to aspirin.

**Warnings:** Should drowsiness occur, the dose should be reduced; and if this should continue, the patient should not operate a motor vehicle or any other dangerous machinery while taking the drug. Safe use of this preparation in pregnancy or lactation has not been established, as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

**Adverse Reactions:** Should drug rash, dizziness, flushing, nausea, gastric distress, drowsiness, depression, edema, inability to void or weakness occur, reduce dosage or discontinue medication. Reversible jaundice, apparently cholestatic, has been reported on rare occasions during the use of chlormezanone.

**Dosage and Administration:** So well tolerated it may be taken on an empty stomach. Usual adult dosage is 2 tablets three or four times daily. The suggested dosage for children 5-12 years old is 1 tablet three or four times daily. Relief of symptoms is often apparent in 15 to 30 minutes and may last up to 6 hours or longer.

**How Supplied:** Bottles of 100 and 1000 tablets.

**Winthrop**

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Issued May 1969 (1323M)

—JOHN M. SHAW, M.D.



**TRANCO-GESIC SAMPLE OFFER**

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has proven the most helpful universal-ly. This is present in all four of the monitored beds in the unit. The equipment is arranged to permit a problem of heart rate or rhythm seen by nursing personnel to be recorded on an electro-cardiographic strip instantly. This allows the physician's review several minutes or, hours later. As well, there is an electronic memory tape which is constantly recording the electro-cardiogram 30 seconds behind the written tracing. If a nurse or attending physician notices a problem in the electro-cardiogram and wants to review at the preceding 30 seconds, a simple button adjustment will allow him to recall the ECG already passed. This is of special importance when arrhythmias develop and you wish to evaluate the few seconds prior to the established difficulty.

The nurses in the coronary care unit will be staffed at the ratio of one nurse for two patients. The nurses who serve in the coronary care unit have all successfully completed a special course in electrocardiographic tracing interpretation, care of the acute coronary patient, management of complications and in cardiac resuscitation. The training received by these individuals has been designed to help them aid the practicing physician caring for his own patients.

At St. Joseph's Hospital, as in most coronary care units in the Northwest, the admitting physician remains the primary doctor on each case. He will be asked to obtain consultation so that a second physician of his choice may assist him in any problems should he be away for a short period of time. The director of the coronary care unit and the coordinator is present to offer technical advice should the occasion arise when mechanical monitoring or electronic problems present. I am particularly proud that St. Joseph's has

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monitoring of the electro-cardiogram

(Continued on page 19)

# TRANCO tablets

Pain perception... men  
— all three are often ma  
over-all discomfort. TR  
because it provides ana  
tranquilization to calm  
to assure comfort and e

- oral non-narcotic anal
- dependable muscle re  
— peripherally on the  
— centrally on the bra
- well tolerated
- suitable for prolonged

**Action:** TRANCO-GESIC, with its co  
patients with acute or chronic pain  
analgesics alone. The double actio  
peripherally on the neuromuscular  
and tranquilization. This is combin  
and antipyretic action of aspirin.

**Contraindicated** in patients with a h  
chlormezanone. TRANCO-GESIC sh  
suspected to have an idiosyncrasy

**Warnings:** Should drowsiness occur  
continue, the patient should not op  
machinery while taking the drug. S  
has not been established, as no ani  
therefore, use of the drug in pregn  
requires that the potential benefit c  
to the mother and fetus.

**Adverse Reactions:** Should drug ras  
drowsiness, depression, edema, ina  
discontinue medication. Reversible  
on rare occasions during the use of

**Dosage and Administration:** So well  
Usual adult dosage is 2 tablets thre  
children 5-12 years old is 1 tablet th  
apparent in 15 to 30 minutes and m

**How Supplied:** Bottles of 100 and 1

**Winthrop** WINTHROP LABORA

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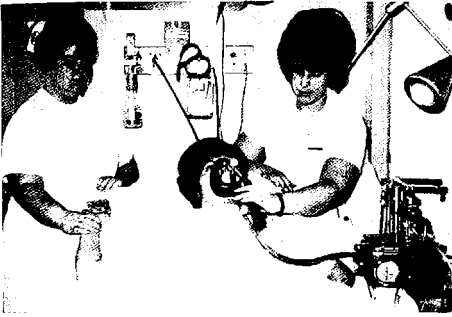
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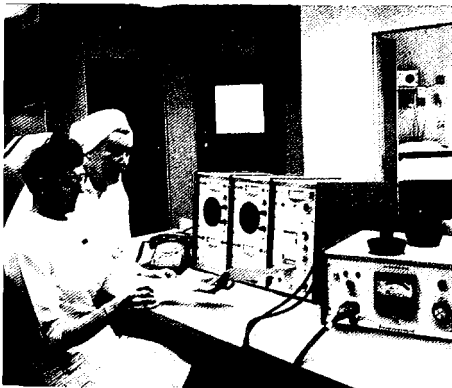
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—JOHN M. SHAW, M.D.

## New Coronary Care



St. Joseph's Hospital has now opened its coronary care unit. The new unit is designed to provide better all-around medical care in the Tacoma community. The concept of coronary care is not new in St. Joseph's Hospital as previous experience in the intensive care unit established its worth. Coronary care here has been concentrated into one area where monitoring and highly trained nursing personnel can assist the physician. It is the purpose of this unit to accept patients with suspected or documented myocardial infarctions and observe them carefully through the most critical hours of their illness. Mennen - Greatbatch equipment has been assembled including electro-cardiographic monitoring, heart rate moni-



toring and in selected cases, temperature and blood pressure recording. The monitoring of the electro-cardiogram

has proven the most helpful universally. This is present in all four of the monitored beds in the unit. The equipment is arranged to permit a problem of heart rate or rhythm seen by nursing personnel to be recorded on an electrocardiographic strip instantly. This allows the physician's review several minutes or, hours later. As well, there is an electronic memory tape which is constantly recording the electro-cardiogram 30 seconds behind the written tracing. If a nurse or attending physician notices a problem in the electrocardiogram and wants to review at the preceding 30 seconds, a simple button adjustment will allow him to recall the ECG already passed. This is of special importance when arrhythmias develop and you wish to evaluate the few seconds prior to the established difficulty.

The nurses in the coronary care unit will be staffed at the ratio of one nurse for two patients. The nurses who serve in the coronary care unit have all successfully completed a special course in electrocardiographic tracing interpretation, care of the acute coronary patient, management of complications and in cardiac resuscitation. The training received by these individuals has been designed to help them aid the practicing physician caring for his own patients.

At St. Joseph's Hospital, as in most coronary care units in the Northwest, the admitting physician remains the primary doctor on each case. He will be asked to obtain consultation so that a second physician of his choice may assist him in any problems should he be away for a short period of time. The director of the coronary care unit and the coordinator is present to offer technical advice should the occasion arise when mechanical monitoring or electronic problems present. I am particularly proud that St. Joseph's has

(Continued on page 19)

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(Continued from page 17)

been able to construct a quiet, separate unit to assist us as we practice medicine. They have gone to the expense of carpeting, sound proofing and appointing these units with taste so that your patients can be comfortable while they are receiving the very best of medical care. It is pertinent to remember that all of the expense, all of the training and all of the effort is simply to extend and improve our medical management here in Tacoma and help us practice more effective medicine.

—JAMES G. BILLINGSLEY, M.D.

---

## May Birthdays

- 3 Bernard A. Bader  
Herman S. Judd  
Wendell G. Peterson
- 4 Charles R. Vaught  
Antone Walloch
- 6 Albert Ehrlich  
Marcus R. Stuen
- 7 Richard R. Barronian  
Edward Wood
- 9 Joseph O. Lasby  
Roy 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
- 30 James G. Billingsley  
Jerry Williams
- 31 Bryan M. Archer  
Hugh A. Larkin  
Joseph D. Martin

## LE JOGGEUR

Some people jog to dilate their coronaries. Others jog to increase strength and stamina for more pleasure at their favorite sport, whether it be skiing, tennis, squash, golf or mountain climbing or hiking. Jogging may ultimately extend itself into more formal participation in field and track. Last year Sports Illustrated featured some pictures of the U. S. Masters Track and Field Championships in San Diego. I wrote John T. Hales of the Los Angeles Seniors Track Club to find out who participated and what kind of time the events were run in.

Those who participated were from 40 through 70. Here are a few of the times:

Marathon at the 5-mile point: a 60-year-old—32 minutes; a 70-year-old—41 minutes (a 60-year-old came in third in the marathon).

100 yard dash: Age 40, 10.7 seconds; age 50—11.8 seconds.

440 yard dash: Age 43—54.4 seconds.

880 yard dash: Age 43—2:04.3.

Mile run: Age 44—4:50.5.

2 mile run: Age 45—10:51.7.

The world's record holder for the discus (done when I was in school) threw the discus 140 feet this year.

So, if you are an old high school athlete who yearns for the feel of the cinders beneath your feet, take heart—there is still another track meet with an open invitation. If you can equal the above times, you might even enter some of our local high school meets.

For those who would like to combine some special activity with coronary dilating exercise, here are some activities and the amount of work or beneficial exercise (of decreasing value) to the heart — running, swimming, cycling, brisk walking, running in place, handball, basketball or squash. Isometrics, calisthenics, archery and easy sports

have no exercise value to the heart. The bowler spends more energy walking from the car to the alley than he does in bowling. (Dr. Cooper of "Aerobics" fame.) A surgeon doing an operation requiring extensive suturing probably does more work requiring dilation of his coronaries than the average golfer because his energy output is sustained. (Dr. Hellerstein)

—THE EDITOR.

## The Joys Of Jogging

By Ken Graham

I really must admit that jogging is not a constant source of joy for me. It is like brushing my teeth—something I know is important for health purposes, but not always something I look forward to doing. Jogging is a discipline. Although there are times, weather and effort permitting, when it might be considered fun, the true joy and satisfaction is realized when you are through running.

I have tried many types of athletic endeavors, and of them all I am convinced that regular jogging is the best way to maintain some degree of conditioning in breathing and muscle tone. A person should try to extend himself a little either in distance or speed each time he runs. I prefer to do my running in the mornings. I also prefer running on a track instead of dodging dogs and newspaper boys on the sidewalks and lawns. Wilson High School has an excellent track, and one finds plenty of company there between 6 and 7:30 a.m. There is even a bevy of good looking housewives who run their mile each morning. A 64 year old gentleman runs two miles five days a week.

I am an on and off again type jogger, but I do try to keep it up the year around. I know that it really helped me in my preparation for mountain climbing last year.

Spring mornings are the most enjoyable for me, and one gets added inspiration looking over at Mt. Rainier on these clear mornings. However, the real satisfaction for me comes after the run. There is a hard to express feeling of accomplishment, and I know that I will feel better all day as a result of my early morning effort.

## Jogging

By *An Old Marathoner*,  
J. C. Katterhagen, M.D.

I became interested in some form of fairly strenuous physical exercise when, as a second year resident at the University of Iowa, a fellow resident, who was 10 years my senior, invited me to work out with him one afternoon at the University gym. Since I was quite a bit younger, I felt this would be mere



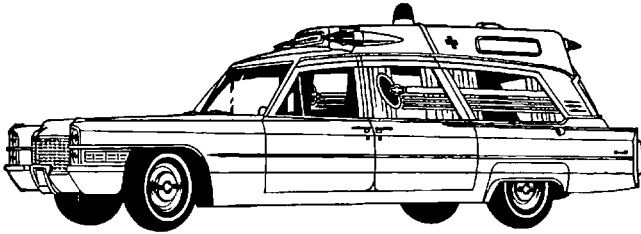
child's play to run him into the dirt. However, as he completed an easy 6 minute mile, and I was finishing my 3 minute quarter mile laps behind him, I decided that the 820x15 around my middle that was an accumulation of several years of good pizza and beer would have to go, and also at that time further stimulation was provided by the beginning of the onslaught in the medical literature of the association of coronary artery disease and other degenerative conditions associated with the good American life of physical indolence.

Over the next few years, I became quite habituated to running several miles either in the morning or the night as my mood dictated, and also, although it was far outside my subspecialty interests, I always read articles concerning exercise, heart disease and other degenerative changes associated with being the typical middle-class American. My enthusiasm was endowed with Chief of Internal Medicine at Iowa, Doctor William Bean, who at age 55 played squash daily, and was quite trim. This was all brought about by a personal experience he had with a coronary scare several years previous.

To run daily in the Northwest climate you have to be a bit mad, but as John Dryden said "there is a pleasure, sir, in being mad which none but mad men know". On the basis of this, I looked about for individuals being equally imbalanced, and I participated in an annual 8 mile run down in Portland in December 1967, and this proved a fascinating experience. On the basis of this, and a bit of additional training, I went to Boston in April 1968 and ran in the 26 mile Boston Marathon which I like to term "mass masochism in Massachusetts". This is truly a self-destructive event that I did not appreciate until the 18th mile. Up until that distance, I had planned on finishing within 4 hours, however, over and above being a generally hilly course at the 18th mile mark one encounters a 3 mile hill. At that time, the combination of the hill and the heat, and a party the night before, did me in with muscle cramps, nausea and a sense of intoxication that forced me to walk and run the remaining 8 miles and subsequently I finished the race, but not as well as expected. The Marathon, disregarding the pain involved with it, gives one a sense of accomplishment in conquer-

(Continued on Page 29)

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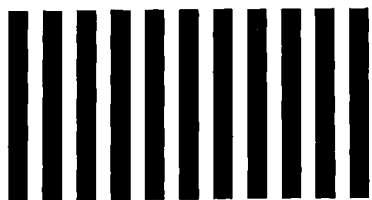
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Dance

duplicate) and folders to the May meeting.

**The Reversibles** are overweight patients you can really do something about. They weigh just a bit too much — 10 to 15 pounds more than they should — and can be encouraged to control their weight permanently. Also among the reversibles may be those who have diabetes complicated by excess weight, and the mildly hypertensive patient in whom weight loss would benefit blood pressure. However, **BAMADEX SEQUELS** must be given with caution to the severely hypertensive.

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**Contraindications:** Dextro-amphetamine sulfate: In hyperexcitability and in agitated prepsychotic states. Previous allergic or idiosyncratic reactions to meprobamate.

**Precautions:** Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or are severely hypertensive.

Dextro-amphetamine sulfate: Excessive use by unstable individuals may result in psychological dependence.

Meprobamate: Careful supervision of dose and amounts prescribed is advised, especially for patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g. alcoholics, former addicts, and other severe psychoneurotics, has been reported to result in dependence on the drug. Where excessive dosage has continued for weeks or months, reduce dosage gradually. Sudden withdrawal may precipitate recurrence of preexisting symptoms such as anxiety, anorexia, or insomnia; or withdrawal reactions such as vomiting, ataxia, tremors, muscle twitching and, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, reduce dosage and avoid operation of motor vehicles, machinery or other activity requiring alertness. Effects of excessive alcohol consumption may be increased by meprobamate. Appropriate caution is recommended with patients prone to both petit and grand mal epilepsy meprobamate may precipitate grand mal attacks. Prescribe cautiously and in small quantities to patients

with suicidal tendencies.

**Side Effects:** Overstimulation of the central nervous system, jitteriness and insomnia or drowsiness. Dextro-amphetamine sulfate: Insomnia, excitability, and increased motor activity are common and ordinarily mild side effects. Confusion, anxiety, aggressiveness, increased libido, and hallucinations have also been observed, especially in mentally ill patients. Rebound fatigue and depression may follow central stimulation. Other effects may include dry mouth, anorexia, nausea, vomiting, diarrhea, and increased cardiovascular reactivity.

Meprobamate: Drowsiness may occur and can be associated with ataxia; the symptom can usually be controlled by decreasing the dose, or by concomitant administration of central stimulants. Allergic or idiosyncratic reactions: maculopapular rash, acute nonthrombocytopenic purpura with petechiae, ecchymoses, peripheral edema and fever, transient leukopenia. A case of fatal bullous dermatitis, following administration of meprobamate and prednisolone, has been reported. Hypersensitivity has produced fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, stomatitis, proctitis (1 case), anaphylaxis, agranulocytosis and thrombocytopenic purpura, and a fatal instance of aplastic anemia, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation. Massive overdosage may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse.



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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1968-1969

President .....	Mrs. Philip Grenley
President Elect .....	Mrs. Murray L. Johnson
1st Vice President and Program .....	Mrs. Ralph Johnson
2nd Vice President and Community Service .....	Mrs. Vincent Murphy
	Mrs. John Kemman
3rd Vice President and AMAERF .....	Mrs. Paul Smith Jr.
4th Vice President and Social Chairman .....	Mrs. Max Brachvogel
Recording Secretary .....	Mrs. James Billingsley
Corresponding Secretary .....	Mrs. Marvin Bourne
Treasurer .....	Mrs. Stanley A. Mueller, Jr.
Dues Secretary .....	Mrs. Charles McGill

## COMMITTEE CHAIRMEN

Nominating .....	Mrs. Robert Burt
Membership .....	Mrs. Vernon Larson
Membership Co-Chairman .....	Mrs. George Tanbara
Today's Health .....	Mrs. Ernest Randolph
Safety and Civil Defense .....	Mrs. James Stillwell
Historian .....	Mrs. William Goering
Legislative .....	Mrs. Thomas Skrinar
Para-medical .....	Mrs. Roy Virak
	Mrs. Frederick Schwind
Publicity .....	Mrs. Arthur Wickstrom
Bulletin .....	Mrs. Bernard Pipe
Speakers Bureau .....	Mrs. George Hess
Telephone .....	Mrs. Dale Doherty
Finance .....	Mrs. Russell Colley
	Mrs. Robert Florence
	Mrs. Robert Osborne
Mental Health .....	Mrs. Hugo Van Doren
Cookbook .....	Mrs. Leo Sulkosky
International Health .....	Mrs. Theodore Haley
AMPAC .....	Mrs. Wayne Zimmerman
Fashion Show .....	Mrs. David Hopkins
	Mrs. James Vadheim
Dance .....	Mrs. Kenneth Gross
	Mrs. Edward Lawrence
Minute Women .....	Mrs. Stanley Tuell
	Mrs. Samuel Adams
Representative to Council on Smoking .....	
Representative to Council on Alcoholism .....	Mrs. Homer Clay
Representative to President's Council .....	Mrs. Murray Johnson
Cookbook Tasting Luncheon and Arts and Crafts Display .....	Mrs. Robert Lane
	Mrs. Buel L. Sever
Midyear Conference .....	Mrs. Jack V. Erickson
	Mrs. J. Robert Brooke

## SLATE OF OFFICERS

The following slate of officers for 1969-70 was proposed by the Nominating Committee consisting of past-president Lorna Burt, chairman; president-elect Sherry Johnson; member-at-large Hilda Lantieri and Margaret Larson; board members, Dee Wickstrom and Shirley Kemman.

- President: Mrs. Murray Johnson (Sherry)
- President-elect: Mrs. Ralph Johnson (Joanne)
- 1st Vice-president: Mrs. Herbert Kennedy (Nadine)
- Program
- 2nd Vice-president: Mrs. Paul Smith, Jr. (Virginia)
- Dance

3rd Vice-president: Mrs. Max Brachvogel (Judy)

Dance

4th Vice-president: Mrs. Jack Mandeville (Marilyn)

Legislative

Recording Secretary: Mrs. Duncan Baer (Marilyn)

Corresponding Secretary: Mrs. Clarence Anderson (Janet)

Treasurer: Mrs. Arthur Wickstrom (Delores)

Dues Treasurer: Mrs. Robert O'Connell (Janet)

This was presented in February and March (according to our by-laws) but inadvertently, not voted in April.

Please clip the following ballot and return immediately to Mrs. Philip Grenley, 40 Loch Lane, S.W., Tacoma, Wash. 98499.

## BALLOT FOR 1969-70

Woman's Auxiliary to the Pierce County Medical Society:

Yes----- No-----

Friday, May 16, 1969

Luncheon — 12 Noon

Oakbrook Country Club

Co-Chairmen. Mrs. Kenneth Kilborn  
Mrs. James Early

Program . . . Mrs. Clara Goering

Introduction of New Officers

## COMMITTEE CHAIRMEN

Please bring all reports (in duplicate) and folders to the May meeting.

Now is the time for all good women to relax . . . really, I mean it. With the yearly reports in, Auxiliary business is being tidied and set aside for the summer. At the May luncheon we shall have the opportunity to thank our President for a fine progressive year, and to welcome next year's officers. Warming weather (hopefully) and soft breezes call us to outdoor activities . . . to enjoy a change of pace. Auxiliary activities pause now but let's all be "back in our places with sunshiny faces" for the first fall meeting next October.

### REMINISCING

As this is a time of summing up the year's achievements we might consider the matter of the Cookbooks. Lorraine sent us a resumé of interesting past history. The first edition of the Cookbook was printed in 1961, with 2500 books sold at \$3.00. A second revised edition with index was printed in 1966 and has been even more successful than the first. The original book set the reputation, and the revision with the index has tripled the sales. The successful "Tasting Luncheon and Hobby Show" while providing publicity for the Cookbook, also offers a fun afternoon for members and guests. Cookbook sales skyrocket after this event! Our Cookbook chairman announces that a new edition is being planned with added features such as "Accompaniments" for various meats and vegetables. As you know, this project is the principal fund raiser for our six nursing scholarships. Cash on hand to date is \$8,646.00. All of you salesmen of the year may stand up and bow!

### SPEAKERS' BUREAU IS BUSY

Have you wondered how Speakers' Bureau functions and how our efficient Chairman Adriana Hess combines the

request from a specific organization with just the right speaker? She does not do it with sleight-of-hand but from her file of responses to the letter sent out last fall querying physicians on their willingness to speak to groups. Subject matter and type of groups was checked so there is a take-off point when a request is received.

Fourteen requests were filled this year on such subjects as obesity, yearly check-ups, ailments of the aged, sex education, and medical careers; forty-four physicians spoke in response to requests from the American Cancer Society. The participating physicians are to be commended for this type of community effort.

### THANK YOU

A particular thank you to Florence Krueger for a really BIG job well-done, that of TODAY'S HEALTH ENCYCLOPEDIA distribution. Also thank you to Ruth Johnson for the stencil used to print the revised by-laws.

### SCHOLARSHIP TIME

Our Auxiliary president is asking for applicants for the scholarship for a Pierce County physician's child. This scholarship will be awarded on the basis of excellence, both academic, and participation in school activities. Please call Dorothy for more information.

### VOLUNTEERS NEEDED

International Health Chairman Peggy Haley reports that "Medicines for Overseas Missions" can use volunteer help between 9 and 4, Monday through Friday, 612 S. K St. Call Mrs. Wm. Miller, BR 2-0244. They also need Purex gallon jugs. The blue plastic jugs should be washed with hot soda water. Get involved.



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**Funeral Home & Memorial Park**  
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**HEALTH COUNCIL**

The newly formed Pierce County Health Council, (with representation from our group) was instituted with these objectives:

1. To represent the interests of consumers and providers of health services, the planners and participants of health programs, and the voluntary and official agencies and institutions in Pierce County.

2. To promote and develop a coordinated planning program involving representatives from all the segments of the community mentioned above.

3. To conduct research, to identify needs for and analyze the effectiveness of existing programs of health services, health education and health facilities within Pierce County.

4. To recommend goals, policies and priorities for developing and improving health programs, services and facilities.

5. To provide a community forum for discussion and planning to meet needs for health services, health education and health facilities within Pierce County.

6. To coordinate efforts with the appropriate regional and state health planning organizations to implement Public Law 89-749. (Comprehensive Health Law).

7. To develop coordinated plans for the guidance of community effort to meet personal and environmental health needs.

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**AMA WOMEN'S AUXILIARY****PLANS NEW YORK CITY PROGRAM**

CHICAGO—Ask Ann Landers. That's what approximately 2,000 physicians' wives will be doing at the 46th Annual Convention of the Woman's Auxiliary to the American Medical Association, July 13 through 17, at the Waldorf Astoria Hotel, New York City.

Miss Landers, author of the world's most widely syndicated newspaper advice column and a member of the AMA's Advisory Committee on Health Care of the American People, will be one of the featured speakers at the convention.

On Sunday, July 13, the Auxiliary will hold a reception for the president, Mrs. C. C. Long, Ozark, Ark., and president-elect, Mrs. John M. Chenault, Decatur, Ala., from 5 to 7 p.m.

Dwight L. Wilbur, M.D., AMA President, will be the guest speaker at the Monday, July 14, luncheon honoring national Auxiliary past presidents and AMA officers, trustees, and wives. At this time Mrs. Long will present the Auxiliary's contribution to the American Medical Association Education and Research Foundation. Last year's gift totaled \$389,824.

Another highlight will be a "Show and Tell and Film Showing," scheduled for Tuesday, July 15, from 2:30 to 4:30 p.m. State auxiliaries will be invited to display their projects and/or show films produced by or for them. This new feature is to provide auxiliary leaders with an interchange of ideas for initiating activities in their own communities.

As in previous years, a program of daily events for the pre-teens and teenagers of Auxiliary members will be held.

**TURN ON, TUNE IN**

Tacoma General Hospital will be featured on Elizabeth Wright Evans program on KING-TV, Sunday, May 11, from 11:30 A.M. to 12:30.

—INEZ M. PIPE

**Blood Bank Needs Help**

For one reason or another, Medicare patients have proven to be frequent users of Blood Bank blood and are developing a poor record for blood replacement at the Blood Bank. For the first three months of 1969, 757 units of whole blood were used for Medicare patients. Of this number, 306 have been replaced. However, of this number, 124 were replaced by paper credits from out of town or from local organizations with credit pools.

We are therefore experiencing a loss from stock of four units of whole blood out of every seven that are used on Medicare patients. It is anticipated that the Welfare patients will add to this problem after July 1.

This information is submitted to the readers of The Bulletin to solicit their better understanding with regards of the increasing problems of chronic blood shortage and the necessity on many occasions for substitution of types when blood is ordered.

MERRILL J. WICKS, M.D., *Director*

**PHYSICIAN-DENTIST  
GOLF TOURNAMENT  
FRIDAY, MAY 23  
OAKBROOK COUNTRY CLUB**

**DOCTOR-LAWYER  
GOLF TOURNAMENT  
FRIDAY, JUNE 27  
TACOMA GOLF & COUNTRY CLUB**

(Continued from Page 21)

ing a physical challenge that is difficult to describe. However, I presume it is akin to mountain climbing, etc.

I am sure jogging is another physical fad. However, if one is convinced of the physical and mental benefits of staying in good condition, he will pursue it. It's somewhat of a current thing to talk about, and it gives a person a certain sense of self-righteousness using your fat-o-meter in checking the sizes of tires, both whitewall and blackwall, around the middle of various moderately overstuffed physicians, such as R. Spangler and L. Smith (fortunately they never read *The Bulletin*).

## An Old Country Jogger

By Axel Lindstrom, M.D.

Arriving in New York twelve years ago was quite an experience. I recall the impact of the smell of the city, different, though not necessarily worse than that of other big cities. I recall the unusual size and shape of buildings and structures but most of all the huge distances and all the motor vehicles. Then the fact that very few people seemed to have learned to walk and still fewer to run. The people I saw, however, otherwise seemed to function and behave the same as those I had seen at home.

Our very survival on this earth through thousands and thousands of years has all depended on our ability to either run away from the hungry wild beast or have the ability to run fast enough so our hunger could be satisfied.

Gradually, of course, our greater ability to think played a larger and larger role in the process of survival. The time span, however, from the time when we mainly had to depend on our physical strength and speed and the

time when our brain power took over is so short that it is almost negligible. Our need for vigorous exercise is therefore the same as it was when we humans were chasing the beast or the beast was chasing us and that is a little more than golfing or bowling. Do not misunderstand, I like golfers and



bowlers and encourage them but we are talking here about something different.

My enthusiasm for jogging—relaxed walking and running alternately—has its roots in the fact that in contrast to many other exercises we have here the perfect rhythm.

Jogging is defined as walking, running, walking. Flexible enough to fit any individual from cradle to grave. This type of exercise is always available one step away. Just open the door and away you go. It is, also, a type of activity which is very easily accepted and adapted into one's daily rhythm, singly or in a family setting.

Other advantages are that one does not need any special equipment for jogging nor special facilities. It will enable you to lose weight and feel better in general; build up your endurance and confidence, reduce your waistline and, above all, it is fun.

Moreover, one discovers many nice traits and characteristics of the rest of the family. In my own case I have always considered myself as the stronger and tougher of the two of us and suddenly I discovered that my wife could run faster and farther after just a

few months of practice. As far as my three boys are concerned, I think that through jogging and running we have been able to communicate better, know each other better and enjoy each other more. Through jogging, track and planned running they got a better start in life, a stronger mind and healthier body.

-----

### Stop-Smoking Program Offered in Community

The Five-Day Plan To Stop Smoking would like to acquaint the Pierce County Medical Association members with the program they are offering in the community. Sponsored by the Seventh Day Adventist Church, they propose to have free clinics three or four times a year. Of a non-religious nature, these meetings are held five consecutive evenings for 1½ hours each. The usual format includes a short presentation by the group leader, a film on smoking and a physician to discuss both the physical reasons for stopping and the symptoms which occur to those who are trying to stop. Personal concern is evidenced for each participant and considerable camaraderie is developed within the group.

The next session will be held May 4-8 with registration at 7 p.m., May 4, in Room 649, County City Building. Further information may be obtained by calling Mrs. Krenzler, LE 1-3934, or Mrs. Morasch, SK 9-8346.

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### Department of Public Assistance To Authorize Services

We received an announcement from Charles H. Dupee, Medical Services Administrative Assistant, Department of Public Assistance, Olympia, Washington, stating that as of May 1, 1969, the Department will authorize hospital service to any hospital in the Pierce County area on behalf of medically eligible recipients. Requests for surgical authorization must be submitted on SF 9903 to the Department of Public Assistance, 1301 Tacoma Avenue So., Tacoma, for approval by Dr. DeMaurice Moses as provided by Department regulations. In the event that no beds are available to the Pierce County area, the closest facility adjacent to Pierce County may be used.

Dr. Claris Allison has informed us that they will not be accepting patients after May 19th at Mt. View Hospital, and that they expect the hospital to close June 30th, 1969.

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.



*The*

**PIERCE COUNTY MEDICAL SOCIETY**

# **BULLETIN**

**JUNE - 1969**

**TACOMA, WASHINGTON**

**VOL XL-6**



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING  
JUNE, JULY, AUG.**

# Pierce County Medical Society

1969

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COVER PICTURE: January Swim

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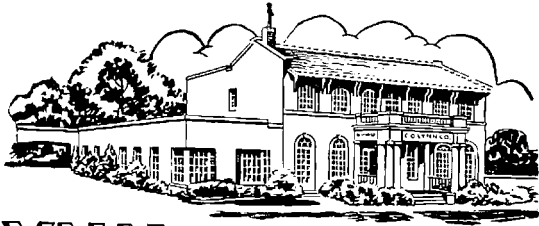
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## AMA'S 1969 Convention Offers Interesting Viewing, Listening

CHICAGO—An abundance of valuable information will be presented in a variety of interesting ways to those attending the American Medical Association's 1969 Annual Convention in New York City.

Some information will be available to visitors in the comfort of their convention hotels or motels. This will be through the special televising of convention news, interviews, panels, and scientific presentations.

Such TV programming, a highlight of AMA Annual Clinical conventions in recent years, will be available from 5 p.m. to midnight Sunday, July 13; from 7 a.m. to 9 a.m. and from 5 p.m. to midnight Monday through Wednesday, July 15 through 16; and from 7 a.m. to 9 a.m. Thursday, July 17.

Much of the scientific activity of the July 13 through 17 Annual Convention will be in the Coliseum and New York Hilton Hotel. The House of Delegates will meet at the Americana Hotel.

In addition to papers and lectures which will be presented in the Coliseum and New York Hilton, there will be exhibits, color closed circuit television, and medical motion pictures.

Some 250 to 300 scientific exhibits are expected at the Coliseum, including special ones on arthritis, pulmonary function, fresh tissue pathology, fractures, resuscitation, and laboratory medicine.

Industrial exhibits also will be on view at the Coliseum.

From rooms set aside at the Coliseum, viewers will be able to see closed circuit scientific presentations tele-

vised in color from Cornell University Medical Center.

The Coliseum also will be the site of medical film showings, including the premiere showing of some new films.

## June Birthdays

- 2 Treacy H. Deurfeldt  
William L. Rohner
- 5 James L. Vadheim
- 7 Joseph B. Harris
- 8 Jack J. Erickson
- 10 Harold D. Lueken
- 11 Jack W. Mandeville
- 13 Erna Guilfoil
- 14 Karl E. Humiston  
Thomas O. Murphy  
John K. Stutterheim
- 15 S. R. Krishnamoorti  
George A. Tanbara
- 16 Juan Cordova
- 20 George Batey  
Robert Voynow
- 21 Leo Annest  
Jack Lee
- 22. Thomas R. Elder  
Marcel Malden
- 24 George R. Barnes
- 25 James F. Early  
John V. Merrick  
Thomas J. Miskovsky
- 28 L. Stanley Durkin  
Mills E. Lawrence  
H. Herbert Meier

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## June Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2  Tacoma Chapter of American Psychiatric Assoc.	3  Staff of Tacoma General— 6:30 p.m.	4  Surgery Grand Rounds—T.G.H. 8-9 a.m.	5  C.P.C. of St. Joseph's 9 a.m.	6  Hematology, Oncology Study Group—TGH 7:45 a.m.	7
9  Staff of Good Samaritan 6:30 p.m.  Staff of Northern Pacific Hosp.—12:30 p.m.	10	11  OB-GYN Conf. T.G.H. 8-9 a.m.	12	13	14
16  Staff of St. Joseph's— 7:30 p.m.	17	18  Staff of Lakewood General 6:30 p.m.  Medicine Grand Rounds—T.G.H. 8-9 a.m.	19  C.P.C. of St. Joseph's 8:15 a.m.	20  Staff of Allenmore Hospital 7:15 a.m.  Hematology, Oncology Study Group—TGH 7:45 a.m.	21
23	24	25  Path. Cancer Con.—T.G.H. 8-9 a.m.	26	27  Staff of Mary Bridge 12:15 p.m.  DOCTOR- LAWYER GOLF TOURNAMENT	28
30					

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## President's Page

Now that the sun stays with us until late evening I find it progressively more difficult to write editorials. Following is just a collection of random thoughts, each one might have been material for an editorial.



Children seem to enjoy using discarded doctor's syringes for water pistols. If we give them to the children are we making it easier for the amateur dope addicts to learn the technique of mainline usage?

Physical education in our schools aims to improve physical health and not to lead to quadriplegia or other serious spine injuries. Why, then, does the school system in certain areas insist that for a student to achieve an A in physical education he must go through a full routine of learning the use of the trampoline? Certain students will never be coordinated safely enough, and others who are over-confident can receive unexpected injuries. Why are grades given for P. E. anyway, why not just a pass or fail?

Recently the news media seems to have been loaded with digs containing the government releases of excess Medicaid payments to doctors. It would certainly be refreshing if the news media would also point out (a) the true, really small percentage of doctors found guilty of fraud; (b) the true fact that the entire fee payments to doctors uses less than 10% of the money allocated to the Medicaid Program; (c) the large number of physicians who are giving care to Welfare and Marginal patients, but who receive no payment whatsoever. And along this line wouldn't it be delightful for a representative or a senator to admit publicly that the program was really poorly conceived and grossly under-financed because of the actuarial dishonesty of the H.E.W.

Lay juries are called upon to make scientific medical judgments in medico-legal cases. It seems that our present adversary legal system is asking entirely too much of a jury in this matter. It is also further confused by the fact that completely opposite medical views are often presented to a jury under our present system where a physician testifies either for a defendant or for a plaintiff. It would be, in the long run, much preferable if there were a panel of non-partial M.D.'s who are hired by the courts as impartial witnesses to give factual medical testimony involving the individual cases.

I doubt that any change will take place in the near future, but possibly our Medical Society should work with the bar association in an attempt to set up a so-called medico-legal advisory committee. This committee would be available to both defendants and plaintiffs to help the parties involved better understand the scientific facts of the case presented. This could be done before actual court battles take place and may sometimes end up in settlement prior to court.

And lastly but not leastly, as patients become more numerous than hospital beds who will be responsible for making the decision as to which patient will be admitted and which shall be denied hospital care? While solving these problems, have a very happy summer. —W. W. Z.





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EKG changes; cerebral edema, neuromuscular (extra-pyramidal) reactions, pseudo-parkinsonism, motor restlessness, dystonias, persistent dyskinesia, and hyperreflexia in the newborn; urticarial reactions and photosensitivity (avoid undue exposure to sun); exfoliative dermatitis, contact dermatitis (avoid by using rubber gloves); peripheral edema, lactation and breast engorgement (in females on large doses), false positive pregnancy tests, amenorrhea, gynecomastia, dry mouth, nasal congestion, constipation, adynamic ileus, miosis, mydriasis, psychotic symptoms and catatonie-like states rarely; after prolonged substantial doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits, mild fever (after I.M. dosage), increased appetite and weight, hyperglycemia, hypoglycemia, glycosuria; convulsive seizures, abnormality of the cerebrospinal fluid proteins

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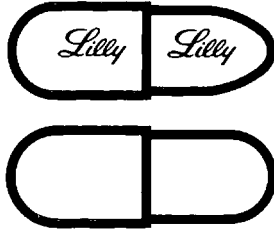
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## *Editorially Speaking*

### WHERE DO DOCTORS COME FROM?

I had an interesting conversation the other evening at a cocktail party about the need for more doctors. As best I could make out above the decibels, my companion felt that increasing the size of medical schools or their numbers would not solve the shortage of doctors. He fortified his contention with the statement that medical schools don't graduate doctors. Even the hesitant suggestion that most doctors in Tacoma seemed to be medical school graduates would not sway him from his position. (A brief interruption by a dowager backing into the pool offered an opportunity to collect our thoughts.)



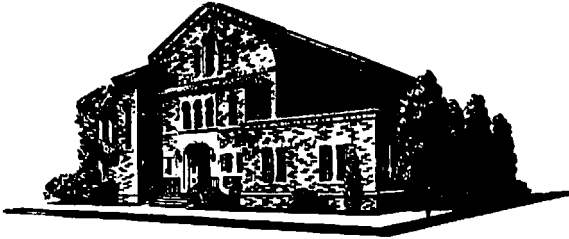
My companion pointed out that medical schools have submitted to the laws of Parkinson and are having difficulty in graduating enough men to fill their own needs in research, administration and teaching. He felt very few graduates eventually found their way into practice. Of those who did finally enter practice, the majority had been overtrained in minutia and lacked a breadth of clinical experience that should have been given in eight years of undergraduate training.

I think he possibly overstated his case, but it serves as a springboard to introduce the RMP program of retraining physicians in preceptorships with actively practicing physicians outside the University atmosphere. This plan is more likely to offer a pertinent experience in breadth to a busy practitioner in a short week than would a similar experience in depth with a University Researcher. If you would like to take on, or be, such a preceptor, get in touch with Dr. Gale Katterhagen or Dr. Marcel Malden.

A supplement to this program would be the establishment of a study conference in the various specialties each morning similar to the Hematology-Oncology Friday AM Study Group at Tacoma General Hospital where patients and their case histories may be brought for review by several physicians. We need a Chest Conference, Gastro-Intestinal, Endocrine and Neurology Conferences as well. Give Dr. Mason a call.

—R. A. K.

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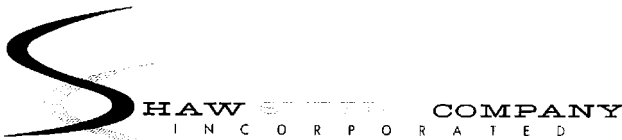
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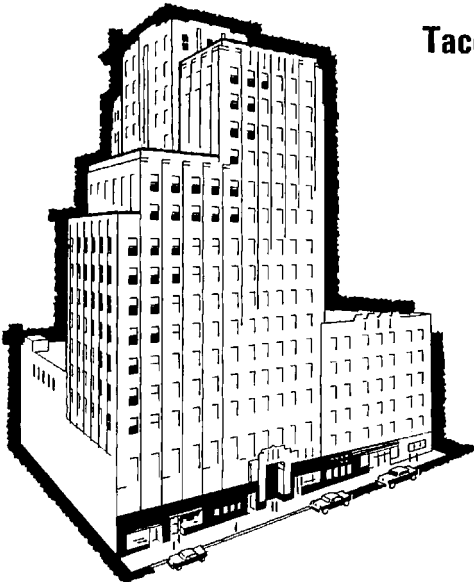
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## ADVENTURE ON THE HIGH SEAS

The Washington State Academy of General Practice cruise to Ketchikan was an unforgettable mixture of fun, excellent food and gorgeous scenery, not to mention a fine scientific program.

Some 112 doctors and their wives managed to find the Canadian Pacific Pier in Vancouver, B.C., between four and six p.m. on Monday, May 19th, despite the necessary stop to purchase tax-free booze at Blaine. One G.P. followed the wrong truck to pick up his liquor across the border and almost ended up in the custody of the border patrol. He made the ship in time but without the liquor he had already paid for.

The completely refurbished and air conditioned Princess Patricia sailed at six p.m. Heading down the channel toward Vancouver Island under a warm evening sun her passengers were busy renewing old friendships over cocktails in the lounge and their respective staterooms, unpacking and securing dining room seating assignments. Relaxation set in immediately with the camaraderie of a sea voyage and the superb dinner served by an attentive and very competent staff of waiters in the beautiful dining room. After dinner, some had drinks and danced in the forward lounge while others strolled the decks in the clean evening air or chatted with friends in their staterooms.

During the first night the ship turned North and followed the Eastern coast of Vancouver Island through the Seymour Narrows. Everyone slept like a log; or almost everyone. Gus Bischoff reported the next morning that he had had trouble sleeping because a woodpecker had been knocking on his wall. Bob Ferguson later admitted that the noise had been his head bumping the bulkhead with the vibration of the ship. Bob was also the first casualty of the

trip—a direct hit by a seagull, not on his bald head, which he stated could he easily could have washed off, but on his brand new slacks which would have to go to the cleaners! This prompted a daily “Ferguson seagull alert” which was soon a routine of the ship’s program.

The first port of call was Alert Bay on the northern coast of Vancouver Island where everyone debarked and proceeded to the long house of the Kwagutl Indians where members of the tribe performed their ancient native dances. A huge log fire burned in the center of the earthen floor, the smoke escaping through a hole in the roof. Around the fire. The Indians danced the many dances of the “Tsai-Ka” the Cedar Bark dance which included the dance of welcome (“Hamatsa”), the rebirth of Man (“Se-kwa-latl”), the Paddle Dance (Indian women paddling a canoe), and many others. One of the most interesting was the “No-No-dance” in which an elderly woman of the tribe would dance but if anyone else began to dance she would stop and shake her head from side to side, saying by her motions, “No-No”, until the other dancer stopped when she would proceed until again interrupted. The music for the dances was Indian singing and the rhythm, often complex and changing was the beat of large sticks on a log by the Indian men. The costumes were beautiful, the dancers seemed tireless and the whole portrayed the legends of the Indian nation which has no written language but is expressed in the songs and dancing and totems of the tribe.

On leaving Alert Bay only one doctor, who shall remain nameless, almost missed the boat and had to be unceremoniously dragged aboard off the top of a piling by helping hands as the ship began to pull out.

The afternoon was spent crossing Queen Charlotte Sound which can be very rough but on this sunny day was

like a mill pond. Scientific sessions were held in the comfortable salons and observation rooms with Dr. Lendon Smith talking on childhood convulsions, Dr. Robert Conn on lung disease and Dr. Donald Norquist on foot and leg problems in children and adults. By late evening it became apparent that we were really approaching the land of the midnight sun as it was still light enough at ten-thirty to read out of doors. By dusk the ship had approached the "Hole in the Wall", a narrow entrance into the passage between Hunter Island and the mainland which cannot be seen until the final turn of the ship which would appear that it would run aground on the land dead ahead but at the last moment reveals a light marking the channel. The ship's searchlight was trained onto the lighthouse and the keeper blinked his house lights in greeting as we passed.

There must have been only a lucky few who didn't gain weight on the cruise despite the pounding feet of the joggers circling the decks every morning. Breakfast was like being at Snoqualmie Lodge with varieties of fresh fruits and melons and fruit juices, cold and hot cereals, eggs in many ways, at least two kinds of fish, several kinds of omelets, bacon, ham and sausage, and hot cakes with maple syrup, not to mention toasts and muffins with jam and jelly and marmalades. And this was the lightest meal of the day! Luncheon and dinner were each time an experience and an eleven o'clock snack at night usually featured turkey, ham, cold meats, fruits, salads, desserts and petit fours. Calories and diets were soon forgotten in the exhilaration of the fresh sea breezes that whetted appetites to a razor's edge.

To wait for one's wife before starting such a breakfast after an hour or two of pacing the deck could be a trial of one's marriage as Ken Graham found out when Bev didn't join him at seven-

thirty as agreed in the dining room. It seems that Ken had risen early, Bev sleeping in and when Ken returned and wakened her he inadvertently locked the stateroom door, pocketing both keys. Poor Bev, finally dressed, found herself locked in her stateroom. Eventually she was rescued by a steward with a pass key and it was difficult for a time to tell who was the angrier, Ken because he was starved for breakfast or Bev because she had been locked in.

Reaching Ketchikan on Wednesday after lunch gave everyone an opportunity to explore this Southeasternmost Alaskan city, whose population has swollen to 7000 but which looks much the same as it did thirty years ago with its twenty-four miles of roads, some paved, more dirt and many still built on planking supported by piling. There are some new and beautiful homes perched on the hillsides which rise steeply behind the town and a fine new high school and elementary school. A few fellows went fishing, Louie Dewey snagging onto a forty-eight pound King and John Stutterheim a thirty-five pounder. Bev and Ken wangled a free airplane ride through some error in timing and most of the passengers browsed the shops, the museum, the docks and the fishing fleets.

Leaving Ketchikan at one o'clock in the morning made it possible to see in daylight the parts of the Inside Passage which had been traversed in the dark going North. To adequately describe the beauty of the Inside Passage is almost humanly impossible. One has to see it to believe it. The virgin timbered hills rise almost sheer from the azure blue water to their rugged snow-covered peaks, broken every few hundred yards by great waterfalls and every few miles by a cove or deep inlet stretching far back to other hills and snow capped ranges. And in all of this quiet grandeur there is no one save the occasional bear foraging for ber-



ries near the shore or a school of porpoise rolling their black dorsal fins out of the water's surface or an occasional seal sticking his head up in curiosity at the passing ship.

It would, indeed, take a speaker, the calibre of those mentioned before, to turn our thoughts to scientific subjects amidst all this scenic beauty, but this they did, as well as Peter Forsham, who spoke about the thyroid, the hypothalamus and diabetes in his inimitable fashion, telling an exciting story as he wove into a memorable pattern the research of past and present, the experiences of the years and the hopes and aspirations of the future.

All too soon, it seemed, the Princess Patricia slowed her engines for the entrance back into Vancouver harbor. Relaxed and rested general practitioners and their wives were almost unanimous in their opinions that the trip should have been at least four days longer, to Skagway, perhaps, but just as unanimous or more so was the feeling that this had been an experience of a lifetime that none of us ever would forget.

—HERMAN JUDD, M.D.

## THE BIG HOLE . . .

*Mavis Kallsen*



GARDENING

My husband is a man of the soil . . . a compulsive digger and hod-

carrier. In our 23 years of partnership there hasn't been a time when there wasn't a big earth-moving project going on in our backyard, sideyard, or front yard, until now. However, he has recently mentioned that he might dig out under the new addition, for something.

These soil-removal projects over the years generally followed a fairly predictable pattern . . . first a huge hole or trench is dug someplace creating (1) a mudhole and (2) a dirt pile, these usually located where access to the house is then blocked off.

Our children always preferred playing in the mud to more rote recreations and, as adults, they still do. They pretend to be planting gardens or excavating foundations, but it's easy to see they're just following an inherited trait.

The Kallsen mudhole and adjacent dirt pile are perhaps the end result. At least they seem to be, when six months or a year go by before any further action takes place. Then another hole or trench is usually started before the prior one becomes a new porch, a sprinkling system, another oil tank or whatever.

The peak of our hod-carrying friend's creative excavating came when he and his first son dug the 'Big Hole'.

It started next to our ancient one-car garage on the alley. The suggested purpose was to someday build a carport there with a patio area on top.

(Continued on page 19)

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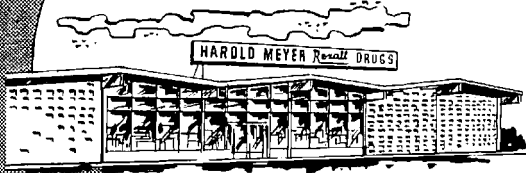
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(Continued from page 17)

First they dug out a lovely old rock garden, then the walkway to the alley . . . cutting off access to our playmates. When the rains came the whole works went into the alley in a series of mud and rock slides. Undaunted, our hero continued to dig, knocking out part of the sidewall to the garage so that the cave-ins then included the chunks of concrete.

What a wonderful time they had! !

Then came the long hot summer of '67. What had been mud turned into billowing clouds of dust in that early summer. As the gentle northerly breezes wafted tons of dust into the house, the younger children and Mom sat out on the logs at the beach enjoying the clean air there.

One hot day on our weekly run into town to play tennis and re-stock the ground beef, we stopped by the house to pick up the mail. As we drove up the hill, it looked like a tornado was happening in our back yard! Huge clouds of dirt mushroomed into the air, the noise was deafening. We ran from the car through the side gate . . . that was as far as we could go.

The 'Big Hole' was suddenly cavernous! Down at the bottom a bulldozer loaded dirt onto a waiting dump truck. The yard was swarming with sun-burned workmen. We stood there watching all this for a minute or two and then they stopped.

"What in the pink and blue is happening here?," we hollered.

"Mrs. Kallsen, we're building your swimming pool!"

Well! Hod-carriers have a point, really.

You can do a lot with dirt-removal by replacement in the form of a swimming pool. There are only one or two things we enjoy now more than floating around in the pool . . . like Ferdinand amongst the flowers.

During the recent hot May weather, we enjoyed as much 'Summer' as we might have ahead of us.

In the worst of winter, looking over the sink of a kitchen that can only be described as a preservation of an historic site, we take great pleasure scanning the quiet blue water of our backyard.

We enjoy the pool immensely, even though it has altered our agenda so that the beach is just too inconvenient. The Buttorffs built their pool at their beach place, combining the best of all possible things in one spot, but making it a little tough for Dad. The Algerts don't want to look at their pool in bad weather . . . they want to use it, so they have a bubble on it all winter and swim as part of their year-round routine. The Florences consider their pool to be a backyard bathtub, and aren't as spastic as we are about using it for neighborhood entertainment.

Everyone would LIKE to have a backyard swimming pool, but most of us just can't bridge the gap between what we think having a pool involves and what we think having a pool gives.

Following are accounts from two pool owners who took the plunge, one early and one lately . . . with something of a different look at the reasons for having a pool and the different benefits.

## WE LIKE PEOPLE . . .

*Herman Judd*



### Spring in Juddville

We built our pool eight years ago.

My wife and I think that one of the best investments we ever made was in our backyard swimming pool. We use it every day at least six months out of the year and with one of the many available covers to keep in the heat this could be stretched to nine months at least. Swimming is not only fun for us but excellent regular exercise available night or day whether we have only a few minutes out of a busy schedule or a whole sunny afternoon to devote to it.

Heated to 80 degrees, constantly circulating and chlorinated, our pool is

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a natural gathering place for friends and neighbors. My wife has taught all the kids in the neighborhood to swim and when we open the pool to the neighbors as we usually do every sunny afternoon from about four p.m. to dinner time the backyard is a happy scene of splashing and diving youngsters and parents swimming with them or chatting on the patio.

Maintaining a pool is really very easy. You have to have some simple pool rules for everyone's safety such as no running around the pool, (wet feet on wet concrete can be slippery) use of only plastic or metal containers for drinks if you have them on the patio and small children must be accompanied by a responsible and watchful adult. Once or twice a week the pool will need vacuuming with a water vacuum and chlorine added as needed and the water tested to insure proper chlorination with a simple hand kit. A few minutes a day and an hour twice a week will do the job.

After the initial investment involved in installation, the cost of owning a pool is remarkably low, considering the fun and exercise it provides. Of course the size of the pool, its shape, the temperature at which you maintain the water and the warmth of the weather are all determining factors. Our 16 by 32 foot rectangular pool which is ten feet deep at the diving end averages us about \$20 per month during the summer months. It costs about \$80 to bring the pool up to 80 degrees when we first open it in the spring. After that it is no problem.

We have a calling list for notifying our neighbors when the pool is open to them and it works like this: each family has a copy of the names of all the families on the list with their phone numbers. We call the first name on the list and say, "The pool is open." Then we hang up. The neighbor called repeats the call to the next name on

his list in the same way. Should a neighbor find that a person called does not answer he merely skips that name and goes to the next. In this way, all who want to swim are notified in a matter of minutes that "the pool is open" and you'd be surprised how soon after placing the initial call there is someone at the unlocked gate in his swimming suit.

Not only do the neighbors enjoy our pool but they are willing to help with the vacuuming and cleaning of the patio whenever we are away for a few days or too busy. In addition, they know that if they have a special function like a birthday party for one of their children, all they have to do is to ask and the pool is reserved for them at that time. Of course, most of the hours of the twenty-four, it is for our private use.

There is nothing more relaxing after a hard day at work than a swim before dinner. There is nothing that starts the day out so well as a swim before breakfast. And there is nothing that is so comfortable and conducive to relaxation than a swim in the middle of the night after a late call to the hospital. With the water warmer than the night air and with the leaves of the trees making beautiful patterns against the night sky, one really doesn't need a swim suit to enjoy it all!

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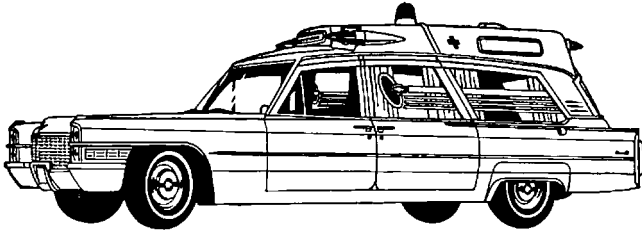
HENRY FONDA AFTER WORK . . .

*Bob Johnson*

We decided to build a backyard swimming pool because we felt it would provide for more of our recreational needs than anything else we could invest in. We don't ski, we don't have a beach place and we don't have a boat. Both Betty and I like to play golf and we're baseball fans. Neither of these offer the total picture in family recreation.

(Continued on Page 29)

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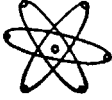
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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1969-1970

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President-Elect.....	Mrs. Ralph A. Johnson
1st Vice-President & Program.....	Mrs. Herbert Kennedy
2nd Vice-President & Dance.....	Mrs. Paul B. Smith, Jr.
3rd Vice-President & Dance.....	Mrs. Max W. Brachvogel
4th Vice-President & Legislative.....	Mrs. Jack Mandeville
Recording Secretary.....	Mrs. Duncan Baer
Corresponding Secretary.....	Mrs. Clarence Anderson
Treasurer.....	Mrs. Arthur Wickstrom
Dues Treasurer.....	Mrs. Robert O'Connell

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Membership.....	Mrs. Jack J. Erickson
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Community Health Service.....	Mrs. Robert Eurt
Today's Health.....	Mrs. David Hopkins
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Representative Council on Aging.....	Mrs. Robert Florence
International Health.....	Mrs. Francis Hennings
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	Mrs. Vincent Murphy
	Mrs. John F. Kemman
	Mrs. Charles C. Reberger
	Mrs. Joseph Katterhagen

## MRS. LONG

Auxiliary members throughout the nation were saddened to hear of the untimely death of Mrs. C. C. Long, our National President. She died of cancer April 22 in an Ozark, Ark., hospital. Mrs. Long had continued to work on Auxiliary projects up to the time of her death. The AMA News of May 5 reprinted "Ethics for Doctors' Wives" written by Mrs. Long in 1967 for an Auxiliary member orientation manual. It is worth reviewing. In her role as a physician's wife she became an active participant in Auxiliary work and believed that "the responsibility of wise direction in the use of our talents rests with all of us, with the average individual as well as with the scientists of

the world." She felt that the attitude of the public toward the medical profession is greatly dependent on the attitude and behavior of the physician's wife. In summing up Mrs. Long's article on "Ethics" she concludes, "It does not follow that we are a privileged class, but on the contrary, the community can expect more of us because we are a member of a doctor's family."

Mrs. Long is survived by her husband, Dr. Clifton C. Long and four children. Mrs. John M. Chenault of Decatur, Ala., president-elect of the Auxiliary, has assumed the president's post for the unexpired term. Pierce County Auxiliary has sent a donation to the American Cancer Society in Mrs. Long's memory.

Amid the gaiety of happy talk, spring flowers, and brightly-gowned Auxiliaries at the May luncheon at Oakbrook Country Club, President Dorothy Grenley installed President-Elect Sherry Johnson as 1969-1970 head of Pierce County Medical Auxiliary. Sherry introduced officers and committee chairmen of the new regime, each identified with a glowing carnation corsage.

Dorothy gave a concise resumé of the year's accomplishments, emphasizing that the prime goal of communication between the members of the medical family and the community had been adequately fulfilled by this year's activities. Dorothy had words of praise for her board, pin-pointing the specific achievements of each one. The membership, in turn, at Nadine Kennedy's suggestion gave Dorothy a standing tribute of applause for her gracious and stimulating leadership.

Highlights of the year include the honors accorded Pierce County at the WSMA convention in Seattle last October, namely, a plaque received by

Hazel Whitacre in recognition of the work of her late mother-in-law, Mrs. Horace Whitacre, organizer of the Woman's Auxiliary in the state; and an award for the top AMAERF contribution in the state, \$2,175. (This under Ginny Smith's chairmanship.)

Successes included the passage of Initiative 242, the "Holiday Happiness" brunch and fashion show, the Dinner-Dance, Cook-Book tasting Luncheon and Hobby Show (which accelerated Cook-Book sales), and Mid-Year Conference, with 100% attendance of all county officers. Another organizational success was the "Now, Mr. Lincoln" program under the direction of Julia Mueller.

One of Auxiliary's major contributions to the community is the distribution of the TODAY'S HEALTH GUIDE ENCYCLOPEDIA to all school districts in the county, including libraries. According to Chairman Florence Krueger over 240 books have been placed throughout the county. Florence personally has contacted school officials and made arrangements for the distribution of the book in all areas. Each book contains the Auxiliary book-plate, a special design done by Mrs. Marlene Cunningham's class in Offset Duplicating at the Clover Park Vocational Center. A great big thank-you to Mrs. Cunningham and her class for a distinctive book-plate. The enormous task of distributing the books is being handled by a group of volunteers including Sherry Johnson, Marlene Arthur, Edna Backup, Rita Bergstrom, Miriam Bondo, Toni Bourne, June Cramer, Phyllis Erickson, Donna Ferguson, Dorothy Grenley, Carol Hopkins, Anne Katterhagen, Shirley Kemman, Marian Kemp, Hilda Lantier, Kit Larson, Edith Lawrence, Roberta Millett, Julia Mueller, Liz Murphy, Charlotte Randolph, Margaret Reberger, Elsie Schwind, Marion

Smith, Virginia Smith, Loretta Stevens, Lorraine Sulkosky, Gloria Virak and Ruth Zimmerman. Whew!

### LEST WE FORGET

Peggy Haley, International Health Chairman, reports that drug sample collection will continue throughout the year. Keep it in mind, please.

### SAILING, SAILING

Joining the Washington Academy of General Practitioners' cruise to Alaska, Tacoma physicians and their wives boarded ship on May 19 for Ketchikan. Included in the group were the Viraks, Schwinds, Fergusons, Kleins, Bischoffs, Mayes, Ericksons, and the Comforts. Ship Ahoy!

### KODAK AS YOU GO

Locking the office door and packing up the kids, the Clarence Andersons plan a few weeks in Utah, rock hunting; and later, some Alaska sightseeing. Ruth Meier will be winging north to Juneau this month to attend son Joe's high school graduation. Joe plans to attend the University of Alaska next fall. Later in the summer Salishan will be the Meier's destination for the Pacific Northwest OB-Gyn. meeting. Marilyn Mandeville with daughter, Linda, plans two weeks in Phoenix during June. A visit to Marilyn's parents is on the agenda. Edna Chambers summer "sabbatical" includes a trip to Miami to visit a married daughter and to meet an expected grandchild. We know a lot more of you are on the move to summer homes and vacation lands. Give!



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**GRADUATES GALORE**

A few of the medical family children graduating from high school and college this June include Sharman Haley from Stadium, Karen Gross from Annie Wright, Craig Mandeville from Wilson, and Laurie Kalsen also from Stadium. Future alums in the college ranks are: Henry Krueger, son of Florence and Jim Krueger, will be graduated from Washington State; Elizabeth Larson, now Mrs. Jerry W. Johnston, will be a June graduate, with her husband, from the University of Kentucky.

**GIRL OF THE MONTH**

Nomination for the best adlib of the month . . . Sherry Johnson's quip after receiving a huge lei of variegated carnations, "I feel like I've just won the Kentucky Derby!" You can see we're in good hands this year.

—INEZ M. PIPE

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Sherry Johnson installed as President of Auxiliary by Dorothy Grenley at May meeting at Oakbrook Country Club.



Lorna Burt presenting retiring President Dorothy Grenley with rose and poem of appreciation.



Clara Goering, speaker at the May meeting, with Judy Brachvogel.



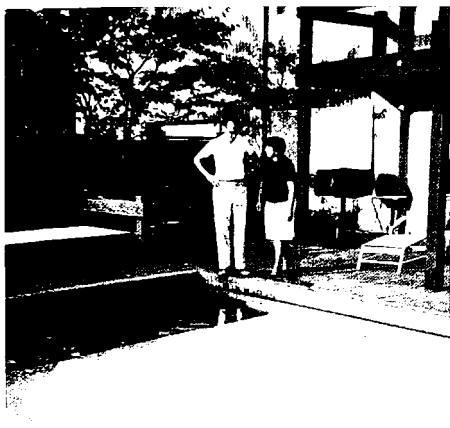
Nadine Kennedy (broken arm) speaking with Dee Wickstrom and Janet Anderson.



A smiling group of Auxiliarites at the May luncheon at Oakbrook.

(Continued from Page 21)

The backyard swimming pool here in the Northwest is still considered to be somewhat of an idiotic extravagance, partly because our climate does not always look like swimming weather,



Johnsons admiring the view.

and partly because most people look upon a private pool as being a vastly expensive item. It wasn't too long ago a swimming pool was something movie stars posed by.

In the last ten years new construction methods and improved filter and heating systems have put the swimming pool in about the same category as the family's second car was two decades ago. Surprisingly, a good pool today costs only a little more than a new station wagon.

My advice to anyone considering building a backyard pool is this . . . go around and look at what other people have built, find out what's best about their plans and what hasn't worked out. And buy a copy of Sunset Magazine's book on Swimming Pools!

We were so anxious to have the best backyard plan for our pool I did all the researching and studying and then I hired an architect. He came over and talked to us a lot and walked around our yard a lot . . . then one

night he spotted the copy of Sunset's Pool Book on the table and asked if he could borrow it. What you see here is practically brick for brick out of the Book, and he didn't even return my copy!

We thought a lot about whether or not it was foolish to enhance our 'tract house' with this pool. We were thinking in terms of whether the house was worth it. But we like the house, we like the neighborhood and we went ahead and built the pool. It's actually made it a completely different house, and much larger, because this whole backyard is part of the house now.

There's something especially heart-lifting during the grim gray of winter to look out of the window and see this beautiful expanse of bright blue water.

Putting in a pool is kind of an unnerving experience. There just doesn't seem to be any way the workmen can coordinate their efforts. The pool itself was only about three weeks in construction, but the rest of the job has taken the better part of a year and there are still a couple of things yet to be done.

The first thing people ask you when they've learned you have a swimming pool is . . . 'Don't you have a lot of trouble with the neighborhood kids?' The answer is an emphatic NO. We let everyone in the neighborhood know when the pool was first filled that our backyard was out of bounds for any and all children except when they were invited to swim. Mothers with small children were informed that the shallow end of our pool was over their tots' heads. We've had LESS trouble with the neighborhood kids SINCE we put the pool in.

The second thing people assume about pool owners is that we're going to a lot of expense and trouble maintaining the pool. This is an amazing thing, to find that we're really not paying much more to maintain the pool than

we did to have the grass cut before, and that cleaning the pool is just walking around it. One big expense in having a pool is one we didn't predict . . . a big hike in our property taxes. But even that isn't too bad, it just smarts a little.

Having a pool has certain fringe benefits . . . like being able to take the family someplace for a weekend and stay at a motel that DOESN'T have a swimming pool, or having a nice quiet house in the evening after the kids have worked off all their steam swimming all day. Especially it's wonderful after a terrible day's work to come home and take a refreshing swim, or just come out here and sit, (and maybe pose a little.)

## AMPAC---JUNE 1969

The 1969 Washington Legislature adjourned after 120 days. You have received the WSMA legislative wrap-up. Our able Division of Government Affairs Director, Harlan R. Knudson, compiled a rundown on bills of medical interest.

ABORTION—SB 286 and HB 312, companion bills, failed.

ABUSED CHILD — Sub-HB 303, Abused Child Bill, enacted and signed. Bill maintains permissive reporting, increases number of professionals who may report to include school personnel, registered nurses, social workers, psychologists, pharmacists, and clergymen. Physicians only were in original act. WSMA to encourage Department of Public Assistance to sponsor community workshops outlining services of SDPA Protective Services Division available to professionals.

ALCOHOLISM—SB 443, passed during special session, authorizes Director, Department of Institutions, to establish treatment programs for alcoholics and drug addicts. SB 4 establishing alcoholism and drug addiction center at North-

ern State Hospital, and HB 387 establishing alcoholic advisory board to Department of Health, did not pass.

ANATOMICAL GIFT ACT—SB 57 adopting uniform anatomical gift act passed Legislature and was signed by Governor.

ANIMAL CARE—HB 790 regulating humane societies and municipal pounds, and making animals available from certain pounds for research, did not pass.

AUTO SAFETY—SB 84 providing helicopter service for removal of disabled autos, SB 293 establishing standards for ambulance equipment and attendant training, and SB 104 allowing person refusing breathalyzer test under Implied Consent Law (Initiative 242) to apply for occupational license, failed. HB 300, HB 423 establishing qualifications for school bus drivers failed.

BASIC SCIENCE — Repeal failed. See Licensing.

BLOOD AND BLOOD BANKS—SB 291 permits 18-year-olds and older to donate blood to voluntary non-compen-

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satory blood program. Passed and signed by Governor. New law effective June 11, 1969.

**BUDGET**—\$200.00 placed in University of Washington budget for establishment family physician curriculum and \$10,000 for cystic fibrosis detection program. Department of Public Assistance budget totals \$492,676,048. Of the total, approximately 47% is federal matching funds. Amounts for vendor services were increased substantially. However, at this time exact figures are not available. It is generally felt that the Department will be able to update payment rates to vendors but soaring caseloads indicate the updating may fall short of the current "usual, customary and reasonable" rates. If caseloads do soar and if unanticipated problems develop, the Department could be forced to reallocate funds to keep within its total budget. Every effort will be made to avoid this but it always is a possibility in this program and the Department has the fiscal responsibility to reallocate funds and the legal authority to do so. We can only hope that it will be unnecessary.

Complete information on the medical care budget of the Department will be forwarded to members as soon as it becomes available.

**CHIROPRACTIC**—SB 149 forcing chiropractors into commercial insurance programs failed. HB 771 giving chiropractors title "Dr." and writing use of x-ray into Chiropractic Act failed. Chiropractic amendment to HB 494 forcing insurance carriers providing state employee coverage to pay for chiropractor services failed. SB 461 providing reciprocity for licensing of chiropractors failed. SB 485 reorganizing Chiropractic Disciplinary Board failed. SB 665 giving chiropractors reciprocity with its national board for license examination and basic science failed. Section in SCR 32 including chiropractic associations of Washington as organi-

zations the Legislative Council should work with during interim study on dis-eases of children failed. Chiropractic amendment to physical therapy bill HB 85 forced physical therapists to kill own bill. HB 260 forcing chiropractors and others into Medical Service Bureau contracts failed. HB 646, a title only chiropractor bill, failed. HB 228, written to allow M.D., osteopath, and podiatrist to have reciprocity for Basic Science Exam, was killed when chiropractors were amended into the bill. Sub SB 323 increasing license renewal fees and containing a section reorganizing chiropractic examining board failed.

**COST OF CARE**—SB 165 establishing study commission on hospital and health care costs failed. During final hours of the special session the Senate passed a floor Resolution authorizing Legislative Council to again study hospital costs.

**CYSTIC FIBROSIS**—See Budget.

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- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- STAFF OF NORTHERN PACIFIC HOSPITAL  
Second Monday of March, June, September, December—  
12:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.



The

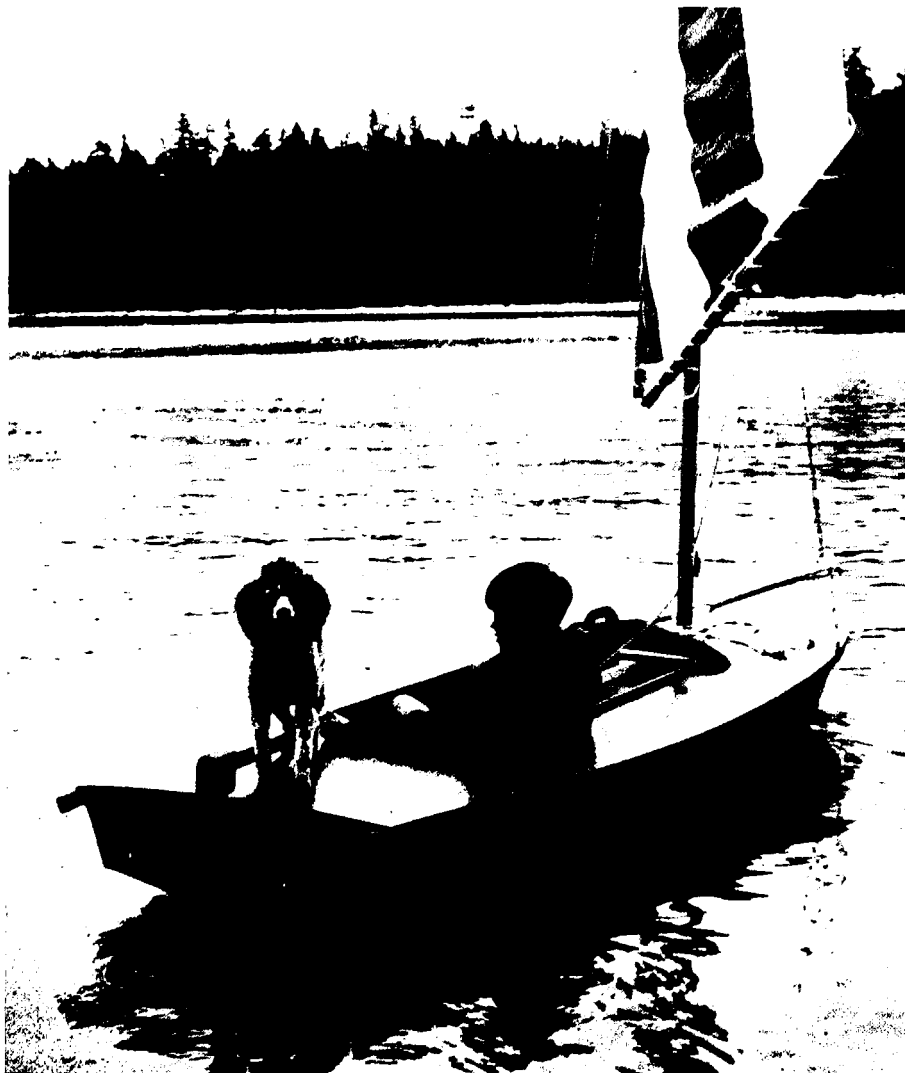
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

SEPTEMBER - 1969

TACOMA, WASHINGTON

VOL. XL—NO. 7



PIERCE COUNTY MEDICAL SOCIETY

# Pierce County Medical Society

1969

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## President's Page

What is a civil disaster and what are a physician's responsibilities during such a disaster?

Avoiding detailed definitions, let us assume a civil disaster is any unexpected event causing a sudden large number of potentially injured persons, such as an industrial explosion, collapse of a grandstand, a large plane crash near by, a bomb in a theatre, or a sudden outburst of civil disorder, such as the K Street affair.



The Society's Civil Disaster Committee, headed by Dr. Wickstrom, is preparing a new list of physician assignments to individual hospitals. A few specialists (in short supply) may be assigned as "floaters" to be available where needed.

Upon learning of a disaster, the individual physician should immediately contact his designated hospital. If telephone communications are destroyed, he should report in person to his designated hospital. When a physician will be absent from the community, it would be helpful if he would notify the physician's exchange as to his whereabouts so time will not be wasted in trying to locate him.

Our committee believes that the physician's prime mission is to provide care where care can be effectively given. A few doctors may be strongly tempted to rush to the scene of the tragedy to provide immediate aid to the injured, regardless of the personal hazards involved. Please report to your proper assigned place where care can be more effectively provided. We already have a physician shortage.

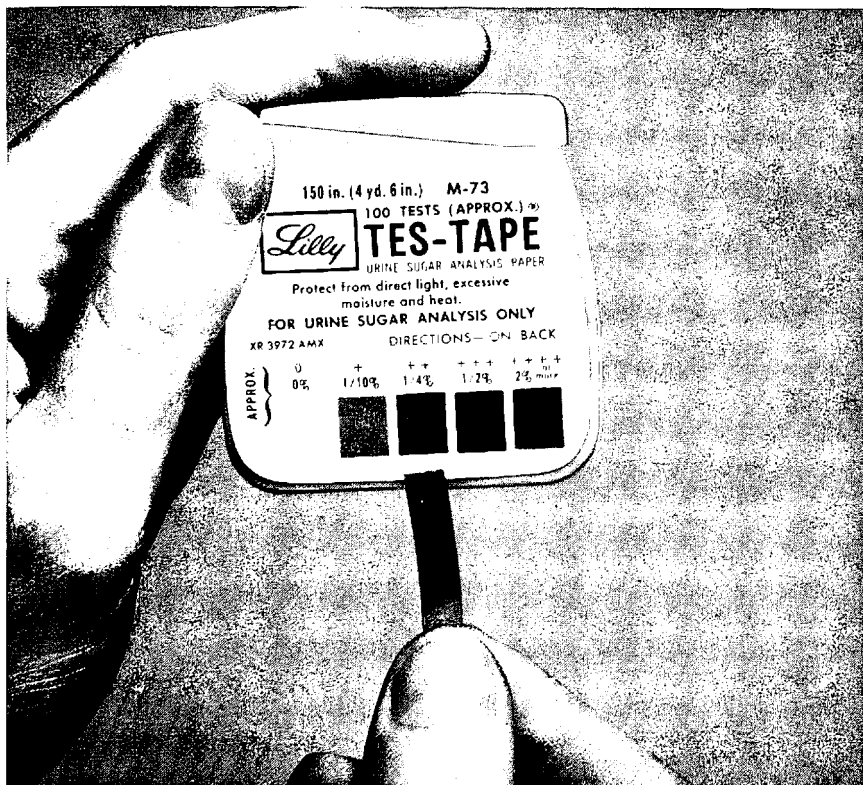
The problem of compensation and liability for hospitals and physicians during such crises has not been solved, but are certainly of secondary importance. Your committee is attempting to establish guide lines for these issues. My personal thanks to the committee, Drs. Wickstrom, McGill, Tanbara, Link, Hoover, Kemp, Miskovsky, and Staatz. (How did so many bone crusher's get on that list? ?)

—WAYNE W. ZIMMERMAN, M.D.

Medical Journal Ad  
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# Editorially Speaking

## POLLUTED!

One bright still day in August, with the fog gently resting on Commencement Bay, a sweet, retiring young creature of great beauty entered my office complaining bitterly of a plume of sulphur dioxide and assorted chemicals which had settled on her lawn, seared her throat, burned her young dogwoods and left a white ash on her patio table for her children to ingest. My first principle in the practice of medicine is to listen, offer emotional support and reassurance, and to keep my mouth shut. So I said, casually, "YOU should organize your neighborhood and complain." The next thing I know, there is a note on my desk. "If Dr. Kallsen refuses to be a member of a panel on air pollution, have him call me." So the note was lost in the shuffle of charts and the next time it came to my attention was via radio and TV announcing my participation.



So . . . to the library. And there I discover a controversy over the degree of the health hazard. The source of controversy seems to be the confusion which arises when one attempts to draw conclusions from health statistics and compare them to chemical and particle concentrations in the air. A mobile population, some of whom move to an unpolluted area for health reasons, a varying terrain, multiple pollutants from automobile, industrial and home sources and personal smoking habits all make hay for the statistician.

In spite of the comment of the Smelter Industry pollution expert that his grandmother felt burning sulphur cleared up respiratory ills, there does appear to be a fair amount of evidence that sulphur dioxide, and the acids that accompany it, is associated with an increase in respiratory symptoms, morning phlegm and reduced pulmonary function. The much publicized "Killer Fogs" have been in unique geological bowls or in heavily industrialized large populations of great density with both particulate (dusts) and chemical pollution from many sources. Smoking habits have been a very real problem in determining the effects of pollution on the mortality rate of a community. Personal pollution apparently causes a greater morbidity and mortality than does the ordinary pollution of the cities.

The meeting was an eye opener. Several hundred articulate citizens gathered to hear the problem discussed and offered many constructive criticisms to our local polluters—with no small sincerity. There was no visible blood spilled. But I am sure the smelter people recognized that the community was behind our Pollution Controllers in their suit to reduce the smelter fumes within the tolerance set by law.

So let's join the Izaak Walton League of America or your favorite conservation organization, arbor society or garden club and make it possible to breath clean, fresh air on our loveliest days.—R. A.K.





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## The Sailor Dog On Savary Island

*... And Tales of Other Sea Dogs*



Savary Island is remote in the terminology of the jet set, as it can be reached only by small boat or small aircraft. It lies two miles offshore from Lund, B.C., the end of the road for the Pacific Coast Highway.

The condiments of civilization . . . public utilities . . . haven't arrived there, but one can be royally accommodated at the Royal Savary Hotel, where afternoon tea is strictly observed and the evening tonic on the veranda is served with tales of the sea and buried treasure.

Savary is an ideal base of operations for exploring the North Georgia Straits by small boat. The waters of the North Straits are placid and warm, the multitudinous islands endless in their variety. Some of the most beautiful white sand beaches in the world and beaches of wall-to-wall oysters are just minutes apart on Savary and on its neighboring islands.

Last month ED. and about half his family, including a seafaring poodle-dog, made the trip to Savary to investigate rumors about this wonderful spot.

Our stay at Savary was just 2½ days, but we managed to cram every kind of island activity into this short space . . . fishing, hiking, sailing and explor-

ing the surrounding islands . . . all this in an aura of leisure bordering on indifference to the span of time.

The Sailor Dog was always first on board the boat when we set out to explore the islands, always the first on the beach when we put into a strange cove, tracking the unknown inhabitants of these islands.

At night the Sailor Dog slept with one eye open seaward. At dawn she ran miles along the beach or through the woods, and sometimes we would hear her far-off tremulous 'Yii-yii' when she had cornered a seagull or treed a chipmunk.

ED. hadn't fully studied the details of such a trip and we had no idea that a certificate of vaccination is required for dogs crossing the border. She had apparently been asleep in the back of the car when we crossed the border going North and was unnoticed.

When we came back, weary and quite anxious to get home, the Sailor Dog was soundly sleeping on top of a pillow which was on top of one of the children in the back seat. We were stopped by the U. S. Customs and turned back, we couldn't re-enter the U. S. without the papers for the dog.

Likewise the Canadian Customs refused us re-entry.

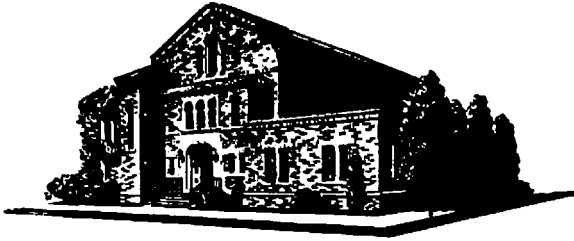
The only way we could re-enter either country was to have a vet come to the border and give the dog a shot for rabies. This was a sunny Sunday afternoon, however, and of the eight vets within range, none was available.

The prospect of sitting and waiting in the car in no-man's-land for the afternoon and perhaps for all night, too, wasn't appealing.

We explained to the children that we were merely protecting the rights

(Continued on Page 15)

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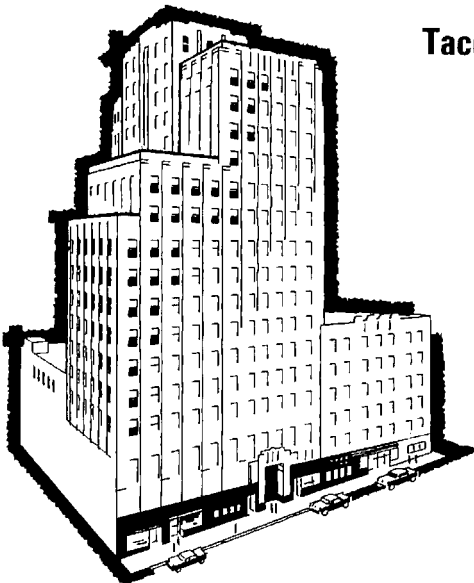
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(Continued from Page 12)

of an American citizen, not necessarily violating the law. By appealing to their patriotism, we managed to persuade them to push the tired Sailor Dog onto the floor in back and throw a coat over her.

The Sailor Dog slept on. We circled around to the far gate of U. S. Customs and glided through, smuggling one tired and salty animal back home to the U. S. A. You could almost hear the roll of the drums.

The trip to Savary was an unqualified success and we plan to return next summer, with the proper papers for the dog.

The combination at Savary of relative wilderness . . . with the vast expanse of wilderness to be explored, and the relative creature comforts of the Royal Savary Hotel, definitely converted us to the 'Island-Hopping' sect of boating enthusiasts here on the South Sound.

—MAVIS KALLSEN

Since boating in Puget Sound takes many forms and there are as many sea-faring doctors, or at least registered boat-owning M.D.'s here as anywhere in the world, we offer as this month's topic the logs of several outstanding 'sea-dogs' . . .

-----  
*The Crabills . . .*



We've been vacationing in Canada for fifteen years, mostly going wherever

the fish are. We've gone up by car, we've taken sea planes into the lakes . . . and the last six years we've trailed boats up to travel and fish the Canadian San Juans.

One year we took the boat up from here, but it was just too big a job going through Deception Pass on rough water and we'll never do that again, at least not in a small boat.

Our present boat is a 16' inboard-outboard, easy to trailer and perfect for fishing or just exploring the islands up there, as well as being a perfect lake boat here at home.

We never camp out on our boating trips because we like to be comfortable. Our idea of a vacation includes hot baths and good food. Once or twice we've stayed in cabins up north that were just a little less primitive than camping-out.

The Royal Savary Hotel was ideal for us. We like an informal family vacation and the two weeks we spent there were perfect. The Hotel itself is not modern but it has a lot of charm.

The proprietors, the Ashworths, and Andy Rhodes, enhanced the accommodations a great deal, and we highly recommend them as hosts and friends.

The food at Royal Savary was excellent, often including clams and oysters freshly gathered, salmon caught that day, fresh vegetables from the Hotel's kitchen garden. All this prepared expertly by the Chinese cooks. When the dinner bell sounded the hotel guests instantly appeared from everywhere . . . from the beach, the water or the woodwork!

The hotel guests were about half Canadians and half Americans, mostly families with young children and several families of three generations. We all became friends in the informal atmosphere of the hotel.

While the fishing off Savary was at first slow, every one caught was a real thrill as we didn't use the customary live bait . . . just flies and lures without weights. The last afternoon we were there we caught four really nice salmon, and certainly hated to leave the next morning.

We took trips from Savary to Stuart Island, Mink Island, the Twin Island and many others. It was surprising how many friends from Tacoma we met tucked away in the coves and inlets, tenting out on the beaches.

In the cove between Twin Islands there is a magnificent lodge owned by a German prince who uses it only one or two weeks a year. We pulled in to look at it, it looked like a mirage there and the caretaker met us and took us on a tour of one of the most elegant hide-aways we have ever seen.

We made the trip from here to Savary in one day, getting up at three in the morning to pack the car and our trailered boat. There are two ferry trips, from Horseshoe Bay and Earl's Cove, on the drive to Lund, road's end on the Canadian Coast. Lund is the favored launching point for small boats heading out for the North Georgia Straits.

Lund, pictured as a peaceful village at the end of the road, is in reality a completely chaotic traffic jam of cars, trailers, pleasure boats, fishing boats and water taxis . . . testimony to the recent explosive popularity of boat-trailering. It was a beehive of disorganized activity.

The catamaran from the Royal Savary Hotel met us at Lund, took on some of our excess baggage and led the way for us across the Strait to Savary Island. As we went in to the beach there we had left all problems behind. For two weeks we thoroughly enjoyed being unconcerned and relaxed and not working hard at haying fun.

We definitely plan to return there.

## Sixteen Years Before The Helm

. . . Stan Durkin



"Believe me, my young friend, there is *nothing*—absolutely nothing—half so much worth doing as simply messing about in boats."

I have lived in this area practically since I was born, having been brought up in Vancouver, British Columbia, and I don't think my history of boat ownership is particularly unique. I have run the gamut of practically every form of boat that floats—and some that didn't! I confess that my interest has been mainly in the power boat field, but I have owned sailboats, rowboats, outboards, inboards, cruisers and practically every form of water transportation that there is.

In the large boat field the major boating splits into two groups. Firstly, the sailboaters, and secondly the power boaters. There is a friendly rivalry between these two groups, as to the advantages of one over the other, and there is much to be said about both. But the important thing is that, large, small, power or sail, there is some type of boating for everyone in our area.

It usually starts with the acquisition of a small boat, in this area almost invariably a small outboard, 15 or 16 feet. This is used to run down to the beach place, or to water ski. After this introduction, and getting the feel of Puget Sound waters, the next step is

**when simple analgesics  
are simply not enough...**



that I don't seem to be able to get any-

(Continued on Page 19)

Non-narcotic

# TRANCO-GESIC<sup>®</sup>

## tablets

chlormezanone 100 mg. with aspirin 300 mg.

Pain perception... mental tension... muscle tension-spasm — all three are often major contributors to your patient's over-all discomfort. TRANCO-GESIC produces over-all relief because it provides analgesia to combat pain, tranquilization to calm tension, and muscle relaxation to assure comfort and ease of movement.

- oral non-narcotic analgesic
- dependable muscle relaxation and tranquilization
  - peripherally on the neuromuscular apparatus
  - centrally on the brain
- well tolerated
- suitable for prolonged administration

**Action:** TRANCO-GESIC, with its combination of pharmacologic effects in treating patients with acute or chronic pain, provides more effective control of pain than simple analgesics alone. The double action of chlormezanone, centrally on the brain, and peripherally on the neuromuscular apparatus, provides dependable muscle relaxation and tranquilization. This is combined with the well-known analgesic, anti-inflammatory, and antipyretic action of aspirin.

**Contraindicated** in patients with a history of a previous hypersensitivity reaction to chlormezanone. TRANCO-GESIC should not be administered to persons known or suspected to have an idiosyncrasy to aspirin.

**Warnings:** Should drowsiness occur, the dose should be reduced; and if this should continue, the patient should not operate a motor vehicle or any other dangerous machinery while taking the drug. Safe use of this preparation in pregnancy or lactation has not been established, as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

**Adverse Reactions:** Should drug rash, dizziness, flushing, nausea, gastric distress, drowsiness, depression, edema, inability to void or weakness occur, reduce dosage or discontinue medication. Reversible jaundice, apparently cholestatic, has been reported on rare occasions during the use of chlormezanone.

**Dosage and Administration:** So well tolerated it may be taken on an empty stomach. Usual adult dosage is 2 tablets three or four times daily. The suggested dosage for children 5-12 years old is 1 tablet three or four times daily. Relief of symptoms is often apparent in 15 to 30 minutes and may last up to 6 hours or longer.

**How Supplied:** Bottles of 100 and 1000 tablets.

**Winthrop**

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Issued March 1969 (1322MA)

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Puget Sound waters, the next step is





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body to fix to my liking. One finds when you get into boating, that you become in a very short while, a fairly well trained mechanic and carpenter. You get so you can handle fiberglass, learn to knot. In short, one becomes a shipwright, junior grade, and works hard at it. Even after years of experience, and in spite of the ability and skills that you develop, there will invariably come that inglorious moment when you need to be towed in. I went through years of boating without having to be towed, and in the past two or three years I have had this humbling experience so many times that it is becoming more usual than my boat running under power. It has happened so often, in fact, that my family accuses me of using the tow-in as a gas-saving device.

Of all the boats that we've owned, the eighteen-foot catamaran with two seventy-five horsepower outboards was the most fun and by far the most thrilling boat that we've owned. It's a wonderful experience to run from Sousha Island in the Northern San Juan group to Day Island in a little over two hours.

Fishing has never been one of my joys but every year when we went north in the cruiser we would dutifully fish off Stuart Island and April Point. The fishing was usually bad, but we always managed to get enough fish aboard the boat so that we ate salmon for breakfast, lunch, dinner and snacks. This palled a little after a week or two.

I shamefacedly remember the night we were anchored up in Prideaur Haven that I got up about three-thirty to check the anchore rope, and seeing everyone was asleep I opened the refrigerator door and threw the remaining three salmon over the side. Everyone else on the boat must have felt the same as I, for there was no mention of the strange disappearance of the fish.

Our boating experiences have been very pleasurable but we have had some

that I don't seem to be able to get any-

(Continued on Page 19)

# TRANCO-GESIC<sup>chl</sup> tablets

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Issued March 1969 (1322MA)

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 are simply not enough...

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 to calm tension

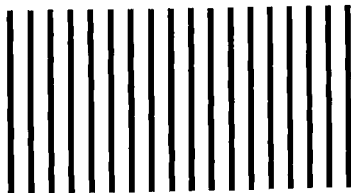
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Puget Sound waters, the next step is

usually when the children decide that the motor is not large enough. So, you go to a much larger outboard motor. Then, somebody wants to stay overnight. So you start looking for a boat that you can use to go to the beach place, that you can use for water skiing, that won't be too expensive, one in which you can stay overnight, and so on. And before you know it, the thing has evolved into a situation where you are deeply involved, and usually have much more boat than you require (or can afford).

Then comes the day that you make your first trip North. All one has to do is to pull into Roche Harbor any day of the summer, tie up, and walk through the dock area, to realize how totally inadequate the boat that he owns is. This is one of the finest places in the area to get "two-foot-itis". You find yourself looking at larger second-hand boats, and rationalizing with your wife the many reasons why the boat that you own is inadequate. "Really, honey! We would be saving money in the long run." I am sure that many doctors have gone through the same experience. I know that I did, and over a period of 16 years in this area, I went from a very small boat to a relatively large, power cruiser, and am now tapering off again, back down to a smaller inboard-outboard, for cruising the lower Sound.

One item that hasn't been mentioned is the expense of boating, nor have I said anything about the hours of work involved. These are two factors that one doesn't consider at first, and believe me when I say there is very little difference in either of these major factors, if you are talking about sailboating or power boating. There is practically no difference between blowing out a spinaker or the starboard motor. I have spent most of the last two summers "on the beach" with a broken-down boat, that I don't seem to be able to get any-

body to fix to my liking. One finds when you get into boating, that you become in a very short while, a fairly well trained mechanic and carpenter. You get so you can handle fiberglass, learn to knot. In short, one becomes a shipwright, junior grade, and works hard at it. Even after years of experience, and in spite of the ability and skills that you develop, there will invariably come that inglorious moment when you need to be towed in. I went through years of boating without having to be towed, and in the past two or three years I have had this humbling experience so many times that it is becoming more usual than my boat running under power. It has happened so often, in fact, that my family accuses me of using the tow-in as a gas-saving device.

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Our boating experiences have been very pleasurable but we have had some

(Continued on Page 19)

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(Continued from Page 17)

harrowing experiences, too. Like the night we were to meet the Haleys in Pender Harbor. We had been at April Point and planned to make a fast three-hour run to Pender to meet them. Off Westview the wind kicked up from the Southwest and what normally would be a two-hour run from Westview to Pender in our cruiser stretched out to six hours, in winds up to eighty knots. The dinghy was broken loose from the boat and we came very near to broaching many times before I was able to work the boat around Grief Point and up into calmer waters.

When we finally located the Haleys in Pender we moored beside them, well-anchored and had no problems. About a half an hour later when I went to check the anchor I found that we were drifting quite rapidly, the two boats tied together, down Garden Bay. An unbelievable wind was blowing across the Harbor. We were fortunate to get both boats started up before we were ground ashore.

When we had our big boat we used to cruise up to Vancouver and tie up at the Bayshore there for several days. The first time we moored there was when our boat was brand new. We were very proud of the boat and the way it looked with that nice white finish. After the first night tied up there we awoke in the morning to find to our consternation that during the night the fish cannery that used to be next to the Bayshore had disgorged several tons of fish entrails into the water and the waves had flapped fish entrails over the entire boat.

Some of our favorite cruising is up in the Canadian Gulf Islands, particularly in Montegue Harbor where it's wonderful sailing for the dinghy. In the San Juans our favorite midday stop was always Sidney Spit where the water is delightful and warm. Princess Louisa Inlet, with its magnificent scenery, was

another favorite spot for us to stop and play chess on the dock with old Mac, the self-styled major domo of Princess Louisa Inlet.

We still have a small boat that we use to run around the Sound and go out to the beach place, but one of these days we'll get back into the big cruisers. We will have forgotten what problems and what expense the big boat was, and one can never forget the unearthly pleasures of the sea and of arriving in the afternoon at a strange harbor with a narrow and rock girt passage. Once inside the harbor, anchored outside of the swell of the sea, there is the promise of a clear night and a calm morning . . . and sometimes a hangover.

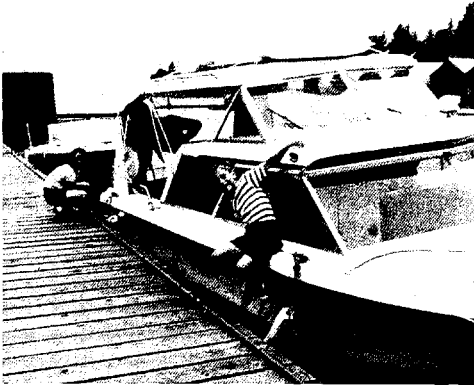
foot inboard-outboard it was apparent that we would return with our two children for at least two weeks this year, with a slightly larger boat and a more ambitious itinerary.

It's easy to boat North if you are watching your tides. Almost always at four o'clock in the afternoon it is like a millpond in the so-called treacherous South Georgia Straits. The morning we were ready to leave Nanaimo the boats who went out came right back in the rough chop, but it was flat as a floor that early afternoon. You just have to wait.

Last year was our first experience boating north and we had made up a schedule for our trip. With storm warnings up it was kind of foolish to go out on the Straits in a small boat. We learned something then.

Up in Desolation Sound the waterways are all fjords, mostly inland quiet waters you can cruise on indefinitely without hitting rough water. But if the wind is such that it is coming down the fjord and funnelled into and onto a narrow channel . . . then you take cover quickly.

The area of the North Georgia Straits includes the most scenic waterways and fjords in the North Pacific. There are just innumerable sheltered coves up there, abundant with clams, oysters and fish, and infrequently other boats.



*The Bischoffs . . .*

Last year after one week of boating in the Canadian waters on board our 19-

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All through the area at intervals there are summer colonies, logging camps and settlements where gas and groceries can be obtained.

Our family likes boat-camping . . . our 20-foot inboard-outboard is just like a small cabin with bunks for the four of us and a small galley and a head. For two weeks we always slept and ate on the boat and there was no cabin fever. We got off the boat plenty, enough to work off steam and explore those wonderful islands.

Meals were never a chore on our trip. Our diet on board the boat was simple, often the oysters and fish caught along the way, supplemented by canned goods. We ate out once for dinner in Nanaimo and had breakfasts ashore here and there, otherwise it was camping, and boat-camping is fairly primitive.

We didn't suffer any hardships. In the evening, sitting on a soft beach, we would have a couple of martinis.

Our two children enjoyed the trip hugely and were good travelers. Close quarters were no problem and they were always just as curious as we were to see what was around the next bend in the next cove. Our children are small, however, and when they grow to be awkward and unmanageable perhaps we will have two boats.

For the two weeks on this summer's idyllic cruise our daily schedule was quite relaxed . . . we always slept late and when we got up about ten o'clock we would go ashore to explore the beach where we'd anchored, and perhaps dig clams there or gather oysters.

We would then have a large meal, perhaps brunch, on the boat.

At around two in the afternoon we would raise anchor and travel on. At 22 knots you go a long way in a short period of time, and if we traveled until six in the evening we had crossed a large area of water.

We enjoy the boating on the North

Puyet Sound and through the San Juans so much, we would never forfeit the pleasure of this part of the trip just to reach the North Straits. There are so many wonderful things to see between here and the North Georgia Straits, and the boating is so easy if you just simply consult the Coast Guard charts, the tide tables and the weather forecasts.

Having to put in shore because of rough water anywhere along this route is a pleasure. Gas, water and groceries are available everywhere in the San Juans, as well as congenial companionship. The boat-camper has only to relax his schedule in deference to the tide and currents. This is, after all, the pleasure of the sea . . . it is not controlled by government edict.

The opportunity to enjoy travel in these beautiful inland seas is our wonderful chance to off-set the trials of our profession. There we can at last be the master of our own destination. There we can annually renew our hopes and our dreams for a time again when the high hopes we believe in are actually the survival of man.

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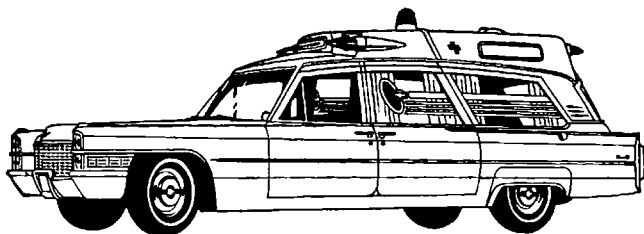
## IT'S GROWING

The opportunity to learn about our patients and their diseases continues to expand in Tacoma with the addition of a Chest Conference in the Tacoma General Hospital Conference room every second and fourth Wednesday at 1 o'clock. So bring films or patients and participate in an effort to solve some of our perplexing chest problems. Dr. Robert E. Lane is chairmanning the conference.

A cardiac conference has also been scheduled for the fourth Tuesday at 7:30 a.m. under the guidance of Dr. C. L. Anderson.

Now who will volunteer to chairman study clubs in Endocrinology and Gastro-intestinal disease?

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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1969-1970

President.....	Mrs. Murray L. Johnson
President-Elect.....	Mrs. Ralph A. Johnson
1st Vice-President & Program.....	Mrs. Herbert Kennedy
2nd Vice-President & Dance.....	Mrs. Paul B. Smith, Jr.
3rd Vice-President & Dance.....	Mrs. Max W. Brachvogel
4th Vice-President & Legislative.....	Mrs. Jack Mandeville
Recording Secretary.....	Mrs. Duncan Baer
Corresponding Secretary.....	Mrs. Clarence Anderson
Treasurer.....	Mrs. Arthur Wickstrom
Dues Treasurer.....	Mrs. Robert O'Connell

## COMMITTEE CHAIRMEN

Nominating Committee and Health Council.....	Mrs. Philip Grenley
Membership.....	Mrs. Jack J. Erickson Mrs. Richard Link
Safety and Disaster Preparedness.....	Mrs. James R. Stilwell
Historian.....	Mrs. William H. Goering
By-Laws.....	Mrs. Thomas A. Smeall
Paramedical.....	Mrs. Roy H. Virak Mrs. Frederick Schwind
Publicity.....	Mrs. Dudley Houtz
Bulletin.....	Mrs. Bernard Pipe
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Social.....	Mrs. Thomas E. Murphy Mrs. Robert Florence
Speakers Bureau.....	Mrs. Francis Hennings
Community Health Service.....	Mrs. Robert Crabill
Today's Health.....	Mrs. Ernest Randolph
Representative Council on Smoking.....	Mrs. Carl Ekman
Representative Council on Aging.....	Mrs. George Moosey
International Health.....	Mrs. Theodore R. Haley
Cook-Book.....	Mrs. David Dye Mrs. John F. Kemman
Cook-Book Tasting Luncheon.....	Mrs. Mills Lawrence Mrs. Alva Miller
AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Roberger Mrs. Joseph Katterhagen

Making it easy for prospective members, and so convenient, Membership Co-Chairmen Phyllis Erickson and Rena Link are arranging a number of "Coffee" parties in districts throughout the city.

On the morning of September 19 various Auxiliary members will open their homes for the neighborhood coffee hours. This arrangement has the attraction of smaller groupings thus giving all an opportunity to become better acquainted with their hostesses and Auxiliaries in their own districts. The hostess list is not yet complete at this writing but the following members will have polished their homes for the occasion: Helen Whitney, Stephanie Tuell, Ruth Meier, Charlotte Randolph and Rena Link.

## AFTER MEMBERSHIP, WHAT?

Dues, of course. Auxiliary should have priority in the fall dues payment race. Be the first to mail your check to Janet O'Connell, 615 North E. St., Tacoma 98403.

## SECOND TIME AROUND

I wish I had the proper words to convince you of the value of the Tacoma-Pierce County Safety Council's Defensive Driving course. Some of us took it a year ago when it was sponsored by the Auxiliary. Those of you who were unable to take it then have the opportunity offered once more during the month of October, on Thursday mornings from 9:30 to 11:30. The facts one learns in this course may mean the difference between life and death for you and your family. Just a "for in-

## GROW, GROW, GROW

Instead of Go-Go, let's Grow-Grow in membership this year. The Auxiliary is an organization for ALL physicians' wives in the community. President Sherry Johnson, in her June 6th letter to you, extended an invitation to the wife of every doctor in the Pierce County Medical Society to join Auxiliary.

stance". Before taking the course I never bothered to check the tires before getting into my car, but now I do. Noticing a soft tire on the left rear one morning saved me a tiresome delay on the Freeway. It could have saved more. One learns to be observant of any problem developing in the car and to drive looking well ahead for any possible trouble spots on the highway.

That the Medical profession is deeply concerned over the increasing traffic fatalities is emphasized by the flood of articles appearing in recent Medical Journals. In the June PSYCHIATRIC OPINION an article by Dr. Algert L. Chapman titled SAFE DRIVERS—THE KEY TO HIGHWAY SAFETY, stressed that the majority of accidents are caused by driver error. Dr. Chapman says, "Many drivers involved in accidents are drunk, IMPROPERLY TRAINED, physically or mentally sick, or emotionally disturbed." One of those factors, the training, is taken care of in the Defensive Driving course.

Please send in your check to Lois O. Stilwell, 1244 S. Fairview Drive, Tacoma 98465, to reserve your place in the October Class.

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### HI THERE!

New names in the medical community are Alice and John Hilger, Mena and Joseph Colella, Virginia and Roy Miller, and Emma and Davids Carnis.

-----

### MORE NAMES

News of Phyllis Erickson's appointment to the Board of Trustees of Fort Steilacoom Community College was greeted with approval by Auxiliary members. Phyllis was a member of the original college board in 1967 and

has also served on the board of the Franklin Pierce School District.

Condolences are extended to Kay Wright whose husband, Dr. Ross Wright, died recently. Auxiliary is saddened to hear of the death of Doris Dietrich (Mrs. Carlisle.)

-----

### COOKBOOKS ON THE MOON

Before you take off for the moon, pack some COOKBOOKS in your knapsack! That must be the only place they aren't in use. Over 3000 of the second edition have been sold and this edition has gone into its second printing.

-----

### WSMA ANNUAL MEETING

Along with the usual fare, the Washington State Medical meeting offers some new attractions for the ladies. On Monday, September 15, there will be a tour of the University of Washington Hospital, hosted by King County Auxiliary. That same day, the exciting new Mirabeau on the 46th floor of the Seattle First National Bank Building will be the scene of the Monday night dinner. President Sherry will be attending the business sessions along with Pierce County's eight delegates. Come along.

-----

—INEZ M. PIPE

-----

### AUXILIARY PREXY, SHERRY JOHNSON

Depth, poise, and serenity characterize the lady who heads Pierce County Medical Auxiliary during 1969-70. Sherry is married to Dr. Murray L. Johnson and is the mother of four children; a son with the Army in Korea, two college-age daughters and one entering high school.



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An R.N. by profession from Union Memorial Hospital in Baltimore, Sherry worked as head nurse and assistant night supervisor in that hospital during the second World War. Another facet of her nursing career was the teaching of a course in bedside nursing to Red Cross Nurses Aides.

While her daughters were members of Girl Scout and Campfire organizations, Sherry was active in both groups.

Sharing her husbands interest in natural history, Sherry and Dr. Johnson have traveled to many lands in their research and study of animals. They have been to Alaska, criss-cross the United States, south into Mexico, the Dominican Republic, Ecuador and the Orient. Sherry says, "We've traveled in conventional vehicles and more exotic conveyances, such as dog sleds, seal-skin boats, helicopters and in cargo planes in which we've worn parachutes."

Adventure has been prominent in their lives. In conjunction with these activities Sherry is affiliated with the Tacoma Zoological Society, the American Society of Mammologists, and she is a Field Associate of the Puget Sound Museum of Natural History.

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**HAVE YOU SENT IN YOUR  
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Those who know her well say that Sherry has been a consistently loyal and hard-working member of Medical Auxiliary since she joined in 1947. For two years she was Chairman of the Civil Defense committee, and she has served for several years on the Telephone committee. Known as a poised and effective leader, Sherry and her competent Board are ready for the busy year ahead.

ords were destroyed; however, the majority of medical records have been placed in storage. Due to the fact that records are in storage, some delay in replying to requests for medical information will have to be expected.

Should there be any other inquiries concerning Mountain View General Hospital, direct these to the Health Department. All mail for Mountain View General Hospital will be forwarded to the Health Department after August 1969.

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## Medical Records From Mountain View General Hospital

Any physician wishing a summary Mountain View General Hospital pa- of Medical Records concerning previous tients should request information as follows:

Tuberculosis Patients (either Mountain View Sanatorium or Mountain View General Hospital, Tuberculosis Unit): Mail requests to the Tuberculosis Clinic, Tacoma - Pierce County Health Department, County-City Building, Tacoma, Washington 98402. (This applies to both medical records and x-rays).

General Unit Patients (either Pierce County Hospital or Mountain View General Hospital, General Unit): Mail requests to the Administrative Office, Tacoma-Pierce County Health Department, County-City Building, Tacoma, Washington 98402.

General Unit X-rays: Mail requests also to the Administrative Office of the Health Department.

General Unit X-rays prior to July 1966 have been destroyed. Remaining x-rays will be destroyed in another three years. Some old inactive medical rec-

---

## Physicians Needed To Counsel Teenagers

The Department of Obstetrics & Gynecology, Division of Family Planning and Education, U.W., is anxious to determine the names of those physicians within the Medical Society who would feel free to counsel teenagers seeking contraceptive advice and prescription. Many calls are received requesting the name of a physician or physicians in a particular locality who would be willing to respond to the request for information by teenage patients.

Although patients will continue to be referred to the Planned Parenthood Center of Seattle, and when appropriate to the Women's Clinic at the University Hospital, it would be helpful to have a list of physicians who could be called, on a rotational schedule, to see patients on a fee-for-service basis.

Those interested physicians may correspond directly with Ronald J. Pion, M.D., Director, Division of Family Planning and Education, 217 Harborview Hall, Seattle.

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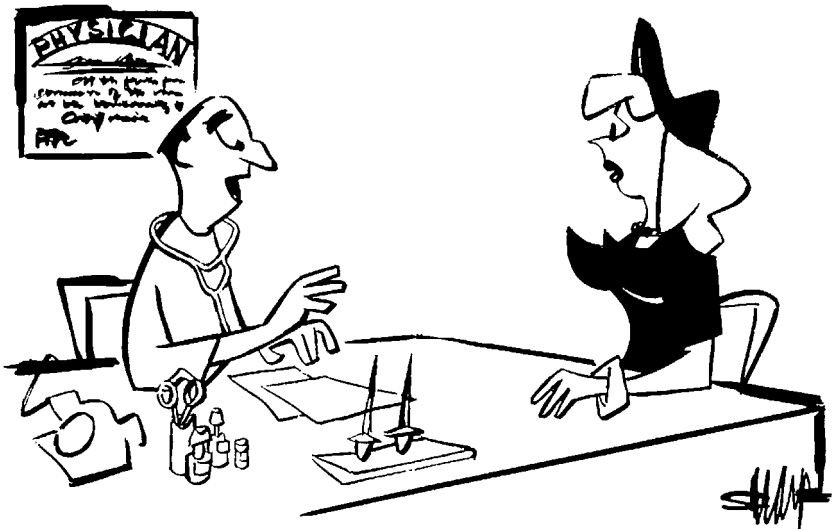
**HAVE YOU PAID YOUR AMPAC DUES?**

## REMEMBER TO MARK PAGE 13

From the Burglary and Theft Unit,  
Tacoma Police Department:

"If the Pierce County Medical Society would urge their members to personally identify the various medical books and catalogues that are kept in their offices, this would assist law enforcement agencies in not only returning these expensive publications if stolen and recovered, but would help to pinpoint areas where some of these people are active. It could be of value in obtaining convictions of both burglars and narcotic addicts who are victimizing the doctors' offices at this time.

"We would request that all your members help us by actively joining in this program by placing their name, office address, city, and phone number in the locations given below. All books such as "Physicians Desk Reference," Merck Manual," drug identification books, etc., would have to be marked. The marking could be either a rubber stamp or hand written and would be put on the inside front and rear covers, also on Page 13. These would be used as standard locations by all concerned. The time used to complete this task could be returned many times over in returned property."



"I'M TAKING YOU OFF STARCHES!"

Courtesy Medical Society Magazine Group

## MEETING A GHOST

I met a ghost last night. No, friends, I am not kidding:  
We were feasting on sherry and crumpets, myself and Lord Vincent,  
my host,  
When all at once he appeared from nowhere, gaunt and forbidding.  
The moment I saw him, I knew: this must be Sir Donald's ghost.

Midnight had sounded, the gates of the ancient castle rattled,  
A storm howled around its turrets, the light went suddenly dim!  
I had just glanced at a painting that showed Sir Donald, embattled,  
A knight in shining armour, handsome, fearless, and grim.

A knight of Sir Francis Drake's crew! They say he had built this old castle  
And had cruelly beaten his wife and children for stealing a dime.  
They say he was ruthless and mean, a brute, a drunkard, a rascal,  
That's why his bitter wife had him murdered, a heinous crime!

That's why they had warned me in town of the ancient, chilling tradition:  
"Stay clear of yon castle! it's haunted!" I'd heard the villagers boast.  
But I had scornfully sneered and laughed at such quaint superstition,  
'Til I heard a rattling of bones, looked up, and there stood the ghost!

Transparent his armor, I saw his tibiae and femora swagger,  
His skull was decked with a helmet, his orbits loomed hollow and deep,  
While from his rib cage protruded the hilt of the treacherous dagger  
With which his most trusted servant had stabbed him to death in his sleep.

You bet your life I was scared as all heck! I felt my head spinning,  
Sweat covered my brow, I shivered and gasped! My terror still waxed  
When I saw my host, trembling and pale. But the skeleton, swaying  
and grinning,  
Just stood there, rattling its bones. So gradually I relaxed

And tried to converse with the spook. I said to him: "It's a pleasure  
To meet you. I'm Drucker. And you are the late Sir Donald, I guess.  
How nice of you to drop in, and don't we have terrible weather?"  
He nodded, his vertebrae creaked, which probably signified "yes".

Emboldened, I begged him: "Sit down and join us with sherry  
and crumpets,  
And tell us a tale of the great Sir Francis Drake's glorious campaign,  
Of glittering swords, knights in armor, of horses and banners  
and trumpets,  
And how Sir Francis Drake wrecked the Armada of Philip of Spain,



Of tournaments, joustings, and feasts, of battles and amorous ventures,  
When another Elizabeth reigned, when England was merry and gay!"  
But the ghost, keeping mum, rubbed his hands, they rattled like  
ill-fitting dentures,

And the grin on his fleshless face displayed neither joy nor dismay.  
Indeed, he said nothing, did nothing, just swayed like an unsteady picket.  
Had *this* been the gruesome Sir Donald; I hardly trusted my eyes.  
Perhaps he had *not* whipped his wife, had *not* been ruthless and wicked!  
It may have been lack of amusement that caused her to plot his demise.

Outside the howling storm drove dead branches past turret and awning,  
The lamp swayed, weird shadows danced as the minutes crept  
painfully on.

The spook let his mandible droop, so help me, yes, he was yawning!  
And Lord Vincent and I, we both yawned, 'til at last the hour struck ONE.

At that the spook rattled and reeled and became completely disjointed,  
A shapeless rubble of bones, he sagged and collapsed on the floor!  
I said good night to my host and slowly drove home, disappointed:  
First ghost I had ever met, and gosh, what a dreadful bore!

—GERHART TA. DRUCKER, M.D.

### BY APPOINTMENT ONLY

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## Pierce County Medical Society

Medical Arts Building  
Tacoma, Washington 98402

BULK RATE

U. S. POSTAGE

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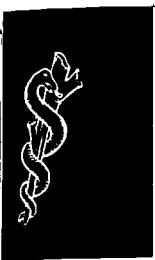
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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

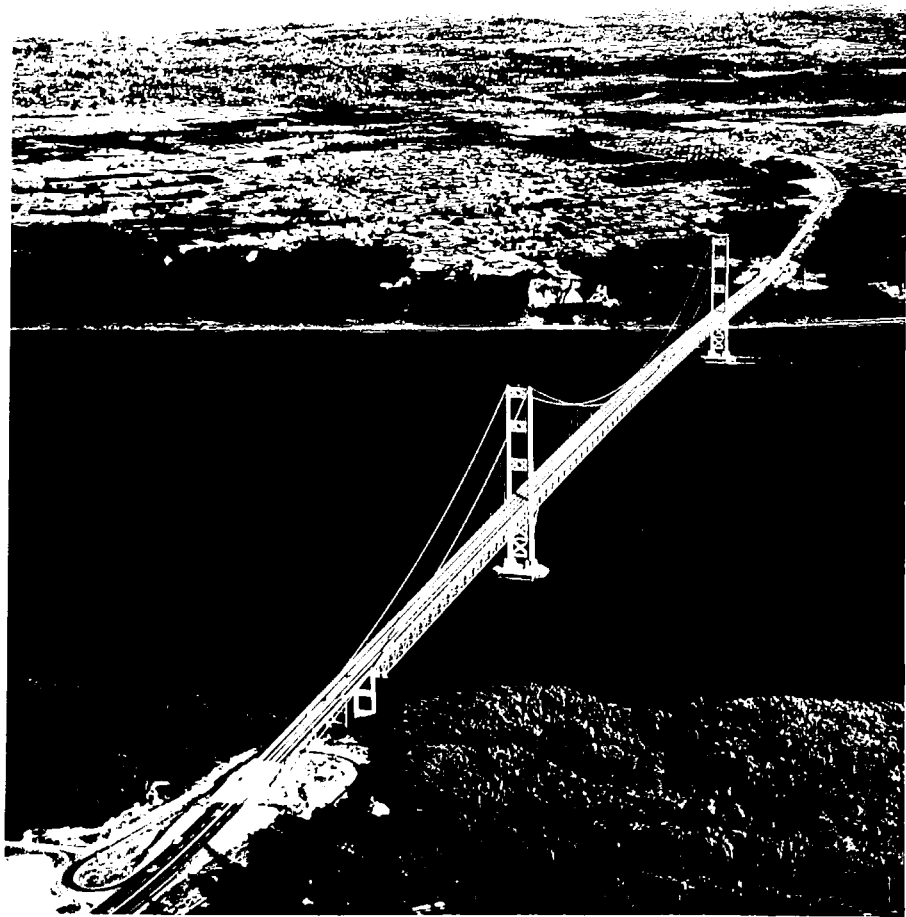


# BULLETIN

OCTOBER - 1969

TACOMA, WASHINGTON

VOL. XL—NO. 8



# Pierce County Medical Society

1969

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Executive Secretary.....	Judy Gordon

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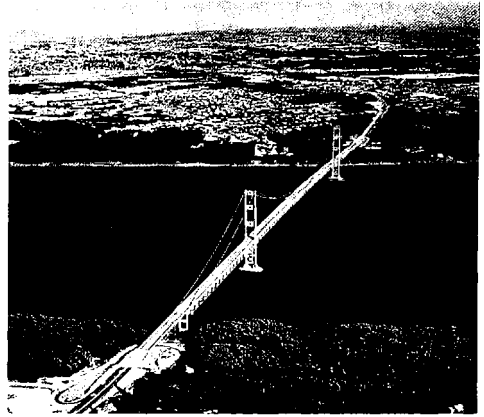
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Cover picture courtesy of Washington State Highway Department.

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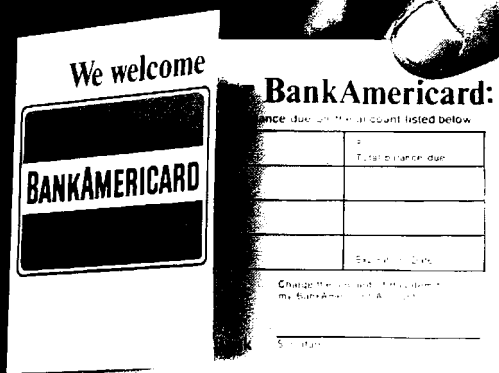
Robert Kallsen

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I WAS KING OF ENGLAND  
— NOW I'M JUST ANOTHER COMMONER!"

Courtesy Medical Society Magazine Group



"I GUESS THE DOCTOR HAS DECIDED TO  
STOP BADGERING US FOR HIS FEE  
THIS BILL SAYS 'FINAL NOTICE'!"

Courtesy Medical Society Magazine Group

## October Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 Pierce County Pediatric Society 6:00 p.m. — C.P.C. of St. Joseph's— 8:15 p.m.	3  Hematology, Oncology Study Group—TGH 8 a.m.	4
6  Tacoma Orthopedic Society 6 p.m. — Tacoma Chapter of American Psychiatric Assoc.	7  C.P.C. of Mary Bridge 8 a.m.	8	9	10  Hematology- Oncology Study Group—T.G.H. 8 a.m.	11
13	14  Pierce County Medical Society 8:15 p.m. — C.P.C. of Mary Bridge 8 a.m.	15	16  C.P.C. of St. Joseph's 8:15 p.m.	17  Hematology- Oncology Study Group—T.G.H. 8 a.m.	18
20	21  Tacoma Surgical Club 6:30 p.m.	22	23	24  Hematology- Oncology Study Group—TGH 8 a.m.	25
27  Pierce County AAGP—6:30 p.m.	28  Tac. Acad. of Internal Medicine 6:30 p.m. — Cardiac Study Group TGH—7:30 a.m. — C.P.C. of Mary Bridge 8 a.m.	29	30	31  Hematology- Oncology Study Group—T.G.H. 8 a.m.	

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physician prescribes them"

Contact Lenses — Artificial Eyes

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## trust

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

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He and your attorney can often help strengthen your financial future and the future of those close to you.

Trust service is a personal service. Experience is always available to you

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# **BANK OF WASHINGTON**

## President's Page

Pierce County was well represented at the Annual W.S.M.A. meeting. Drs. Ferguson and Lambing conducted deliberations on Reference Committees. Dr. Tuell, as speaker of the House of Delegates, ruled most fairly and efficiently. Everything from Sex Education to replacing worn out organs was considered. The Constitution was amended to add a new classification, Associate Members, those not in private practice. We also gave our AMA delegates a vote and a voice in the House of Delegates.



A resolution clarifies physicians' billings on work done by other laboratories and prevents him from profiting on such work. Other problems on the delivery of medical care were considered.

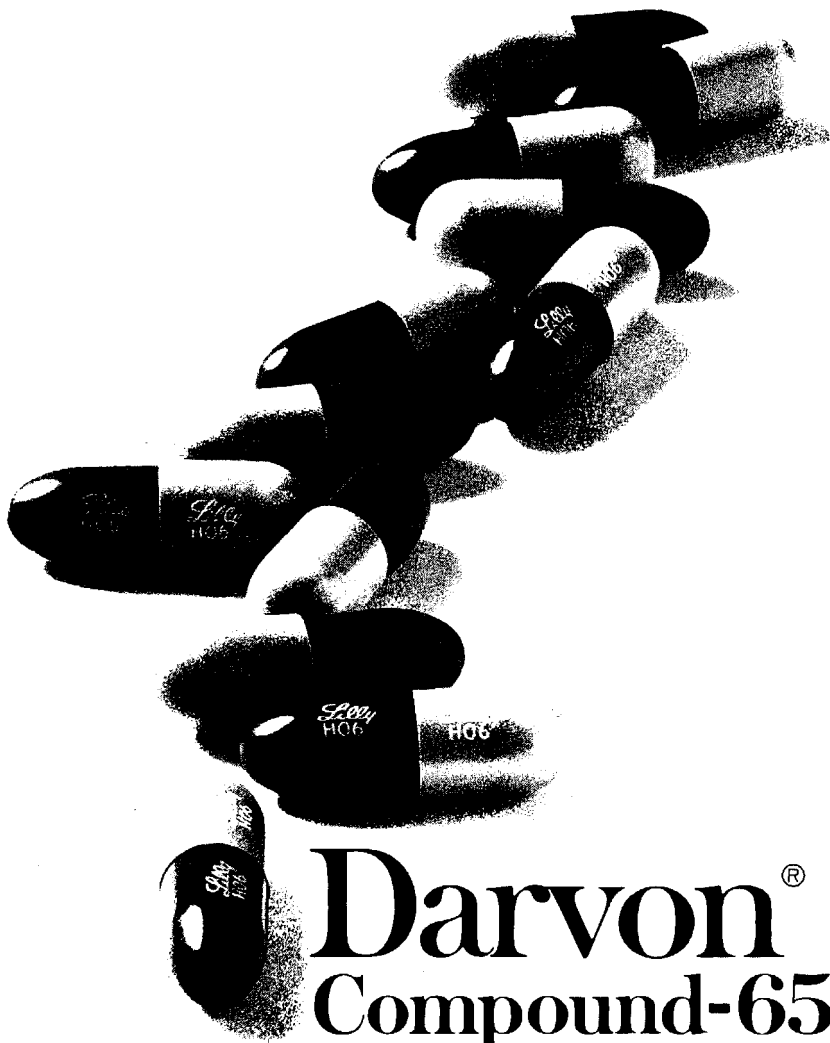
Many of our economic problems are the consequence of the unfortunate grandiose promises of Congress included or implied in the Medicare and Medicaid bills. They have promised the highest quality of medical care to everyone, but they failed to provide adequate funds and they failed to comprehend the lack of sufficient facilities and medical personnel to satisfy the markedly increased demands they have created. If they had studied the results of Initiative 172 they might have legislated more intelligently. Initiative 172 created so much excess demand that it put the State millions of dollars in debt in no time, and had to be repealed to prevent bankruptcy.

Congress is subsidizing medical research, education, and many forms of treatment. In 1942 the U. S. Supreme Court ruled—"it is hardly lack of due process for Congress to regulate that which it subsidizes." There are now at least 35 agencies of government regulating medicine.

As government is more involved in medicine, we must become more involved in government. We must support AMPAC so legislators will give us a fair hearing. We must participate on advisory councils to the agencies and we must participate in the planning commissions. We must remain flexible and accept a variety in delivery systems of medical care, always keeping foremost what is ultimately best for our patients.

Many dramatic changes, scientific and economic, will appear. Let us strive to influence them wisely.

—WAYNE W. ZIMMERMAN, M.D.



# Darvon<sup>®</sup> Compound-65

Each Pulvule<sup>®</sup> contains 65 mg. propoxyphene hydrochloride, 227 mg. aspirin, 162 mg. phenacetin, and 32.4 mg. caffeine.



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## *Editorially Speaking*

# Why Have a County Medical Bulletin?

A local medical bulletin is just that. A report of the local activity. I know there is activity on the local medical scene. But how do you get it into print? The problem is that Ye Ed. is also Ye Reporter. That's great when you have a star like Stan Tuell, but that breed doesn't show every year. When talent fails, a system must be developed. Perhaps.



One system might be to have the society officers report the committee work to the membership—through the Bulletin. (Less than a third of the membership attend the monthly meetings.) But if nothing really happens in these committees and board meetings, why have them? If something is happening, how about a report in the Bulletin . . . by the chairman or his designate? Like something for the editor to edit.

The president has a page. How about a report from the vice-president and the secretary-treasurer and the delegates and all of the 24 or more committees which are the concern of the president when he attempts to fill them each year. These are standing committees. Maybe they should be AD HOC.

Perhaps the Bulletin should be primarily an arm of the Medical Auxiliary. They have a nose for news and the energy to get it into print. Possibly the Bulletin should be combined with the Dental Society. This would enlarge readership and allow a more interesting format—color yet.

Some medical bulletins have an editorial staff covering many fields of interest. I suspect that would be one way of getting news. Call the reporters editors.

But of all the things that our Bulletin is, or might be, I have a suspicion that it is most often—not read. How about dropping a letter-head envelope in the mail to Ye Ed., no comments, just an empty envelope, so that I know you've read these insignificant words. I'll report next month on your readership.

—R. A. K.



## *Shadel Hospital*

Long prominent in the treatment of alcoholism, Shadel Hospital is designed to be both modern and functional without neglecting the close personal and homelike care and atmosphere for which it has long been known.

The 52-bed hospital provides the convenience of close contact with all medical facilities of the City of Seattle combined with the quiet surroundings and peaceful atmosphere of its secluded suburban district.

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## *Honan's*

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## Report on Faith Home

Schooling for day students has been added this year to the range of services at Faith Home, 5210 S. State St., Tacoma, where rehabilitation of unwed mothers of all races and creeds is the goal.

In a pilot project, the home entered into an agreement with the Tacoma School District to furnish space and casework counseling for non-resident day pupils. The home bought a portable classroom, the school district provides an additional teacher, and now 20 non-resident girls can be enrolled in addition to the residents already attending classes at Faith Home.

Hazel Young, executive director of the home, said "We are really excited to be able to set up this new education program. We feel this will help alleviate one of the most serious and pressing problems of the unwed mother."

The home has a capacity of 34 residents. Those under 18 years of age who have not completed high school must, by law, attend school at the home. Full-time caseworkers on the staff counsel the girls on a regular basis. There is also a full-time registered nurse.

Resident girls are given pre-natal care at the home clinic, delivery at a Tacoma hospital and a post partum checkup. Medical services are covered by local obstetricians who rotate their services. Non-resident girls are using their own doctors.

While planning for the baby is one of the casework considerations at the home, no girl is obliged to make a decision to keep or relinquish her baby before admission. Through casework service, each girl is given every opportunity to make the best plan for herself and her baby, Miss Young said.

The home is sponsored by the Episcopal Services for Youth of the Diocese of Olympia, but girls of all creeds are

welcomed. Miss Young explained that the home accepts unwed mothers "whom we think we can help." Clergy of all faiths have made themselves available to the girls for spiritual help.

The home receives 36 per cent of its budget from the United Good Neighbors organizations in Pierce and Kitsap Counties. The Episcopal Church and the State Department of Public Assistance are also contributors. Girls who are financially able must pay fees.

---

## RESOLUTION

(Family Life, Health and  
Sex Education)

This is the official resolution passed by the House of Delegates of the Washington State Medical Association on September 17, 1969.

"Whereas, programs of sex education in schools have received considerable public attention; have increased in number and expanded in scope in the past few years, and

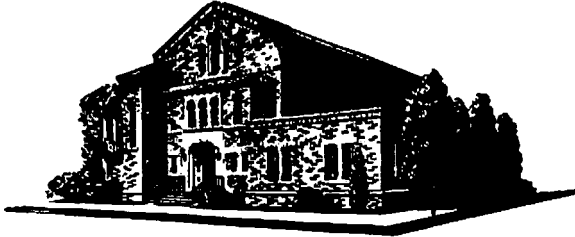
"Whereas, a sound philosophical and educational approach is vital to a sex education program, and

"Whereas, effective sex education programs must be taught by perceptive and qualified students, now therefore

"Be It Resolved, that the WSMA reiterates its approval and support of the principle of appropriate and adequate sex education as a part of a comprehensive total health educational program in the schools and communities, and recommends that the counsel and support of appropriate school-community advisory groups be sought so that such programs will meet the unique needs of the child in each community, and

"Be It Further Resolved, that interested and concerned members of this Association actively lend their personal support as citizens, parents and physicians toward these ends."

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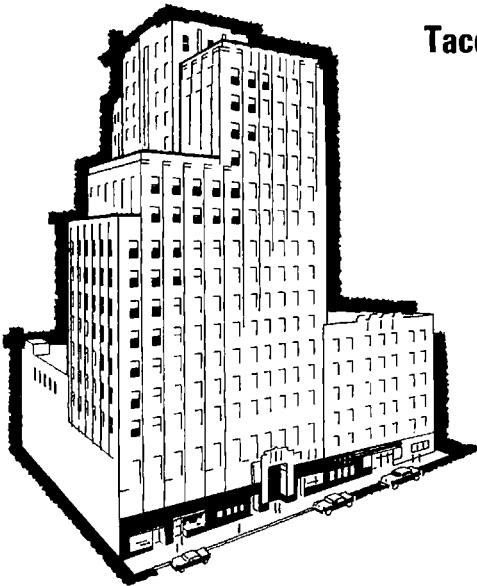
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## Cardio-Pulmonary Exercise Project

REGISTER YOUR PATIENTS NOW  
DATES:

September 15-December 15, 1969

January 15-April 15, 1970

May 15-August 15, 1970

LOCATIONS:

Downtown Seattle, Eastside (Bellevue) and Tacoma YMCA's

DAYS:

Monday, Wednesday, Friday. Classes are 45 minutes in length. All supervised by a physician and physical education instructor.

DESCRIPTION:

The 12-week rehabilitation program is sponsored by the YMCA and the Washington/Alaska Regional Medical Program to assist patients with coronary heart disease or chronic lung disease in improving their cardiovascular and pulmonary efficiency and endurance.

Patients receive individual pre and post evaluation tests, including work tolerance level, stress ECG, blood pressure, blood chemistry, flexibility, fat distribution, lung function and medical history. At all times the participant in the program will remain the referring physician's patient; all test results will be forwarded to the physician.

REQUIREMENTS:

Patients must be referred by their physician. Disease must be in chronic, not acute stages; three months post-infarction; must be able to climb one flight of stairs or walk one level city block.

Eligible are patients with coronary heart disease, chronic broncho-pulmonary disease, including emphysema and post-pneumonectomy, and hypertension. Preclinical high risk patients will be accepted as room permits.

REGISTRATION:

Call one of the three participating YMCA's. Participants will be charged for locker space, uniforms, blood tests and incidentals.

INFORMATION:

For detailed information, call the project headquarters at Seattle, MA 2-5208, or the Tacoma YMCA.

J. C. BILLINGSLEY, M.D.  
Tacoma Supervisor.

## Bleeding Due to Clotting

If your patient is going into shock and displaying an increasing number of petechial hemorrhages, a true medical emergency may exist. For a span of not over an hour or two your patient may respond to Intravenous heparinization, corticoids, dextran or whole blood. Delay means irreversible shock. Support for this heroic treatment can be obtained from the laboratory by a rapidly decreasing platelet count and prothrombin time. A positive protamine clot test and cryoglobulins may also be shown. But don't wait for the results of complex tests.

Disseminated intravascular clotting is being recognized with increasing frequency in obstretical emergencies, bacterial endotoxin shock, crush syndrome, disseminated cancer and hemolytic diseases. The basic mechanism is rapid in vivo clotting with shock from peripheral vascular occlusion. Heparin stops the formation of the clots in the face of hemorrhage due to the depletion of the various clotting factors.

If you feel insecure giving heparin to a patient hemorrhaging beneath his skin and from various portals, you would do well to attend the hematology-oncology session on Friday mornings at 8 a.m. in the Tacoma General Conference Room.

Auto-immune disorders are the topics for October-November.

## HIERARCHY A MYTH! YOU MAKE ORGANIZED MEDICINE'S POLICIES

What Hierarchy?

Any physician who uses the word "hierarchy" when referring to the leadership of the AMA or the Washington State Medical Association reveals his complete lack of understanding of how organized medicine gets organized.

Some uninformed members of these Associations think that the policies are established by a closely knit exclusive clique, the members of which have maneuvered themselves into power by political chicanery.

'Tain't so!

For a list of self-effacing, home-loving, conscientious doctors who would really prefer to be left alone to conduct their practices as they see fit, just list the past presidents of the WSMA. At the state level of organized medicine, I have yet to see an officer who "pushed" to get his job. Invariably he has to be drafted or coaxed into taking on chores that he knows will take many hours, and dollars, away from his own practice and his family—yet his conscience just won't quite let him say "no".

### *Pierce Delegation 100%*

This attitude starts with the delegates. When the roll was called in the State House of Delegates at its final session in September, the Pierce County delegation was present—100 per cent!

Who sets the policies of organized medicine? *You do.* You elect the delegates who establish the policies at the State level. Your delegates represented you on two of the four reference committees that ironed out the finer details of all actions before consideration by the House. The State House of Dele-

gates elects delegates to the AMA. Washington has four such delegates. They are Peter Brooks, a Walla Walla surgeon; Charles D. Muller, a Bremerton gynecologist; Robert Hunter, a Sedro-Woolley general practitioner; and Waldo Mills, a Seattle surgeon. They're not members of a hierarchy!

Nobody's perfect. Nor is the AMA or the WSMA. Each makes mistakes. But to list all the services that these associations have rendered to their members, and for the public good, would take a volume several times the size of this *Bulletin*.

The strength of organized medicine depends on the interest, concern and support of its individual members. In years past, the practicing physician could look at his own practice through his own little lead pipe and let the rest of the world go by. But no more. The present medical-socio-economic upheaval in the rendering of health care is already affecting the lives and practices of every physician, and more changes are on the way. We *must* be organized, if we are to be able to influence these changes so they will not jeopardize the high quality of the medical care that American physicians have provided.

—S. W. TUELL, M.D.

## Chest Conference Offers Opportunity to Obtain Multiple Opinions

The Tacoma General Hospital Wednesday 1 P.M. biweekly chest conference under the chairmanship of Dr. R. E. Lane has attracted increasing numbers of physicians. A number of bizarre cases have been reviewed with much discussion.

Pleural effusions remains the topic of discussion in depth, but other cases are reviewed at each session.

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a role in some of the medi-  
patients, as in preeclampsia.**

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increased motor activity are common and  
y mild side effects. Confusion, anxiety,  
iveness, increased libido, and hallucina-  
ve also been observed, especially in men-  
patients. Rebound fatigue and depression  
ow central stimulation. Other effects may  
dry mouth, anorexia, nausea, vomiting,  
and increased cardiovascular reactivity.  
bamate: Drowsiness may occur and can  
iated with ataxia; the symptom can usu-  
controlled by decreasing the dose, or by  
stant administration of central stimulants.  
or idiosyncratic reactions: maculopapular  
cute nonthrombocytopenic purpura with  
e, ecchymoses, peripheral edema and  
ansient leukopenia. A case of fatal bullous  
is, following administration of meproba-  
d prednisolone, has been reported. Hyper-  
ity has produced fever, fainting spells,  
rotic edema, bronchial spasms, hypoten-  
es (1 fatal case), anuria, stomatitis, pro-  
case), anaphylaxis, agranulocytosis and  
cytopenic purpura, and a fatal instance of  
anemia, but only when other drugs known  
these conditions were given concomitantly.  
B activity, usually after excessive dosage.  
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age may produce drowsiness, lethargy, stu-  
xia, coma, shock, vasomotor and respira-  
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- dependable muscle relaxation and tranquilization
  - peripherally on the neuromuscular apparatus
  - centrally on the brain
- well tolerated
- suitable for prolonged administration

**Action:** TRANCO-GESIC, with its combination of pharmacologic effects in treating patients with acute or chronic pain, provides more effective control of pain than simple analgesics alone. The double action of chlormezanone, centrally on the brain, and peripherally on the neuromuscular apparatus, provides dependable muscle relaxation and tranquilization. This is combined with the well-known analgesic, anti-inflammatory, and antipyretic action of aspirin.

**Contraindicated** in patients with a history of a previous hypersensitivity reaction to chlormezanone. TRANCO-GESIC should not be administered to persons known or suspected to have an idiosyncrasy to aspirin.

**Warnings:** Should drowsiness occur, the dose should be reduced; and if this should continue, the patient should not operate a motor vehicle or any other dangerous machinery while taking the drug. Safe use of this preparation in pregnancy or lactation has not been established, as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

**Adverse Reactions:** Should drug rash, dizziness, flushing, nausea, gastric distress, drowsiness, depression, edema, inability to void or weakness occur, reduce dosage or discontinue medication. Reversible jaundice, apparently cholestatic, has been reported on rare occasions during the use of chlormezanone.

**Dosage and Administration:** So well tolerated it may be taken on an empty stomach. Usual adult dosage is 2 tablets three or four times daily. The suggested dosage for children 5-12 years old is 1 tablet three or four times daily. Relief of symptoms is often apparent in 15 to 30 minutes and may last up to 6 hours or longer.

**How Supplied:** Bottles of 100 and 1000 tablets.

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NOTE: There have been reports of sudden death in phenothiazine patients, but no causal relationship has been established.

**Supplied:** Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg., in bottles of 100, Spansule™ capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg., in bottles of 50; Injection, 25 mg./cc.; Syrup, 10 mg./5 cc.; Suppositories, 25 mg. and 100 mg.; Concentrate, 30 mg./cc. and 100 mg./cc.

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to assure comfort and ease of movement.

- oral non-narcotic analgesic
- dependable muscle relaxation
  - peripherally on the neuromuscular junction
  - centrally on the brain
- well tolerated
- suitable for prolonged use

**Action:** TRANCO-GESIC, with its combination of analgesic and tranquilizing action, is indicated for patients with acute or chronic pain, who are unresponsive to analgesics alone. The double action of TRANCO-GESIC is analgesia peripherally on the neuromuscular junction and tranquilization. This is combined with the analgesic and antipyretic action of aspirin.

**Contraindicated** in patients with a history of hypersensitivity to chlormezanone. TRANCO-GESIC should be used with caution in patients suspected to have an idiosyncrasy to chlormezanone.

**Warnings:** Should drowsiness occur, or if drowsiness continues, the patient should not operate machinery while taking the drug. Side effects have not been established, as no animal studies have been conducted. Therefore, use of the drug in pregnancy requires that the potential benefit outweigh the risk to the mother and fetus.

**Adverse Reactions:** Should drug rash, drowsiness, depression, edema, incontinence, or other adverse reactions occur, discontinue medication. Reversible effects have occurred on rare occasions during the use of TRANCO-GESIC.

**Dosage and Administration:** So well tolerated. Usual adult dosage is 2 tablets three times a day. Usual dosage for children 5-12 years old is 1 tablet three times a day. Onset of action is apparent in 15 to 30 minutes and maximum effect is reached in 1 to 2 hours.

**How Supplied:** Bottles of 100 and 1000.

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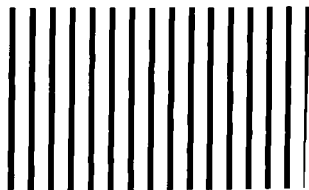
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Before prescribing, see the complete prescribing information, including symptoms and treatment of overdosage, in SK&F literature or *PDR*.

**Contraindications:** Comatose states or the presence of large amounts of C.N.S. depressants.

**Warnings:** Caution patients about possibility of impaired mental and/or physical abilities when driving cars or operating machinery. Administer in pregnancy only when necessary.

**Precautions:** Potentiation of C.N.S. depressants (also phosphorus insecticides and extreme heat) may occur. (Reduce dosage of C.N.S. depressants when used concomitantly.) Thorazine (chlorpromazine, SK&F) does not potentiate anticonvulsant action of barbiturates. Use cautiously in patients with chronic respiratory disorders or suspected heart disease. Antiemetic effect may mask overdosage of toxic drugs or obscure other conditions. Avoid abrupt withdrawal of high-dose therapy.

**Adverse Reactions:** Drowsiness; cholestatic jaundice (use cautiously in patients with liver disease or previous phenothiazine jaundice); agranulocytosis, eosinophilia, leukopenia, hemolytic anemia, thrombocytopenic purpura and pancytopenia; postural hypotension, tachycardia, fainting, dizziness; epinephrine effects may be reversed;

EKG changes; cerebral edema, neuromuscular (extra-pyramidal) reactions, pseudo-parkinsonism, motor restlessness, dystonias, persistent dyskinesia, and hyperreflexia in the newborn, urticarial reactions and photosensitivity (avoid undue exposure to sun), exfoliative dermatitis, contact dermatitis (avoid by using rubber gloves); peripheral edema; lactation and breast engorgement (in females on large doses), false positive pregnancy tests, amenorrhea, gynecomastia; dry mouth, nasal congestion, constipation, adynamic ileus, miosis, mydriasis, psychotic symptoms and catatonic-like states rarely, after prolonged substantial doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits; mild fever (after I.M. dosage); increased appetite and weight, hyperglycemia, hypoglycemia, glycosuria; convulsive seizures; abnormality of the cerebrospinal fluid proteins.

**NOTE:** There have been reports of sudden death in phenothiazine patients, but no causal relationship has been established.

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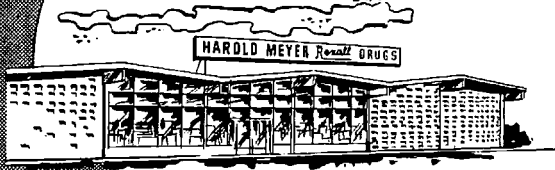
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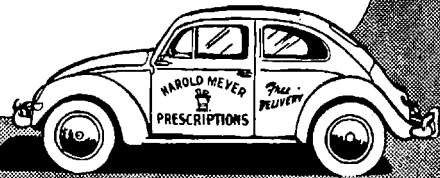


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## Looking For A Medical Receptionist?

A twelve-week course for medical ward clerks was held this spring at Clover Park Education Center in Lakewood. The purpose of this course was to prepare people with a clerical background for employment in hospitals.

The curriculum included: Medical Terminology, Execution of Medical Records, Effective Telephone Usage, Hospital Office Management, Medical Ethics & Legal Aspects.

The students spent the first nine weeks in the classroom, using a practice model office. The last three weeks they were assigned to work in two local hospitals for practical application of theory. All students have demonstrated a typing skill of at least 40 WPM.

If you are seeking trained office help, our students may have those necessary qualifications. Please contact Mrs. Kiehl, Medical Ward Clerk Instructor, at Clover Park Education Center, JU 4-7611, for further information.

## AUTHORS

Dr. Robert W. Osborne, urologist, and Dr. Stanley W. Tuell, chief of surgery at Tacoma General Hospital, are co-authors of a paper published in the August issue of the American Journal of Surgery. The paper, entitled "Surgical Technics in Pelvic Exenteration and Ileal Bladder Construction", was originally presented at the annual meeting of the Pacific Coast Surgical Association.

Dr. Osborne also co-authored an article in the Journal of Urology with Drs. John A. Hutch and Donald R. Smith of the University of California School of Medicine entitled "Review of Series of Ureterovesicoplasties". The article records the results of a 12-year in-depth study of all such operations performed at the California institution and Tacoma General Hospital.

## Pierce County AMA-ERF Christmas Card Project

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 our friends.

Again this year, the Medical Auxiliary extends to you the opportunity of giving your help in this task in return for your help in simply making a tax deductible gift to the AMA-Educational Research Foundation. For your gift of any amount the Medical Auxiliary will send to each physician in Pierce County a Christmas card on which the name of all contributing physicians will be imprinted along with a Christmas greeting and explanation of the worthy cause to 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 included on the card. Make your tax-deductible check to AMA-ERF and send it to:

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1624 Markham Ave. N.E.  
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# WOMAN'S AUXILIARY PAGE . . .

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AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

## OCTOBER MEETING

Friday, October 17, 1969

Luncheon, 12 Noon

At the home of Mrs. Thomas Murphy  
803 North Stadium Way  
Co-hostesses—Mrs. Marshall Whitacre  
Mrs. William Rohner

Calling all members to Ruth Murphy's home on the 17th to begin the year with all informed of planned projects and programs. Let's find out what we can do to further the success of each one! President Sherry Johnson extends a warm welcome to all prospective members.

Sherry would also like us to be present to greet Mrs. John Vaughan, State

President; Mrs. Robert Phillips, President-Elect, and Mrs. Ward C. McMakin, regional Vice-President. Recipients of the Nurses' Scholarships will be introduced at this meeting.

---

## DELEGATE QUOTA MET

Pierce County members are to be congratulated for having all of their delegates present at the September WSMA State meeting in Seattle. Along with Sherry and immediate Past-President Dorothy Grenley, the following members attended as delegates: Toni Bourne, Gloria Virak, Florence Krueger, Elsie Schwind, JoAnn Johnson, Ruth Brooke, Ruth Zimmerman, Jeanne Judd, and Edie Lawrence as alternate. Others attending from this area were Lorraine Sulkosky, Kathleen Skrinar, Dolores Havlina and Inez Pipe.

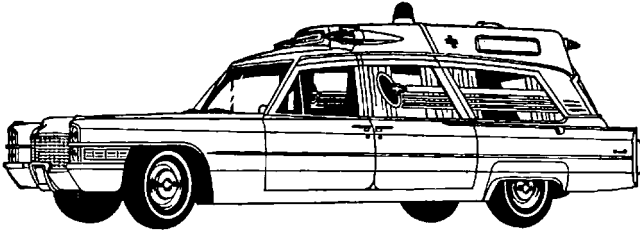
State appointments by Mary Ellen Vaughan include, Dorothy Grenley, Community Health Services; Kathleen Skrinar, By-laws; Lorraine Sulkosky, Publicity; and Inez Pipe, Co-editor Med-Aux News. Jeanne Judd was elected to the nominating committee. She also holds an appointive position on the program development committee. Her position is advisory in the reorganization and updating of the county programs.

## HAPPY TALK

Katherine Wise of Radio KOMO interviewed Auxiliary National President Mrs. John Chenault. Did any of you catch it on September 19th? During their chit-chat concerning Auxiliary affairs, Katherine mentioned Pierce County's staggering project of supplying schools and libraries with Today's Health Guide. Take a bow Florence Krueger and committee!

(Continued on Page 25)

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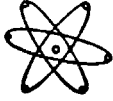
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"I'M GLAD WE HAD THIS LITTLE CHAT,  
DOCTOR — I DIDN'T REALIZE HOW  
NAIVE YOU WERE !"

Courtesy Medical Society Magazine Group

(Continued from Page 21)

### CLOTHING NEEDS AT HILLTOP

Dr. George Tanbara is asking Auxiliary members to collect clothing for 3 to 10 year-olds. This is needed at the Hilltop Clinic. President Sherry suggests the clothing be brought to the October meeting.

### MRS. JOHN CHENAULT

"Two thousand people are in training in health careers in the United States because of the work of Medical Auxiliary," said National Auxiliary President Mrs. John Chenault speaking in Seattle during the recent WSMA convention. Addressing the Auxiliary delegates at the September 16th luncheon at the Washington Athletic Club in Seattle, Mrs. Chenault praised the organization of the three-day meeting and expressed her satisfaction with the fine programs of the county auxiliaries. She particularly stressed the value of the AMA-ERF program saying that these unrestricted funds can be used by the Deans of Medical Schools to assist young people in medical careers, thus aiding many who would be unable to continue their studies.

Belle Chenault is a warm, persuasive speaker whose enthusiasm for Auxiliary projects is transferred to her audience. That she sympathizes with the problems of young people is evident when she spoke of Auxiliary's program this year which is "putting accent on youth." She urged Washington women to cooperate with other organizations in health education programs that help young people.

"One of the problems of youth," said Mrs. Chenault, "is having to live with

adults." She suggested all read the excellent pamphlet, *ADOLESCENCE FOR ADULTS*, put out by Blue Cross.

Another group that Auxiliary should assist are what Mrs. Chenault calls "nuclear families." These are young families in the community who move often because of job transfers, and are often great distances from home ties. Auxiliary members have a duty to assist these young families, according to Mrs. Chenault. This can be done by offering friendship and help when needed.

Our National President urges that all members understand Auxiliary's position on sex education in the schools, which it endorses. The qualifications for Auxiliary's endorsement is that sex education be taught by teachers of good background and training, have the support of the community, and as part of the Health-Education course.

Mrs. Chenault concluded her talk by reminding us that October is membership month, a time for renewing membership in our county society.

—INEZ M. PIPE.

### Let's Go Dancing!

The annual Pierce County Medical Society dance will be Saturday, Nov. 1, at the Tacoma Golf and Country Club. No-host cocktails will be served at 6:30 p.m., with dinner following at 7:30 p.m. Dancing to the Hiltons Orchestra will be from 9 p.m. until 1 a.m.

Reservations are limited to 100 couples. The cost? \$25 per couple. Send your checks to the ticket chairman: Mrs. Robert Ferguson, at 3507 No. Adams, Tacoma 98407; or Mrs. James Stilwell, at 1244 Fairview South, Tacoma 98465.

## Medical Records From Mountain View General Hospital

Any physician wishing a summary of Medical Records concerning previous Mountain View General Hospital patients should request information as follows:

Tuberculosis Patients (either Mountain View Sanatorium or Mountain View General Hospital, Tuberculosis Unit): Mail requests to the Tuberculosis Clinic, Tacoma - Pierce County Health Department, County-City Building, Tacoma, Washington 98402. (This applies to both medical records and x-rays).

General Unit Patients (either Pierce County Hospital or Mountain View General Hospital, General Unit): Mail requests to the Administrative Office, Tacoma-Pierce County Health Department, County-City Building, Tacoma, Washington 98402.

General Unit X-rays: Mail requests also to the Administrative Office of the Health Department.

General Unit X-rays prior to July 1966 have been destroyed. Remaining x-rays will be destroyed in another three years. Some old inactive medical records were destroyed; however, the majority of medical records have been placed in storage. Due to the fact that records are in storage, some delay in replying to requests for medical information will have to be expected.

Should there be any other inquiries concerning Mountain View General Hospital, direct these to the Health Department. All mail for Mountain View General Hospital will be forwarded to the Health Department after August 1969.

## October Birthdays

- 1 Dudley Houtz  
Graham Watkins
- 3 Lester Baskin  
M. R. Hosie
4. Edward R. Anderson  
Arnold J. Herrmann
- 5 J. Robert Brooke  
David F. Dye  
Kenneth E. Gross  
Thomas B. Lawley
- 7 Haskel L. Maier  
Richard I. Rich
- 10 Donald M. Nevitt  
John Pelley
- 11 Myron Kass
- 12 Robert A. Kallsen
- 13 G. W. Bischoff  
Sumiho Wada
- 14 Robert G. Bond  
Frank H. James  
James E. McNerthney
- 15 Harold Mayer
- 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
- 22 James K. Symonds
- 23 Horace A. Anderson  
Terrance C. Tisdale
- 24 Giulia di Furia
- 25 Charles McGill
- 31 John F. Kemman  
John Srail

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Dr. John R. Hilger was born in St. Paul, Minnesota, and graduated from McGill University in 1957. His residency in Otolaryngology was taken at the University of Minnesota Hospitals. Dr. Hilger began practice in Tacoma in April, 1969 and his office is at 408 South K. He and his wife, Alice, live at 7907 North 7th Street.



Dr. Wouter J. Bosch was born in Heilo, The Netherlands, and received his medical degree from the University of Missouri in 1961. His internship and residency were taken at the University of Iowa Hospitals in Iowa City. Dr. Bosch, whose practice is limited to Orthopedic Surgery, began practice here in July, 1969 and his office is in the Tacoma Medical Center. He and his wife, Priscilla, live at 1301 North Harmon.

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D. Emory O. King was born in Huntsville, Kansas, and received his medical degree from the University of Kansas School of Medicine in 1934. His internship was taken at St. Margaret's Hospital in Kansas City, Kansas. Dr. King's practice is limited to Internal Medicine and he is located at the Valleyhome Nursing Home in Puyallup. He and his wife, Jene, live at 1805 4th Ave., N.W., Puyallup.



Dr. Lewis E. Litvin was born in Boston, Massachusetts, and graduated from Boston University School of Medicine in 1941. His internship was taken at Providence Hospital in Seattle, and his residencies were at King County Hospital, Seattle, and St. Anthony's in Chicago. Dr. Litvin is in the Emergency Department at Good Samaritan Hospital, Puyallup, and he began practice in February, 1969. He and his wife, Juanita, live at 824 7th St., S.E., Puyallup.

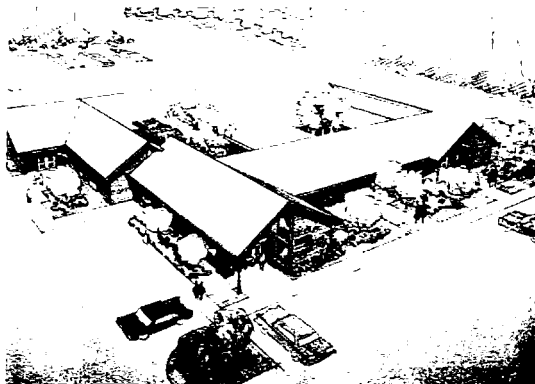
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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

NOVEMBER 1969

TACOMA, WASHINGTON

VOL XL—NO. 9



PIERCE COUNTY MEDICAL SOCIETY

# Pierce County Medical Society

1969

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Vice-President.....	Robert C. Johnson
Secretary-Treasurer.....	George A. Tanbara
Executive Secretary.....	Judy Gordon

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COVER PICTURE: Nisqually Glacier and Bob Hepworth and son. (Picture by Bob Hepworth)

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## Bulletin Editor

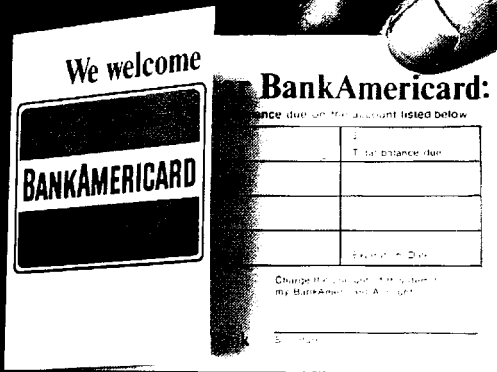
Robert Kallsen

## Lialson

Dental—Kenneth Graham  
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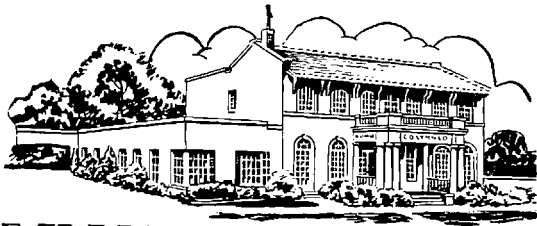
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, November 11**

Medical Arts Building Auditorium

**PROGRAM - - - 8:15 P.M.**  
**"MEDICAL CORPORATIONS"**  
**Mr. Charles Thomas**

Social Hour: 6:00

Dinner: 6:45

**Honan's Restaurant**

. . . . .

## November Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3  Tacoma Orthopedic Society 6 p.m.	4  C.P.C. of Mary Bridge 8 a.m.	5	6  Pierce County Pediatric Society 6:00 p.m. <hr/> C.P.C. of St. Joseph's— 8:15 p.m.	7  Hematology- Oncology Study Group—T.G.H. 8 a.m.	8
10	11  Pierce County Medical Society 8:15 p.m. <hr/> C.P.C. of Mary Bridge 8 a.m.	12  Chest Conference T.G.H. 1-2 p.m.	13	14  Hematology- Oncology Study Group—T.G.H. 8 a.m.	15
17	18  C.P.C. of Mary Bridge—8:15 a.m. <hr/> Tacoma Surgical Club 6:30 p.m.	19	20  C.P.C. of St. Joseph's 8:15 p.m.	21  Hematology- Oncology Study Group—TGH 8 a.m. <hr/> Staff of Allen- more Hospital— 7:15 a.m.	22
24  Pierce County AACP—6:30 p.m. <hr/> Staff of Puget Sound General Hospital	25  Tac. Acad. of Internal Medicine 6:30 p.m. <hr/> C.P.C. of Mary Bridge—8:15 a.m.	26  Chest Conference T.G.H. 1-2 p.m.	27  THANKSGIVING DAY	28  Staff of Mary Bridge 12:15 p.m. <hr/> Hematology- Oncology Study Group—T.G.H. 8 a.m.	29

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# **BANK OF WASHINGTON**

## *President's Page*

The rich can afford medical care and welfare recipients receive medical care provided at State expense. But there is still the so-called marginal segment with low incomes, inadequate or no insurance, that cannot afford medical care.



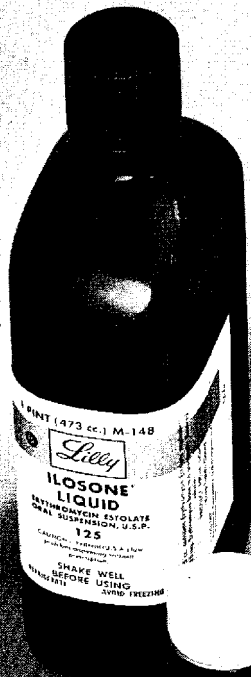
Various government programs are being proposed but are far from being enacted. The A.M.A. is supporting a tax credit program to support a universal health insurance program thru existing insurance plans. Walter Reuther's committee of 100 supports a compulsory health insurance program using the Social Security system. But, in the meantime, these people suffer along with inadequate care or no care. What can we do?

George Tanbara and DeMaurice Moses are two of our physicians attempting to develop a program that can function now without all the red tape of the HUD or other government-type can of worms.

If you have not yet notified the Medical Society of your willingness to cooperate, pick up the phone and do so now.

As well-paid physicians we are able to share time and effort for those much less fortunate. How many are willing?

—WAYNE D. ZIMMERMAN, M.D.



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# *Editorially Speaking*

## C2 H5 OH

These days when the conversation at the cocktail hour often generates much heat about the excesses of the "turned on" generation, a pause may be in order to observe the effects of alcohol on the "turned off or tuned out" generation. I suspect youth sees little difference between the escape into alcohol and that provided by marijuana.



I recently had a call from a lovely young lady asking what she could do to help her parents from making a shambles of their marriage by weekend excesses, which sometimes began whenever the evening cocktail hour lasted beyond the traditional one or two wee ones. I wanted to reassure her that alcohol did not lead to contemporary drug abuse with its attendant dream state but rather to more socially acceptable aggressive and destructive behaviour which would involve self, family and friends, and ultimately lead to personality change and memory defects.

The amount of alcohol it takes to chronically reduce a man's awareness or to cause irreversible memory defects varies. I often sense a change in those who give a history of a regular cocktail hour in excess of the conventional one or two. And probably even a regular one or two is destructive in some. Post operative delirium and altered response to anesthesia or stress certainly seems increased in those who drink regularly even though moderately.

As physicians we detect these problems in our patients. We should also protect ourselves.

—R. A. K.



## *Shadel Hospital*

Long prominent in the treatment of alcoholism, Shadel Hospital is designed to be both modern and functional without neglecting the close personal and homelike care and atmosphere for which it has long been known.

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## Who Is Big Enough For This Job?

Dear Editor:

Can you help me find 199 American physicians who have seen their own children achieve academic fulfillment and would now like to help the worthy children of their less fortunate neighbors become doctors?

I have established a memorial scholarship in the memory of my late parents. The scholarship is unique in various aspects. It consists of \$5,000 which is awarded to an individual on the basis of academic merit and financial need. No repayment is permitted. The scope of the recipients future practice remains at his own discretion. The scholarship is awarded by a committee of our local medical society.

I should like to hear from any physician interested in establishing such a fund through his own county society.

Sincerely yours,

M. B. GORDON, M.D.  
6917 Atlantic Avenue  
Ventnor, N.J.

## Minutes of the October Medical Society Meeting

The regular meeting of the Pierce County Medical Society was held in the auditorium October 14; Dr. Zimmerman presided.

The minutes of the previous meeting were approved as read.

Dr. Zimmerman announced that the Auxiliary dance will be held November 1st at the Tacoma Country & Golf Club.

The applications for membership of Drs. Eugenia Colen, Robert Costleight,

Ray Miller and Dewey Stephens were read for the second time and they were elected to membership.

Dr. Zimmerman read the proposed budget and said that an increase in dues would not be necessary next year.

Dr. Zimmerman introduced the speaker, Dr. Paul Gerstmann, whose subject was "Sickness in the Mountains."

There being no further business, the meeting was adjourned.

-----

"To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

—Sir William Osler.

## DRUGS ON TRIAL

*PHENACETIN* has been accused of causing nephrotoxic symptoms. The following products are guilty of containing this substance:

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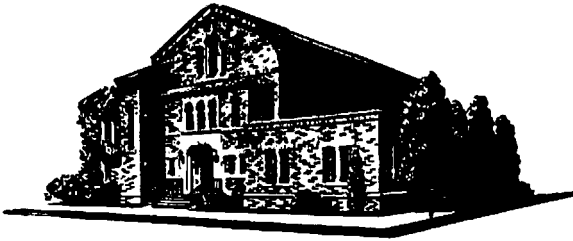
As medications are becoming more numerous and more complicated, we feel that it is important to have better communications between pharmacists, especially hospital pharmacists, and the physicians.

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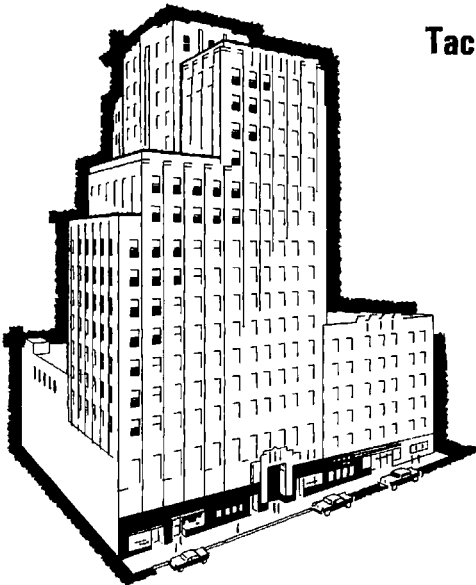
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## MOUNTAINEERING

Mountaineering is many things to many people. It may be the soft pinkness of the pre-dawn on a snowy summit to one; the blazing ruby sunset from a lofty vantage point to another. It is the fields of lupine, the brightly tipped Indian paint brush in the high alpine meadows, the tumultuous streams cascading restlessly on their descent to the sea, the beautiful symmetry of the alpine fir, the frozen lakes in July, the frosty dusting of new snow, the hanging glaciers, the crystal-clearness of the



welcome tarn, the jagged peaks and awesome depths, the smooth outcropping polished by ancient glaciers, the broad hogbacks and the razor sharp ridges, the scarlet vine-maple, the sea of clouds below, the rain forests with their shaggy beards, the magnificent bull elk, the whistling marmot cooling its belly on a rapidly vanishing snow-drift, the graceful deer, the bashful goat, the friendly Canadian jay eating from your outstretched hand, the puffy cumulus over the High Divide, the hon-

est sweat of 1000' per hour vertical ascent, the warm glow of camp fire, the camaraderie of friends from all walks of life. It is all of this and more.

It's really a multi-faceted pastime that can be engaged in to any degree of involvement you desire. Literally, you can go from zero to 90 degrees—from trail hiking to technical rock-climbing, and anywhere in between.

We are happily situated within sight of some of the best mountaineering country in the United States. For example, Mowich Lake is but 1½ hours from Tacoma—an excellent base camp for many of the "Cabin" peaks, almost a mile above sea-level. This is a "natural" for weekend climbing; or even for that day-off, if you can elude the record-room people!! The Cascades & Olympics aren't a great deal further away.

I have found it to be a great "family" affair. It provides a cohesiveness that few other sports can match. In this day of the "generation-gap" this is most welcome. When your youngsters observe you in the role of a physician they aren't particularly impressed; but watching the old-man negotiate some rocky chimney does make an impact. The nights spent watching the meteorites streaking across the Milky-Way aren't soon forgotten. The trek home hasn't begun before one of the boys pipes: "Where are we going next week, Dad?"

It's great for your physical conditioning. If you're not in shape to begin with, you soon wish you were—especially after an exhausting haul up Rainier or one of the big volcanoes. (Check with Charley Galbraith!) Many of our group run qd or qod to stay in shape—and it really does build stamina. Some of the joggers you've seen in the early morning hours are packing their rucksacks on weekends. This is wonderful

prophylaxis against that nasty entity that is the scourge of our ranks—coronary artery disease. Last summer I noticed an entry in the register (an old tobacco can!) atop Sitting Bull, that was made in 1921. It was a little hard



to make out on the yellowed paper—but it had been made by Leo Gallagher—who is still actively climbing today! How's that for a testimonial?

The environment you enter into can only be spoken of in superlatives. It simply can't be seen from your car. You've got to get out and make the effort; but the visual rewards will amply repay you for it! It's also a natural for the photographer. In the past four years I've acquired three lenses for my SLR and am looking for the fourth (a macro lens for the beautiful flowers along the way). A wide angle lens is a must—incidentally there are many students of Botany, Zoology and Art in our midst. After hiking across miles of uplifted strata one's curiosity about the Earth's crust is aroused—strangely entitled books, such as Shelton's *Geology Illustrated* find their way into your library. The walls of the inner sanctum are hung with maps of the Olympics, the North Cascades and Rainier Park. Many a traverse has been planned during my lunch break.

Our basement is loaded with paraphernalia familiar to the mountaineer. Back-packs, summit packs, crampons,

ice-axes, ropes, boots are always in readiness. Parkas, socks, caps, goggles load down the shelves above them. A rack of books pertinent to the subject



gets worked over frequently. *100 Hikes in Western Washington* was recently "rebound" with the aid of an electric drill and some avalanche cord!)

Seven years ago I picked up a book entitled *Mountaineering — Freedom of the Hills*, but became immediately discouraged after looking at the formidable list of equipment recommended. Don't let this happen to you. By all means, buy the book (it's the Bible of the Mountaineers and the second edition just came off the press last year) but corner someone who has made the break and learned that he's not indispensable. Gear can be acquired gradually and almost imperceptibly—(you'll find your spouse will join you more likely than not). Better yet, watch the TNT for the announcement for the '70 Basic Mountaineering course and come on down to the Mountaineer's Clubhouse at 30th and Carr. It'll be the best ten bucks you'll ever spend!

—DEL KOHLER, M.D.

Pictures by Bob Hepworth.

## New Members

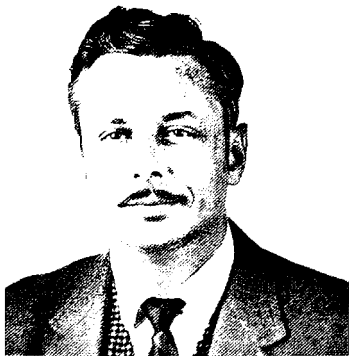


Dr. Eugenia Colen was born in Ker-tonoso, Java, Indonesia, and received her medical degree from Leiden Uni-versity Medical School, The Nether-lands, in 1951. Her internship was taken at Leiden University Hospitals and Montifiore Hospital, Pittsburgh.

Dr. Colen's practice is limited to Pub-lic Health and her office is in the County-City Building. She and her hus-band, Dr. John Colen, live at 517 North 6th St.



Dr. Ray L. Miller was born in King City, Missouri, and graduated from George Washington University in 1949. His residency was taken at George Washington University Hospital and Walter Reed General Hospital. Dr. Miller began practice here in Septem-ber, 1968; his practice is limited to Internal Medicine and his office is at 521 South K Street. He and his wife, Virginia, live at 11107 North Star Way.



Dr. Robert J. P. Costleigh was born in Newark, New Jersey, and graduated from the University of Maryland School of Medicine in 1966. His internship and residency were taken at Swedish Hospital in Seattle. Dr. Costleigh be-gan practice here in July, 1968; his practice is limited to Emergency Room Service and his office is at St. Joseph's Hospital. His home address is 7211 12th N.E., Seattle.



Dr. Dewey D. Stephens was born in Ainsworth, Iowa, and graduated in 1964 from the College of Osteopathic Medi-cine and Surgery in Des Moines, Iowa; his internship was at Standing in Se-attle. Dr. Stephens is in General Prac-tice with offices at 1209 Sixth Avenue. He and his wife, Ruth, reside at 8303 41st West.

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## November Birthdays

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- 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
- 11 William T. Ritchie
- 13 Dale Doherty  
Paul E. Gerstmann
- 14 Thomas H. Clark  
Kiyooky Hori
- 16 Kurt Brawand  
Galen Hoover
- 17 T. R. Haley
- 18 James D. Krueger  
G. M. Whitacre
- 19 Calvin A. Lantz
- 22 Michael Doel  
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 Smith
- 29 John Colen
- 30 Thomas A. Smeall

## MENTAL HEALTH

The Community Mental Health Clinic is pleased to announce the appointment of A. W. L. Vogelesang, M.D. as medical director between the Clinic and St. Joseph's Psychiatric Annex.

Dr. Vogelesang will be in charge of the treatment program between these two agencies under the sponsorship of the Tacoma Comprehensive Mental Health Center. He will be in charge of out patient and in patient short term therapy as well as consultation and training.

Dr. Vogelesang came to Tacoma with an interesting and varied background. Born in Indonesia he moved to The Netherlands at the age of seven and received his education in Rotterdam. His medical studies were done at the University of Amsterdam including internship at various Netherlands hospitals.

Moving to British Columbia in 1953 Dr. Vogelesang practiced medicine there until 1962 at which time he immigrated to the United States where he was on the staff of Northern State Hospital. His residency in psychiatry was done at the University of Washington. Dr. Vogelesang comes to Tacoma from private practice in Bremerton.

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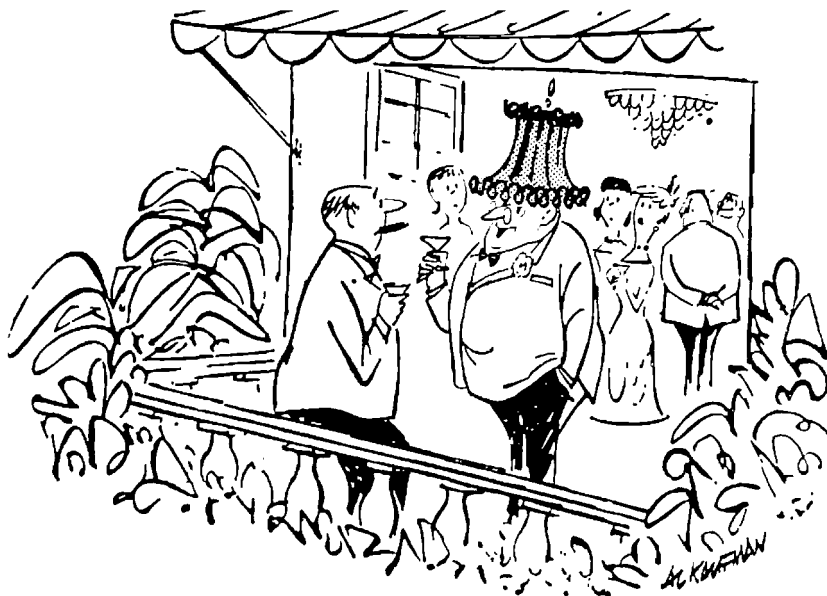
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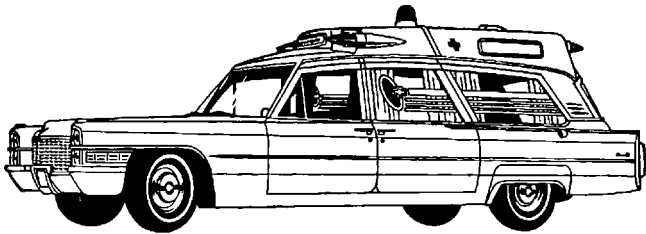
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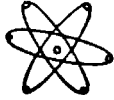
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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1969-1970

President.....	Mrs. Murray L. Johnson
President-Elect.....	Mrs. Ralph A. Johnson
1st Vice-President & Program.....	Mrs. Herbert Kennedy
2nd Vice-President & Dance.....	Mrs. Paul B. Smith, Jr.
3rd Vice-President & Dance.....	Mrs. Max W. Brachvogel
4th Vice-President & Legislative.....	Mrs. Jack Mandeville
Recording Secretary.....	Mrs. Duncan Baer
Corresponding Secretary.....	Mrs. Clarence Anderson
Treasurer.....	Mrs. Arthur Wickstrom
Dues Treasurer.....	Mrs. Robert O'Connell

## COMMITTEE CHAIRMEN

Nominating Committee and Health Council.....	Mrs. Philip Grenley
Membership.....	Mrs. Jack J. Erickson Mrs. Richard Link
Safety and Disaster Preparedness.....	Mrs. James R. Stilwell
Historian.....	Mrs. William H. Goering
By-Laws.....	Mrs. Thomas A. Smeall
Paramedical.....	Mrs. Roy H. Virak Mrs. Frederick Schwind
Publicity.....	Mrs. Dudley Houtz
Bulletin.....	Mrs. Bernard Pipe
Telephone.....	Mrs. James Krueger Mrs. Edmund A. Kanar
Finance.....	Mrs. Robert W. Osborne Mrs. Robert Burt
AMAERF.....	Mrs. David Hopkins
Social.....	Mrs. Thomas B. Murphy Mrs. Robert Florence
Speakers Bureau.....	Mrs. Francis Hennings
Community Health Service.....	Mrs. Robert Crabill
Today's Health.....	Mrs. Ernest Randolph
Representative Council on Smoking.....	Mrs. Carl Ekman
Representative Council on Aging.....	Mrs. George Moosey
International Health.....	Mrs. Theodore R. Haley
Cook-Book.....	Mrs. David Dye Mrs. John F. Kemman
Cook-Book Tasting Luncheon.....	Mrs. Mills Lawrence Mrs. Alva Miller
AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

## NOVEMBER MEETING

Friday, November 21, 1969  
Luncheon — 12 P.M.

Mrs. Robert O'Connell, Hostess  
615 North E Street  
Co-Chairmen  
Mrs. Robert Ferguson  
Mrs. Gordon Dean

A poem, worth repeating, appeared in the Bulletin ten years ago. Nadine Kennedy was writing the Auxiliary notes then so perhaps this is from her pen . . .

Are you an active member,  
The kind who would be missed—  
Or are you just contented  
That your name is on the list?  
Do you ever work on committees  
To see there is no trick,  
Or leave the work to just a few  
And talk about the clique?  
Come to meetings often  
And help with hand and heart;  
Don't be just a member  
But take an active part.

Think about it! Also noting names of committee chairmen in 1959 we find many of this year's roster. Some of them are: Helen Florence, Dorothy Grenley, Ruth Brooke, Dee Wickstrom, Marion Doherty and Nadine Kennedy.

## NOVEMBER DEBUT

An auspicious opening for November was the Dinner-Dance held at the Tacoma Country Club. At this lovely party, Co-chaired by Judy Brachvogel and Ginny Smith, doctors and their wives dined and danced knowing that the proceeds from this function will assist Auxiliary in their new project of providing student scholarships within the medical family. Fun for all with a worthwhile goal.

## STATE PRESIDENT VISITS

At the October meeting Pierce County Auxiliary was honored by the presence of State - President Mrs. John Vaughan, President-Elect Mrs. Robert

Phillips, and Southwest Regional Vice-President Mrs. W. C. McMakin. Mary Ellen Vaughan brings a delightful friendliness and informality with her that catches membership response immediately. Her sincerity and dedication to Auxiliary causes sparks enthusiasm in others as evidenced by comment following her visit.

We were proud to hear her say that Pierce County projects are considered among the state's most successful. Under Dorothy Grenley's leadership last year Pierce County had an outstanding record, headed by AMAERF, under Ginny Smith's chairmanship. Mary Ellen told us that AMAERF has reinstated its student loan fund because of the present government cut-back on loans. Students, interns and residents can again apply for seven-year loans.

The state officers reminded us of Mid-Year Conference and extended an invitation for all to attend April 22nd and 23rd at the Red Lion Inn, Pasco.

### BLOOD BANK

President Sherry, having given her pint of blood to the Tacoma-Pierce County Blood Bank, urged members to do likewise. Vernetta Dille will be blood donor chairman to help in scheduling appointments. Please check in the yellow pages of the phone book, under BLOOD BANK, to learn the hours open to donors.

### REGIONAL CONFERENCE REPORT

Dorothy Grenley as State Chairman of Community Health Services recently attended the Regional Workshop in Phoenix. The two-day meeting was an intensive one, according to Dorothy, in which state representatives discussed various aspects of community health

and the direction Auxiliary should move to be of service in this area. This year emphasis is on assistance to Youth and the Family Unit and much material is available from National. Films on alcoholism and marijuana, excellent for showing to youth groups, are available.

Dorothy and her group at the Workshop were instrumental in writing a resolution to be sent to the AMA, asking the doctors to take a stand on marijuana by making a definite pronouncement regarding their position. Much interest was shown in Pierce County's Health Services Directory, others indicating a desire to initiate a similar directory in their communities. National Health and Youth Chairman Mrs. Rauschenbach took copies to display at other meetings. Thank you Dorothy, for your very able representation from Washington State.

### SPEAK UP

Speaker's Bureau Chairman Beth Hennings has a roster of physicians available for speaking engagements for the year. Several informative talks are scheduled for the near future. Contact Beth in this department.

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## LOOKING AHEAD

Good news from Dues treasurer Janet O'Connell. She reports that membership is on a steady increase. If you haven't joined the ranks consider what you are missing. The new year brings the Cookbook Tasting Luncheon in February, followed by the March Fashion Show at the Tacoma Country Club. Both bright moments in time. These are on the fun side but there will also be stimulating programs to set the mental wheels in motion with such speakers as Dr. Dixy Lee Ray, Director of the Pacific Science Center, and C. David Weyerhaeuser, President of the Board of Directors of Medical Supplies for Missions.

—INEZ M. PIPE.

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## AUXILIARY MINUTES OCTOBER MEETING

The Pierce County Auxiliary meeting was called to order by President Sherry Johnson at the home of Mrs. Thomas Murphy. Sherry thanked our hostess and the luncheon committee.

The minutes of the previous meeting and the treasurer's report were deferred.

Janet O'Connell announced that the Auxiliary has 161 paid members. Sixteen of these are new members.

New members were introduced as follows: Mrs. Gordon Parrott, Mrs. Linda DeMiller, Mrs. Jack Hilger. Mrs. Juanita Litvin, from King County Auxiliary was introduced as the guest of Lorraine Sulkosky.

Gloria Virak introduced three of the six student nurses who are recipients of our nursing scholarship. Two were juniors from P.L.U. and one was from St. Joe's. They were presented with small gifts.



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## 1. Committee Reports

### Dance

Donna Ferguson urged the members to attend the Auxiliary formal dance to be held at the Tacoma Golf and Country Club on Nov. 1, 1969. The tickets are \$25.00 per couple. The price of tickets has increased this year due to inflation. Tickets are limited to 100.

A.M.A.E.R.F.

Dorothy Grenley announced that the Pierce County Auxiliary made the largest donation to the A.M.A.E.R.F. for the second year. We were given recognition at the State meeting in hopes of encouraging other Auxiliaries to do a better job. Our success is mainly due to Ginny Smith for her diligent work. Dorothy announced that Ginny is to be the recipient of an award for her efforts.

## Membership

Phyllis Erickson thanked the ten women who had membership coffee hours in Sept. Forty-five girls attended these coffees, many of whom were new members.

## International Health

Peggy Haley announced that "Medicines for Missions" will be collecting samples of medicines from our husbands' offices this Mon., Oct. 20, 1969.

## Cook Book

Sherry Johnson announced that we have 1300 cook books remaining of the second edition. We sell about 600 books per year. There is no need to have another edition of the book at this time.

Lorraine Sulkosky announced that she had entered our cook book in the cook book of the year contest.

## 2. State Community Health

Dorothy Grenley reported on the regional workshop in Phoenix. Dorothy's State Community Health committee has been instrumental in writing a resolution to be sent to the A.M.A. for doctors to take a stand on marijuana.

## 3. Special Presidency's Report

Sherry Johnson gave a brief report on the State meeting held in Seattle. She announced that there was a complete compliment of delegates. The delegates are as follows: Dorothy Grenley, JoAnne Johnson, Ruth Zimmerman, Ruth Brooks, Toni Bourne, Gloria Virak, Florence Krueger, Elsie Schwind, Sherry Johnson, Lois Stilwell was absent and Jean Judd was her alternate. Edith Lawrence was the only alternate that was seated.

It was suggested at the State meeting that the various Auxiliaries support their local blood banks. There is a

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shortage in the blood bank due in part to medicare. It was suggested that we remind our husbands to remind their patients to replenish the blood banks. Sherry encouraged Auxiliary members to donate blood. She asked for a volunteer to serve as a liaison between the Auxiliary and the local blood bank. Lois Stilwell volunteered.

#### 4. *New Business*

Sherry announced that Toni Bourne has made a very attractive box for donations of clothes for children ages three to ten years old. This is at the request of Dr. George Tanbara for the Hill Top area. There is a special request for shoes. The donations can be brought to Auxiliary meetings.

#### 5. *Old Business*

Sherry announced that the Advisory Council was omitted in the by-laws. The board discussed this and suggested a motion to correct the by-laws. Betty Smeall made a motion to correct the by-laws. Lorraine Sulkosky seconded the motion. *Motion carried.* Drs. Wayne Zimmerman, John Shaw, and Kenneth Graham will be contacted about being on the Advisory Council.

Sherry announced that she had stationery for board members who needed it.

#### 6. *Program for the Day*

Sherry then introduced our guests, our State President Mrs. John Vaughan, our State President-elect Mrs. Robert Phillips, and our Southwest Regional Vice-President Mrs. W. C. McMakin.

Mrs. Vaughan, State President, commended Pierce County for their achievements. She congratulated us on A.M. A.E.R.F.

She then gave a short talk on the regional meeting on the March of

Dimes covering genetic counselling and also an education program concerning Rubella in conjunction with a new vaccine coming out.

Mrs. Robert Phillips, President-Elect, gave a short talk on legislation in the coming year. The A.M.A. is planning to introduce a bill for comprehensive medical care. This is to be funded thru income tax returns of the previous year. She urged us to become knowledgeable in this so that we may answer questions. We have not been asked to campaign.

Mrs. W. C. McMakin, South West regional Vice-President, urged our membership to attend the mid-year conference in Pasco, Washington, April 22, 23, 1970.

She invited our President Sherry, and President elect Jo Anne Johnson to a meeting to be held before mid-year conference to discuss which agencies should be considered for the annual Auxiliary donation went to the two kidney foundations last year — \$500 to each.

The meeting was adjourned at 2 p.m.

MARYLN BAER, *Secretary.*

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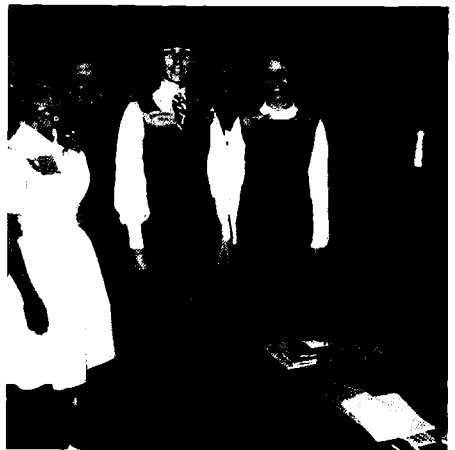
Visit of the State President at the October meeting. Left to right: Mrs. Murray Johnson, Mrs. John Vaughan, State president; Mrs. Lewis Litvin, Mrs. W. C. McMakin, Mrs. Leo F. Sulkosky.



Hostesses for October meeting. Mrs. G. M. Whitacre, Mrs. Thomas B. Murphy, Mrs. Haskel L. Maier.

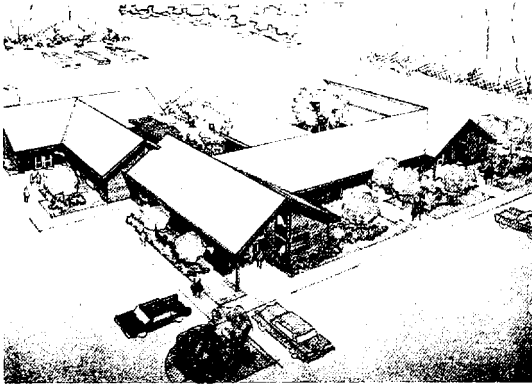


Members on State Board. Left to right: Mrs. Leo F. Sulkosky, Mrs. Bernard J. Pipe, Mrs. Philip Grenley, and Mrs. Thomas Skrinar.



Student Nurses who received Scholarships. Left to right: Judy Gang, St. Joseph's; Mrs. Frederick Schwind, Becky Mitchell, Connie Jacobson, PLU, and Mrs. Roy H. Virak.





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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

DECEMBER 1969

TACOMA, WASHINGTON

VOL XL—NO. 10



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
DECEMBER 9**

# Pierce County Medical Society

1969

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COVER PICTURE: Dr. Fairbourn and friends.

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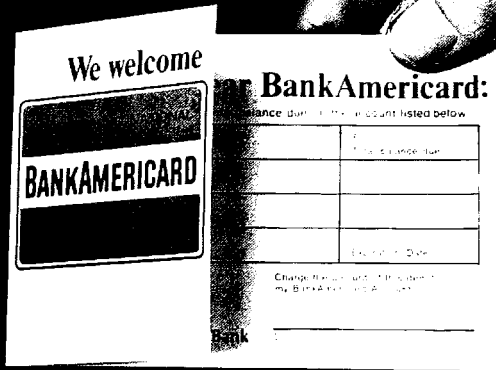
Robert Kallsen

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 Pharmacy—Lt. Col. Robert G. Scherz  
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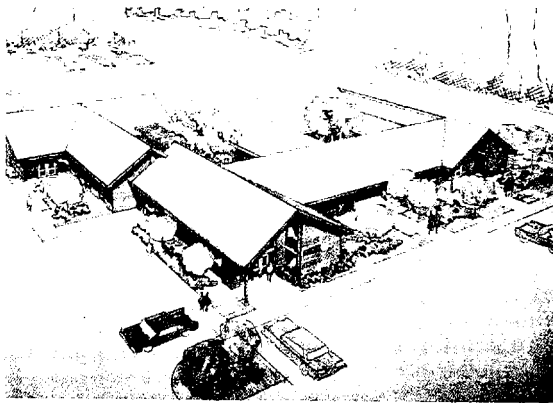
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, December 9**

Medical Arts Building Auditorium

**PROGRAM - - - 8:15 P.M.**

**"CONSUMER - PROVIDER - - -  
WHAT THOUGHTS DOES THE CONSUMER  
HAVE ABOUT THE PROVIDER?"**

Social Hour: 6:00

Dinner: 6:45

**Honan's Restaurant**

. . . . .

## December Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Tac. Orthopedic Society—6 p.m. Tacoma Chapter of American Psychiatric Assoc.	2 Staff of Tacoma General—6:30 p.m. C.P.C. of Mary Bridge 8 a.m.	3	4 Pierce County Pediatric Society 6:00 p.m. C.P.C. of St. Joseph's—8:15 p.m.	5 Hematology-Oncology Study Group—T.G.H. 8 a.m.	6
8 Staff of Good Samaritan 6:30 p.m.	9 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge 8 a.m.	10 Chest Conference T.G.H. 1-2 p.m.	11	12 Hematology-Oncology Study Group—T.G.H. 8 a.m.	13
15 Staff of St. Joseph's—7:30 p.m.	16 Tacoma Surgical Club 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	17 Staff of Lakewood General 6:30 p.m.	18 C.P.C. of St. Joseph's—8:15 a.m.	19 Hematology-Oncology Study Group—TGH 8 a.m. Staff of Allenmore Hospital—7:15 a.m.	20
22 Pierce County AAGP—6:30 p.m.	23 Tacoma Acad. of Internal Medicine 6 p.m. Cardiac Study Grp. T.C.H.—7:30 a.m. C.P.C. of Mary Bridge—8 a.m.	24 Chest Conference T.C.H. 1-2 p.m.	25 MERRY CHRISTMAS	26 Staff of Mary Bridge 12:15 p.m. Hematology, Oncology Study Group—TGH 8 a.m.	27
29	30 C.P.C. of Mary Bridge—8 a.m.	31			

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# President's Page

## THE MALPRACTICE PROBLEM

The costs of malpractice insurance for physicians has been doubling almost every other year. This cost in turn has to be passed on to the patient by higher physicians' charges. It is hard to believe that the quality of medical practice has deteriorated to such a degree. Insurance carriers report that there has been an increase in the number of so-called nuisance claims. These are suits filed merely with the thought of getting some kind of out-of-court settlement. However, because of the increase in numbers and the increased costs to the insurance carriers they can hardly be considered any more as nuisance claims. In most Provinces of Canada they do not have a contingency fee system for the lawyers, and there are very few malpractice claims filed. In this country the contingency fee system, which is part of the ethics of the legal profession, permits the lawyer to gamble and occasionally he gains a good, big chunk of money.

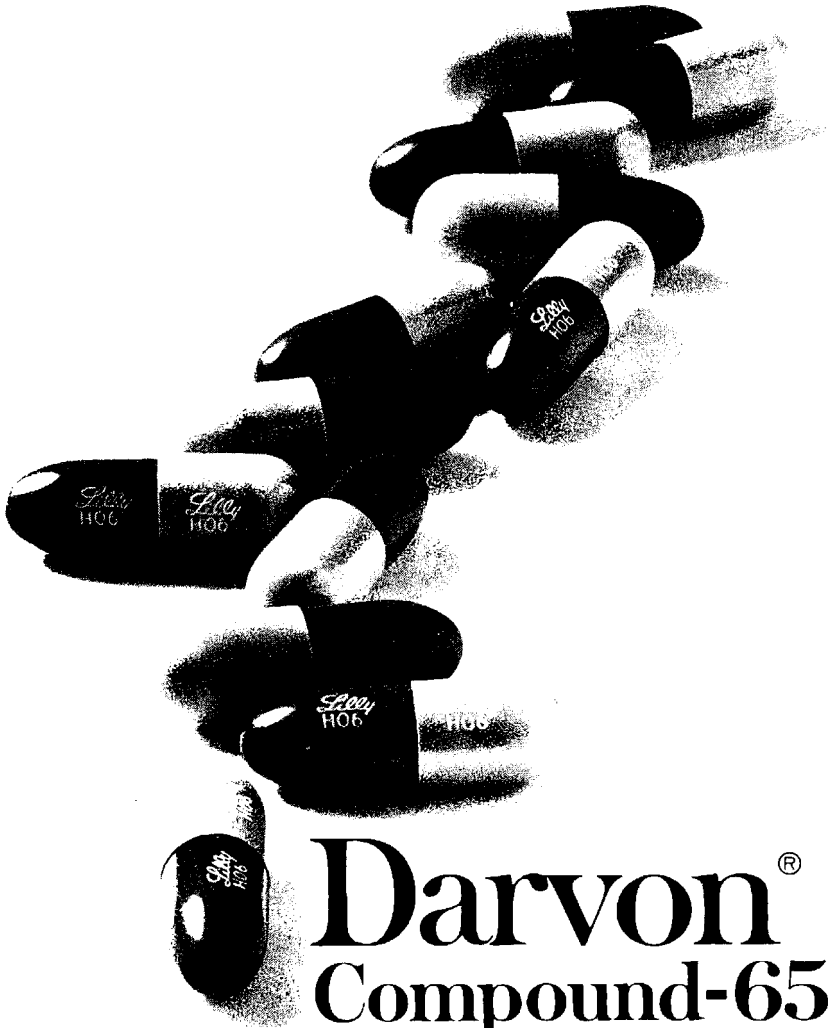


A Seattle attorney representing The National Association of Claimants' Attorneys states that doctors are unwilling to give information to attorneys, and in order to obtain such information they have to file a malpractice suit action. To help solve this problem the King County Medical Society has established a Pre-Review Committee which is open to lawyers to examine hospital records and other material to determine if there is truly grounds for suit. Their experience thus far, they believe, has done much to lessen the number of actual suits filed. We hope to have the workings of this Committee explained to us in the near future to determine if we, also, should establish such a Committee.

California just lately has attacked the problem in another fashion. They passed a law requiring the plaintiff to post a \$500 surety bond to show that he is really sincere in filing his suit. Apparently the \$500 surety bond is forfeited if a legal study reveals that there was no grounds for the suit, or if it was filed merely as an attempt to malign a physician. If our Washington State Legislature would pass a similar law then plaintiffs' attorneys here would be much more inclined to use a Pre-Review Committee, and establish facts before filing a suit. If the proper technical background can be developed, and if our local Bar Association looks favorably on such a Committee, we shall attempt to establish it. If it functions properly it would aid in settling those suits which are just, but would also help eliminate the filing of those suits which are a pure nuisance and legally unjustified.

A physician's Code of Ethics prevents him from taking a contingency fee in either the treatment or in legal actions regarding his patients' injuries. The ethics of the law profession completely accepts this contingency fee system and thus their ethics in this matter are entirely different from ours. It is so highly engrained that it is doubtful if the contingency fee system will be altered in less than two or three generations.

—WAYNE D. ZIMMERMAN, M.D.



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# *Editorially Speaking*

## **The More Things Change, The More They Remain the Same**

Contemplation of the navel is not considered a constructive pastime, but who can resist a 25th anniversary? Last month I winged back to my medical origins and listened to most-esteemed classmates tell of their experiences as Deans, Department Heads, Medical researchers, revered community leaders and broken-down grandparents.



RELEVANCE is the big word in present-day education. To gain it some schools are moving their students into the offices of community physicians as a part of their curriculum, with the local physician serving as professor—without pay, naturally. One school is establishing itself as the physician to its community. They anticipate providing a complete medical service to a community of 100,000 people adjacent to the University. Student physicians will function at all levels of the system—in the hospitals and in community offices. That some physicians would be displaced and the established referral patterns disrupted was recognized and accepted as a cost of developing a more socially-conscious physician. (Who might fit into the many regional medical centers planned for our nation?)

There does seem to be a movement from 75% specialist to 75% generalist production—at least in the State schools. A procedure to expedite this is to have the student opt for his specialty as early as the Freshman year and have his curriculum geared to this specialty which includes General Practice. The choice is not irrevocable, but it does tend to crystallize his thoughts at a time when the family physician may be a prime influence.

Duration of medical training has been decried for years. This, too, is being shortened. Some colleges are returning to the WW II continuous session with graduation in 3 years. Four years of pre-medical training are still advised. This leaves me right where I started with 2 years of German and 1 quarter of Eye.

Most of those attending this class reunion seemed to agree that kids now are smarter than their parents. I wondered a little when I listened to a surgical professor tell of the problems in handling some Hippie Internes who considered it their civil right to perform surgery with flowing beard and shoulder length hair, uncombed and unwashed. Appeals to reason, justice and love of humanity failed; and legal efforts to force a shave and haircut or even a bath were thwarted. Finally a sack with eye holes was placed over head and shoulders so that dust and specks might not fall on the operative field.

Parkinson's Law\* seems to apply with special force to the university. We were escorted through many rooms formerly devoted to bed care in my day, and now devoted to electronic gear; I mean research. One department head mentioned that he now had 30 fellows. (You guessed it, 'Research Fellows'.) An old buddy and I chatted about old times, while 5 stenographers typed merrily in his outer office. That department in my student days had 1 secretary.

-----  
\*Institutions grow without regard to need but rather according to the infusion of money.

The Dean pointed out that 80% of the school's funds were derived from research grants and 20% from the state. Most of the research grants originated at the federal level.

The growth was amazing. Enormous administration and research buildings, hospitals and dormitories had sprung up everywhere there. I asked how many students were being graduated. The answer was 160. Twenty-five years ago my class graduated 145.

After the sessions, I walked through the Mall and had the same old thrill of belonging to a most imposing campus, past Northrup Auditorium where I slept through many symphonies under the baton of world famous conductors.

When I reached the Museum of Natural History, I sat in front of the Pipestone prairie scene with Hiawatha and Catlin, to watch the prairie chickens strut and the owls stare back at me. A small herd of buffalo picked their way down the red bluff and the falls were in full flow. I remember standing on those rocks 40 years ago beneath a dark threatening sky listening to the gurgle of the water over the falls. The water still gurgles, and the rocks are still there. You can reach them on paved walks. A loudspeaker hidden in the walls of the ancient quarries blares forth the Indian lore. A parking lot provides a convenient access where the prairie chickens once boomed. A large building with filmed versions of Indian culture covers the area where tepees once stood next to the quarries 40 years ago. The peace pipes are probably now made in Japan.

—R. A. K.

## RESULT OF OCTOBER POLL

	Yes	No	No Ans.
I will participate in a comprehensive community immunization program for the Model Cities Hilltop area.	30	12	13
I will participate on a Saturday in an all-day planning session on health care for the disadvantaged.	26	18	11
I feel my specialty should be represented.	31	3	21
Include my name to the multiservice centers as a physician who will be available to provide medical care for the disadvantaged regardless of finances.	35	6	14

The physicians who answered "yes" have been invited to participate in a one-day session on medical care for the disadvantaged on Saturday, December 6, 1969, from 9 a.m. to 5 p.m. at the Shiloh Baptist Church, 1211 South I, BR 2-4949. Prior to that date a single preliminary one hour meeting among physicians will have been held.

Any other interested physicians are invited to attend.

I will attend the all-day meeting on Saturday, December 6, 1969. Enclosed is my five dollars (\$5.00) pre-registration fee. Yes——No——.

I will attend a one-hour preliminary meeting. Yes——No——.  
 Times I can attend are:

Breakfast 7-8 a.m. Lunch Noon-1 p.m. Dinner 6-7 p.m.

12/4 -----

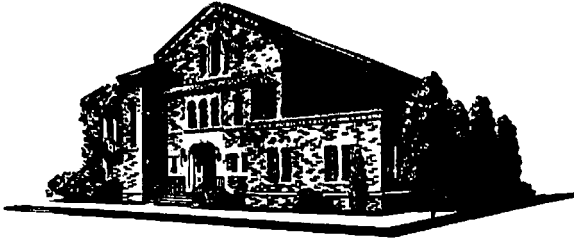
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12/6 -----

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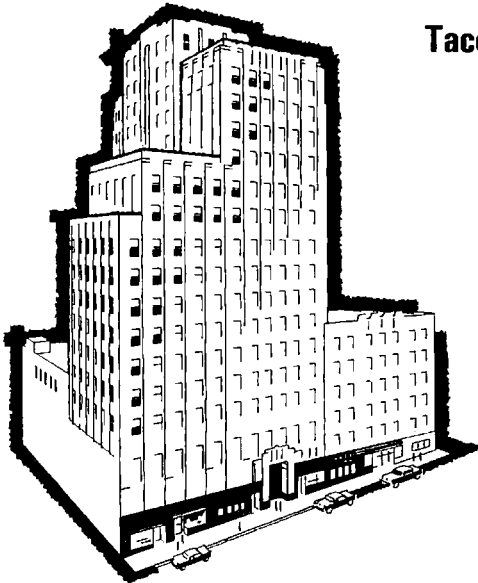
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## Brown's Farm

In the fall of each year my thoughts turn to open fields, the whirring wings of startled ducks, guns and dogs. The relative value of breeds of dogs is the subject of much debate as is the type of gun or size of the shot best suited for hunting on the farm. For me, my side-by-side, 20 gauge, with No. 6 or No. 4 shot, plus a good Springer Spaniel is the best combination. These arguments take place in a crude shack while you are exchanging tennis shoes for hip length rubber boots and emptying a box or two of shells into the side pockets of your hunting coat. I usually feel rather miserable in the pre-dawn chill, but I wouldn't miss the Saturday morning hunt for anything.

Brown's Farm occupies the southern half of the Nisqually Flats, from the Freeway on the south, to the dike and tidelands on the north and from the McAllister Creek on the west to the Nisqually River on the east. It encompasses 1700 acres. There are a number of areas of marshy land with sloughs, cat tails and marsh grass. The sloughs are quite long and boggy so that there are a number of cat walks for crossing them. It is a constant and losing struggle to keep some of the sloughs free of cat tails. Ducks must have open water. The roads are merely two tracks winding around on the higher ground. When winter rain sets in, ponds appear in the lower areas. One year which was especially wet, the entire northern third was under a foot of water. This improves the hunting as ducks prefer "rafting" on fresh water and "tip ups" can feed on the grass.

The animal and bird life on the farm is a wonder to see; 150 species have been counted. There are numerous fox, a few coyote, rabbits, muskrat, skunk and others. One summer, thirty-two fox were trapped off the farm—don't

ask me why. One summer I saw six coyote that had been poisoned—again I can't find the answer. The numerous animal life and bird life keep themselves well fed and in balance. There are myriads of field mice, and circling owls and hawk who are busy with that population. Clouds of black birds and large flocks of snipe rise up and settle down.

Hunting can be excellent, depending on the weather and the northern flight of ducks. We feed up to two weeks before opening day which insures good hunting the first two weekends on the local birds. Then there is a drought until the northern birds arrive some time around the first of December. I have seen flocks of hundreds of ducks spend the night on the farm. If the weather is clear and still, they rise with a whir at the first shots and stream out to the salt water where they spend the day in huge rafts. But give us a high wind and rain, and back they come with excellent shooting. It is all pass shooting and decoys merely bring the birds a little lower. The northern flight is composed mostly of Widgeon followed by Teal, Pin Tail, Mallards and Canvass Back. The geese are unpredictable and tend to have "passed through" by November.

The farm began somewhere at the turn of the century as a donation claim to the Deschazer family. The Brown's took over somewhere around 1905. It then became known as Brown's Farm. They made it a going concern. They had cattle, horses, crops of oats, hay, and corn. In addition, they had a garden plot with poultry and orchards. They established a creamery, dairy, and packing house. It was all well run. However, it was taken over by creditors who ran the farm until 1955 when the present owner purchased it. Since then there has been a steady deterioration in farming effort, probably

in anticipation of industrialization of the area.

The first gun club on Brown's Farm, called the Shannon Gun Club, was formed about 1900. It was composed of some of Tacoma's and Seattle's elite. The hunting was fabulous due to the grain crops. Some of the present members speak of jumping pheasant and ducks from the long cut stubble. The present Brown's Farm Gun Club was formed in 1955. It is composed of thirty members. There is a crude, but adequate club house and year around caretaker who is deputized and patrols the area in an antiquated red jeep. Numerous catwalks, bridges and the blinds are maintained by the members.

The farm has been a great source of enjoyment to me. I hate to think it might be covered with railroads, docks, and concrete. Let's hope conservationists like the Izaak Walton League can muster enough strength to make it into a refuge instead of an industrial site. It is the last resting place for migrating waterfowl between Skagit Flats and Oregon.

To end on a happy note, the farm is only fifteen minutes from my home.

—EDWIN J. FAIRBOURN, M.D.

## The Moment of Truth



Dr. Rigos and b'ar

"Now we got the pleasant job of trailing the wounded grizzly", Dick Rice, the half breed guide, said quietly. Then he muttered savagely, "Son of a bitch".

Dick and I were standing in an unnamed valley along the Chestalina River in Central Alaska, south and west of Fairbanks. Our present predicament was my fault since I'd wounded the bear. A week previously I'd killed a large moose, 56" spread, and had decided to watch the kill for the grizzly that was certain to show up eventually. Bears often have a regular 20 mile circuit, more or less, and no grizzly can pass the fragrant aroma of the ripe moose carcass.

The moose (actually we had removed quite a bit of meat) was on a mountain side wedged against a downed tree. We had cleared out a few bushes in order to see the carcass from 180 yards away where there was a small area that we could approach quietly and downwind. Every morning for the past 5 days we had ridden from our spike camp 3 miles and then hiked a half mile to our observation post, arriving just after dawn. We concealed ourselves, watched for 2 hours and then quietly left, repeating the performance in the early evening and leaving at dusk. This was our 6th morning sitting quietly on the frosty ground, mentally cursing the mosquitoes and flies. This morning, as the one before, we had observed a black bear messing around in the entrails, but I wanted a grizzly so I hadn't fired the rifle. After 5 days, the sitting or lying on damp, cold ground was losing its glamour. All was quiet except for a few birds and the hum of the insects. Suddenly the quiet was broken by the rustle of bushes and the snapping of twigs and branches and off to one

side about 100 yards came this golden bear charging up the mountainside with no attempt to conceal himself. His haste and lack of caution apparently was because of the black bear that he must have smelled. The black bear knew the facts of life and he exploded down the mountain side, passing fairly close to us.

The grizzly prowled around in the bushes making certain that he'd driven away all competition for the food. Then he approached the carcass at a 45 degree angle to me, angling down hill. There was a clear area of about 15 feet with the moose in the center against a log about 1 foot in diameter. As the bear's shoulder came into view I touched off a shot just behind it. He wheeled around and I fired again. He jumped behind the moose and I fired again. Then he was gone.

The forest went silent — nothing moved — no birds sang — even the insects seemed to quiet down. After several minutes, during which we were both standing with rifles ready, Dick made his statement. We discussed the technique briefly, separated about 50 feet and slowly climbed the mountain, angling sideways away from the moose. When we were well above the area we angled back until we were directly above and then slowly and intently came down to the carcass, moving one at a time with the other watching and protecting. We reached the carcass and found some blood and hair and we could see that the bear headed back into the buck brush. This brush is about 5 feet high and fairly dense, limiting visibility to about 10 feet. Now we had no choice but to go after the bear.

Naturally my emotions and feelings were all mixed up. I said, "Dick, this is a helluva way to make a living, I'm sorry." He said, "Well, let's get the damn thing over."

So into the brush we went, with every sense keyed to the best. After about 5 minutes and 100 feet we found the bear, dead! My first two shots were both fatal and both placed well, but a bear is a very difficult animal to stop immediately.

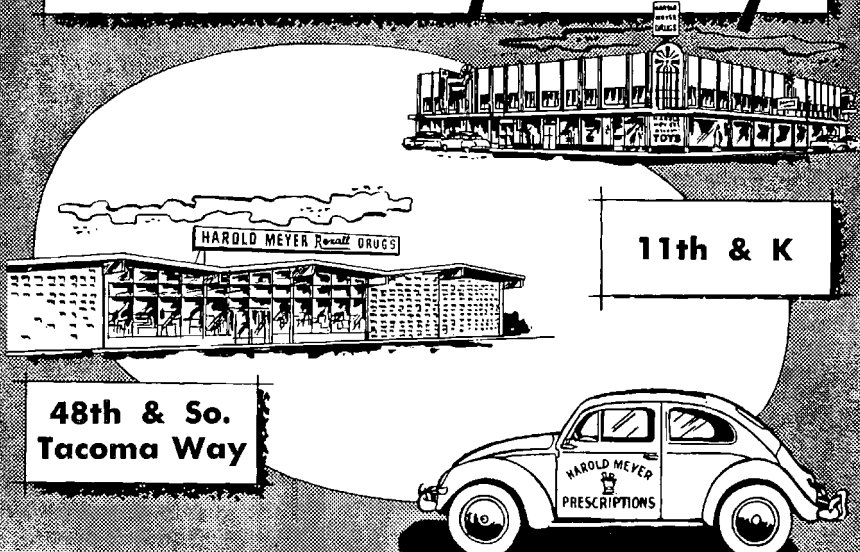
Since then I have taken other bear, including a huge brown bear over 10 feet long that charged me, and none has been easy. I read in the outdoor magazines how this huge bear and that were stopped cold with one shot. This has not been my luck — every bear has taken at least 2 good shots to put down. The Alaskan brown bear mentioned above charged when we were standing in snow up to our thighs on the barren slopes of Mt. Veniamnikoff overlooking the Bering Sea. At 60 feet I turned him away by a shot just between his eyes but he still went for 100 yards and 3 more bullets.

Hunting big bears does have an appeal. Now when I touch off the first shot I know how the matador feels — it's the moment of truth. You are committed. When you shoot that bear the code says you must finish him. You say to yourself, "What am I getting into now? Why am I asking for trouble?" Maybe the danger, the elation or some primitive urge is the answer. But with civilization destroying the habitat, not many more people will have the opportunity to ask themselves these questions.

—FRANK RIGOS, M.D.

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- 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 Philip Grenley
- 23 Carl J. Scheyer
- 24 John R. Flynn
- 28 Kenneth L. Pim
- 30 Gordon Dean  
Milan Pazourek
- 31 Hanif Anwar  
Lewis A. Hopkins

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## Wynoochee Tales

(To be, or not to be)

For background we should state that several years ago Jack Alger, his father, Dr. Wood and I had arranged to go elk hunting up in the Wynoochee Valley back of Montesano. That evening we parked my trailer and the other cars and had about 3" of rain. The next morning I was sitting on a hillside and about 250 to 300 yards below me stood a herd of elk in which there was a large bull. I put two shots into the bull with my .338 Magnum. The bull laid down and I slowly walked down, knowing that I would just as soon have him bleed out in direct vision. Some men came into the valley about 50 yards from the elk. The other elk left the valley, and this animal got up and staggered out. They had light 30-30's and emptied about 8 or 9 shells into him. He still kept going and I put another shell through him with my rifle and he fell down. They were tagging him when I reached the animal and I pointed out that I had put in the first shells and the last that knocked him down. Immediately, I had two guns pointed point blank at my abdomen and chest saying, "We're here first and what the *hell* are you going to do about it?" At this point I got so mad I did

not trust myself! So I unloaded the gun, put the shells in my pocket and left. Needless to say, as far as I am concerned, this has pretty well stopped my low land elk hunting trip where the crowds might come in.

—DUMONT S. STAATZ, M.D.

## Thirty-Three

The department of health pamphlet on rats states that if you see one rat above ground there are at least five below. So if the same logic is applied to the readers of the Pierce County Medical Bulletin, we have 165 readers of the small print at the bottom of the editorial page. Ye Ed appreciates the time and inconvenience. There were many brief words of unsolicited encouragement. The most pertinent note suggested a psychiatrist be consulted.

## Surgeons Meet in Portland Feb. 2-4, 1970

The American College of Surgeons will hold its first Sectional Meeting in Portland, Feb. 2-4. The program is extensive. It looks good.

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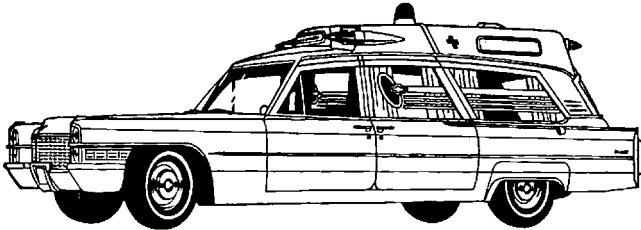
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# WOMAN'S AUXILIARY PAGE . . .

## AUXILIARY OFFICERS 1969-1970

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1st Vice-President & Program.....	Mrs. Herbert Kennedy
2nd Vice-President & Dance.....	Mrs. Paul B. Smith, Jr.
3rd Vice-President & Dance.....	Mrs. Max W. Brachvogel
4th Vice-President & Legislative.....	Mrs. Jack Mandeville
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Corresponding Secretary.....	Mrs. Clarence Anderson
Treasurer.....	Mrs. Arthur Wickstrom
Dues Treasurer.....	Mrs. Robert O'Connell

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Today's Health.....	Mrs. Ernest Randolph
Representative Council on Smoking.....	Mrs. Carl Ekman
Representative Council on Aging.....	Mrs. George Moosey
International Health.....	Mrs. Theodore R. Haley
Cook-Book.....	Mrs. David Dye
Cook-Book Tasting Luncheon.....	Mrs. John F. Kemman Mrs. Alva Miller
AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

How do you say "Merry Christmas" with a new twist? Perhaps in another language . . . "Felices Pascuas," or "Joyeux Noel," or "Gladelig Jul?" Whatever the language, it's a beautiful phrase, so Merry Christmas, Merry Christmas, Merry Christmas to all.

## ON THE MEND

To Jean Colley and Lorraine Sulkosky . . . here's a Christmas toast wishing you both a speedy recovery. Auxiliary misses you, so get rolling again fast!

## BE THINKING

President Sherry asks that any of you who have a suggestion for Auxiliary's nominee for "Woman of the Year" and will not be at the January meeting, please mail your candidate's name to Corresponding Secretary, Janet Anderson, 2450 N. Lenore Dr., 98406. Thank you. Similarly, if you choose to indicate a preference for your Auxiliary's contribution to a particular philanthropy of the State Auxiliary, let Janet know. Last year our contribution was divided between the Seattle and Spokane Kidney Centers.

## JANUARY MEETING

Luncheon—12:00 P.M.

January 16, 1970

Mrs. Ralph A. Johnson, Hostess

7139 Interlaaken Dr. S.W.

Co-Chairmen:

Mrs. Ted Haley

Mrs. George C. Gilman

## "HOW TIME FLIES" DEPARTMENT

The nominating Committee members to present the slate of officers for 1970-1971 are the following: Past-President Dorothy Grenley, President-elect Joann Johnson, Lois Stilwell and Peg Haley from the Board, Florence Dean and Deva Vaught, Members-at-large.

## FILE FOR FUTURE REFERENCE

Please mark your new calendars for the January 16th meeting, the February 20th Cookbook Tasting Luncheon, and the March 20th Fashion Show. Mabelle Miller and Edie Lawrence, Co-Chairmen of the Tasting luncheon, promise a choice selection of cookbook delicacies provided by Auxiliary members. Do come and sample. New members, you'll love it. Toni Bourne, Chairman of Arts and Crafts display, will welcome hobbies of any kind. She asks you to share your talent and interests with fellow members and guests. You'll hear more about the March Fashion Show in the next Bulletin.



## BLOOD BANK APPEAL

Along with other Christmas giving, could you spare a pint of blood for your fellow man and the Blood Bank This could be the most worth-while gift you will give, and it costs you nothing but a few minutes time. Call Vernetta Dille, SK 2-5563, for arrangements.



## WA-SAMA

Way back WHEN I was a medical student's wife there was no organization such as the Woman's Auxiliary to the Student American Medical Association. I missed a good thing. I was interested to read in November M.D.'s Wife the story of WA-SAMA's beginnings and purpose. This group, established in 1957, was formed to assist the wives of medical students, internes and

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residents, in forming closer relationships with others like themselves . . . to establish personal ties and organizational skills for later years when they would be wives of practicing physicians.

WA-SAMA offers friendship and interest, a sense of belonging and usefulness during the long hours when husbands are away or are not available because of study schedules. With a present membership of 6,000, it has grown into an important service organization. For example, the South Dakota WA-SAMA initiated a Head Start Weekly in an abandoned barn and helped hundreds of Indian children ranging in ages from 3 to 5 years. In Denver, they supplied a program to aid ghetto mothers by helping with baby sitters and free transportation. Many chapters raise funds for scholarships and interest-free loans for medical students. By membership in this group, the young medical wife makes a natural transition to her role in Medical Auxiliary. In forming this group somebody was thinking ahead, wouldn't you say?

Speaking of clever thinking, this is Victor Borges contribution, "A smile is the shortest distance between people!" The holiday season is the perfect time to test his theory. Excuse me. I just heard a strange thud on the roof!

—INEZ M. PIPE.

---

## Coronary Care Unit

The College of Medical Education will present its third session and second in a series on coronary care to begin January 7, 1970, through April 1, Wednesday evenings, 7:30 to 9:45 P.M. Contact Dale Bailey, University of Puget Sound.

## Respiration Care Service Opens at St. Joseph's

Rick Radford, a registered inhalation therapist, will direct a group of trained therapists and pulmonary function experts to provide inhalation assistance to your patients. Another first for the Sisters.

In addition to an Inhalation Therapy Unit, which is usual, the Center will also contain a Pulmonary Function Evaluation Laboratory. Inhalation Therapy is particularly beneficial to patients suffering from pneumonia, chronic obstruction of the breathing mechanism, post operative lung malfunctions, bronchial infections and various other respiratory ailments. It is also indicated in accident cases where the thoracic cage is damaged.

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## The Four Bell Alarm

Flashing lights, sirens, a speeding ambulance and controlled traffic lights mean a patient is in danger of imminent death from airway obstruction, pulmonary edema or hemorrhage. I have tried to predict when a distant patient needs the Four Bell treatment on several occasions by what was told me on the telephone. I have never been right when I said, All Systems Are Go. Invariably, the dyspnea has been hyperventilation or the blood more apparent than extensive. The truly desperately ill patient rarely transfers a sense of urgency to the layman. In my own experience I have had patients involved in three speeding ambulance accidents. I wonder if the minutes saved by the ambulance speeding across town are ever of more than theoretic value. Are my experiences unique? Let's hear some comment.

—Ed.

## Free Service Offered For Alcoholic Problems

A free service for those with alcoholic problems is now available at New Life Clinic. The method of treatment is through individual counseling and group discussion classes. The focus in the Clinic is family oriented.

The Director of New Life Clinic, Mr. Merlin Belcher, is available to speak with either individuals or groups in regards to the services offered and the general concerns of the problem drinker.

Appointments for counseling or information can be made directly at New Life Clinic, 720 South K St., Tacoma, or by calling MA 7-3063. There are no charges for the services, however donations, which are tax deductible, will be appreciated.

## More Tales

During my youth I practiced briefly in northern Minnesota. I had lived in bird country so I was totally inexperienced but anxious to get into the field after BIG GAME. Unhappily my lot was to be on call at the local hospital opening day.

The telephone rang while it was still dark that first morning. Please come down and pronounce the first casualty, shot by a friend who thought the victim's flashlight was the luminous eyes of a hiding deer.

Victim number two arrived in mid-morning with a fragmented tibia from a bullet which ranged up through his heel to knee and out to return into his chest. The way this is done is to drop your rifle butt to the ground when you climb down from a tree stand.

Victim number three was playing dominoes when he received his bullet in the calf. He had returned late to his cabin and several friends were already there with their guns stacked up against the side of the cabin. He stacked his gun beside theirs and walked around the corner of the building just in time to be the recipient of a fusillade, as the guns slid to the ground.

That afternoon I stopped in at the hardware store to pick up some shotgun ball and listened to a conversation. A white faced man was asking for red pants and the store clerk was pointing out that he was already dressed legally with a red jacket. White Face then told the story that he was walking

through the woods a few minutes before and pushed aside some pine boughs to face a rifle aimed at his chest. He had to talk fast to convince the hunter that he was not a deer. When the rifle was finally lowered the marksman told of watching the victim's legs coming through the brush just like a deer.

So at the next chance I went into the woods, and I stood behind a tree in the fashion of the day. Everywhere I looked a deer seemed to be peeking back at me. Branches looked like antlers, or was that really a deer. Many a log was placed under the bead of my gun, to be given a reprieve when the light improved a little to allow better identification. As my eyes became accustomed to the light I counted five, count them, five red coats within shooting distance of my gun. That is until I realized I was in range of five guns, and then I started to whistle like crazy as I backed out of the valley.

—Ed.

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For any additional information regarding our Program, please telephone Personal Enuresis Service at Seattle, CH 2-4048. Local physician references are also available upon request.

Sincerely,

*Francis A. Woodcock*

Francis A. Woodcock, President  
Personal Enuresis Service

## Pierce County Medical Society

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of Jan., April, July and Oct.—  
6:15 p.m. Doctors Hospital Cafeteria
- 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.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC  
ASSOC.—First Monday of October, December, February,  
April and June.
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—6:00 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 Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each Month except June, July and  
August—6:00 p.m.
- STAFF OF ALLENMORE 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.
- STAFF OF LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY  
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.