

*The*

PIERCE COUNTY MEDICAL SOCIETY

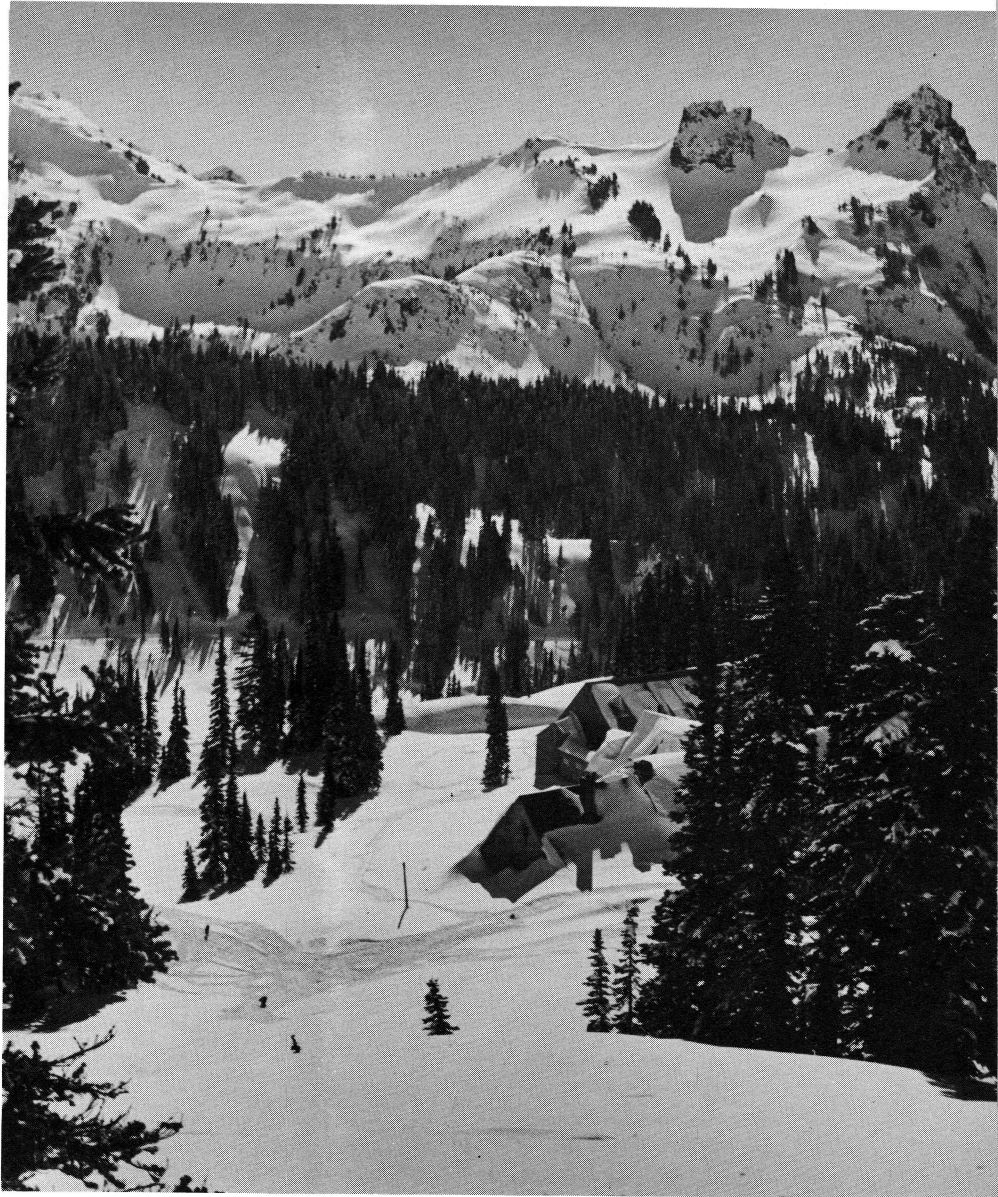


# BULLETIN

JANUARY 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 1



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
JANUARY 9**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara

## TRUSTEES

Ralph A. Johnson      L. S. Baskin  
 D. T. Baer              Robert Johnson  
 James Early            James Stilwell  
 John Flynn             Walter Arthur

## DELEGATES

W. Ben Blackett      Herman S. Judd  
 George C. Gilman    John M. Kanda  
 Kenneth D. Graham   Ronald T. Spangler  
                                  Kenneth Pim

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James M. Blankenship   Richard E. Huish  
 Thomas H. Clark        John F. Kemman  
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                                  David W. Millett

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## Mental Health

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## School Health

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## Poison Control

James L. Schneller, Chairman

## Medical Education

Marcel Malden, Chairman  
 J. G. Katterhagen      George R. Barnes

## Editorial Board

W. Ben Blackett, Editor  
 Stanley W. Tuell      David S. Hopkins



COVER PICTURE: Winter Scene

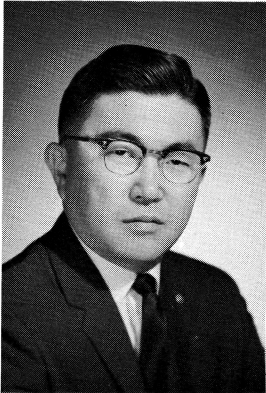
*Photo by: Tom Upper*

**REMEMBER  
 THE  
 BLOOD  
 BANK**



# President's Page

As I write this first piece for the Bulletin, I cannot help but feel that perhaps I have taken on an obligation which might be much more than I had bargained for. But at any rate, I will try to do my best to represent the Society in a way that will be a credit to the medical profession.



There is no question that these are troubled times. There is dissention within many elements of our society; it just seems that many people are just very unhappy how things are going. Protest seems to be the "in" thing. Consumers are making demands on all providers, the medical community included. The medical profession and the medical society has been caught in the middle of much criticism.

But let us remember that criticism is necessary for progress. Criticism should be sought. All criticism can be constructive if taken in the correct context. Hopefully, criticism within our own ranks will be constructive at its onset. There is no time as now as to the need for the physicians to work together to insure that the changes taking place in the area of delivery of medical services will work to the benefit of our patients and ourselves as providers. There is much to be involved.

Inertia and apathy can be our main enemy. We must be willing to participate in our society activities. Stewardship of our precious time and professional talent is essential. I will be asking many of you to serve on specific committees. I will be asking some to continue on their respective committees to provide the experience, expertise and a continuity to the programs and policy already in effect. New members will be sought on the committees to obtain fresh ideas and input to the vital work of the committees. I hope all of you will be willing to accept any appointments that are made.

With your help, I hope to be able to keep the Pierce County Medical Society on its progressive course, set by the succession of our recent presidents, and brought to an imaginative point of considering a full-time executive director for our society by our immediate past president, Les Baskin.

*John M. Kanda, M.D.*

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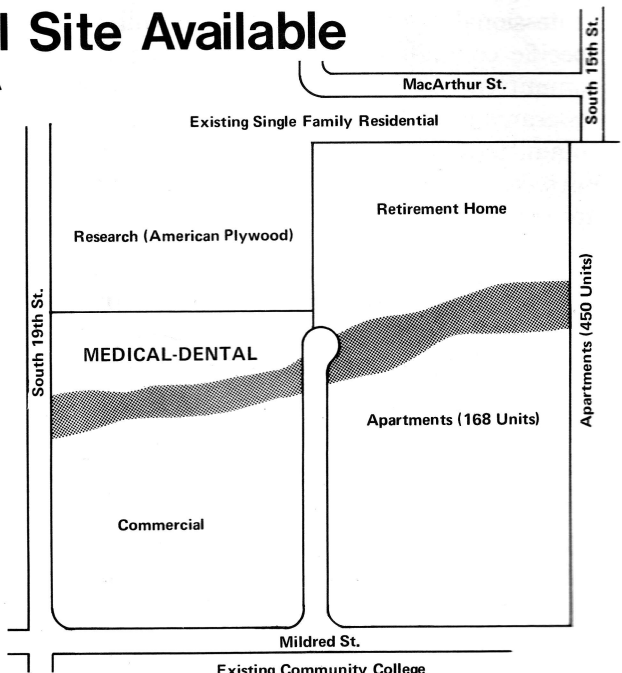
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# Editorially Speaking

## TOO MANY PRESCRIPTIONS?

A recent edition of the Seattle Post-Intelligencer had a screaming headline to the effect that the great majority of the country's physicians either excessively prescribe antibiotics or wrongly prescribe antibiotics or both.

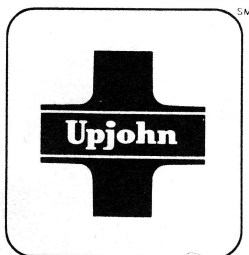


This brings into sharp focus a dilemma with which the private practitioner is faced daily, namely, the wide discrepancy between what the public thinks that medicine can do for a number of common maladies and what it can actually do. The frustrating aspect of this situation is the fact that the very press which is headlining studies on antibiotic prescriptions is also the same press which has been quick to seize upon and often magnify research studies of miracle drugs creating a public demand for the quick, one shot cure.

Most physicians in general practice experience, on an almost daily basis, the patient with a miserable head cold who comes in for a "shot of penicillin" or the mother whose child has a high fever and lab studies indicating a viral infection. It can be an exercise in futility explaining that antibiotics do not touch viruses and the treatment is symptomatic. Some will accept this but a number will leave grumbling about going back to a doctor that always gave them a shot or that they could just as well have stayed at home as find out it's a virus or the age-old complaint "he didn't do a thing for me."

In this situation it is a credit to the integrity and dedication of a majority of American physicians that the overprescribing is not more prevalent.

*David S. Hopkins, M.D.*



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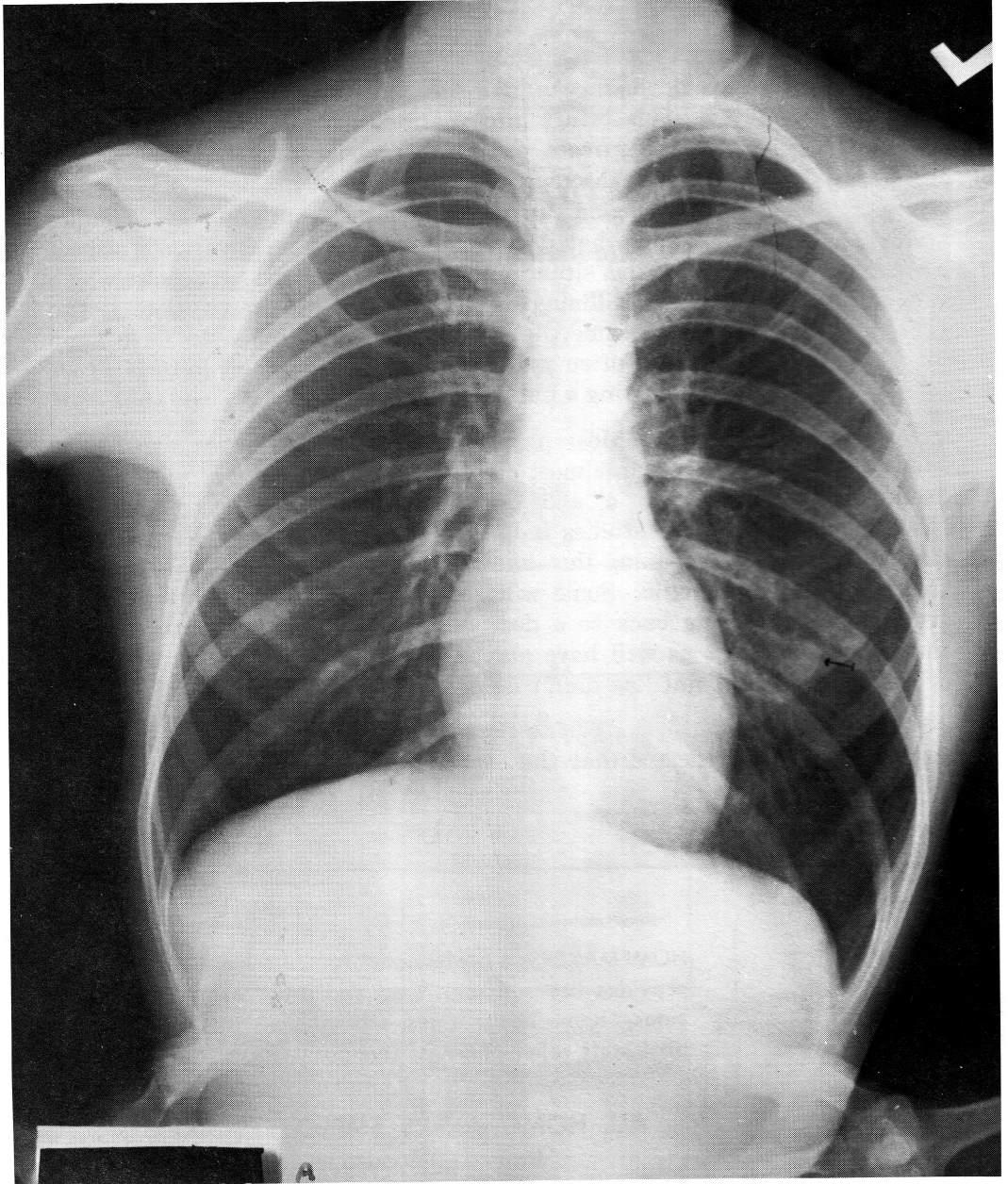
FU 3-2678



## CASE OF THE MONTH NUMBER 1

*George R. Barnes, Jr., M.D.*

See Page 28 for Denouement



CASE: This 18 year old young lady had a chest film taken prior to leaving home for college. Her physician noted a mass projected over the left mid lung field. Her past history was not remarkable and she appeared to be a healthy, slender young person.

# **Pierce County Medical Society Meeting**

## **Tuesday, January 9**

Medical Arts Building Auditorium

**PROGRAM—8:15 P.M.**

**"Emerging Medical Care in Liberia and  
Venezuela"**

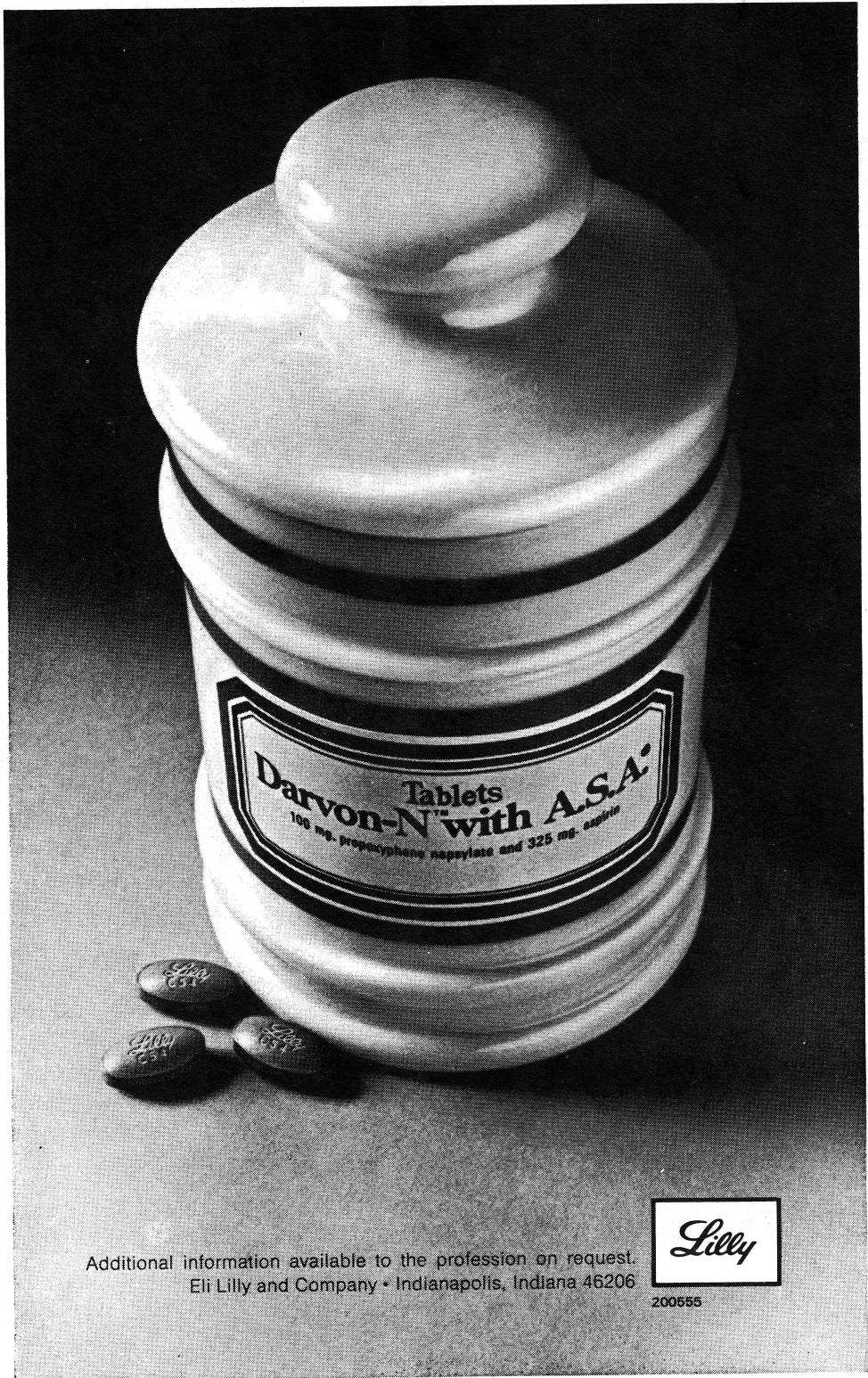
Mr. Robert P. Thomas

Recent planning and administrative consultant  
to the Ministries of Health, Venezuela and Liberia

Social Hour 6:00

Dinner 6:45

Honan's



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200555



# REMEMBER THE BLOOD BANK

## Dr. Kanda Accepts Gavel

At the shortest society business meeting on record, the minutes of the November meeting were approved and there being no announcements, old or new business, Dr. Baskin turned the presidency over to Dr. Kanda who then presented a plaque of appreciation to Dr. Baskin for his year of service in that office.

The program consisted of a presentation and discussion of current management of venereal disease from the private office and public health office standpoints. Discussants were Dr. Cremers of Olympia and Dr. Lipman of Fort Lewis.

## Trustees' Schedule Discussion of Full-Time Executive Director

During the December trustees' meeting, the matter of medical student participation was discussed further. There is some question as to whether medical students really want to take part in county medical society discussions, but a letter of invitation will be sent so that any students who are interested will have an opportunity to participate in some way.

Dr. Kanda, incoming president, will arrange a panel discussion regarding the controversial matter of obtaining and financing a full-time medical society executive director. This will be part of the program at the February society meeting.

A questionnaire is being designed to poll county society members as to their attitudes and desires for the direction of the trustees. There were felt to be too many questions on the initial questionnaire and this will be further revised.



"ARE YOU IN A RUSH FOR THIS ?"

Courtesy Medical Society

# **The Geriatric Patient**

## **University of Puget Sound**

### **Continuing Medical Education for the**

#### **Physician**

Jan. 25, 1973 Skeletal Diseases, Emotional Problems of the Aged, The Rest Home, The Final Illness

Dr. Edward Rosenbaum, Professor of Rheumatology,  
U. of Oregon School of Medicine

Feb. 1, 1973 Carviovascular Diseases

Dr. John Nagle, former Assistant Chief of Cardiology,  
Letterman General Hospital

Feb. 8, 1973 Diabetes and other Metabolic Diseases

Dr. Angel Bowen, Endocrinologist,  
Past president Washington Diabetes Association

Feb. 15, 1973 Geriatric Gynecology—"Begins with the menopause"

Dr. Raphael Durfee, Professor of Obstetrics and  
Gynecology, University of Oregon School of Medicine

Feb. 22, 1973 Cancer; Present View of Diagnosis and Treatment

Dr. J. Gale Katterhagen, "Young Internist of the Year  
1971," National Academy of Internists

7:30 p.m. - 9:30 p.m. Weekly on THURSDAYS

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University of Puget Sound. Questions? Phone Mrs. Bailey, SK 9-3521

## THE GERIATRIC PATIENT

Continuing medical education course for physicians, outlined in this issue, will be presented at the University of Puget Sound beginning the evening of 25 January 1973.

Dr. Edward Rosenbaum, who will open the series, is in private practice in Portland, Oregon. He is an internist with a special interest and practice oriented to Rheumatology, is Clinical Professor of Medicine and Chief of the Department of Rheumatology at the University of Oregon Medical School, is President of the Northwest Rheumatism Association and is a man who enjoys teaching. "I would like to devote the first part of my talk to skeletal problems in the aging, and the second part of my talk to emotional problems in older people, such as the problem of failing memory, behavior problems, whether to handle the person in the nursing home, the dying patient, the silence of severe illness in the elderly."

Dr. John Nagle will bring us The Cardiovascular Diseases. Dr. Nagle had five years of training in the military and for the period June 1969 to July 1971 was Assistant Chief, Cardiology, Letterman General Hospital, San Francisco, California. He is a Fellow of the American College of Cardiology.

Dr. Angela Bowen, a private practice Endocrinologist in Olympia, Washington, widely known for her platform ability, will discuss Diabetes Mellitus. She was a chemical engineer in private industry and a research chemist before she decided to enter medicine. Dr. Bowen was associated for several years with the Virginia Mason Medical Center in training, research and medical practice. She is Past-president of the Washington Diabetes Association. For the last of the male chauvinists among us, we should state that this charming young woman was born in the State of Mississippi in the year 1932.

Dr. Raphael Durfee, Professor of Obstetrics and Gynecology, University of Oregon School of Medicine, needs no introduction to this medical community. Dr. Durfee will discuss Geriatric Gynecology. He is the ivory tower professor that is so busy with patients, daily and clinically that the committee could get him to the phone but one time. He was busy with patients the day of the final phone call — he sent a secretary to state, "I'll be there."

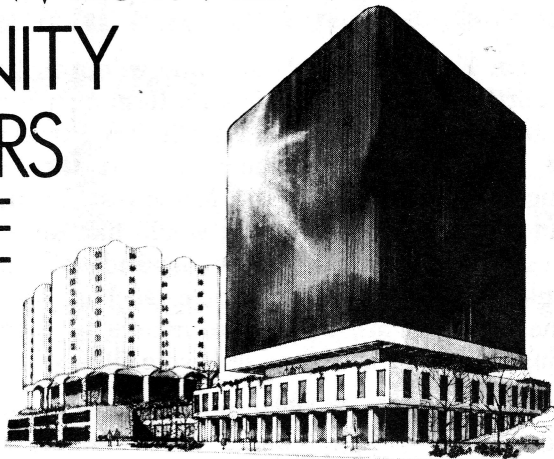
Dr. Gale Katterhagen, Oncologist, is a private practice physician in Tacoma, Washington, is past president of the Washington State Society of Internal Medicine and received the 1971 "Young Internist of the Year" award, presented by the National Academy of Internists. He will bring us the discussion of Cancer in the elderly patient.

We cannot help but feel that the above team guarantees an excellent course on *The Geriatric Patient*.

Ten hours AAGP credit approved. Make check (\$45) payable to C.O.M.E. and mail to Mrs. Bailey, University of Puget Sound. Questions? Phone Mrs. Bailey, SK 9-3521.



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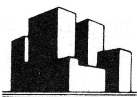
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- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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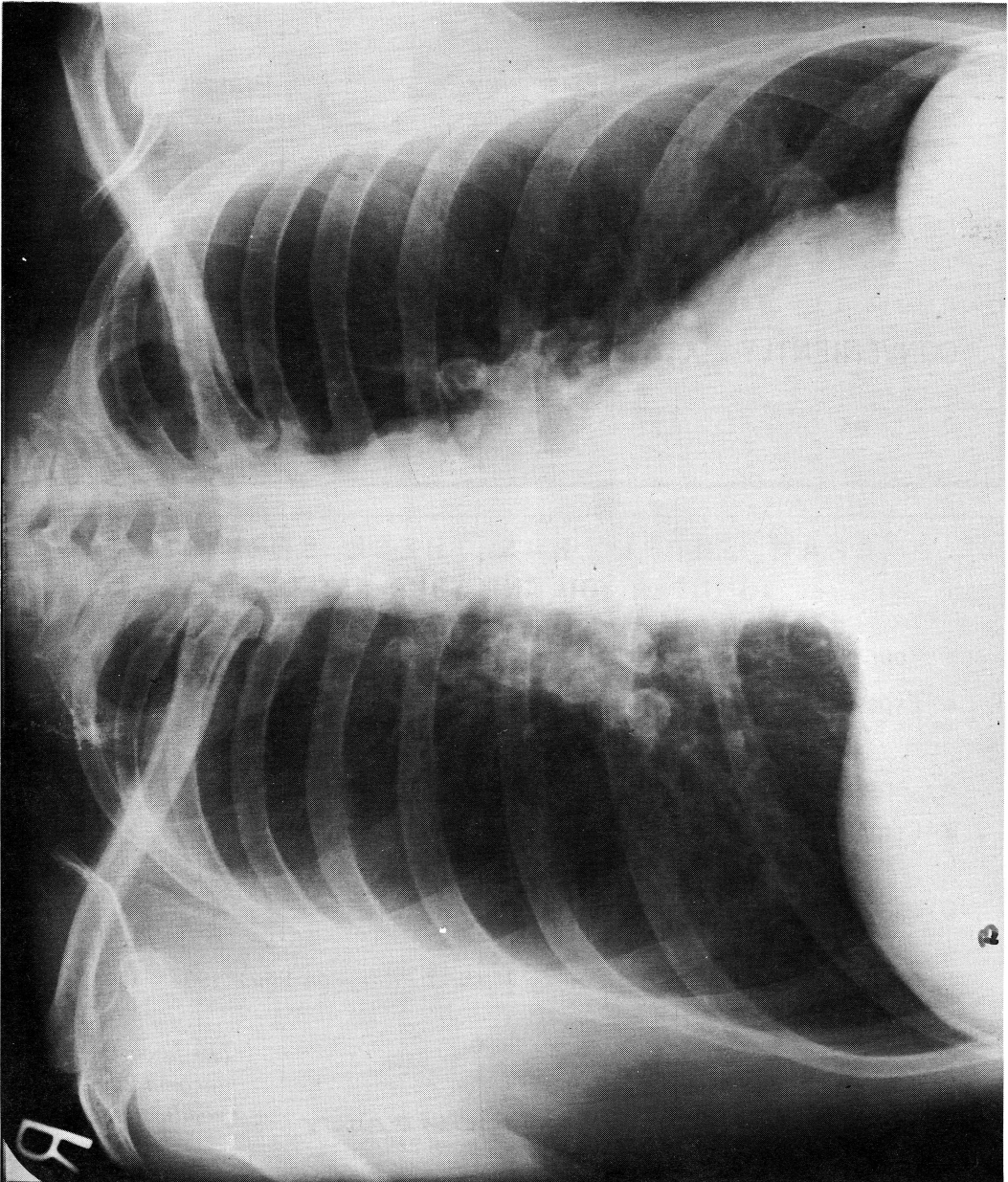
*... Based on the Addictive Concept*



## CASE OF THE MONTH NUMBER 2

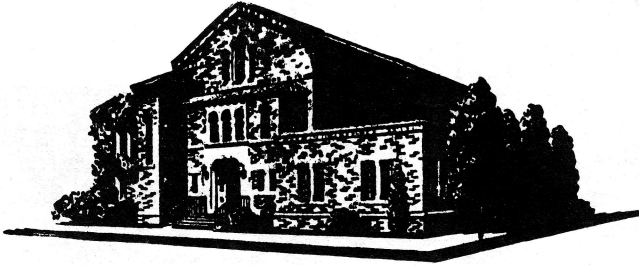
*George R. Barnes, Jr., M.D.*

See Page 28 for Denouement



CASE: Routine chest of a 40 year old male. What could you tell us about his past history?

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## January Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>1</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tac. Orthopedic Society—6 p.m.</p> <p>Pierce County Pediatric Society 6 p.m.</p>	<p><b>2</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>3</b></p> <p>Surgical Conference TGH—8 a.m.</p>	<p><b>4</b></p> <p>Gastrointestinal Conference— St. Joseph's 8:15 a.m.</p>	<p><b>5</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Hematology- Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>8</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Doctors Hospital 6:15 p.m.</p>	<p><b>9</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 a.m.</p>	<p><b>10</b></p> <p>OB-GYN Conference TGH—8 a.m.</p>	<p><b>11</b></p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p> <p>St. Joseph's Trauma Conf.— 7 a.m.</p>	<p><b>12</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>15</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>16</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>17</b></p> <p>Medicine Conference TGH—8 a.m.</p>	<p><b>18</b></p> <p>Renal Conference St. Joseph's 8:15 a.m.</p>	<p><b>19</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>22</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Pierce County Chapter AAGP 6:30 p.m.</p>	<p><b>23</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Academy of Internal Med. 6:30 p.m.</p>	<p><b>24</b></p> <p>Path. Conf. TGH—8 a.m.</p>	<p><b>25</b></p> <p>C.P.C. of St. Joseph's 8:15 a.m.</p>	<p><b>26</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Joint Services Conf.—8:15 a.m.</p> <p>TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Staff of Mary Bridge 12:15 p.m.</p>
<p><b>29</b></p>	<p><b>30</b></p>	<p><b>31</b></p>		

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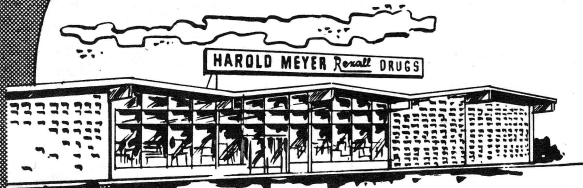
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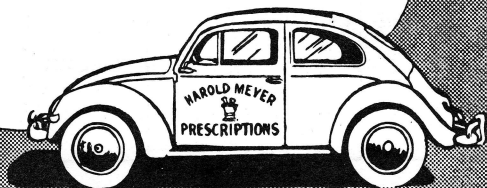
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**TENTATIVE FEBRUARY SCHEDULE**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<b>1</b>  Gastrointestinal Conference— St. Joseph's 8:15 a.m.	<b>2</b>  Tumor Board 7 a.m. - Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>5</b>  Mary Bridge Cardiac Conf 5:30 p.m.  Tac. Orthopedic Soc.—6 p.m.  P. Co. Pediatric Soc.—6 p.m.	<b>6</b>  C.P.C. of Mary Bridge 8 a.m.	<b>7</b>  Surgical Conference TGH—8 a.m.	<b>8</b>  Pulmonary Conf. St. Joseph's 8:15 a.m.  St. Joseph's Trauma Conf.— 7 a.m.	<b>9</b>  Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.
<b>12</b>  Mary Bridge Cardiac Conf. 5:30 p.m.	<b>13</b>  C.P.C. of Mary Bridge 8 a.m.  Pierce County Medical Society 8:15 p.m.	<b>14</b>  OB-GYN Conference TGH—8 a.m.	<b>15</b>  Renal Conference St. Joseph's 8:15 a.m.	<b>16</b>  Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>19</b>  Staff of Allenmore Hospital—Noon  Mary Bridge Cardiac Conf 5:30 p.m.	<b>20</b>  C.P.C. of Mary Bridge 8 a.m.  Tacoma Surgical Club—6:30 p.m.	<b>21</b>  Medicine Conference TGH—8 a.m.	<b>22</b>  C.P.C. of St. Joseph's 8:15 a.m.	<b>23</b>  Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>26</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Pierce County Chapter AAGP 6:30 p.m.	<b>27</b>  C.P.C. of Mary Bridge—8 a.m.  Tac. Acad. of Int. Medicine 6:30 p.m.	<b>28</b>  Path. Conf. TGH—8 a.m.		



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**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk.

This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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## IN EDEMA\*—IN HYPERTENSION\*

# WOMAN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1972 - 1973

President.....	Mrs. J. Lawrence Smith (Norma)
President-Elect.....	Mrs. James Stilwell (Lois)
1st Vice President & Program.....	Mrs. K Royce Hansen (Ginny)
2nd Vice-President & Membership.....	Mrs. Robt. Whitney Jr. (Helen)
3rd Vice President, Historian & By-Laws.....	Mrs. Ronald Gallucci (June)
4th Vice President—Social.....	Mrs John M. Havlina (Dolores)
Recording Secretary.....	Mrs. David W. Millett (Roberta)
Corresponding Secretary.....	Mrs. F. Dennis Waldron (Marlene)
Treasurer.....	Mrs. Arthur P. Wickstrom (Dee)
Dues Treasurer.....	Mrs. Robert C. Johnson (Betty)

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AMAERF.....	Mrs. Joseph H. LaTona (Lona)
Community Health.....	Mrs. George A. Moosey (Jane)
Finance & Pierce County Health Council.....	Mrs. Philip Grenley (Dorothy)
Legislative.....	Mrs. Jack J. Erickson (Phyllis)
Nominating.....	Mrs. Herbert C. Kennedy (Nadine)
Health Careers.....	Mrs. Melvin Henry (Marie)
Publicity-Bulletin.....	Mrs. Robert R. Burt (Lorna)

## STANDING COMMITTEES

Publicity-Newspaper.....	Mrs. Duncan T. Baer (Marilyn)
Speakers Bureau.....	Mrs. Harold B. Johnston (Mary)
Student Recognition and Awards.....	Mrs. Robert M. Ferguson (Donna)
Telephone.....	Mrs. Charles D. Prewitt (Donna) Mrs. Wayne Bergstrom (Reta)
Cookbook.....	Mrs. Dale Hinz (Sharon) Mrs. George Tanbara (Kimi)
Today's Health.....	Mrs John A. Kennedy (Nancy)
Art Auction.....	Mrs. William Ritchie (Marjorie) Mrs. David L. Be Miller (Linda)
Mental Health Com. Chrmn.....	Mrs. Max Brachvogel (Judy) Mrs. Jay H. Ehly (Vivian)
Hospitality Chairman.....	Mrs. Marcel Malden (Jean)
TACC Representative.....	Mrs. J. G. Katterhagen

January is a time for the new and the old. Make a resolution to attend the Tri Auxiliary meeting and make new friends while hearing about the old, "Lamplight Antiques" of the past. It promises to be a delightful afternoon.

## Mental Health Report

Vivian Ehly, recently appointed Board Member of the Washington Association for Mental Health, is very busy as a part of the task force which is "made up of professional people throughout the State of Washington who are functioning as professionals in the area of Mental Health, or in related areas which are important in the overall mental health of the people of our society."

Vivian reports that this group would like to see positive movement toward more adequately providing proper care of children. At present, there is no one lobbying for changes in the care of disturbed children in our state and the Task Force for Mental Health, as this group is called, feels that the care children do receive is inadequate.

"They are also concerned with the commitment laws in our State. Some members are involved in working toward clarifying the commitment laws and actively attempting to influence the 1973 legislation."

Vivian is well-qualified for this position with R.N., B.S., and M.E. degrees and experience in the field of Mental Health. We are proud of her and wish her well in her endeavors.

## LEGS

A new State Auxiliary program called LEGS, Legislative Effort Group System, has been initiated. Quality health care is the issue and time is running short. The next two or three years will shape the future of medicine; its control, how it will function in dispensing its services.

(Continued on Page 23)

### Tri Auxiliary Luncheon

Friday, January 19, 1973

12:00 noon

Tacoma Country and Golf Club

Medical, Dental and Legal  
Auxiliaries

Program

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**Puget Sound National Bank**  
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(Continued from Page 21)

The Auxiliary is initiating a two-part program to use to better advantage the potential clout of doctors' wives.

Its goal is to educate Auxiliary membership in practical politics and make it effective through an established communication system called LEGS LINE. This will be in operation soon. Let's all contribute LEG POWER!

### IN MEMORIAM

We are all saddened by the loss of a beloved member of Pierce County Medical Auxiliary, Peggy Haley. Peggy grew up in Tacoma, graduated from Stadium High School and graduated from Stanford University in 1943. She accomplished much in her lifetime. As well as being an active member of Medical Auxiliary, Peggy was a busy doctor's wife, raised four children and still found time to participate in many civic affairs. She was president of the Tacoma Chapter of the United Nations for two years, past-president of Women's Philharmonic League; a founder of Allied Arts of Tacoma, Inc.; a life-long member of Immanuel Presbyterian Church; and held memberships in Tacoma Junior League, Tacoma Lawn Tennis Club and Tacoma Art Museum activities Council.

Our heartfelt sympathy goes to Dr. Ted Haley and children, Bruce, Jeffrey, Peter and Sharman in the loss of a wonderful wife and mother.

### REMEMBER LEGISLATIVE DAY

January 23rd

### HEALTH PLANNING COUNCIL

Auxiliary's Representative to the Puget Sound Health Planning Council—Pierce County Chapter, Dorothy Grenley, informs us that this active group has recently initiated several new plans. One is HEAR (Hospital Emergency Administrative Radio), a statewide plan which is now operative in King County. HEAR enables vehicles at the scene of an accident to communicate directly

with hospital emergency rooms, alerting them to the kind of accident cases to expect, number injured, etc. and allow them in return to relay advice to ambulance personnel on handling injuries.

Boeing Company has made a proposal which would improve the effectiveness of health care services in this Puget Sound region, partly with the aid of advanced aerospace technology. Through a complex, a five-year project involving development of a "model" based on information from health professionals and consumers, computer technology would make it possible to stimulate changes recommended by consumers and providers and project their effect on the total system. Sounds interesting, doesn't it?

### Change of Address

From —

Homer W. Humiston, M.D.  
607 N. Stadium Way  
Tacoma, Washington 98403

To —

Homer W. Humiston, M.D.  
268 Oak Shadow Drive  
Santa Rosa, California 95405

### Letter to the Editor

I should like to voice what may prove to be a minority opinion regarding the acquisition of a full time administrative director for the Pierce County Medical Society. Perhaps a full time executive would relieve the physician members of the Society of some onerous chores in the fields of medical education, public relations, and liaison with the Pierce County Dental Society and other professional organizations. It can be argued persuasively that a salaried full time administrator could perform the various tasks envisioned in the job description outlined by the trustees. It can be argued too, that an able executive would enhance the status of our Medical Society.

The stature of the director's position  
(Continued on Page 25)

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(Continued from Page 23)

would undoubtedly require an office commensurate with the responsibility. It would require further, the hiring of a secretary to assist the executive in his duties. It would follow then that furniture, office machines, extra telephones etc. would be required. I leave it to your imagination to fill in the other embellishments which would follow.

You anticipate that the financing of the office of Pierce County Medical Society could be handled by an assessment of \$100.00 per year from each member of our Society, plus whatever other monies might be obtained through grants and so forth. I submit that the demands on the Society budget would not stop at this point, but rather would expand with each passing year. We physicians are already asked to give an inordinately large percentage of our incomes to state and national medical societies and academies. I'm sure I need not point out that these demands on our incomes show no sign of diminishing. I believe that we should practice some small economies where we can. The Pierce County Medical Society is a good place to begin such economies. In our Medical Society each member can do something to curb the ever-mounting costs of maintaining a practice. I urge my colleagues to consider carefully before adding another layer of bureaucracy to the ones under which we are now already smothering.

Yours truly,  
George S. Kittredge, M.D.

### Crystal Mountain Meeting

Subject: Physicians Future and Environment

Faculty: Family Physicians and environment

Sponsor: Tacoma Chapter American Academy Family Physicians

Subject:

1. North Pole influence on our local climate  
Professor William Campbell
2. Tacoma Aroma—Sulphur and Arsenic  
Bart Klein
3. International Health System in Russia, England, Australia and South America  
Lester Baskin, M.D.  
Marcel Malden, M.D.  
Robert Hahn, M.D.  
Jose Garzon, M.D.
4. Professional Corporation in private practice  
Attorney Charles Thomas
5. Professional liability in Court  
Attorney Albert Malanca
6. Acupuncture—Facts  
Sumiho Wada, M.D.
7. Our National Health System  
Arnold Herrmann, M.D.
8. Today's & Tomorrow's Depression  
Professor Jack Feighner  
University of California at San Diego

Location: Crystal Mountain Inn

Date and Hour: Tuesday evening, March 27 through Friday noon, March 30, 1973. Sessions early morning and late afternoon.

Day Activities: Ski—Crystal Mountain  
Swimming—Sauna and heated pool  
Chair ride—To top of mountain  
Snowcat—Top of T-Bar  
Bridge—Crystal Inn  
Golf—Enumclaw Golf Course

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Fee: \$25.00 Participant (includes wives)  
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## Letter from Liberia

I was privileged to read the following letter from Peace Corps volunteer Ellie Collins to her mother, Dr. Esther Wagner of U.P.S. It is such a fascinating story I couldn't resist passing a portion of it along for publication in the Bulletin (with Dr. Wagner's permission.)

Ted Haley, M.D.

... Lofa County is one of the most wild and beautiful parts of Liberia — the only part where there is still wild game (leopards and elephants) in the bush. And the Loma people are really great — fascinating — the most skilled practitioners of magic in Liberia . . .

The other day while wandering around the outskirts of Gbarnga my friend Gayle and I came upon lots of commotion outside a hut, and discovering it was a woman in labor, asked if we could come in and watch a traditional village delivery. Well I mean to tell you — I NEVER! The woman who was in labor was writhing on the dirt floor — while about five old women were sitting around, all absolutely naked. They kept making her drink some herb potion — never did find out what *that* was for — and all of them were picking at her, not showing any kindness or sympathy. One kept putting her filthy fingers up the lady's vagina to check how far the baby had come — meanwhile one had her big toe in the lady's rectum (to prevent the baby from coming out that end). When the baby finally came, they cut the cord with a dirty machete after tying it with twigs. If the child doesn't die of neonatal tetanus, I would be surprised. Then they made the woman jump up and down while they beat on a drum calling the placenta to come out, until the placenta was expelled — O my God — talk about a horrifying experience . . . the whole delivery was done on the filthy floor, and they wrapped the baby in banana leaves.

Well you certainly do learn a lot and see a lot.

## January Birthdays

- 1 George G. R. Kunz  
Randolph Lindblad
- 2 Stevens Dimant  
Sidney Whaley
- 3 Ralph Huff  
Paul Hageman
- 4 Edmund Kanar
- 5 Norman Magnussen  
Bernard Ootkin  
Joseph K. Wearn
- 7 Robert Ferguson  
George Race  
William Wright
- 9 Carlisle Dietrich
- 10 William Burrows  
D. A. Marlatt
- 12 Peter Cannon  
George Delyanis
- 16 Wayne Bergstrom  
Donald Carlyle  
Robert Gibson  
Leo Sulkosky
- 18 R. A. Norton  
James Ward
- 19 Ted Apa  
Don Cummings  
Alan Sobul
- 20 Ralph Johnson  
Ronald Spangler
- 21 Donald Weber
- 26 Raymond Ellis
- 27 John Havlina
- 30 William Spaulding
- 31 Robert Truckey

---

### Denoument Case Number 1

Normal chest with a prominent nipple shadow on the left. Although this is commonly seen bilaterally, it occasionally is only noted on one side.

---

### Denoument Case Number 2

This is a rather typical example of "eggshell" calcification of hilar lymph nodes as seen with silicosis. This man had been a "hardrock" miner for several years.

---



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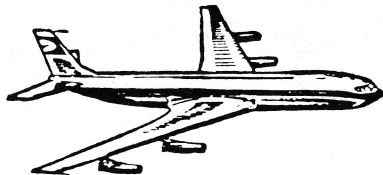
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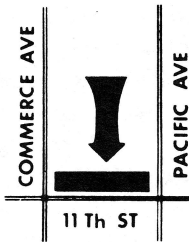
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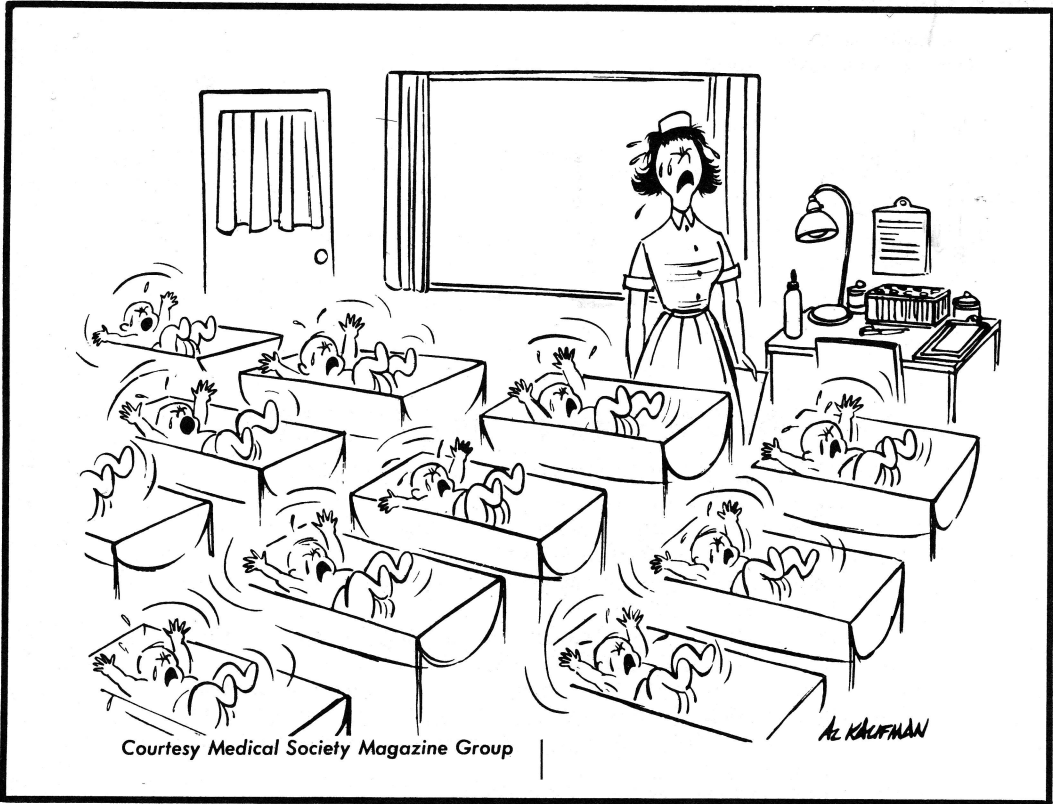
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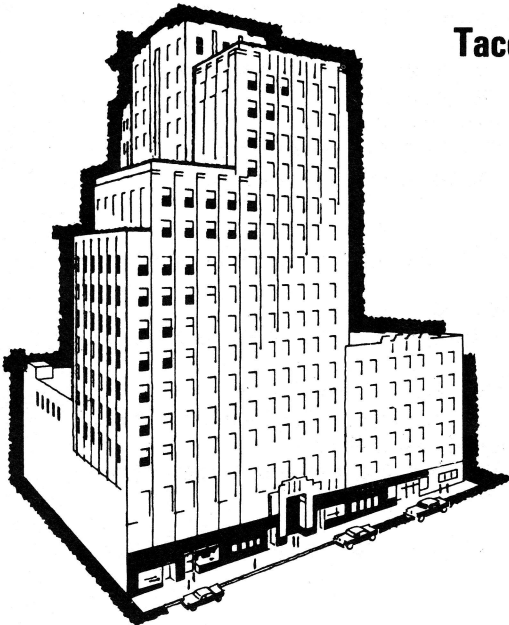
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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

*The*

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

FEBRUARY 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 2



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
FEBRUARY 13**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara

## TRUSTEES

Ralph A. Johnson      L. S. Baskin  
 D. T. Baer             Robert Johnson  
 James Early          James Stilwell  
 John Flynn            Walter Arthur

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W. Ben Blackett      Herman S. Judd  
 George C. Gilman     John M. Kanda  
 Kenneth D. Graham    Ronald T. Spangler  
                                  Kenneth Pim

## ALTERNATE DELEGATES

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 Thomas H. Clark        John F. Kemman  
 John F. Comfort         Herbert C. Kennedy  
                                  David W. Millett

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G. M. Whitacre, Chairman  
 Murray L. Johnson      Edmund A. Kanar

## Grievance

Lester S. Baskin, Chairman  
 Robert W. Florence      Robert M. Ferguson

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 Juan Cordova            Donald F. McKay  
 L. S. Durkin              R. A. Norton  
                                  Ralph V. Stagner

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David S. Hopkins, Editor  
 Stanley W. Tuell      W. Ben Blackett



COVER PICTURE: Winter Scene

**REMEMBER  
 THE  
 BLOOD  
 BANK**



# President's Page

With just one month into this job of responsibility, I have found a deep respect for others that have served in this capacity, as well as the many that have served in other elective and appointive positions with the Pierce County Medical Society. It is very definitely true that cooperation and unselfish donation of time and talent is essential to make a volunteer organization like ours operate effectively.



One of the most pleasant surprises was the numbers of returns of the committee interest questionnaire that was sent out last month. A total of about sixty members responded with many listing several areas of interest. I hope that each of you will be given the opportunity to assist in the task of making the PCMS responsive to the medical needs of the community.

The Board had a special meeting on January 16, at which time it was decided to develop a 15 member Planning Committee, to assure that the medical communities expertise and knowledge can be utilized in any long range planning in Pierce County. A five member nominating committee consisting of Dr. James Hazelrigg as the chairman, with Drs. James Early, D. T. Baer, W. Ben Blackett and James Stillwell will be meeting to place a slate for the 15 positions on this Planning Committee. Nominations will also be solicited from the floor at the February 13 meeting.

So this is a chance to be on a working committee, where the action will be. Be sure to come out to support your candidates that you feel will best represent the interest of our Society.

*John M. Kanda, M.D.*

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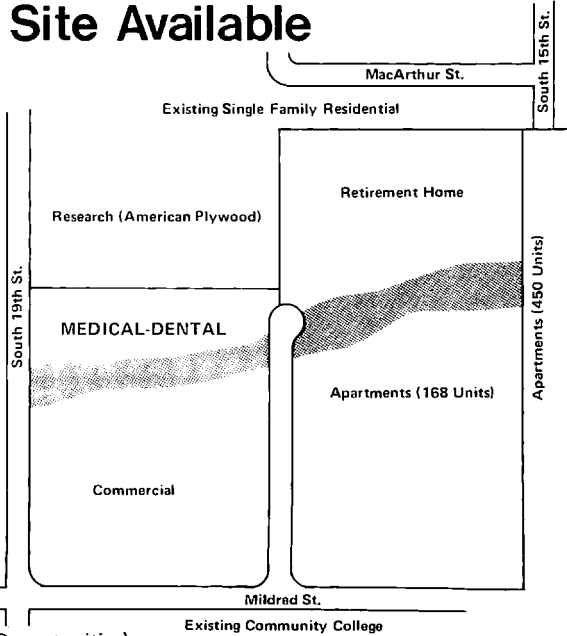
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# Editorially Speaking

## WHERE'S TACOMA?



Judging from the stir our County Medical Society created last year when helicopters threatened to by-pass us and take emergencies from southwest Washington directly to Seattle, Tacoma is a major southwest Washington medical center capable of meeting virtually all medical and surgical challenges as efficiently as any major metropolitan area (like Seattle).

We're justly proud of that capability.

But . . .

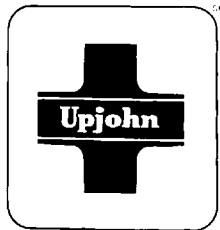
Judging from the lack of aggressiveness of Tacoma doctors (tully qualified though they are) in presenting exhibits and papers at the annual meeting of the State Medical Association, Tacoma as a medical center is about on a par with Kennewick and Sedro-Wooley. In one recent year Tacoma's contribution to that aspect of continuing medical education was equal to the contributions from each of those two communities, in comparison to the large number of presentations from doctors in Seattle and Spokane.

Granted . . . to present papers and exhibits just for the sake of presenting papers and exhibits, isn't too commendable. But public relations is public relations!

So . . . when doctors from all over the state attend the scientific sessions at the State meeting and find numerous helpful presentations originating from Seattle and Spokane, and only one or two from Tacoma, don't be too resentful if you hear them mumbling as they look through the program "Let's see . . . where's Kennewick? . . . where's Sedro-Wooley? . . . where's Tacoma?"

(Please see news item on page 9)

S.W.T.



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But from the criticism leveled at doctors lately you'd think neither the public nor press had any idea.

It may surprise you, but the public does.

This was evidenced in a recent Harris Poll. In measuring public respect for U.S. leadership, it showed a drastic drop in the past five years. And "a majority of Americans is currently willing to express a 'great deal of confidence' in only one profession—medicine—on a list covering 16 types of activity." And that list included Congress and the Supreme Court.

People still look at their doctors as men to be respected and as men of integrity.

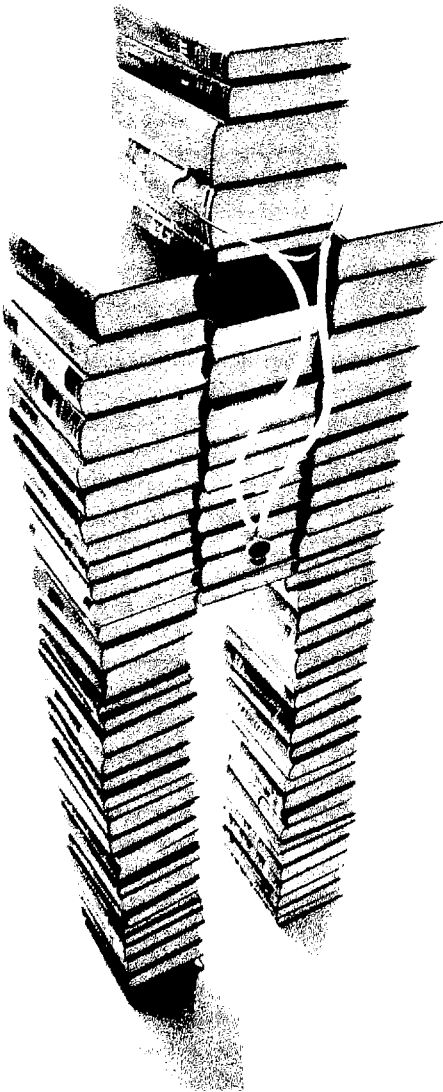
This is the true story of the American doctor. And one which the AMA is constantly telling the public as part of its communications program.

In newspapers and magazines, the AMA tells what it takes to be a doctor. American medicine's achievements. And to express the profession's concern by providing information to help every American lead a healthier life.

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American Medical Association  
535 North Dearborn Street/Chicago, Illinois 60610



# Pierce County Medical Society Meeting

Tuesday, February 13

Medical Arts Building Auditorium

**PROGRAM — 8:15 P.M.**

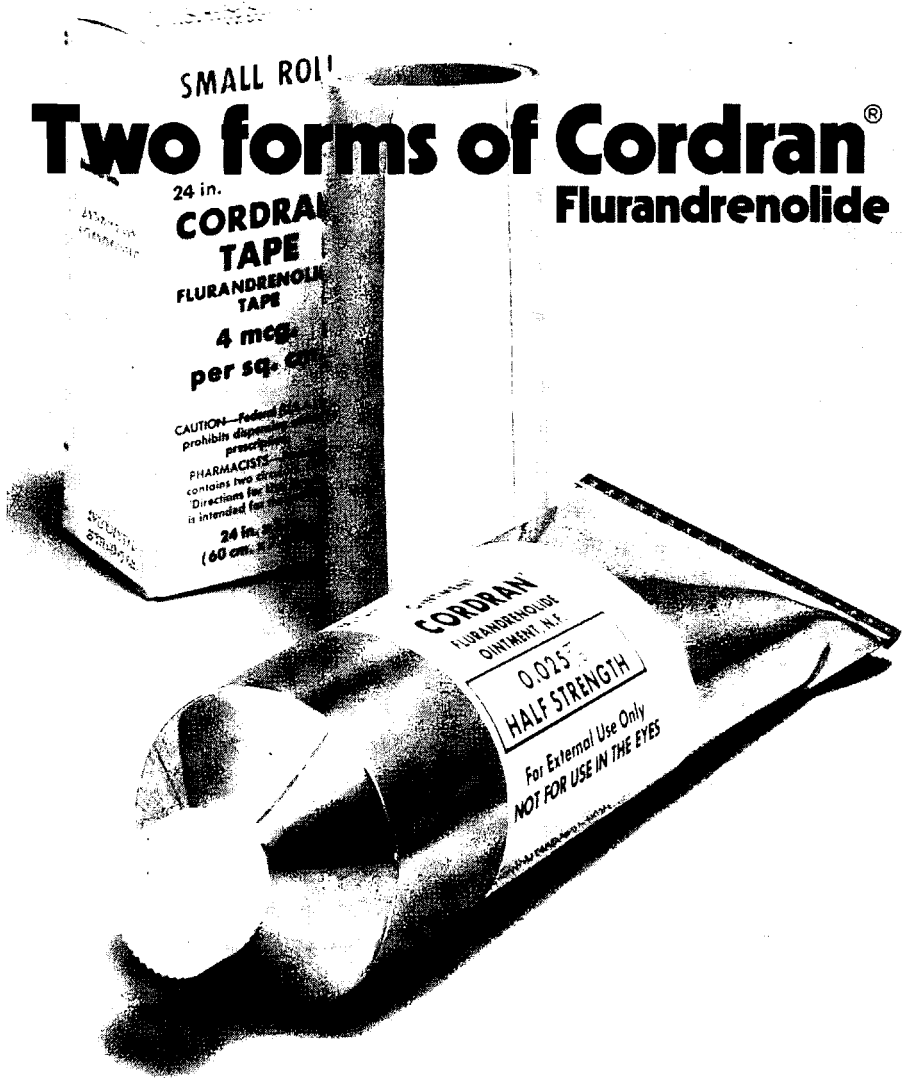
## **PANEL DISCUSSION**

"Should the Medical Society  
Employ an  
Executive Director?"

Social Hour: 6:00

Dinner: 6:45      Honan's Restaurant

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## **Polish Up That Scientific Paper; WSMA Issues Call**

It's time again to submit papers for presentation at the annual meeting of the Washington State Medical Association, to be held on Sept. 21-24 of this year at the Olympic Hotel in Seattle. Physicians are urged to send in brief two or three paragraph abstracts of their proposed papers to Rick L. Johnson, M.D., Chairman of the WSMA Scientific program Committee, 444 Northeast Ravenna Boulevard, Seattle, Wash. 98115.

Prompt submission of abstracts is urged, with the final deadline being April 15, 1973.

Space for scientific exhibits is also now available, and applications should be sent in before April 15. Exhibits will be selected on the basis of those providing new and useful techniques for practicing physicians. Applications should be mailed to the Scientific Exhibit Committee at the address given above.

## **Doctors, Wives Join for Food and Fun at March Meeting**

If it's anything like last year's, it'll be a big success. That's the annual combined dinner meeting of the Pierce County Medical Society and the Auxiliary, scheduled for Tuesday, March 13, at O'Brien's Restaurant. No-host cocktails will start at 6:30 p.m. Buffet dinner is scheduled for 7 p.m., with a choice of Baron of Beef, Baked Salmon, and Lasagne, according to Dolores Havlina, in charge of social events for the Auxiliary.

Following last year's success pattern, when over 170 people turned out for the affair, Presidents Norma Smith and John Kanda have arranged to have the business meeting and program nearby at the Tacoma Art Museum. A scintillating speaker has been lined up in the person of Dr. Thomas H. Holmes, Professor of Psychiatry at the University of Washington, whose wife, Janet, will also attend. Dr. Holmes' subject will be: "Life Events, Life Change, and Disease."

The Auxiliary will be contacting all members for reservations.

# CRYSTAL MOUNTAIN MEETING

Tacoma Chapter, American Academy of Family Physicians

MARCH 27 - 28 - 29 - 30

## Physicians' Future & Environment

### *FEATURED SPEAKERS*

Professor William Campbell  
University of Washington  
Research Meteorologist

John Preston Feighner, M.D.  
Assistant Clinical Professor in Psychiatry  
UCSD Medical School  
LaJolla, California

*Also several Tacoma experts*

### *Program*

#### Tuesday, March 27

- 4-6 p.m. Registration    CRYSTAL INN  
Dinner
- 8-10 p.m. Professor William Campbell    Arctic Environment  
Sumiho Wada, M.D.    Acupuncture

#### Wednesday, March 28

- 8-10 a.m. Bart Klein    Tacoma Aroma — Sulphur and Arsenic  
Professor William Campbell
- 4-6 p.m. Mr. Albert Malanca    Professional Liability  
Mr. Charles Thomas    Professional Corporations  
Dinner Speaker    Professor William Campbell  
The Ethics of Change

**Thursday, March 29**

Robert Hahn, M.D. World GP Meeting in Australia

8-10 a.m. John P. Feighner, M.D. Today's Depression

4-6 p.m. International Health System Panel

Marcel Malden, M.D., Lester Baskin, M.D., Robert Hahn, M.D.

Jose Garzon, M.D., Arnold Herrmann, M.D.

Dinner Speaker John Feighner, M.D.

Tomorrow's Depression

**Friday, March 30**

8-10 a.m. John Colen, M.D. Frontiers of Clinical Immunology

John Feighner, M.D.

Future Modalities in Psychotherapy

Day Activities: **Ski** — Crystal Mountain

**Swimming** — Sauna and heated pool

**Chair ride** — to top of Mountain

**Snowcat** — top of T-Bar

**Bridge** — Crystal Inn

**Golf** — Enumclaw Golf Course

Credit: Acceptable for 14 hours credit by American Academy of Family Physicians.

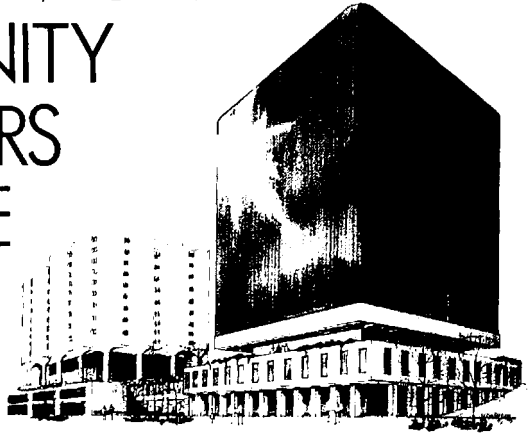
Enrollment: Wives and Auxiliary invited to participate

Fee: \$25.00 Participant (includes wives)

Information: Robert Klein, M.D.  
Allenmore Medical Center  
Tacoma, Washington 98405  
BR 2-5841

Overnight facilities: Crystal Inn Chalet 1-663-2311

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- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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## LETTERS TO THE EDITOR

I have just read and thought about Dr. G. Kittredge's "letter" in the January 1973 *Bulletin* . . . I applaud and congratulate Dr. Kittredge for both his frankness and accuracy.

To me, it seems that Dr. Kittredge's voice is coming from way down a long tube into which we have all been "flushed" wittingly or unwittingly by both our extra-medical opponents and not a negligible number of our own "progressive" colleagues . . . with pseudo-friends like these who needs or can afford to have enemies!

Make no mistake, I am *not* advocating that we all scurry about town in the proverbial "one horse shay" to prove we are thinking, conservative, rational, people; but, neither am I quick to advocate that we should ascribe to what sounds like a page out of "Model Medicine 1973" — not to be confused with "Model Cities" which is so happily touted across our Nation. I think I can see Dr. Kittredge's "point" . . . can you?

Kennyoid politicians say that our image is less than wonderful amongst the publicans . . . so . . . ask the average layman what he thinks of "his" own personal physician who is yet willing to spend a reasonable period of time talking to him (during a professional visit) examines him in a thorough manner and prescribes an appropriate and effective "Rx" for his "Dx" and then sends a commensurate even at times seemingly expensive fee for service; one will find that *that* layman will speak highly of his doctor and there will be no indication in his comments that "his" doctor is a son of an unwed mother! I suggest that as long as we all maintain (hopefully) a degree of group sanity that our "public image" isn't and won't be too badly, tarnished.

I suggest that perhaps we can "carry on" in a traditional rational manner without "enhancing our status" by employing a full time administration. It

is known that doctors already are "rated" high in the social spectrum and possibly the financial spectrum . . . so who needs six more emblazoned air horns on his Caddy? Kismet . . .

Respectfully R.S.V.P. to  
Dr. Kittredge's "letter" . . .  
*J. Edmund Deming, M.D.*

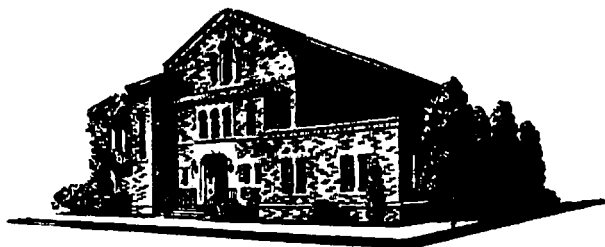
I do not want to be alluded to as a chronic complainer or a chronic contributor, but again something comes up which I think many doctors are not aware of and which we certainly all can take a stand on. It seems as if the only thing we can do is to take stands against something and as doctors we are still not permitted to take a stand for something and start getting on the offensive rather than being forever on the defensive.

I was greatly aghast, and if I may use a popular term which many medical speakers seem to thing they have to put in their articles and speeches, by the horrendous position that the Washington State Medical Association is taking in recommending that the Washington Physicians' Service and County Medical Service Bureaus start assuming responsibility for the services of optometrists, psychologists, podiatrists and osteopaths. My position would be that if these people or organizations want to set up their own prepaid medical programs, they would certainly be welcome to do so, but for us to be associating in any way with programs of this nature is certainly diluting the stature of medicine and furthermore blurring, in the eyes of the public, any distinction between qualified doctors of medicine and the numerous unwanted and in many cases certainly unneeded minor protagonists. It is time we started to carry our heads high rather than be forever bending under the burden of what I would classify as "hangers-on" of medicine.

Sincerely,  
*Rodger S. Dille, M.D.*



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## FEBRUARY SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<b>1</b>	<b>2</b> Tumor Board 7 a.m. - Allenmore Hematology- Oncology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.
<b>5</b> Mary Bridge Cardiac Conf 5:30 p.m. Tac. Orthopedic Soc.—6 p.m. P. Co. Pediatric Soc.—6 p.m.	<b>6</b> C.P.C. of Mary Bridge 8 a.m.	<b>7</b> Surgical Conference TGH—8 a.m.	<b>8</b> Pulmonary Conf. St. Joseph's 8:15 a.m. St. Joseph's Trauma Conf.— 7 a.m.	<b>9</b> Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.
<b>12</b> Mary Bridge Cardiac Conf. 5:30 p.m.	<b>13</b> C.P.C. of Mary Bridge 8 a.m. Pierce County Medical Society 8:15 p.m.	<b>14</b> OB-GYN Conference TGH—8 a.m.	<b>15</b> Renal Conference St. Joseph's 8:15 a.m.	<b>16</b> Tumor Board 7 a.m. - Allenmore Cardiology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.
<b>19</b> Staff of Allenmore Hospital—Noon Mary Bridge Cardiac Conf 5:30 p.m.	<b>20</b> C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club—6:30 p.m.	<b>21</b> Medicine Conference TGH—8 a.m.	<b>22</b> C.P.C. of St. Joseph's 8:15 a.m.	<b>23</b> Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>26</b> Mary Bridge Cardiac Conf. 5:30 p.m. Pierce County Chapter AAGP 6:30 p.m.	<b>27</b> C.P.C. of Mary Bridge—8 a.m. Tac. Acad. of Int. Medicine 6:30 p.m.	<b>28</b> Path. Conf. TGH—8 a.m.		

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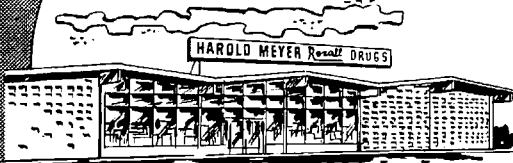
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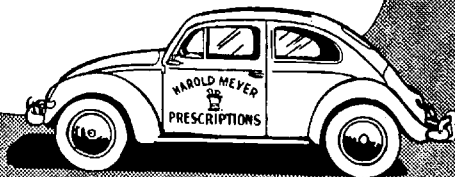
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## TENTATIVE MARCH SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1  Gastrointestinal Conference— St. Joseph's 8:15 a.m.	2  Tumor Board 7 a.m. - Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
5  Mary Bridge Cardiac Conf 5:30 p.m.  Tac. Orthopedic Soc.—6 p.m.  P. Co. Pediatric Soc.—6 p.m.	6  C.P.C. of Mary Bridge 8 a.m.  Staff of Tacoma General 6:30 p.m.	7  Surgical Conference TGH—8 a.m.	8  Pulmonary Conf. St. Joseph's 8:15 a.m.  St. Joseph's Trauma Conf.— 7 a.m.	9  Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
12  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Good Samaritan 6:30 p.m.	13  C.P.C. of Mary Bridge 8 a.m.  Pierce County Medical Society 8:15 p.m.	14  OB-GYN Conference TGH—8 a.m.	15  Renal Conference St. Joseph's 8:15 a.m.	16  Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
19  Staff of St. Joseph's Hospital 7:30 p.m.  Staff of Allenmore Hospital Noon	20  C.P.C. of Mary Bridge 8 a.m.  Tacoma Surgical Club—6:30 p.m.	21  Medicine Conference TGH—8 a.m.  Staff of Lakewood General 6:30 p.m.	22  C.P.C. of St. Joseph's 8:15 a.m.	23  Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
26  Mary Bridge Cardiac Conf. 5:30 p.m.  Pierce County Chapter AAGP 6:30 p.m.	27  C.P.C. of Mary Bridge—8 a.m.  Tac. Acad. of Int. Medicine 6:30 p.m.	28  Path. Conf. TGH—8 a.m.	29	30

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\*Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia ( $>5.4$  mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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# WOMAN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1972 - 1973

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- President-Elect.....Mrs. James Stilwell (Lois)
- 1st Vice President & Program.....Mrs. K Royce Hansen (Ginny)
- 2nd Vice-President & Membership.....Mrs. Robt. Whitney Jr. (Helen)
- 3rd Vice President, Historian & By-Laws.....Mrs. Ronald Gallucci (June)
- 4th Vice President—Social.....Mrs. John M. Havlina (Dolores)
- Recording Secretary.....Mrs. David W. Millet (Roberta)
- Corresponding Secretary.....Mrs. F. Dennis Waldron (Marlene)
- Treasurer.....Mrs. Arthur P. Wickstrom (Dee)
- Dues Treasurer.....Mrs. Robert C. Johnson (Betty)

## COMMITTEE CHAIRMAN

- AMAERF.....Mrs. Joseph H. LaTona (Lona)
- Community Health.....Mrs. George A. Mooney (Jane)
- Finance & Pierce County Health Council.....Mrs. Philip Grenley (Dorothy)
- Legislative.....Mrs. Jack J. Erickson (Phyllis)
- Nominating.....Mrs. Herbert C. Kennedy (Nadine)
- Health Careers.....Mrs. Melvin Henry (Marie)
- Publicity-Bulletin.....Mrs. Robert R. Burt (Lorna)

## STANDING COMMITTEES

- Publicity-Newspaper.....Mrs. Duncan T. Baer (Marilyn)
- Speakers Bureau.....Mrs. Harold B. Johnston (Mary)
- Student Recognition and Awards.....Mrs. Robert M. Ferguson (Donna)
- Telephone.....Mrs. Charles D. Prewitt (Donna)
- .....Mrs. Wayne Bergstrom (Reta)
- Cookbook.....Mrs. Dale Hinz (Sharon)
- .....Mrs. George Tanbara (Kimi)
- Today's Health.....Mrs. John A. Kennedy (Nancy)
- .....Mrs. William Ritchie (Marjorie)
- Art Auction.....Mrs. David L. Be Miller (Linda)
- .....Mrs. Max Brachvogel (Judy)
- Mental Health Com. Chrmn.....Mrs. Jay H. Ehly (Vivian)
- Hospitality Chairman.....Mrs. Marcel Malden (Jean)
- TACC Representative.....Mrs. J. G. Katterhagen

Thanks to the efforts of Helen Florence, chairman for the Medical Auxiliary and Marilyn Baer, publicity chairman, the Tri-Auxiliary luncheon in January at the Tacoma Country and Golf Club was delightful. Good company, good food and a marvelous program . . . what more could one ask? Thanks girls!

## NOTES FROM THE BOARD

The nominating committee reported that they have selected Obie Alger President for the coming year and Nancy Spangler as President-Elect. They will present the rest of the slate at the next Auxiliary meeting.

Norma Smith, President, wishes to remind everyone of the Mid-Year Conference to be held in Yakima this year, March 21 to 23. Everyone is welcome, so mark your calendar to attend.

The AMAERF report by chairman Lona LaTona was a glowing \$4,201.22 for 1972, the most we've ever had and a substantial increase over last year. For the first time it brings the AMAERF contributions to \$10.00 per capita for the State. Great work, Lona!

## CONSUMERS AND PROVIDERS

Know what we are talking about? Then it is time you did. Federal law has made the future of medicine a Consumer-Provider health planning type of organization that in addition to other activities may shape policies relating to hospital and medical care. It is time for those who provide such services to speak up for their rights and protect the high-quality of medical care it is their aim to provide. Consumers are certainly not the ones qualified to specify length of hospital stay for patients or determine medical care and type of medicine needed by the patient. Yet because of our neglect to become involved, it may come

(Continued on Page 23)

## FEBRUARY LUNCHEON

Friday, February 16, 1973

12:00 Noon

Mrs. Harold B. Johnston, Hostess  
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**Puget Sound National Bank**  
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(Continued from Page 21)

to this and medical personnel may find themselves to be puppets on a string.

Dorothy Grenley and Anne Katterhagen advise all doctors' wives to be concerned and to do something about it by calling the Pierce County Health Council and ask for an application form and to be put on their mailing list. Anyone can join and take part in this organization. It is presently "involved in such activities as giving out certificates of need and they go over Federal grants in the area and try to have a say in how they are utilized."

Want to help? Then write or call:  
Pierce County Health Council  
424 South J Street  
Tacoma, Washington 98405  
MA 7-8136

### DUES

A Reminder — Dues are past due. Send your check now before it is too late to:

Mrs. Robert C. Johnson  
1114 North James  
Tacoma, Washington 98406

### WOMAN OF THE YEAR

Ruth Brooke, friend of the "little people," who says she loves to watch them on their exuberant, puddle-splashing way to school as she sips her morning coffee, is Pierce County Medical Auxiliary's nominee for the award of "Woman Of The Year."

When she sets her coffee cup down, Ruth is off on a schedule that would make most women faint from exhaustion. Not only is she a member and past-president of our Medical Auxiliary, but she is a member and past-president of Tahoma Orthopedic Guild, Nesika Study Club, Charter member and former president of St. Joseph Nursing Guild, Board member and president for two terms of the Carl Lindquist School Clinic, and nu-

merous other organizations including President-with-her-husband of the Daffodilian's Queen's Ball one year.

However, Ruth is best recognized for her eighteen years of service to the American Cancer Society. She was instrumental in organizing the Pierce County unit and served in all offices. As a member of the Washington State Cancer Society, she served as Secretary, 1961-1963; Vice-President for five years, 1963-1968; Chairman of Field Organization and Volunteer Training, 1964-1968; State Executive Committee, 1960-1968 representing Washington on the national level; Chairman of Volunteer Training, 1968-1962; Chairman of Public Information, 1969 and Coordinator of "Reach To Recovery" for the Washington Division of the American Cancer Society from 1971 to the present. The only reason Ruth has not been President of the Cancer Society is that only a man and M.D. can be President.

In 1969, Ruth Brooke helped a group of post radical-mastectomy patients form an organization to help other women facing this traumatic experience. They called themselves "Bosom Buddies" and patterned their program after the "Reach To Recovery" started in New York. In November, 1969, the American Cancer Society merged with Mrs. Lasser of New York and her program, "Reach to Recovery." Two years later in March, Mrs. Lasser was in Tacoma to meet with Ruth Brooke and conduct two-day training sessions here and in Spokane at which time 35 volunteers were trained.

Being Coordinator of this program has become a full-time volunteer job for Ruth, involving traveling throughout the State and setting up training sessions in each county. To date, there have been 160 applications for participation.

Because of the success of the program here, Ruth Brooke has been invited to Edmonton, Alberta, Canada the first week of February, 1973 to explain the

(Continued on Page 25)



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(Continued from Page 23)

"Reach To Recovery" program and get it started there.

Auxiliary members who submitted Ruth's name for nomination as "Woman Of The Year" feel that she is especially qualified for this honor as her present endeavors are so vitally important to women. "Reach To Recovery" is a rehabilitation program designed to help the post radical-mastectomy patient physically, psychologically and cosmetically. All Auxiliary members are urged to ask other organizations in which they are members to help support our candidate by also nominating Ruth Brooke for "Woman Of The Year."

#### MENTAL HEALTH REPORT

Vivian Ehly reports that the Washington Association for Mental Health is now centrally listed in Olympia as one of the service agencies at the following address:

Citizen's Headquarters in Olympia  
1059 Capitol Way South  
Olympia, Washington  
Tel.: 357-9779

This is an information center for the public and involves about twenty groups such as the P.T.A., League of Women Voters and others including the Washington Association for Mental Health.

The Washington Association for Mental Health is continuing to actively support proposed legislation concerning the commitment laws and also to encourage more financial support for Mental Health.

Vivian still plans to research areas of service for disturbed children throughout the State and will attend legislative sessions pertaining to Mental Health legislation.

If you are interested in becoming involved and attending during these sessions with Vivian, mainly to become familiar with legislative procedure, call her at BR 2-2432 or contact the group in Olympia.

#### CAGERS WIN

The Tacoma General chapter of the Association of Operating Room Technicians combined with a group of Tacoma physicians in a stunning 33-26 basketball victory over a similar group from St. Peter's Hospital in Olympia.

The game was held in the Chinook Junior High gym on January 12 before a cheering, overflow crowd which saw a come-from-behind win sparked by the play-making of Jack Nagle, the tough rebounding of Dave Bemiller and the dazzling footwork of Bob Osborne who, on several occasions, electrified the crowd with a dribble in which he progressively sank from his feet to his knees to his stomach.

The sparkling defensive play of the OR girls forced numerous turnovers and was a major factor in the outcome.

Playing for Tacoma were Ms. Bonnie Robinson, Ann Merrill, Sandy Shadduck, Sandy Riggs, Marie Taveau, Sue Olson, Patricia Palms, Cheryl Nelson and Char Fisch and Drs. Gil Roller, Dave Hopkins, Dave Bemiller, Robert Osborne, Pete Piper and Jack Nagle.

The event was held to raise funds to send delegates to the national conference in Chicago in March.

The Tacoma Gynecologic Society will install new officers for 1973 at the January 23 meeting. President for the coming year is Dr. Z. Joseph Vozenilek. President-elect is Dr. Harold D. Lueken. Dr. Myron A. Bass is Immediate Past President, and Dr. David L. BeMiller is the outgoing Secretary-Treasurer. Dr. Robert F. Glock is Secretary-Treasurer for 1973.

Regular meetings are held on the third or fourth Tuesday of January, March, May, September, and November.

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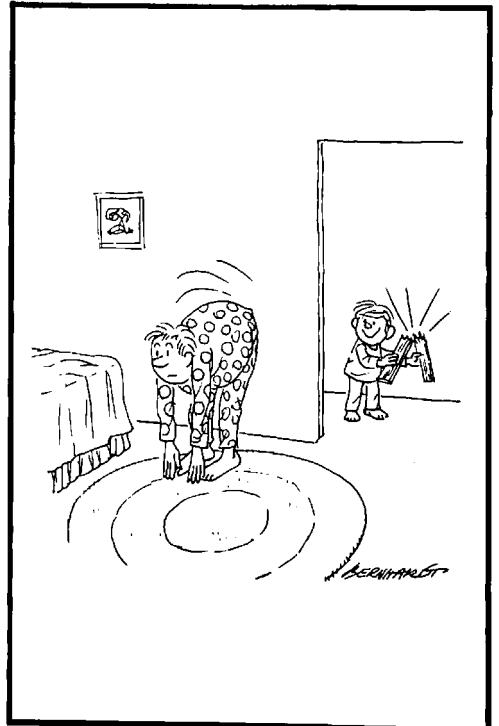
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- 10 Ronald J. Beck  
Lawrence P. Cutner  
Michele Maddalosso
- 15 Paul E. Bondo  
Thomas R. West
- 18 Kathryn Scott
- 19 James L. Schneller
- 20 George A. Delaney  
Ada Van Dooren
- 21 Robert Costleigh  
Melvin L. Henry
- 22 Charles J. Galbraith
- 23 Frank J. Rigos
- 24 James E. Hazelrigg  
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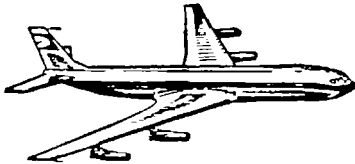
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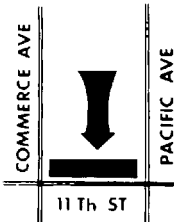
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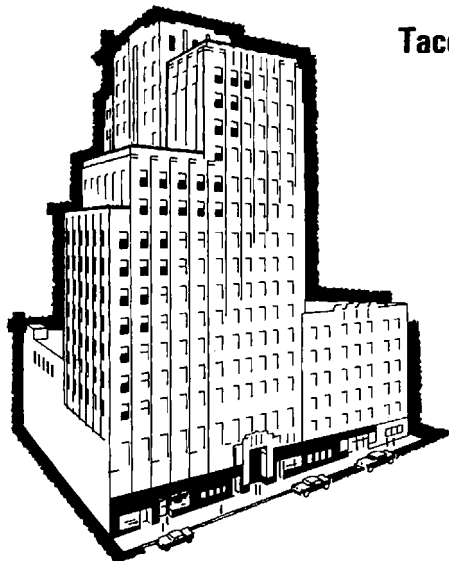


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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

The

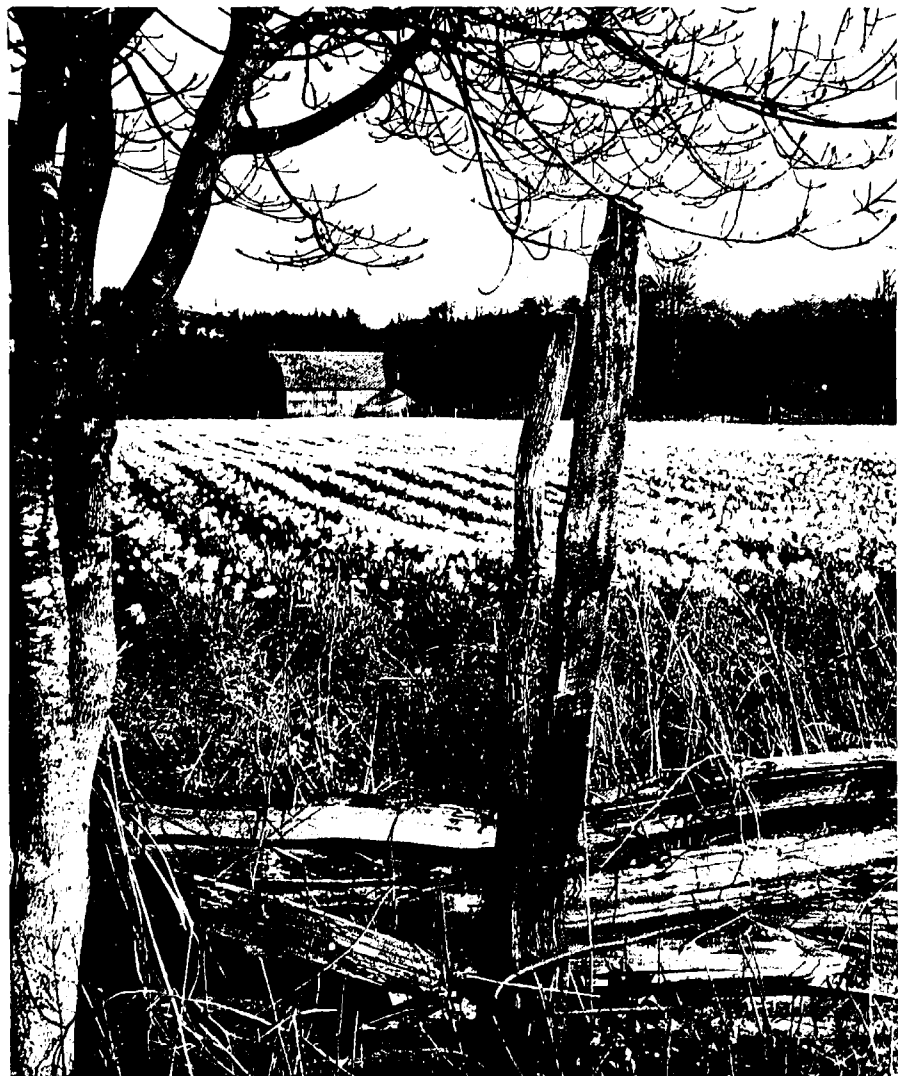
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

MARCH 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 3



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MARCH 13**

# Pierce County Medical Society

1973

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 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara

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COVER PICTURE: Daffodil Field

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# President's Page

One, Two, Three . . . no, it's not the number of months into the presidency of the PCMS, but just the count of the three major items of Society concern that has come to the attention of the membership in the past two months.



First, the formation of the Pierce County Medical Society Library in a centralized site. With Dick Barronnan having worked for about two years with his committee to bring this centralized library, that will be presently housed at the Tacoma General Hospital, to realism from the point of "it would be a nice thing" level. A new Library Committee is now being formed to work out the details of housing the library at the Tacoma General Hospital, with the majority of the funds needed for its operation being promised from the Hospital affiliation, with the physicians responsible for some 45% of the operating funds. The first item of business of this new committee will be to develop the assessment plan as suggested by Dr. Barronnan,

and passed by the January meeting. I am sure that all of us will benefit from the availability of professional assistance in gathering articles of disease or procedures that we might be interested in.

Second, one of the most important committees ever may be in the making at present with the formation of the Pierce County Medical Society Planning Committee. As this committee gets involved in studying the needs of the medical community, we as the Society can better contribute to the many community, regional, and area planning committees and commissions that have come into being, by direct governmental decree. I believe that each of these committees and commissions still do look toward the physicians for guidance in many of their deliberations, and that we should present well thought out plans and alternative plans for problems that might be under consideration. The fifteen physicians on this committee will need to put in their "home-work" and plan to give up even more of their precious free time, and try to leave out community or hospital or personal interest, and give all for the good of medicine in the Pierce County area, to make this an effective committee that it should be. Bonus to the PCMS from this committee may be more unification within the area hospital staff by-laws and committee organization, as well as more uniformity of hospital administrative and paramedical procedures and records, of which the uniform records chart form is the first step.

Third and last, the concept of a paid full-time (or part-time) Executive Secretary to the Pierce County Medical Society has been developed and a motion to have such an office was made, seconded and tabled at the February meeting, just before the panel discussion on its need or not. I must confess that I might be somewhat prejudiced by the numbers of hours per week that I have so far taken to do what I have to do to carry out the president's responsibility so far, but without any reservation, I do feel that such a position is necessary to assure quality, up-to-date, knowledgeable management of our medical society affairs, and to insure continuity of our committee and Board endeavors. The much discussed area of public relations I feel is very much neglected, and can use improvement that such a person can bring to the society. More than anything else, the society needs an individual to watchdog legislations and H.E.W. policies. I feel that even a \$100 increase in society assessments will be money well invested.

*John M. Kanda, M.D.*

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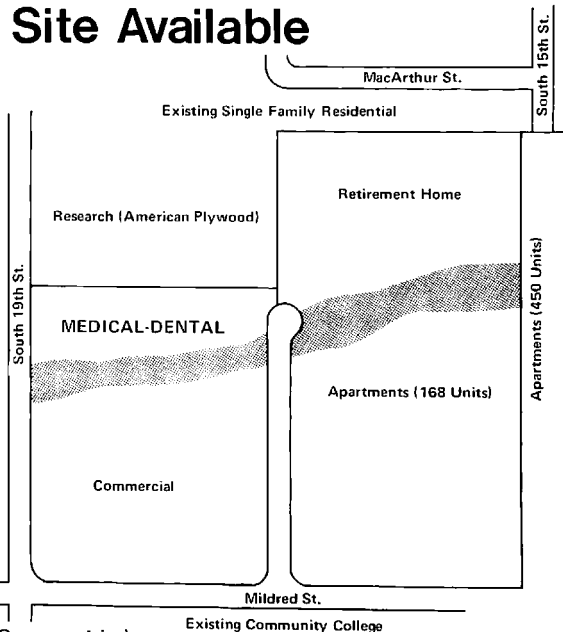
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# Editorially Speaking

## TO PLAN OR NOT TO PLAN



Hospital planning is a complicated subject. It requires vision and a special business expertise in the present political climate with its insistence on planning by community involvement rather than by qualified experts, an unfortunate (my view at least) thing has developed. Several of our community hospitals found themselves having to compete with each other in planning expansions in order to obtain a certificate of need. The unfortunate results included: hospitals having to compromise on well thought-out expansion plans, and physicians tending to line up to support one hospital at the potential expense of another.

The basis for this certificate of need requirement as I understand it is the idea that hospitalization costs can thereby be lowered. This supposedly will come about by avoiding duplication of beds and services. This idea seems to have enjoyed considerable acceptance among the legislators, local review bodies and even by some physicians, but perhaps it is not yet such dogma that we cannot question it. Three hospital administrators have told me that this theory is wrong and that it is labor costs that have been responsible for the increase in hospital bills, other factors being negligible (except for inflation which blankets all costs.) It could be that they know what they are talking about. Does anybody really think, for example, that if one of Tacoma's major hospitals were to close today, the other hospitals would somehow be able to reduce their daily bed charge? It seems possible that the whole basis upon which the certificate of need requirements rests is erroneous. I would like to suggest that all hospitals should be free to build when their own planning and occupancy experiences indicate a need for more beds and that patients will profit by having hospitals competing with each other in quality or services offered. In other words, if there is no need for hospitals to compete with each other, they won't compete and the whole community will be the loser.

Now, the county medical society cannot change the law, but perhaps we can have an effect on the way in which it is administered locally. If we can prevent artificial over-planning, it will be a tremendous accomplishment. If we can avoid being put in a position where physicians are forced to support one hospital as against another, that will also be an accomplishment. This can be avoided if the competitive market place is made the major basis for planning. Perhaps we can have some influence in that direction.

A new 15-physician committee of this society is being formed for the express purpose of recommending plans for future medical developments in Pierce County. This is one more committee taking precious time, but this may be the most important committee of them all.

*W. Ben Blackett, M.D.*

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# **Pierce County Medical Society Meeting**

Tuesday, March 13

PHYSICIANS AND WIVES

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**PROGRAM - TACOMA ART MUSEUM**

SPEAKER: DR. THOMAS HOLMES, Professor of  
Psychiatry, University of Washington

# UPS College of Medical Education Offers Course

Nine physicians will participate in the upcoming College of Medical Education's five-week course on "Clinical Management of Pulmonary Disease" at the University of Puget Sound beginning Wednesday, March 7. The program is sponsored by the Pierce County Tuberculosis and Respiratory Disease Association.

Dr. Thomas Skrinar, president of the Pierce County Tuberculosis and Respiratory Disease Association, will open the first session in Thompson Science Hall, Room 326. Featured on the March 7 schedule is Dr. John Butler, head of the Division of Respiratory Disease at the University of Washington. Born in England, Dr. Butler received his M.D. at the University of Birmingham in that country. He is principal investigator for the Seattle Lung Center, a research group funded from the National Institute of Health, and was the first professor at UW's School of Medicine to be supported by the Tuberculosis and Respiratory Disease Association.

Dr. Paul Van Arsdel, chairman of the Division of Allergy at the UW, will discuss "Current Treatment of Asthma" March 14. Born in Indianapolis, he was awarded his M.D. from Columbia University. Dr. Van Arsdel is a fellow of the American College of Physicians and is immediate past president of the American Academy of Allergy. Tacoma physician Dr. John Colen will join him in the March 14 program.

A panel discussion on "Pre and Postoperative Care of the Respiratory Patient" is set for the same evening featuring Drs. Van Arsdel, Colen, James Billingsley, Robert Voynow and George Barnes.

A specialist in infectious disease will speak on "Management of Acute Pneumonias" March 21. He is Dr. David Perry, clinical assistant professor of medicine at the UW. A Seattle native, Dr. Perry received his M.D. from McGill University, Montreal, and is an American Trudeau Society Fellow. Current president of the King County Tuberculosis and Respiratory Disease Association, Dr. Perry is the father of six children.

"Chronic Obstructive Pulmonary Disease: Management and Diagnosis" will be the lecture topic of Dr. Thomas Petty April 5. Head of the Division of Pulmonary Diseases at the University of Colorado, the lecturer is an American College of Physicians fellow. He is senior editor of CHEST and on the editorial boards of Respiratory Care and Heart & Lung journals. During his Seattle stay, Dr. Petty will also speak to the American College Physicians on recent advances in diagnosis and management of pulmonary disease.

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# PROGRAM

Wednesday, March 7, 1973  
Introduction

Thomas H. Skrinar, M.D.  
President, Pierce County  
Tuberculosis and Respiratory  
Disease Association

New Concepts of Pulmonary Function in  
Respiratory Disease

John Butler, M.D., Head  
Division of Respiratory Disease  
University of Washington

Wednesday, March 14  
Current Treatment of Asthma

Paul P. Van Arsdel, Jr., M.D.  
Chairman, Division of Allergy  
University of Washington

PANEL—Pre and Post operative care of the  
Respiratory Patient

John Colen, M.D., Tacoma  
Clinical Instructor in Medicine  
University of Washington

Paul P. Van Arsdel, Jr., M.D.  
John Colen, M.D.  
James G. Billingsley, M.D.  
Robert B. Voynow, M.D.  
George Barnes, Jr., M.D.

Wednesday, March 21  
Management of Acute Pneumonias

David Perry, M.D.  
Specialist Infectious Disease  
Clinical Asst. Prof. of Medicine  
University of Washington

Wednesday, March 28  
NO CLASS

Thursday, April 5  
Chronic Obstructive Pulmonary Disease:  
Management and Diagnosis

Thomas Petty, M.D.  
Associate Professor of Medicine  
Head, Div. of Pulmonary Diseases  
University of Colorado

Wednesday, April 11  
Inhalation Therapy and Spirometry Work-  
shop

Rick Radford, ARIT

All lectures will be held in Room 326  
Thompson Hall of Science at the  
University of Puget Sound  
7:30 to 9:30 p.m.

COURSE COORDINATORS:  
James F. Early, M.D.  
John Colen, M.D.

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## Leader of U.S. - Russian Arctic Expedition To Speak at Crystal Mountain

The first major cooperative ocean research between the U.S. and Russia in the history of the Arctic is underway in the Bering Sea. Five hundred scientists and crewmen are gathering data by microwave, infrared and laser sensors, as well as by photography and other methods.

Dr. William Campbell, Director of the Ice Dynamics Project of the U.S. Geological Survey, said that U.S. scientists have discovered a nearly miraculous ability of microwave instruments to observe surface conditions through darkness of the Arctic winter and cloud layers that persist through much of the Arctic summer. Analysis and prediction of sea and icepack conditions is a prime mission.

Dr. Campbell will report its impact on the Arctic environment and our future on March 27th and March 28th when he speaks at the Crystal Mountain Meeting sponsored by the Tacoma Chapter, American Academy of Family Physicians.

Another outstanding speaker at the meeting is at the vanguard in the field of diagnosis and treatment of depression, said to be the most common malady afflicting mankind. He is John Feighner, M.D., Director of Psychiatric Services, University Hospital, University of California at San Diego School of Medicine.

Crystal Mountain Meeting: March 27-28-29-30, 1973.

Post-Graduate Credit: 14 hours by American Academy of Family Physicians

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Information and Registration: Robert Klein, M.D.  
Allenmore Medical Center  
Tacoma, Washington 98405  
BR 2-5841

Overnight Facilities: Crystal Inn Chalet, 1-663-2311

Many other interesting speakers — Sign up soon!

### *Program*

#### **Tuesday, March 27**

4-6 p.m. Registration    CRYSTAL INN  
Dinner

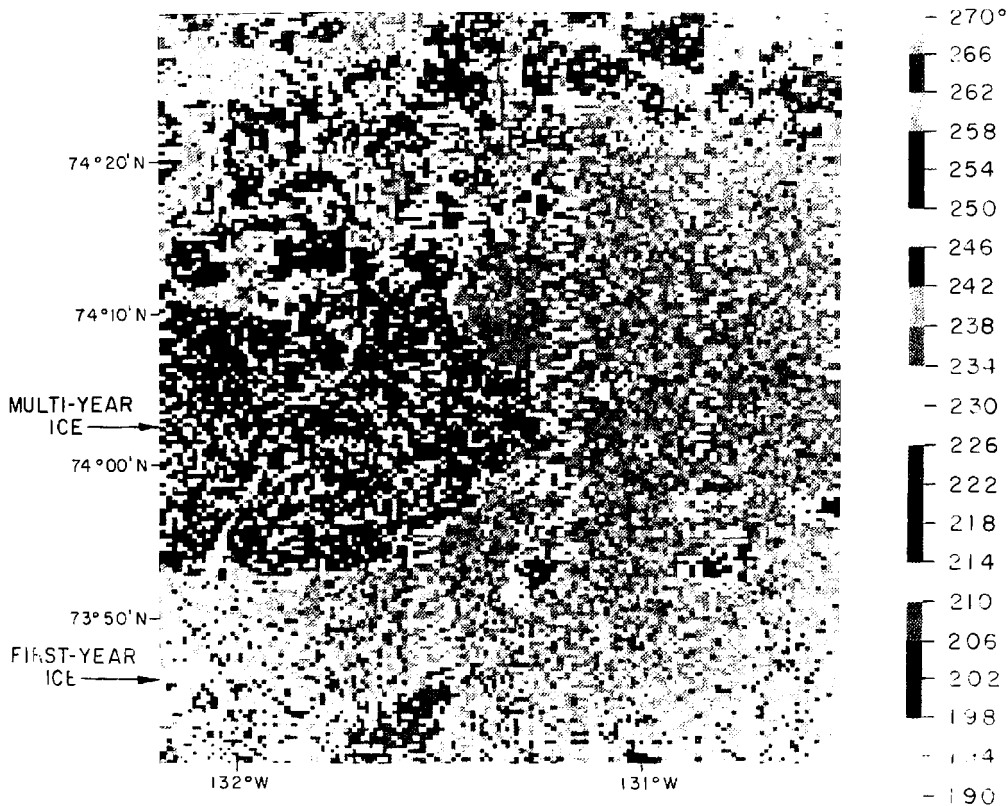
8-10 p.m. Professor William Campbell    Arctic Environment  
Sumiho Wada, M.D.    Acupuncture

#### **Wednesday, March 28**

8-10 a.m. Bart Klein    Tacoma Aroma — Sulphur and Arsenic  
Professor William Campbell

4-6 p.m. Mr. Albert Malanca    Professional Liability  
Mr. Charles Thomas    Professional Corporations  
Dinner Speaker    Professor William Campbell  
The Ethics of Change

PASSIVE MICROWAVE IMAGE OF ARCTIC SEA ICE ( $\lambda=1.55$  CM)  
 (NASA CV-990 AIRCRAFT, 15 MARCH 1971 - CLEAR DAY)



**Thursday, March 29**

Robert Hahn, M.D. World GP Meeting in Australia

8-10 a.m. John P. Feighner, M.D. Today's Depression

4-6 p.m. International Health System Panel

Marcel Malden, M.D., Lester Baskin, M.D., Robert Hahn, M.D.

Jose Garzon, M.D., Arnold Herrmann, M.D.

Dinner Speaker John Feighner, M.D.

Tomorrow's Depression

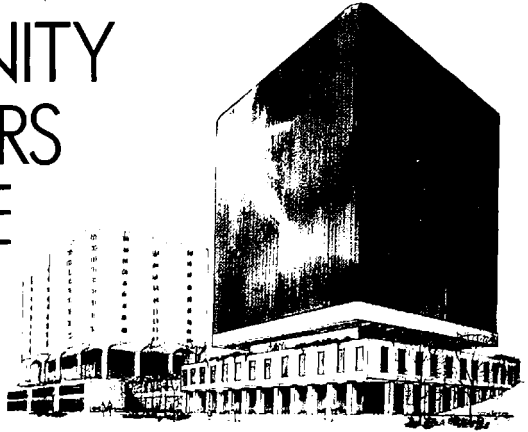
**Friday, March 30**

8-10 a.m. John Colen, M.D. Frontiers of Clinical Immunology

John Feighner, M.D.

Future Modalities in Psychotherapy

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tals (such as the Towers) traditionally have a high rental demand.

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Patients must **first** obtain **written medical clearance** from the physician in order to avail themselves of our services.

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In virtually every case of alcohol addiction there is a time-ordered sequence of progressive drinking. Alcoholism begins with "social drinking," then progresses to:

- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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*Intensive 10-Day Treatment Program for Alcoholism*

*... Based on the Addictive Concept*



# MARY BRIDGE CHILDREN'S HOSPITAL POISON INFORMATION CENTER CALLS

Months of January Through December, 1972

TOTAL CALLS .....	4933
From Doctors and Hospitals .....	324
From Community Agencies .....	211
From others .....	4398

In 1972, the Poison Information Center averaged 411 calls per month.

### AGE DISTRIBUTION:

Under 18 months .....	625
18 Mos. to 3 Yrs. ....	1615
3 & 4 Year Olds .....	747
5 & 6 Year Olds .....	185
January thru June only	
7 thru 13 Years .....	83
Over 13 Years .....	256
January thru December	
No Age Given .....	786

### July thru December (Change in Age Classification)

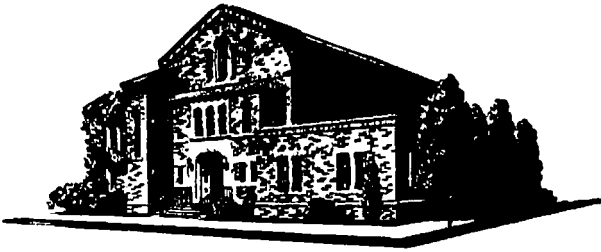
7 to 13 .....	127
13 thru 19 .....	101
Over 19 .....	408

### SUBSTANCES TAKEN:

	Under 5 Yrs	Total
<i>Medicinal</i> .....	1093	1631
Aspirin .....	131	178
Birth Control .....	42	58
Prescription Drugs .....	428	781
Patent Medicines .....	491	614
<i>Household Products</i> .....	355	496
Bleaches .....	50	78
Ammonia .....	23	35
Detergents .....	64	81
Other .....	218	302

	Under 5 Yrs	Total
<i>Petroleum Products</i> .....	161	269
<i>Insecticides, Pesticides and Rodenticides</i> .....	56	133
<i>Cosmetics</i> .....	336	402
<i>Plants and Berries</i> .....	371	640
<i>Food Inquiries</i> .....	48	297
<i>Insect, Snake and Animal Bites</i> .....	27	137
<i>Miscellaneous</i> .....	519	928

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PHYSICIANS AND HOSPITAL SUPPLIES

## MARCH SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<b>1</b>	<b>2</b>
			Gastrointestinal Conference— St. Joseph's 8:15 a.m.	Tumor Board 7 a.m. - Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Mary Bridge Cardiac Conf 5:30 p.m.  Tac. Orthopedic Soc.—6 p.m.  P. Co. Pediatric Soc.—6 p.m.	C.P.C. of Mary Bridge 8 a.m.  Staff of Tacoma General 6:30 p.m. Staff of St. Joseph's	Surgical Conference TGH—8 a.m.	Pulmonary Conf. St. Joseph's 8:15 a.m.	Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Good Samaritan 6:30 p.m.	Trauma Conf. St. Joseph's 6 p.m.  C.P.C. of Mary Bridge 8 a.m.  Pierce County Medical Society 8:15 p.m.	OB-GYN Conference TGH—8 a.m.	Psychiatric Conf. St. Joseph's 7 a.m.  Medical Office Problems St. Joseph's 8:15 a.m.	Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>
Staff of Allenmore Hospital Noon	C.P.C. of Mary Bridge 8 a.m.  Tacoma Surgical Club—6:30 p.m.	Medicine Conference TGH—8 a.m.  Staff of Lakewood General 6:30 p.m.	C.P.C. of St. Joseph's 8:15 a.m.	Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>
Mary Bridge Cardiac Conf. 5:30 p.m.  Pierce County Chapter AAGP 6:30 p.m.	C.P.C. of Mary Bridge—8 a.m.  Tac. Acad. of Int. Medicine 6:30 p.m.	Path. Conf. TGH—8 a.m.		

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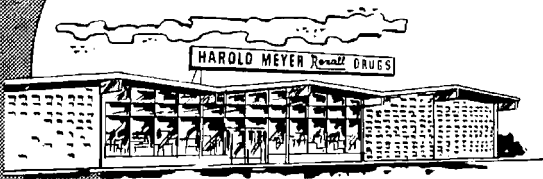
**PERSING, DYCKMAN & TOYNE, INC.**

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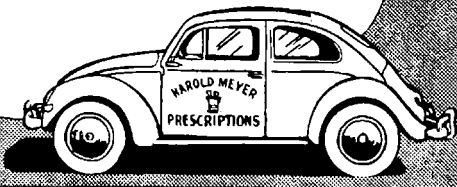
## 2 LOCATIONS

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## TENTATIVE APRIL SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>2</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tac. Orthopedic Soc.—6 p.m.</p> <p>P. Co. Pediatric Sov. — 6 p.m.</p>	<p><b>3</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>4</b></p> <p>Surgical Conference TGH—8 a.m.</p>	<p><b>5</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>6</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Hematology-Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>9</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>10</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Trauma Conf.—St. Joseph's—6 p.m.</p> <p>Pierce County Medical Society 8:15 p.m.</p>	<p><b>11</b></p> <p>OB-GYN Conference TGH—8 a.m.</p>	<p><b>12</b></p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p>	<p><b>13</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>16</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Allenmore Hosp.—Noon</p>	<p><b>17</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>18</b></p> <p>Medicine Conference TGH—8 a.m.</p> <p>Staff of Lakewood General 6:30 p.m.</p>	<p><b>19</b></p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p>	<p><b>20</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>23</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>24</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac Acad of Internal Medicine 6:30 p.m.</p>	<p><b>25</b></p> <p>Path. Conf. TGH—8 a.m.</p>	<p><b>26</b></p> <p>C.P.C. of St. Joseph's 8:15 a.m.</p>	<p><b>27</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Joint Services Conf.—8:15 a.m. TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Staff of Mary Bridge 12:15 p.m.</p>
<p><b>30</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>				

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Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

\***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently — both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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# WOMAN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1972 - 1973

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President-Elect.....	Mrs. James Stilwell (Lois)
1st Vice President & Program.....	Mrs. K. Royce Hansen (Ginny)
2nd Vice-President & Membership.....	Mrs. Robt. Whitney Jr. (Helen)
3rd Vice President, Historian & By-Laws	Mrs. Ronald Gallucci (June)
4th Vice President—Social.....	Mrs. John M. Havlina (Dolores)
Recording Secretary.....	Mrs. David W. Millett (Roberta)
Corresponding Secretary.....	Mrs. F. Dennis Waldron (Marlene)
Treasurer.....	Mrs. Arthur P. Wickstrom (Dee)
Dues Treasurer.....	Mrs. Robert C. Johnson (Betty)

## COMMITTEE CHAIRMAN

AMAERF.....	Mrs. Joseph H. LaTona (Lona)
Community Health.....	Mrs. George A. Moosey (Jane)
Finance & Pierce County Health Council	Mrs. Philip Grenley (Dorothy)
Legislative.....	Mrs. Jack J. Erickson (Phyllis)
Nominating.....	Mrs. Herbert C. Kennedy (Nadine)
Health Careers.....	Mrs. Melvin Henry (Marie)
Publicity-Bulletin.....	Mrs. Robert R. Burt (Lorna)

## STANDING COMMITTEES

Publicity-Newspaper.....	Mrs. Duncan T. Baer (Marilyn)
Speakers Bureau.....	Mrs. Harold B. Johnston (Mary)
Student Recognition and Awards	Mrs. Robert M. Ferguson (Donna)
Telephone.....	Mrs. Charles D. Frewitt (Donna) Mrs. Wayne Bergstrom (Reta)
Cookbook.....	Mrs. Dale Hinz (Sharon)
Today's Health.....	Mrs. George Tanbara (Kim)
Art Auction.....	Mrs. John A. Kennedy (Nancy) Mrs. William Ritchie (Marjorie) Mrs. David L. Be Miller (Linda)
Mental Health Com. Chrmm.....	Mrs. Max Brachvogel (Judy)
Hospitality Chairman.....	Mrs. Jay H. Ehly (Vivian)
TACC Representative.....	Mrs. Marcel Malden (Jean)
	Mrs. J. G. Katterhagen

A cheery home with a beautiful view of Lake Steilacoom was the setting for the February meeting. Many thanks to Mary Johnston, our hostess, and to Lona LaTona, Luncheon Chairman, and her committee, Ruth Meier, Eleanor Barnes, Carmencita Maddolosso and Irene Kubat. It was delightful.

## MEETING DATE CHANGED

Please make note on your calendar and in your membership book that our April meeting has been changed from April 20th to April 27th. The place and program will remain the same. Mr. Gary Matthies, Supervisor of the Child Protection Agency, will speak on "Problems of Child Abuse."

## NOMINATING COMMITTEE REPORT

- President  
Mrs. John R. Alger
- President Elect  
Mrs. Ronald Spangler, Jr.
- 1st Vice President and Program  
Mrs. J. G. Katterhagen
- 2nd Vice President and Membership  
Mrs. Thomas Miskovsky
- 3rd Vice President and Historian  
Mrs. George Barnes, Jr.
- 4th Vice President and Social  
Mrs. Wayne A. Bergstrom
- Recording Secretary  
Mrs. Melvin L. Henry
- Corresponding Secretary  
Mrs. Roy H. Virak
- Treasurer  
Mrs. Robert C. Johnson
- Dues Treasurer  
Mrs. W. Ben Blackett
- Submitted by: Judy Brachvogel  
Mary Johnston  
Kathlen Skrinar  
Evelyn Osborne  
Nadine Kennedy,  
Chairman

### MARCH DINNER MEETING

with the Medical Society

**Tuesday, March 13, 1973**

at **O'Brien's Restaurant**

6:30 No Host Cocktail Hour

7:30 Dinner

**Program at Tacoma Art**

**Museum**

8:30 p.m.

Dr. Thomas Holmes will speak on  
"Life Events, Life Changes & Diseases"

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## IN MEMORIAM

Again, we are saddened by the loss of our beloved member of our Medical Auxiliary, Jean Colley. We will miss her smile, her warm friendliness and her willingness to help or do anything Auxiliary asked of her.

A native of Canada, Jean was born in Edmonton, Alta., and came to Tacoma in 1956 with her family. Their Steilacoom Lake home was always filled with music as Jean was an accomplished pianist and loved to play.

In addition to Pierce County Medical Auxiliary, she was a member of the P.E.O. Sisterhood, Chapter AY and the Orthopedic Guild.

Our deepest sympathy goes to Dr. Colley and daughters, Karen, Susan and Barbara in the loss of their dear one.



## SOCIETY DISCUSSED EXECUTIVE DIRECTOR

At the February meeting, the letter from the OB-GYN Society was read (see trustees' report).

Mike Reilly, area representative of the AMA was introduced.

Dr. Early reported on the upcoming College of Medical Education program.

Dr. Sparling presented information from the Public Laws committee regarding two bills which would affect dispensing of generic equivalent drugs by pharmacists.

Nominations were presented for the new hospital facilities Planning Committee and nominations were received from the floor. Fifteen members will be selected by mail ballot.

The joint Society meeting of physicians and wives is to be held at O'Brien's Restaurant and the Tacoma Art Museum.

A motion was made, seconded and tabled that this Society hire an executive director. A panel discussion and general discussion of this matter concluded the meeting.

## TRUSTEES APPROVE STANDARD HOSPITAL RECORDS

At the February meeting the Pierce County Medical Society trustees approved a plan for making uniform hospital records throughout the county. There will be two Society physician members representing the Society at the Affiliated Hospitals of Pierce County meetings in regard especially to the possible sale of Puget Sound Hospital.

A letter was received from the Ob-Gyn Society recommending discontinuation of OB facilities at St. Joseph's Hospital.

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# Anatomy of a Doctor.

You know what it takes to make a doctor. The motivation. The years of study and training. The dedication. The hard work.

But from the criticism leveled at doctors lately you'd think neither the public nor press had any idea.

It may surprise you, but the public does.

This was evidenced in a recent Harris Poll. In measuring public respect for U.S. leadership, it showed a drastic drop in the past five years. And "a majority of Americans is currently willing to express a 'great deal of confidence' in only one profession — medicine — on a list covering 16 types of activity." And that list included Congress and the Supreme Court.

People still look at their doctors as men to be respected and as men of integrity.

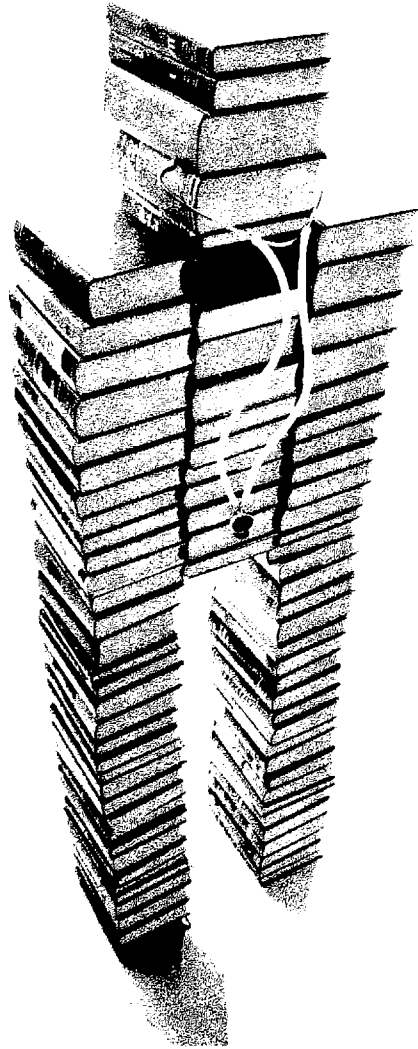
This is the true story of the American doctor. And one which the AMA is constantly telling the public as part of its communications program.

In newspapers and magazines, the AMA tells what it takes to be a doctor, American medicine's achievements. And to express the profession's concern by providing information to help every American lead a healthier life.

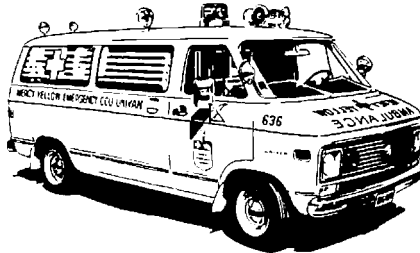
We can be an even more effective spokesman... with your support. Find out more about what the AMA does for you and the public. Send for a free pamphlet. Write: Dept. DW, at the address below.

**JOIN US.  
WE CAN DO MUCH MORE TOGETHER.**

American Medical Association  
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 JU 8-2191

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 GR 4-9419

Thunderbird Shopping Center  
 8123 Steilacoom Blvd.  
 JU 8-1889

University Shopping Center  
 Formerly Don's Drugs  
 27th and Grandview  
 LO 4-1320

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|---|---|
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| 4 Govnor Teats  |   |
| 4 Charles E. Cobb<br>W. Howard Pratt  | 25 Robert R. Burt<br>Gerald C. Kohl     |
| 6 Edward F. McCabe  | 28 David Wilhyde                        |
| 8 Bartholomew Kubat   | 30 F. Dennis Waldron                    |
| 9 Douglas A. Tait   | 31 Frederic O. Paine                    |
| 10 J. Edmund Deming   |   |
| 13 Theodore Baer<br>John Kemp   |   |
| 15 Bryce Betteridge   |   |
| 16 Alan S. Porter   |   |
| 17 Russell Colley   |   |
| 18 Robert O'Connell<br>Daniel J. Schaaf   |   |
| 19 Robert B. Whitney, Jr.<br>Thomas L. Bowden   |   |
| 20 Franz Hoskins<br>Albert A. Sames   |   |
| 22 Edward A. Barth<br>Robert Klein<br>John P. Liewer<br>George Macha<br>Charles E. Marshall |   |

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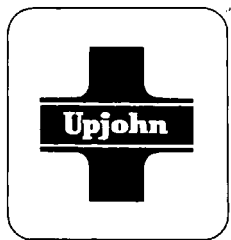
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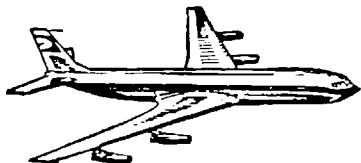
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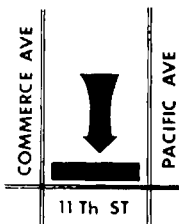
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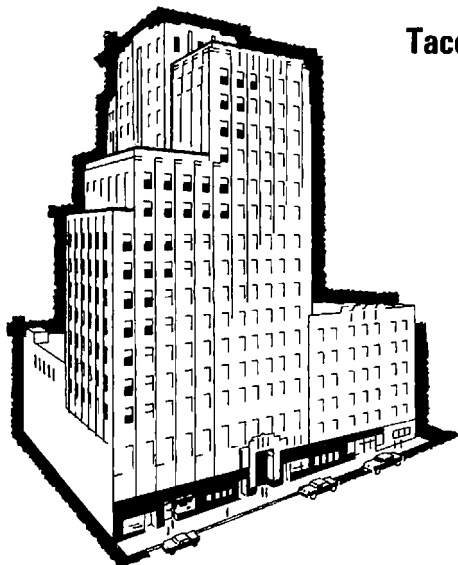


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6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN  
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S  
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

*The*

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

APRIL, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 4



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
APRIL 10**

# Pierce County Medical Society

1973

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 Vice-President ..... Paul E. Bondo  
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COVER PICTURE: A Salute  
 To Daffodil Week, April 7-15

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# President's Page



The strength of any organization is not in its presidency, nor not even in its board. True, a strong active president and a strong active board are necessary for an effective leadership. But the real strength of any organization is in its working committees.

Certainly, our Medical Society is no different. The caliber of committee membership and especially of the chairman is most important. If the various committees are meeting and fulfilling their duties, a very effective society will have to exist.

I do feel that our committee chairmen, as in the past, are dedicated individuals, willing to give up much of their valuable time to further the cause of practicing the highest level of medical care that this community is capable of achieving. But committee chairmen can not do the job by themselves. The counsel of each of the members of the committee is absolutely necessary to make the committee meetings an effective vehicle in getting to the concensus of what the direction of action should be. Both the committee chairmen and the individual members of each committee must remember this. So, to be more effective, committee chairmen, don't try to do the job yourself. Also, each committee member must participate in the committee activity. Do not leave it up to the chairman or a small group of the committee that might be meeting. We must all participate.

With some 45 to 50 members who have returned their interest finder questionnaires, each committee should have an excellent group of interested physicians working on the respective committee. I know that the Ethics Committee under Dr. G. M. Whitacre, the Grievance Committee under Dr. Lester Baskin, the Television Committee under Dr. Theodore Smith, the Medical Education Committee under Dr. Marcel Malden, the Editorial Board under Dr. David Hopkins (Editor), the Program Committee under Dr. Richard Vimont are hard at work even as I write this message.

Less heard from but working effectively are the Public Health Committee under Dr. Harlan P. McNutt, the Civil Disaster Committee under Dr. James G. Billingsley, School Health Committee under Dr. Charles Kemp, Mental Health Committee under Dr. Jay Ehly, Poison Control Committee under Dr. James Schneller, Legislative Committee under Stanley W. Tuell, and the Constitution and By-Laws Committee under Dr. Robert Ferguson.

Perhaps, some of the committees have not met yet. Or perhaps the chairman has been able to take care of the problems that have arisen up to this time. But irregardless, a full committee meeting can be invigorating at times, and one would be surprised at some of the things that come up, that really should be done, as one meets in a committee meeting.

So committee chairmen, gather your men together and meet! If an official committee has not been established yet, refer to the list that was recently sent to you for prospective members. Or I can certainly assign the full committee to you if you desire. And, committee members, "clamor" for a meeting. You wouldn't believe what fortune will accrue to the Pierce County Medical Society if our committees really start to function. Truly, an effective operating committee structure is the backbone of any successful organization. Let up all help make the PCMS a big success.

John M. Kanda, M.D.  
President  
Pierce County Medical Society

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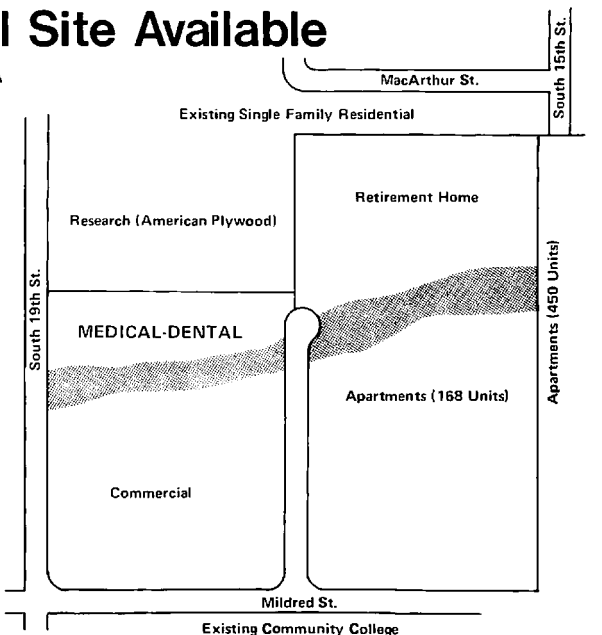
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# Editorially Speaking

## PSRO—WHAT IT REALLY MEANS!



P.S.R.O. are the initials that supposedly mean Professional Standards Review Organization. It is a program formally known as Public Law 92-603, enacted October 1972 to monitor the quality and cost of medical services performed under medicare and medicaid. I believe it is another great legislative deception perpetrated on the medical profession and the public under a fine sounding misnomer.

Congress goofed and are now placing the blame elsewhere. They refused to accept the non-governmental actuarial studies that projected much higher costs for medicare. In the State of Washington, our W.P.S. estimate was within 3% correct, while the government's was almost 50% low. When Wilburn Cohen of HEW retired he even refused to accept the accumulated experience of his own HEW actuaries and, against their advice, refused to raise the premiums. In spite of the law he fixed M.D. fees at a much lower than customary scale then existent. Even with his restriction, the premiums for medicare had to be raised. Now the congressmen's promise to the senior citizens has been broken and the government is NOT paying the 80% promised. The situation will worsen in spite of the hard work of our utilization committees.

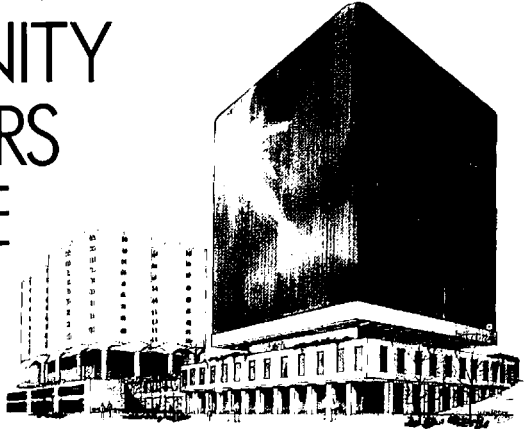
The economic explanation is obvious: When the government assumes the major payment for a segment of medical care, the patient's demands for such care escalates to infinity. Therefore, to control the costs, the government must resort to drastic actions which include (1) strict regulation of fees of the providers of care, the hospitals and physicians; (2) an actual limitation or rationing of services. Now, it becomes obvious, the true purpose of the PSRO's is not to ascertain quality of care but is primarily to limit the medical services by a rationing game. But Congressmen are clever, as they assigned the rationing task (via PSRO) to the doctors. Thus the patient's criticism will not rest on the heads of Congress but on the heads of the local physicians that serve on the committee (probably for free!).

Consumer protection organizations should demand that the program be properly labeled. P.S.R.O. really means **POLITICALLY STIMULATED RATIONING ORGANIZATION**. Unfortunately, the congressional ilk of the Kennedys will still promote the myth that Government can produce magic answers to all problems.

Harry Schwartz, in his book debunking the so-called "Medical Crisis," clearly stated the problem: "Despite debacle after debacle in education, housing, mail service, military production and other areas, must American Medicine become another disaster area before the lesson is learned?" With the inadequate, inaccurate reporting by our current TV and press, the public will be led to National Health Insurance, expensive, bureaucratic and of definitely rationed amounts, and we doctors will go along with the whole scheme.

WAYNE W. ZIMMERMAN, M.D.

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# **Pierce County Medical Society Meeting**

Tuesday, April 10

**Medical Arts Building Auditorium**

**PROGRAM—8:15 P.M.**

DOCTORS' UNIONS  
Dr. Kenneth Pershall

Social Hour: 6:00

Honan's

Dinner: 6:45

## The Corporate Squeeze May Mean Disease

The second annual joint meeting of the Medical Society and the Medical Auxiliary wives was held Tuesday evening, March 13th, beginning with a buffet supper at O'Brien's restaurant followed by a meeting at the Tacoma Art Museum.

The meeting was preceded by a leisurely stroll through the Art Museum which was featuring an exhibit of oriental screens which warmed John Kanda's heart. Dr. Kanda, the Society president, opened the meeting by welcoming the Auxiliary and exchanging pleasantries with Norma Smith, the Auxiliary president—both allowing as to how it was nice to have the wives there and both knowing full well there would have been hell to pay if they hadn't been invited.

The guest speaker for the evening was Dr. Thomas Holmes, Chairman, Dept. of Psychiatry of the University of Washington School of Medicine whose topic was "Life Events, Life Changes and Disease Onset or How to be Sick Successfully." Dr. Holmes introduced in an easy, humorous manner some thought-provoking ideas summarized in the state-

ment that illness is a by-product of man's goals and the techniques he uses to achieve his aspirations. In addition Dr. Holmes presented a list of life events most likely to be present when disease occurs which was termed "the social re-adjustment rating scale."

The gathering was left with a number of gems to mull over, for example—

—illness is not randomly distributed, 1/3 of the people have 75% of the illness.

—illness does not occur throughout life, it occurs in clusters.

—if you want to be sick successfully you must be careful whom you choose as parents and you must exploit it well.

—to be sick successfully you must start being sick young.

—sick people have more problems than anybody. If you want to be sick successfully you must have more problems than anybody.

—at the University Hospital there are more psychotics on the medical service than there are on the psychiatric service. The only difference is that on the medical service nobody knows it.



Ten tooth-paste-ad smiles from Tom West, Gordon Dean, Bill McFee, Jose Garzon, Darwin Marlatt and wives.

## Shots at the Annual Medical Society-Auxiliary Dinner



The McCabes and the Lindstroms relax over coffee after dinner at O'Brien's.



George Gilman, Herb and Nadine Kennedy, Bob and Evelyn Osborne.

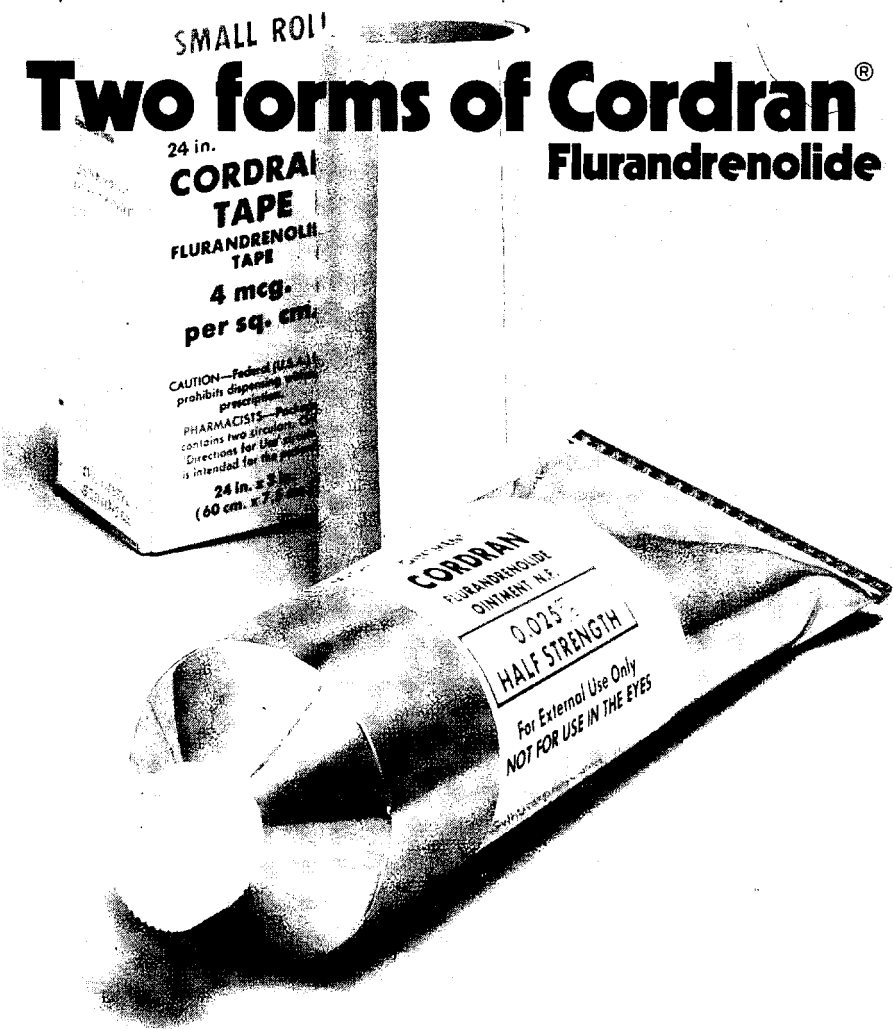


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## Coronary By-Pass Results Questionable, Say Cardiologists

The recent annual meeting of the American College of Cardiology in San Francisco was attended by over 4,500 physicians. Although all aspects of heart disease were considered in lectures, panel discussions, debates, technical and scientific exhibits, Coronary Heart Disease and its various ramifications was far and away the principal subject of discussion.

In studies on the natural history of Angina, it has been found that there is a mortality of 4% per year. Factors which worsen the prognosis are: Hypertension, Congestive Failure and EKG changes. The prognosis is also related to which coronary artery is involved as demonstrated in angiography. Listed in order of importance, findings that adversely affect the prognosis in angina are: 1) Heart enlargement 2) Stenosis of the left anterior descending artery 3) Congestive failure 4) Resting tachycardia 5) Stenosis of circumflex artery 6) Stenosis of right coronary artery. The more proximal the stenosis, the worse the prognosis and stenosis of the left main coronary artery is very bad.

There was very little agreement about the indications or value of coronary bypass surgery. It is evidently going to take some years to reach agreement. In centers where a number of these operations are performed there is a hospital mortality between 2 and 6%. There is a growing tendency to bypass two or more arteries at each surgery. Between 10 and 20% of the vein grafts become occluded within two months after surgery. There were a number of reports dealing with myocardial infarction occurring at the time of surgery and this ranged from 10 to 20%. Survival after surgery seemed related to the ventricular function tests before surgery. The relief of angina following surgery (which is reported to occur in 60-70%) is thought

to be due to one of the following: 1) relief of ischemia 2) new infarct produced 3) placebo effect.

I came away with the impression that bypass surgery for coronary artery disease is still in an experimental stage. Many patients subjected to this surgery have not had adequate medical treatment.

There was considerable discussion about "unstable angina" (preinfarction angina, impending infarction, coronary insufficiency, intermediate state, etc.). Part of the problem is in defining this entity so that everyone is talking about the same thing. You could find supporters for almost any form of therapy but most agreed that these patients should be at bed rest and monitored. Most felt that those with unstable angina should have angiography and be operated if there was obstruction of left main coronary artery or proximal left anterior descending artery. Medical therapy is indicated if there is no coronary disease demonstrated or if there is congestive failure. The remainder treated with rest, propranolol and maybe long acting nitrates.

The use of anticoagulants in coronary heart disease is falling out of favor. Most authorities said it could be used but were not enthusiastic. The best indication seemed to be in prevention of leg vein thrombi in patients put at bed rest with infarction or unstable angina.

There was universal concern for the great delay in getting persons with acute myocardial infarction under adequate therapy in a coronary care unit. A group in Bethesda, Md., has been advocating early guided self-medication in suspect myocardial infarction. In a worldwide cooperative study they supplied coronary prone persons with an EKG sending set about the size of a pack of cigarettes by

(Continued on Page 12)

which their EKG could be phoned to a physician. These persons have with them special syringes of Atropine 2 mgm and Lidocaine 300 mgm with an automatic injector. If the heart rate is slow, the physician may instruct the patient to give himself Atropine (IM in deltoid) or if there are ectopic beats the physician will instruct patient to give self Lidocaine IM. It was emphasized that because of the high velocity of these automatic syringes, blood levels comparable to IV injection are rapidly achieved. The patient is thus theoretically benefited until he can be brought to CCU. Another study, however, has cast doubt on the value of Atropine in this sort of situation in that a slower heart rate seems to protect the heart from ectopic rhythms and a more rapid heart rate could precipitate ventricular fibrillation.

In a debate on the routine use of antiarrhythmia agents (Quinidine, Lidocaine and Procaine Amide) in acute myocardial infarction, it was agreed by both parties that controlled studies on this to

present time had shown no change in mortality but that the cases that were studied had been selected so as to include only uncomplicated myocardial infarction and effective treatment had not been rendered until 16 to 20 hours after onset of MI.

In a featured report, Dr. Oliver of Edinburgh, Scotland, reported on 150 young (30-45 yr.) women with ischemic heart disease who he had personally observed for 20 years. There was an incidence of 1 per 2,000. He found the major risk factors were 1) Cholesterol over 270 2) Hypertension greater than 100 diastolic 3) Cigarettes over 20 per day. Other less important factors were premature menopause (from any cause), use of contraceptive pill, obesity and family history of coronary heart disease. Surprisingly, diabetes was not an important risk factor, occurring in only two patients in his series of 150. He did glucose tolerance tests in most patients and found only two additional women with abnormal glucose  
(Continued on Page 23)

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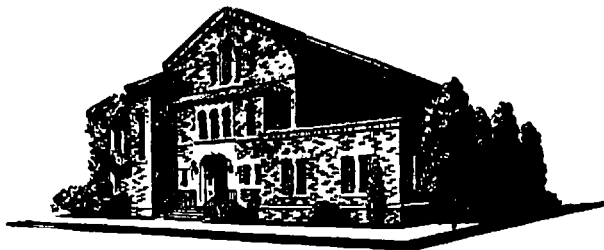
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PHYSICIANS' AND HOSPITAL SUPPLIES



## Hospital Staff Elects Dr. Klein

### Letter to the Editor

The following is a partial quote from a recent letter from one of my representatives: "I want to take this opportunity to thank you for your continued interest in legislation. If more M.D.'s were aware of what is going on down here, we would have less bills dealing with chiropractics and naturopathies."

I would like to urge the members of the Pierce County Medical Society to make a much stronger effort than in the past to keep in touch with their legislators, and suggest the desirability of regular reports in the Bulletin regarding legislation under consideration.

Sincerely yours,  
David Sparling, M.D.

### Doctor-Lawyer Field Day

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5738 North 26th St

Dr. Robert Klein will conduct his first Executive Committee meeting at Puget Sound Hospital on March 12 as the newly elected president and chief of staff, succeeding Dr. Bryce Betteridge. Dr. Klein established his practice in Tacoma in 1958 after receiving his medical education at Leiden University in Holland. Currently, he is president of the Pierce County Chapter of the Academy of Family Practice.

Other officers elected at the annual medical staff meeting were Dr. Dumont S. Staatz, vice president; Dr. Gilbert J. Roller, secretary-treasurer; Dr. Thomas H. Skriner, member at large; and Dr. Bernard R. Rowen, member at large.

Appointed to the Executive Committee were Dr. John P. Nagle, medicine; Dr. Anton S. Walloch, psychiatry; Dr. Joseph E. Garzon, surgery; Dr. Mian H. Anwar, medical nursing education; Dr. Gilbert J. Roller, radiology; Dr. Theodore Apa, pathology; Dr. Robert F. Glock, obstetrics and gynecology; and Dr. Bryce Betteridge, immediate past president.

## Death Takes Two Tacoma Physicians

Death claimed two retired Tacoma physicians during February. Dr. Charles C. McCoy, who came to Tacoma in 1945 and practiced at the Western Clinic until 1960, died on Feb. 1 at the age of 79. He was a graduate of Johns Hopkins Medical School and also attended Harvard Medical School.

Dr. David Calamus, a resident psychiatrist at Western State Hospital died on Feb. 17 at the age of 70. He had retired from that position last year and death came while he was on a vacation in New Zealand.

## The Remarkably Rigid Progression Of Alcoholism

In virtually every case of alcohol addiction there is a time-ordered sequence of progressive drinking. Alcoholism begins with "social drinking," then progresses to:

- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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*Intensive 10-Day Treatment Program for Alcoholism*

*... Based on the Addictive Concept*

## APRIL SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>2</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tac. Orthopedic Soc.—6 p.m.</p> <p>P. Co. Pediatric Soc.—6 p.m.</p>	<p><b>3</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>4</b></p> <p>Surgical Conference TGH—8 a.m.</p>	<p><b>5</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>6</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Hematology- Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>9</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>10</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Trauma Conf.—St. Joseph's—6 p.m.</p> <p>Pierce County Medical Society 8:15 p.m.</p>	<p><b>11</b></p> <p>OB-GYN Conference TGH—8 a.m.</p>	<p><b>12</b></p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p>	<p><b>13</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>16</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Allenmore Hosp.—Noon</p>	<p><b>17</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>18</b></p> <p>Medicine Conference TGH—8 a.m.</p> <p>Staff of Lakewood General 6:30 p.m.</p>	<p><b>19</b></p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p>	<p><b>20</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>23</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>24</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac Acad of Internal Medicine 6:30 p.m.</p>	<p><b>25</b></p> <p>Path. Conf. TGH—8 a.m.</p>	<p><b>26</b></p> <p>C.P.C. of St. Joseph's 8:15 a.m.</p>	<p><b>27</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Joint Services Conf.—8:15 a.m.</p> <p>TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Staff of Mary Bridge 12:15 p.m.</p>
<p><b>30</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>				

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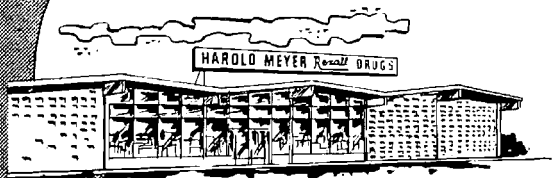
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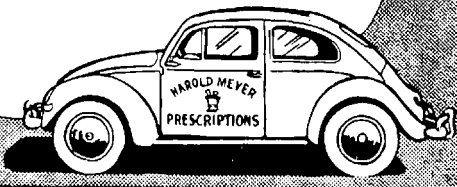
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## TENTATIVE MAY SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<b>1</b>  C.P.C. of Mary Bridge 8 a.m.	<b>2</b>  Surgical Conference TGH—8 a.m.	<b>3</b>  Gastrointestinal Conf. St. Joseph's 8:15 a.m.	<b>4</b>  Tumor Board 7 a.m. - Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>7</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Tac. Orthopedic Soc.—6 p.m.  P. Co. Pediatric Soc.—6 p.m.	<b>8</b>  C.P.C. of Mary Bridge—8 a.m.  Trauma Conf.—St. Joseph's—6 p.m.  Pierce County Medical Society 8:15 p.m.	<b>9</b>  OB-GYN Conference TGH—8 a.m.	<b>10</b>  Pulmonary Conf. St. Joseph's 8:15 a.m.	<b>11</b>  Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>14</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Puget Sound Hospital	<b>15</b>  C.P.C. of Mary Bridge—8 a.m.  Tacoma Surgical Club—6:30 p.m.	<b>16</b>  Medicine Conference TGH—8 a.m.  Staff of Lakewood Genera 6:30 p.m.	<b>17</b>  Psychiatric Conf. St. Joseph's 7 a.m.  Medical Office Problems St. Joseph's 8:15 a.m.	<b>18</b>  Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>21</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Allenmore Hosp.—Noon	<b>22</b>  C.P.C. of Mary Bridge—8 a.m.  Tac Acad of Internal Medicine 6:30 p.m.	<b>23</b>  Path. Conf. TGH—8 a.m.	<b>24</b>  C.P.C. of St. Joseph's 8:15 a.m.	<b>25</b>  Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>28</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Pierce Co. Chap. AAFP—6:30 p.m.	<b>29</b>	<b>30</b>	<b>31</b>  Medical Therapeutic 8:15 a.m.	

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\* **Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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# WOMEN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1972 - 1973

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President-Elect	Mrs. James Stowell (Lois)
1st Vice President & Program	Mrs. K. Ross Hansen (Gloria)
2nd Vice President & Membership	Mrs. F. D. W. Jones Jr. (Dorothy)
3rd Vice President, Historian & Relations	Mrs. Ronald Griffin (Tara)
4th Vice President—Social	Mrs. John M. Haviland (Dolores)
Recording Secretary	Mrs. David W. Millett (Robert)
Corresponding Secretary	Mrs. J. Dennis Waldron (Arlene)
Treasurer	Mrs. Arthur P. W. Johnson (Dee)
Dee's Treasurer	Mrs. Robert R. Barr (Norma)

## COMMITTEE CHAIRMEN

AMALRE	Mrs. Joseph H. Lofton (Lona)
Community Health	Mrs. George A. Mosey (Glen)
Finance & Pierce County Health Council	Mrs. Philip Carolee (Dorothy)
Executive	Mrs. Erik E. Erickson (Peggy)
Nominating	Mrs. Herbert C. Koppala (Nancy)
Health Careers	Mrs. Nelson Henry (Alice)
Publicity Bulletin	Mrs. Robert R. Barr (Norma)

## STANDING COMMITTEES

Publicity Newspaper	Mrs. Duncan L. Baer (Marlene)
Speakers Bureau	Mrs. Harold B. Johnson (Marie)
Student Recognition and Awards	Mrs. Robert M. Johnson (Dorothy)
Telephone	Mrs. Charles D. Proctor (Dorothy)
	Mrs. Wayne Bergstrom (Betty)
Cookbook	Mrs. Dale Hinz (Sharon)
	Mrs. George Laubara (Kari)
Today's Health	Mrs. John A. Kennedy (Nancy)
Art Auction	Mrs. William R. Johnson (Marjorie)
	Mrs. David E. B. Miller (Lois)
Mental Health Com. Chrm.	Mrs. Mrs. George E. Budy (Mary)
	Mrs. Eric H. Felt (Arlene)
Hospitality Chairman	Mrs. Marjorie Menden (Glen)
IACC Representative	Mrs. F. G. Kathaugen

## MARCH HAPPENING

Lions and Launbs gathered for a delightful evening on the second Tuesday in March when the wives of the Pierce County Medical Society members joined their husbands for dinner at O'Brien's and strolled across to the Art Museum for a delightful program.

Many thanks to Dr. John Kanda, President of Pierce County Medical Society, and Carol Hazelrigg and Stephanie Tuell of Auxiliary for the arrangements. We look forward with pleasure to another "get together" next year.

## COMBINED BOARD MEETING

In addition to a special Board meeting to be arranged in April, Friday, May 4th, at 10:00 a.m., there will be a combined 1972-73 and 1973-74 Board meeting at the home of President Norma Smith, 12009 Gravelly Lake Drive S.W. Luncheon will follow.

The combined Board meeting has proven to be extremely valuable for orientation of new members of the Board and a chance for the former Board members to turn over their portfolios to their counterparts for the coming year.

## MID-YEAR CONFERENCE

Among those from Pierce County who attended the Mid Year Conference in Yakima on March 21st, 22nd and 23rd were President Norma Smith, President-Elect Olive Alger and Treasurer Dee Wickstrom. Yakima hospitality was just the greatest and a wonderful time was had by all.

## REMEMBER?

Remember when you were new in town? How about calling the new doctor's wife and taking her to the April Auxiliary meeting? See you there!

## APRIL LUNCHEON

Friday, April 27th, 1973

12:00 Noon

Mrs. John R. Alger, Hostess

## Program

given by Mr. Gary Matthies,  
Supervisor of the Child  
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## Cardiologists Annual Meeting

(Continued from Page 12)

tolerance curves. He found the overall prognosis was good in this series but was much worse in those that had hypertension.

The most important thing of the convention to me was a realization that although hypertension is generally recognized to be a serious prognostic sign we are not doing much about it. In every list of factors predisposing to coronary heart disease or worsening the prognosis of those who have coronary heart disease, hypertension rates very high. It is one of the few risk factors for which we have a good treatment. Hypertension is often not mentioned on death certificates so it doesn't get official notice for the part it takes in producing death. Patients with hypertension are usually asymptomatic (until they get on treatment) so they need education about its dangers so they will take medicine and realize that they need treatment for life to control it. Side effects from medicines, of course, often make them drop out. Physicians have found hypertension a routine and boring condition to treat and partly as a result of perfunctory follow up patients have dropped out.

Much of the glamour in the diagnosis and treatment of hypertension is in finding some hormonal, mechanical, renopressor or other cause. Much time and money is spent in getting Rennin assays, Catecholamine levels and sophisticated X-rays when the chief need is treatment to get the blood pressure down toward a normal range. This is usually accomplished with available medicines regardless of the cause of hypertension. Dr. Edward Fries, an international authority on hypertension, and a panel of other authorities from various parts of this country and Europe urged that there be a stepped up program to diagnose and treat hypertension with the medicines available. It is recommended that a physician see a patient and check the blood pressure at least three times before insti-

tuting therapy. Anyone with one diastolic pressure over 105 should be treated. Also, any person with all diastolic pressures running over 95 and "labile hypertension" in the following categories should be treated: 1) Less than age 45 2) Male 3) Black 4) Systolic over 165 5) Parental history of hypertension 6) Family history of hypercholesterolemia or diabetes. Treatment, like in diabetes, should be continued for life. So that patients would be less apt to quit therapy because of side effects, it is recommended that the initial treatment be with diuretics with the serial addition of other drugs such as Reserpine, Hydralazine, Alpha-methyldopa, Guanethidine and/or Propranolol as indicated. The important thing is to get the patients with hypertension under therapy and maintain therapy.

Most of the effort and expense used (CCU, Surgery, Angiography, etc) when on coronary heart disease is after the fact the main battle is over and the patient has severe heart disease. When we know what one of the worst causative factors is and we have a good simple treatment to control it, why don't we spend more of our time and money finding it (hypertension) and treating it? Presuming that there are 350 physicians in Pierce County, 70 of them probably have hypertension. Do they know it? Are they being treated?

Concern has been expressed at recent society meetings where Pierce County Medical Society is going and what it should be doing. I submit that a very useful project in the years to come would be to establish a program to diagnose and treat hypertension in the entire county population.

G. M. WHITACRE, M.D.

### MOVED

Homer and Katharine Humiston have moved to Santa Rosa, California. Their address is now 268 Oak Shadow Drive, Santa Rosa, California 95405.

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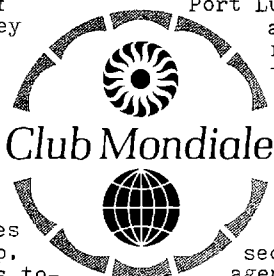
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A note about  
Chris Reynolds M.D.

Dr. Reynolds likes Hawaii and he's spent a lot of time on Maui, the valley island. He thinks his hard working friends and peers should also discover the pleasure and relaxation of days in the Hawaiian sun. But there's more than that. Hawaii offers investment opportunities in condominium ownership. The Club Mondiale links together resort apartment



exchange times in Honolulu, Maui, Port Ludlow, La Quinta, Calif., and Sun Valley. New Maui resort condominiums give tax shelters at low down payments and the Club Mondiale makes it all work with a rental management program and extensive travel promotion. Dr. Reynolds is also a licensed securities and real estate agent.

Contact him about Hawaii.



Dr. Chris C. Reynolds  
913 Forrest Park Drive  
Tacoma, Washington 98446  
(206) LO 4-7833

\$

## Short Quiz for Members of the Medical Profession

\$

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4. Referring a delinquent patient to CCCS will probably result in regular monthly payments on his or her account?
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 JU 8-1889

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- 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  
Robert Zimmers
- 25 Rodger S. Dille

- 28 James W. Boudwin  
Louis P. Hoyer, Jr.
- 29 A. W. Howe
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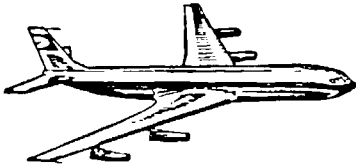
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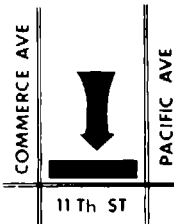
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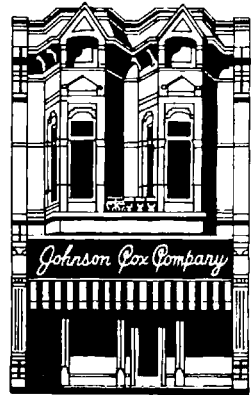
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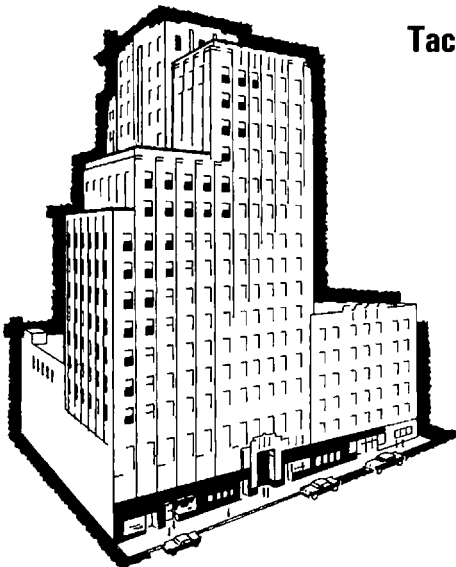


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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

The

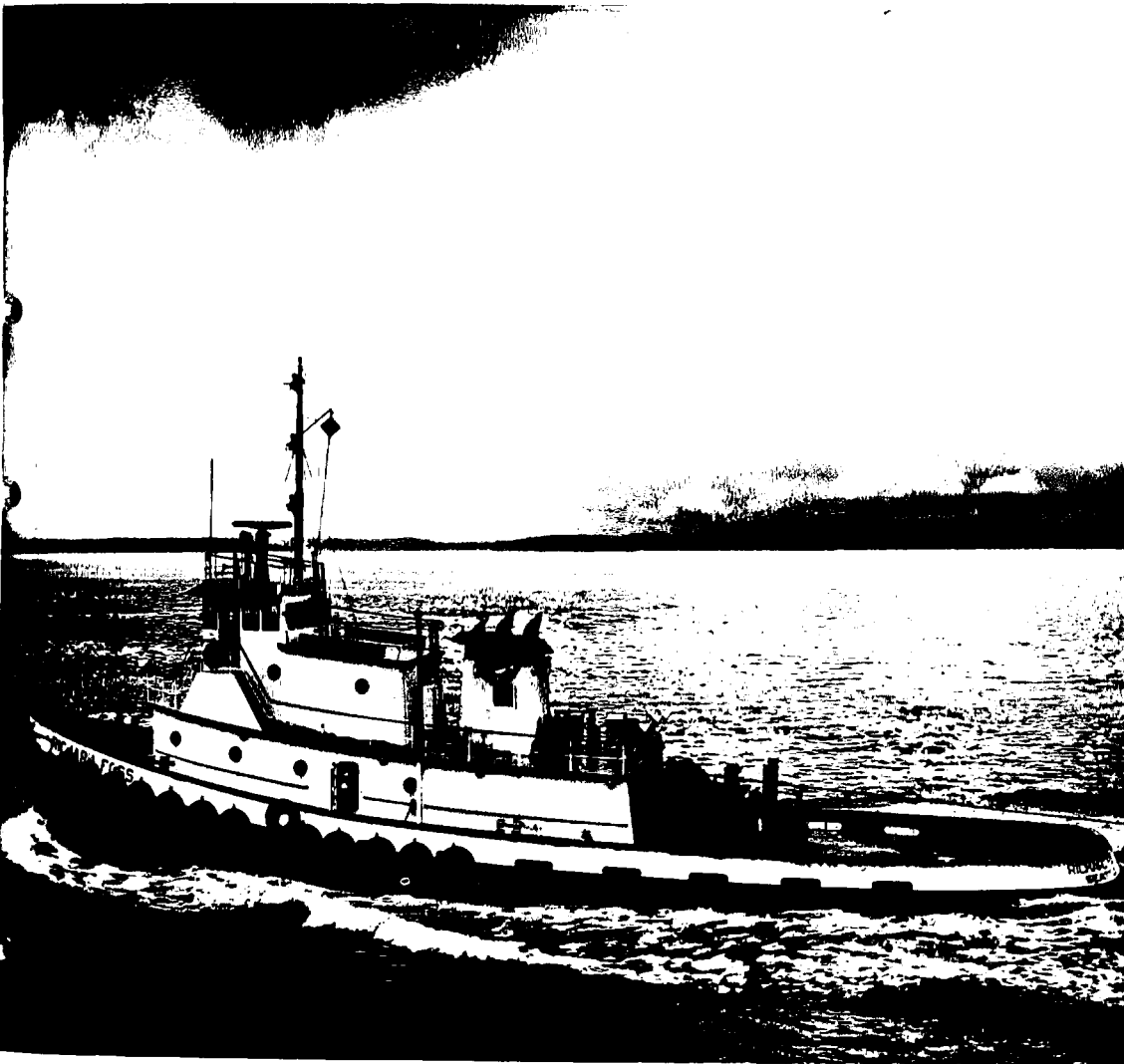
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

MAY, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 5



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MAY 8**

# Pierce County Medical Society

1973

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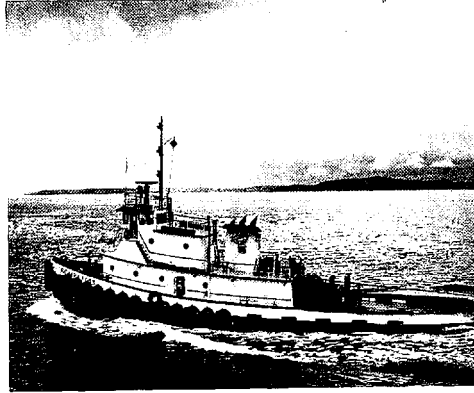
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COVER PICTURE: Tug on Puget Sound

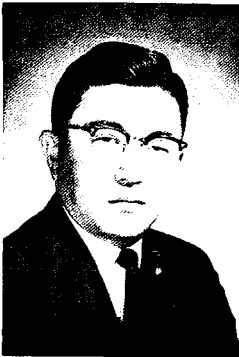
*Doctor-Lawyer  
 Field Day*

**Friday, June 15, 1973**



**TACOMA COUNTRY  
 & GOLF CLUB**

# President's Page



At times like this, with the deadline for this President's Page article fast approaching, with the many items of business and inquiry concerning the Medical Society and one's own private practice of medicine requiring attention, with various meetings to attend, and knowing all the while that one should be spending more time at home with the family and especially with my wife, a thought crosses my mind—why not a way to accomplish both at the same time.

We are all involved in many non-medical as well as medical organizations with participation in our share of committee, study group, and board type of activities. Many of us may even now participate in church, community, and social committees as a husband and wife combination. Why not also in the medicine related committees, commissions, councils, and work study groups?

There are many committees and councils made up of consumer oriented, women oriented, non-medical oriented citizens' groups studying and developing policies for the local health needs. One such organization that comes to my mind is the Pierce County Health Council. There are many, many others. We as physicians do have representation on most if not all of these groups. But unfortunately due to the scheduling of these meetings, and the length of most of these meetings, the physician members are not always able to get to the meeting or stay for the entire meeting. This of course would lessen his effectiveness on the committee or whatever group he is serving.

Of all the "non-physician" public, who would be more knowledgeable of the medical aspects of any health-oriented problem than a physician's wife? Serving on a council, committee, or a work study group together can assure that the "feeling" within any group discussion concerning medical-health problems can still get back to the physician member, even though he may have been absent at that particular meeting, by the means of an "instant replay" by the observing wife member. I am sure that the husband-wife members will not always agree on all policies, but certainly one can reflect the other's opinion at the meeting during the partner's absence.

Some measure of continuity can be achieved by such an arrangement. One or the other of the physician-wife team can make most of the meetings when the two cannot be there together. It is most important that someone representing the medical practitioner's view be present at all these meetings where policies affecting health-care in our area are being formulated. If the physician cannot be present at all these meetings, who else can better represent us than our wives? All this, plus a bonus of spending a little more time with your wife, all in the name of service to the medical community.

Let us work to get our spouses on the committees, etc., that we are now serving on, where citizens' committees responding to health-care is involved. What do you think about the idea?

John M. Kanda, M.D.  
President  
Pierce County Medical Society

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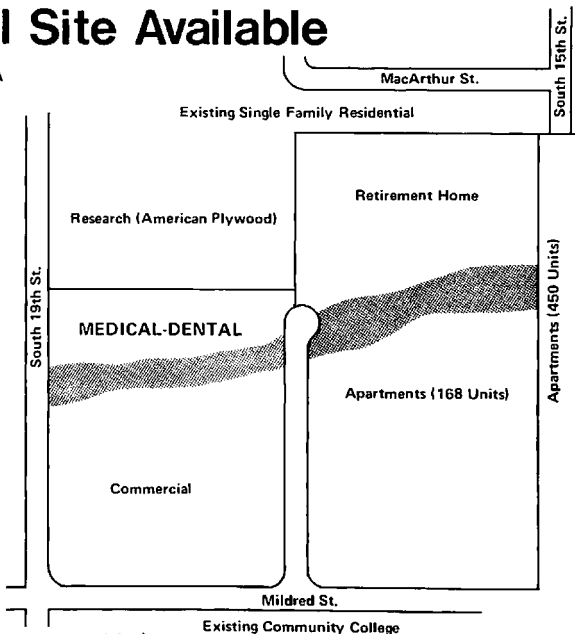
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# Editorially Speaking

He didn't mention "ethics."  
 He didn't mention "the doctor's image."  
 He didn't mention "moral values."  
 Instead—  
 He said, "POWER!", loud and clear!



And a far-above-average number (78) of Pierce County physicians crowded the auditorium for the April 10th meeting of the Medical Society and eagerly drank in the persuasive words of tough-talking union organizer Dr. Kenneth Pershall of Othello. Dr. Pershall recently organized all but 3 physicians in the Grant-Adams Counties area into a physicians' local affiliated with the Service Employees International Union, AFL-CIO, and now he's stumping the Northwest recruiting union members.

His techniques were beautiful. One that he used at least five times that evening is an example: Whenever anyone rose to point out an obvious disadvantage of the union movement amongst doctors, he would point his finger toward the questioner and say "I'm glad you brought that up!", immediately making all listeners feel that the point in question must really be an advantage, and the questioner really an advocate, regardless of the logic of the reasoning he might present in the subsequent explanation.

He borrowed an effective technique from football fans: The team lost some games, so let's fire the coach! Ignoring the fact that the avalanche of socio-economic changes in the past few decades has inevitably and irresistibly enveloped the medical profession and its traditional methods of health care delivery, he conveniently laid all the undesirable aspects of these changes on the doorstep of the AMA, the Washington State Medical Association, and the County Medical Society. They couldn't stop the avalanche so let's fire 'em!

One of his proudest moments came when someone (like me) pointed out that in joining his Service Employees local, we would be subjugating our code of medical ethics to merge with the same level of ethics and rules of conduct as our fellow local members, consisting of, among others, parmutuel clerks, pinsetters, turkish bath attendants, chimney cleaners and parking hikers. Without hesitation, Dr. Pershall promptly and proudly added, "and prostitutes!" If we want power, we don't care where we get it—just get it!

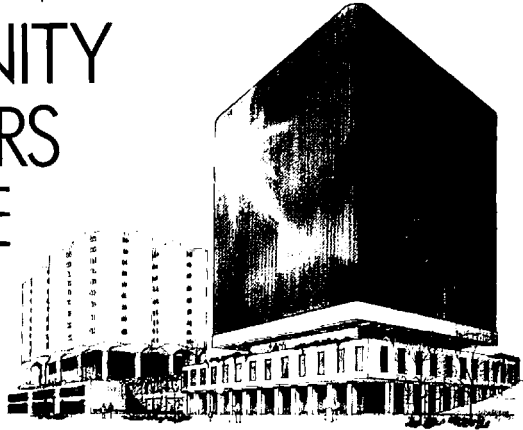
Are we ready to trade our professional status for the power that comes with being another trade in a big, tough union? In the struggle to preserve our freedom where will we lose it faster—in the battle with government rules and regulations, or by submerging ourselves in a union and subjecting ourselves to its rules and regulations?

Dr. Pershall said he was proposing "a concept that is diabolically opposed to all we have believed in." Judging from the response on April 10, a good many doctors in Pierce County are ready to give up "all they have believed in."

I'm not quite ready.

S. W. T.

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# **Pierce County Medical Society Meeting**

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## Bob Whitney Bows Out as Bureau Head; Toasts Office Staff



The whole affair was conducted with such sober efficiency that it might well serve as an example for other high-level, decision-making conferences in the medical community. Such was the again-successful, business-first, drinks-later format at the annual meeting of the membership of the Pierce County Medical Bureau held at the Top of the Ocean Restaurant Thursday evening, April 12.

Outgoing President Bob Whitney called the meeting to order promptly after 6:30 and rolled through a lengthy agenda in record time, climaxed by his 14-minute annual report that held the attention of the 133 members present.

In his address, Dr. Whitney paid tribute to other Board members and to the dedicated Bureau staff, with a special round of applause for Miss Nero, who recently completed 25 years as a Bureau employee.

Also lauded were the two new lay members of the Board, Joe Long and Jim Paulson, the first non-doctor Board members under by-laws changes voted last year.

Dr. Whitney decried the previously expressed opinion of some Bureau doctor-members that if the government imposes more rules and restrictions the Bureau should "close up shop". "I cannot express to you strongly enough the fact that this would be the height of folly, and there is no doubt in my mind that if this were done it would be a real disaster for the medical community in Pierce County." He pointed out that we would still be better off to be participating so we would be in a better position to influence the operation of subsequent plans and the regulations that will govern them.

Dr. Whitney listed the advantages of the new Deferred Compensation Plan implemented during his term of office. In addition to having no front load, the plan provides for disability and allows for deferral of as much as 90 per cent of a physician's income from the Bureau. The Internal Revenue Service has recently issued a ruling in favor of the Bureau's plan, which now includes 94 participating physicians.

### "High Option" for Doctors

A new health-coverage contract will be offered to doctors soon, offering them a choice between the present coverage and a new "high option" previously described by questionnaire. Dr. Whitney anticipated no difficulty in getting the 100 participants needed to make the plan feasible.

Ten nominees were announced by the nominating committee for the 5 Board vacancies. Two more nominees were named from the floor and the 12 names were subsequently mailed to the membership as a mail ballot. Also to be elected are three members of a new nominating committee, to be chosen by the membership from 6 names called out from the floor at the meeting.

Board President for the coming year will be elected at the May meeting of the Board.

S. W. T.

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LETTER TO THE EDITOR:

## CONCERN OVER LEGISLATION

I think we should again indicate in the Bulletin, and certainly at our County meetings this should be taken up, the items in the recent legislative news relative to the various health measures that are being proposed by the legislature and the action recommended by our Washington State Medical Association.

Only by presenting a united front and supporting those bills which our organization supports and opposing those that it opposes, can we ever hope to indicate medical opinions to legislators. I would strongly urge as indicated in the legislative news, which every one of us must have received, that we write our legislators, both Senators and Representatives, indicating our views on the various proposals.

It is quite obvious that the more letters received and the more interest shown by doctors, the more we can accomplish. The idea that our own representatives at the legislature should be doing this is only partially correct. You yourself, you as an individual physician, you who take time out to individually write your legislator, that counts the most.

An indication of the importance of letter writing is the indication by Representative Griffith that the reason chiropractors were permitted in the last MEDICARE legislature passed by the Senate was that they received 50,000 letters from chiropractors and their friends and relatives supporting this. We, as doctors, were not informed of this, obviously our representatives via the American Medical Association were there opposing it, but it was the 50,000 letters that influenced the legislature, not the individual representatives from the individual medical organizations who were opposed to it.

Again I urge you, write your Sena-

tor or your Representative, opposing those measures that are indicated should be opposed, and supporting those that should be supported.

At the risk of being diagnosed as a chronic contributor, I must again point out that this is particularly aimed at the younger individual physicians who are most apt to reap the wild wind of the future unless they put up a few wind-breaks right now, because more and more people are turning to legislative means in the ever eroding health structure which we as doctors have built up, I am proud to say, as the best in the universe since time began. Unfortunately we will have to put in more time in the political and economic aspects of medicine if we are to survive as individual doctors with individual responsibilities and pride in our accomplishments, rather than being a undifferentiated nucleus in a syncytium of so called total health care.

Sincerely yours,  
Rodger S. Dille, M.D.

## Get Set for Annual Battle With Lawyers, Says Bill Rohner

Calling all golfers and tennis players! Get ready to meet your arch-rivals, the local barristers, on the golf course and tennis courts on the annual doctor-lawyer field day.

Golf competition will start at 12 noon at the Tacoma Golf and Country Club on Friday, June 15, according to event chairman Bill Rohner. Tennis matches will be the same day at a site to be announced later.

Better mark the day on your calendar now, and there'll be a mail memo out from Chairman Rohner later on giving you more information.

LETTER TO THE EDITOR:

## MORE ON CORONARY BY-PASS

An informative report appeared in the April 1973 Pierce County Medical Society Bulletin, describing proceedings at the American College of Cardiology Annual Meeting, February 14-18, 1973.

With the growth and early successes of direct coronary artery revascularization there has developed an expanded outlook on just what type of patients might be palliated by this procedure. I would submit that although there is very little agreement about the indications or value of coronary bypass surgery in recent infarctions, myocardial infarction with shock, and heart failure or poor ventricular function with angina, the great majority of cases performed for stable or preinfarction angina have been worthwhile, resulting in a better quality of life for the recipients, while not increasing their risk of dying of a myocardial infarction.

Cannom's report, at this meeting, of 400 consecutive cases of saphenous vein bypass graft, with operative mortality of 6.5%, showed complete relief of angina in 77% of the patients. This included patients operated on an emergency, or semi-emergent basis. Mortality for the elective procedures was 1.5%. Such work compares favorably with patients treated on aggressive medical regimens, in both the emergent and elective categories. With preinfarction angina, 15 of Sustaita's group of 51 patients with identical criteria for the syndrome, were treated medically with 7 deaths and 6 non-fatal infarctions. Of the 36 surgically treated patients, 3 died, 30 were asymptomatic 4 to 25 months after surgery, and 3 with preoperative infarction had mild congestive failure.

The inclination to bypass two or more arteries is based upon the findings that best results accrue when all diseased vessels are bypassed. The rather high early occlusion rates of 10% to 20%,

as mentioned in the report, have been of concern, and greater attention has been paid to vein harvesting and preparation technique. The use of the internal mammary artery, either as an insitu bypass, or as an aorto-coronary autograft, shows promise here with much lower rates of postoperative occlusion in initial reports.

The use of this procedure for limiting progression of infarctions, improving shock states from myocardial infarction, or improving ventricular function, is still questionable, and a large measure of the disagreement resides on these frontier areas. However, when performed for refractory stable or preinfarction angina upon patients with good ventricular function and a surgically approachable lesion, as demonstrated by cine coronary arteriography, the procedure has a proven value, and can be performed with acceptable risk.

Very truly yours,

Cordell H. Bahn, M.D.

## Doctor, Have You Arranged Coverage?

Complaints have been received from the local emergency rooms regarding the difficulty in locating physicians who are reportedly on call for another physician at the time of an emergency.

In response to this problem the Pierce County Medical Society Board passed a resolution to be published in the Bulletin for the next 2-3 months which states that a physician is obligated to see that there is adequate coverage for his patients when he is not available.

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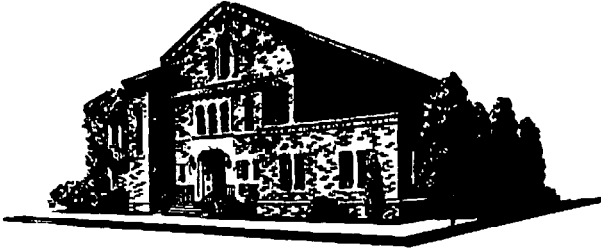
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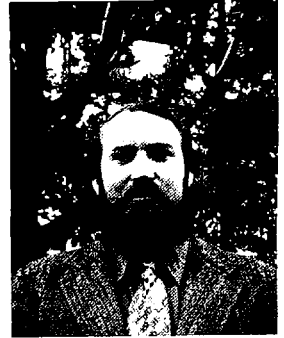
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- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
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## MAY SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1  C.P.C. of Mary Bridge 8 a.m.	2  Surgical Conference TGH—8 a.m.	3  Gastrointestinal Conf. St. Joseph's 8:15 a.m.	4  Tumor Board 7 a.m. - Allenmore  Hematology-Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
7  Mary Bridge Cardiac Conf. 5:30 p.m.  Tac. Orthopedic Soc.—6 p.m.  P. Co. Pediatric Soc.—6 p.m.	8  C.P.C. of Mary Bridge—8 a.m.  Trauma Conf.—St. Joseph's—6 p.m.  Pierce County Medical Society 8:15 p.m.	9  OB-GYN Conference TGH—8 a.m.	10  Pulmonary Conf. St. Joseph's 8:15 a.m.	11  Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
14  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Puget Sound Hospital	15  C.P.C. of Mary Bridge—8 a.m.  Tacoma Surgical Club—6:30 p.m.	16  Medicine Conference TGH—8 a.m.  Staff of Lakewood General 6:30 p.m.	17  Psychiatric Conf. St. Joseph's 7 a.m.  Medical Office Problems St. Joseph's 8:15 a.m.	18  Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
21  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Allenmore Hosp.—Noon	22  C.P.C. of Mary Bridge—8 a.m.  Tac Acad of Internal Medicine 6:30 p.m.	23  Path. Conf. TGH—8 a.m.	24  C.P.C. of St. Joseph's 8:15 a.m.	25  Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
28  Mary Bridge Cardiac Conf. 5:30 p.m.  Pierce Co. Chap. AAFP—6:30 p.m.	29	30	31  Medical Therapeutic 8:15 a.m.	

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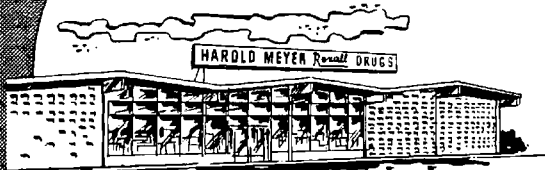
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## TENTATIVE JUNE SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				<p><b>1</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Hematology- Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>4</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Good Sam.—6:30 p.m.</p> <p>Tac. Chapt. Am. Psych. Assoc.</p>	<p><b>5</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Trauma Conf.—St. Joseph's—6 p.m.</p> <p>Staff of TGH, St. Joseph &amp; Mary Bridge Jackson Hall</p>	<p><b>6</b></p> <p>Surgical Conference TGH—8 a.m.</p>	<p><b>7</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>8</b></p> <p>Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>11</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Puget Sound Hospital</p>	<p><b>12</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>13</b></p> <p>OB-GYN Conference TGH—8 a.m.</p>	<p><b>14</b></p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p>	<p><b>15</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>18</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Allenmore Hosp.—Noon</p>	<p><b>19</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac Acad of Internal Medicine 6:30 p.m.</p>	<p><b>20</b></p> <p>Medicine Conference TGH—8 a.m.</p> <p>Staff of Lakewood General 6:30 p.m.</p>	<p><b>21</b></p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p>	<p><b>22</b></p> <p>Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m.</p> <p>TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Staff of Mary Bridge 12:15 p.m.</p>
<p><b>25</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>26</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>27</b></p> <p>Path. Conf. TGH—8 a.m.</p>	<p><b>28</b></p> <p>C.P.C. of St. Joseph's 8:15 a.m.</p>	<p><b>29</b></p>

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Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia ( $>5.4$  mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently — both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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# WOMEN'S AUXILIARY PAGE

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1st Vice President & Program .....	Mrs. K. Royce Hansen (Marlene)
2nd Vice-President & Membership .....	Mrs. Robt. Whitney Jr. (Helen)
3rd Vice President, Historian & By-Laws .....	Mrs. Ronald Gallucci (June)
4th Vice President—Social .....	Mrs. John M. Havlina (Dolores)
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Corresponding Secretary .....	Mrs. F. Dennis Waldron (Marlene)
Treasurer .....	Mrs. Arthur P. Wickstrom (Dee)
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AMAERF .....	Mrs. Joseph H. LaTona (Lona)
Community Health .....	Mrs. George A. Moosey (Jane)
Finance & Pierce County Health Council .....	Mrs. Philip Grenley (Dorothy)
Legislative .....	Mrs. Jack J. Erickson (Phyllis)
Nominating .....	Mrs. Herbert C. Kennedy (Nadine)
Health Careers .....	Mrs. Melvin Henry (Marie)
Publicity-Bulletin .....	Mrs. Robert R. Burt (Lorna)

## STANDING COMMITTEES

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Speakers Bureau .....	Mrs. Harold B. Johnston (Mary)
Student Recognition and Awards .....	Mrs. Robert M. Ferguson (Donna)
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	Mrs. Wayne Bergstrom (Reta)
Cookbook .....	Mrs. Dale Hinz (Sharon)
	Mrs. George Tanbara (Kimi)
Today's Health .....	Mrs. John A. Kennedy (Nancy)
Art Auction .....	Mrs. William Ritchie (Marjorie)
	Mrs. David L. Be Miller (Linda)
Mental Health Com. Chrnm. ....	Mrs. Max Brachvogel (Judy)
	Mrs. Jay H. Ehly (Vivian)
Hospitality Chairman .....	Mrs. Marcel Malden (Jean)
TACC Representative .....	Mrs. J. G. Katterhagen

A great big thanks to Obie Alger, President Elect and hostess for the April luncheon, who so graciously changed the date from April 20th, which fell during Spring Vacation, to April 27th to accommodate Auxiliary members. Also, many thanks to Nadine Kennedy, luncheon chairman, and her committee, Ruth Houtz, Sara Bowe, Nancy Billingsley, Marie Henry and Myrna Nagle for a delightful luncheon.

## FIELD DAY

Yam (May spelled backwards) is a time for fun when the gals of the Pierce County Medical Auxiliary will have a frolic-filled Field day (try to say that fast) at Oakbrook Golf and Country Club.

Tennis courts are available to the young and energetic who want to play tennis beginning at 9:00 a.m.; golf will be a shot-gun start at 9:00 a.m. and bridge begins at 9:30 a.m. in the card room. A no host cocktail hour will precede the 1:00 p.m. luncheon.

All those planning to play golf are requested to be in the Pro Shop by 8:30 a.m. Call Lorna Burt for more information and to sign up for this event at JU 4-1813.

If you'd rather play bridge, please call Maybelle Miller, JU 8-4677 for a table number and partner.

If none of these suit you, you can be a cheer girl for your favorite tennis team, golf threesome or a kibitzer at the bridge tables but do come and have fun.

## AMAERF

We are the mostest! Our donation of \$4,251.22 to AMAERF (American Medical Association Education and Research Fund) is the most money ever contributed by one county in the State of Washington! We have our husbands in the Medical Society to thank for supporting us in this program and many thanks are due to our "mostest" chairman, Lona LaTona, for a job well done.

**FRIDAY, MAY 18, 1973**

**FIELD DAY**

**OAKBROOK GOLF AND COUNTRY CLUB**

Tennis, Golf, Bridge and Luncheon, 1:00 p.m.

Chairmen—Bridge: Mrs. Alva Miller

Golf: Mrs Robert R. Burt

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## BOARD HIGHLIGHTS

The proposed budget for the year 1973-74 was accepted by the Board at a meeting Monday, April 10th. There was no substantial increase in operating expenses.

An ad hoc committee has been formed to search for projects for the coming year. Studies of this group (an extension of Project Search) will provide the finance committee agencies for funding.

A report by the Finance committee disclosed proposed contributions to be made to eight health-oriented community efforts including our annual project

of providing "Today's Health" magazine in the schools. The Board voted to accept their recommendations.

It is significant to note that on the first page of our membership booklet it states, "The purpose of the Pierce County Medical Auxiliary is to assist the Pierce County Medical Society in its program for the advancement of medicine and public health."

This year, as always in the past, we can truly say we are an Auxiliary who has kept this pledge.

HAVE A HAPPY SUMMER!

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I am seeking a locum tenens for the months of July and August, 1973 in an internal medicine practice. I enter the Army on September 20 and will be stationed at Madigan General Hospital. My credentials include the following:

1. Medical School at the University of Washington, 1969 graduate.
2. Medicine internship and residency at the University of Utah, 1969-1972.
3. Fellowship in Metabolism, July-December, 1972.
4. Chief Medical Residency at the Salt Lake City Veterans Administration Hospital, January-July, 1973.

Please make this communication available to the physicians of your society. Correspondence should be addressed to: Michael J. Spiger, M.D.  
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From Doctors and Hospitals .....	26
From Community Agencies .....	12
From Others .....	411

### AGE DISTRIBUTION

Under 18 months .....	46
18 Mos. to 3 Yrs. ....	145
3 & 4 Year Olds .....	79
5 & 6 Year Olds.....	17
7 thru 12 Years .....	17
13 thru 19 Years .....	21
20 Years and Over .....	70
No Age Given .....	54

### SUBSTANCES TAKEN

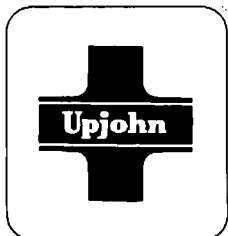
	Under 5 Yrs	Total
<i>Chemical</i> .....	2	13
<i>Cosmetics</i> .....	44	50
<i>Food Inquiries</i> .....	4	32
<i>Household Products</i> .....	34	52
Ammonia .....	1	2
Bleaches .....	9	13
Detergents .....	4	5
Other .....	20	31
<i>Repellents</i> .....	3	11
<i>Bites</i> .....	0	2
<i>Medicinal</i> .....	111	150
Aspirin .....	17	19
Patent Medicines .....	43	54
Prescription Drugs .....	51	76
<i>Petroleum Products</i> .....	17	25
<i>Plants &amp; Berries</i> .....	17	33
<i>Miscellaneous</i> .....	43	81

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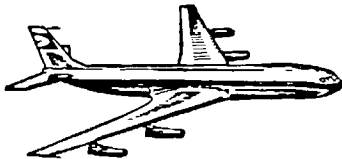
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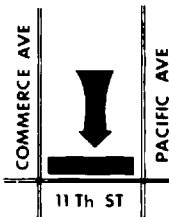
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|----|---|----|--|
| 2  | Raymond J. Pliskow<br>Hans K. Siebold               | 28 | George C. Gilman<br>Robert Fortiner          |
| 3  | Bernard A. Bader<br>Herman Judd<br>Wendell Peterson | 29 | Isaac Krieger                                |
| 4  | Charles Vaught<br>Antone Walloch                    | 30 | James G. Billingsley<br>Jerry Williams       |
| 6  | Albert Ehrlich<br>Marcus Stuen                      | 31 | Bryan Archer<br>Hugh Larkin<br>Joseph Martin |
| 7  | Richard Barronian<br>Edward Wood                    |    |  |
| 8  | Orvis Harrelson                                     |    |  |
| 9  | Joseph Lasby<br>Roy Virak                           |    |  |
| 15 | Jay Ehly  |    |  |
| 18 | Dale Hirz<br>John T. Robson                         |    |  |
| 19 | Douglas P. Buttorff<br>Eugenia Colen                |    |  |
| 20 | Robert Chambers<br>Kenneth Graham                   |    |  |
| 22 | Robert K. Smith<br>Merrill J. Wicks                 |    |  |
| 26 | William Conte<br>Chester R. F. Poole                |    |  |

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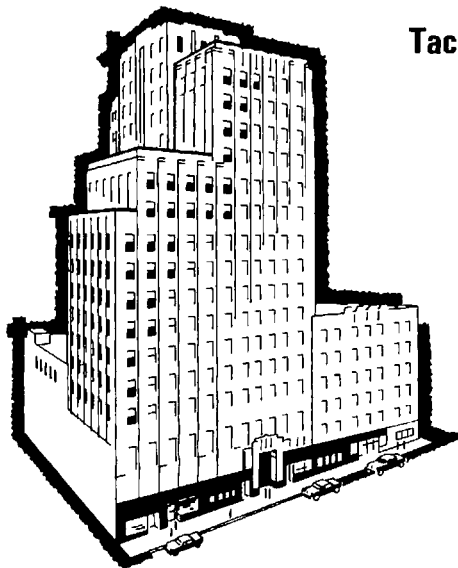


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## MONTHLY MEETINGS

- 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

JUNE, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 6



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING  
JUNE, JULY OR AUGUST**

# Pierce County Medical Society

1973

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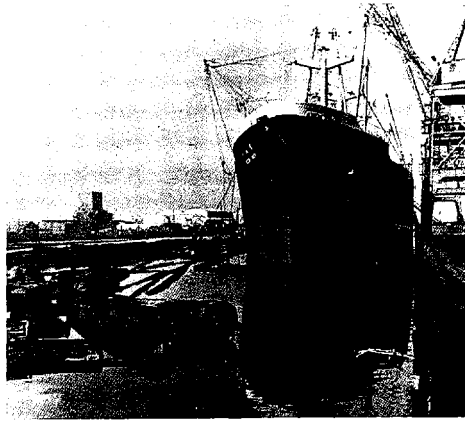
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# President's Page



"Sec. 1151. In order to promote the effective, efficient, and economical delivery of health care services of proper quality for which payment may be made (in whole or in part) under this Act and in recognition of the interests of patients, the public, practitioners, and providers in improved health care services, it is the purpose of this part to assure, through the application of suitable procedures of professional standards review, that the services for which payment may be made under the Social Security Act will conform to appropriate professional standards for the provision of health care and that payment for such services will be made— . . ." So begins the "Declaration of Purpose" of Public Law 92-603, passed

by our Congress in October of 1972.

Since the Professional Standards Review Organizations (PSROs) have become the law of the land, many health care organizations and physicians have been working very hard to make sure that they have a say about how the PSROs in their area operate. Others have been trying just as hard to develop widespread non-compliance with Public Law 92-603. As the president of the medical society, I have received comments, telephone calls and letters encouraging the PSROs, as well as deploring the PSROs.

The components of the PSRO as I see it, involves three major areas, each of which, we as physicians are already quite familiar with to varying degrees, especially in our hospital staff affiliations. (1) Peer Review—now in the medical, surgical, and other committees together with the medical audit committee. (2) Medical Audit—now again centered in the above committees as well as the Professional Activity Study—Medical Audit Program (PAS-MAP) print-outs that each of us receive from our respective hospital record department. And (3) Utilization Review—now being done by many of our colleagues on Medicare and Medical patients.

The basic PSRO objective is to develop cost savings, especially in hospitalized patients at this time, and to assure quality and appropriate care and treatment to these patients. I purposely put these two objectives in the order they are in, feeling that Congress is most concerned about the cost savings. I realize that we can all argue, with effective supporting examples, that one receives what he pays for. That to compromise medical care with cost accountability will reduce the level of medical care to the patient. This would be true if we as physicians allow it to do so. I feel that we can work together to enthusiastically explore ways to implement Public Law 92-603 in our medical community to assure an efficient, thrifty, effective delivery of health care in cooperation with the hospitals, the insurance providers, the general public and the patients. The cost savings will inevitably follow as a consequence of effective attainment of the above objectives.

The PSROs are a reality. I feel that each of us as physicians owe it to each other and to ourselves, to work with the Washington State Medical Association and our own County Society, should it become the PSRO for this region, to make this concept and law work. John M. Kanda, President

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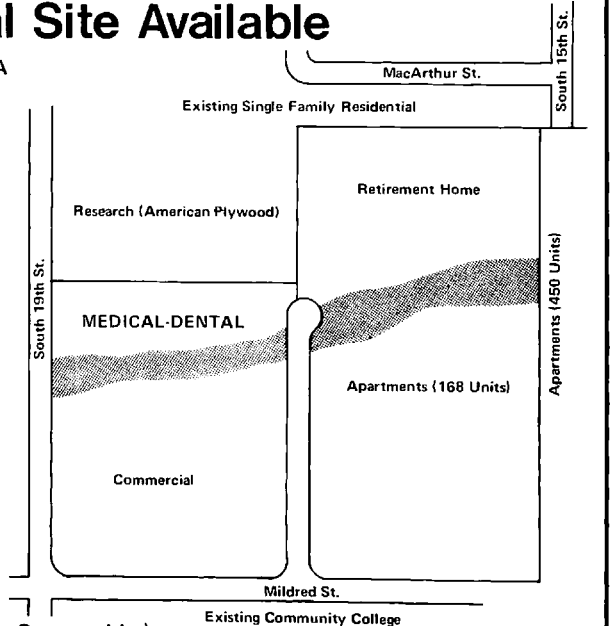
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# Editorially Speaking



The house call, according to the media, is now an item of nostalgia like the Fourth of July parade and the ole swimmin' hole but for those physicians whose field of practice still necessitates an occasional house call, it can be a rich and restorative experience.

Granted it is inefficient and granted the physical exam and treatment can often be better done in the office, still the mere presence of the doctor in the home is powerful medicine in allaying fear and his availability is extremely reassuring. In addition, the physician often experiences the warm feeling that he is getting back to the basic reason he entered Medicine, namely, to help someone who is sick and afraid.

Availability is a key word here and along that line it behooves all of us to make sure that we have adequate coverage if we are not available. A simple message directing all patients to the emergency room in one's absence without arranging for a covering physician for the emergency room to contact is not adequate coverage. With increasing public attacks on the medical profession this is an area where we can work to improve our image.

David S. Hopkins, M.D.

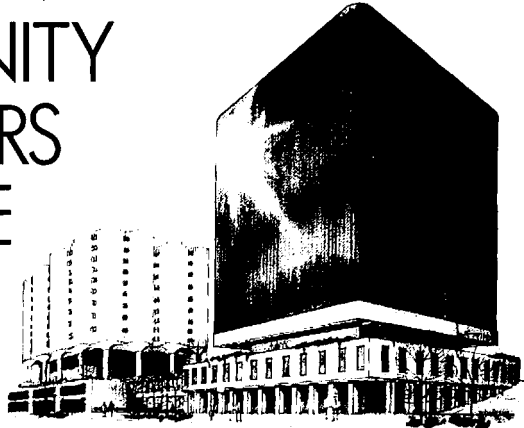
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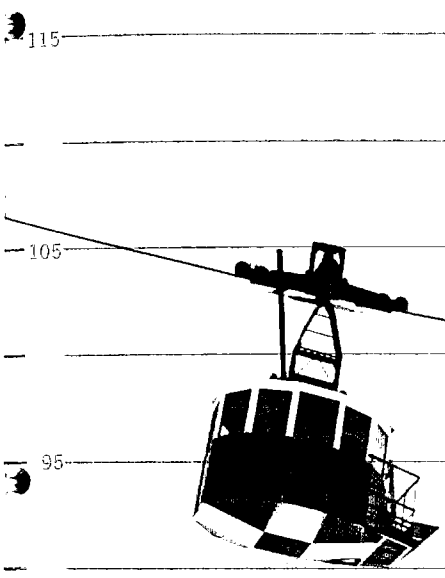
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- **Warnings:** Thiazide electrolyte determination is especially important in patients with severe impairment of renal function. Electrolyte therapy, including potassium, should be given if necessary. Electrolyte imbalance may be caused by diuretic effect of therapy or by thiazide, which therapy with combination of diuretic potentiation. There should be careful attention to the effect of potential of the polythiazide (total or reserpine) of interfering hepatic failure and renal, endocrine, dermatitis, or hepatic failure.

Thiazide may precipitate kidney failure and even in patients with pre-existing renal pathology and impaired renal function.

Thiazide, which polythiazide with or without reserpine may be indicated in the therapy of hypertension. Lower blood pressure is usually achieved with thiazide with or without reserpine, causing diuresis, hypotension and peripheral, and frequently requiring therapy. Double-blind, placebo-controlled trials have been reported. Thiazide-treated polythiazide should be used only when necessary. Electrolyte supplementation is not practical and should be discontinued at early signs of renal, endocrine, dermatitis, or hepatic failure.

Thiazide, which polythiazide with or without reserpine may be indicated in the therapy of hypertension. Lower blood pressure is usually achieved with thiazide with or without reserpine, causing diuresis, hypotension and peripheral, and frequently requiring therapy.

**Usage in Pregnancy and the Childbearing Age:** Polythiazide is contraindicated in nursing mothers since thiazides appear in breast milk. Thiazides cross the placental barrier and appear in fetal blood. The safety of reserpine for use during pregnancy or lactation has not been established. In women of childbearing age, the potential benefits of this polythiazide and reserpine combination should be weighed against possible hazards to the fetus. The hazards include fetal or neonatal hypotension, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

**Precautions:** Patients should be observed regularly for early signs of fluid or electrolyte imbalance and serum electrolyte studies should be performed periodically. Warning signs of possible electrolyte imbalance include fatigue, muscle cramps, GI disturbance, lethargy, oliguria, and tachycardia, and in extreme cases, hypotension, shock, and coma. Frequent serum electrolyte levels do not correlate with clinical signs or symptoms of electrolyte imbalance. Usually restricted salt intake or concurrent administration of digitalis may exaggerate metabolic effect of hypokalemia. A favorable ratio of Potassium to sodium excretion lessens the possibility of hypokalemia occurring. But should it be suspected, fluid with a high potassium content (banana, apricot, citrus fruits, prune juice, etc.) should be given. Oral potassium may also be administered when necessary. Lower than usual doses of Potassium and any other antihypertensive agents used concurrently should be considered.

There may be a rise in serum uric acid levels with or without overt symptoms of gout. Goutlike tolerance may be distributed in some patients and PBI level may decrease without signs of thyroid disturbance.

Thiazides may augment the paralyzing action of tubocurarine and decrease the arterial responsiveness to norepinephrine. Extra precautions may be necessary in patients in a hypotensive state may need these drugs or their derivative. Antihypertensive effect of Reserpine-P may be enhanced in post-sympathectomy patients.

**Reserpine:** Should be used cautiously in patients with a history of hepatic failure, depressive psychosis, severe, or moderate chronic acid secretion. Extreme caution is advised in patients with a history of mental depression, reserpine should be discontinued at the first sign of depressive symptoms. Paralysis and confusion have been encountered, particularly in psychotic patients, and are indications for withdrawal of the drug. Caution should be exercised when treating patients with impaired renal function as lowered blood pressure may result in further decomposition and embarrassment of function. Concurrent use with atropine or quinine may enhance the anticholinergic effect. Reserpine-P should be discontinued one to two days before elective surgery since unexpected degrees of hypotension and bradycardia have been reported when anesthesia is given concurrently with reserpine. In emergency cases, potential vagal blockage agents may be given to prevent or reverse these effects. Reserpine may cause increased appetite and weight gain in some patients.

**Adverse Reactions:** Polythiazide (thiazide, verapamil, weakness, oliguria, and fatigue occur but seldom require cessation of therapy. Most of these may be overcome by reducing the dose or impairing the electrolyte balance. Manifestations of fluid and electrolyte imbalance have been reported. Low sodium level is noted and anemia with or without hypochromia has been reported rarely. Anaphylactoid and allergic anemia have been reported with polythiazide, although their photosensitivity reactions, gastrointestinal disturbances, headache, dizziness, and weakness, and asthenia, hypotension, and edema have all been reported following the use of the benzothiazide class of diuretic.

Adverse reactions reported include: hypotension, orthostatic dizziness, anorexia, and diarrhea. Cardiovascular reactions are: low amino-lipid symptoms, arrhythmias—the drug and bradycardia with digitalis or quinidine—flushing of the face, dizziness, anorexia, and asthenia. GI reactions range from drowsiness to a mild to severe response to GI sensitization manifested by diarrhea, oliguria, anorexia, and asthenia. Atrophy of mouth, fatigue, headache, insomnia, impotence or decreased

libido, and miosis have been reported but these reactions are usually reversible and disappear when the drug is discontinued.

**Dosage:** Suggested initial dosage—1 tab./day after breakfast, increase to 2 tabs./day, may be necessary for initial control. Maintenance—1/2 to 2 tabs./day. Dosage of any concomitant antihypertensive agents, particularly ganglionic blockers, should be reduced.

**Supply:** Reserpine-P (2 mg. polythiazide—0.25 mg. reserpine) available as blue scored tablets in bottles of 100 and 1000.

See also full Product Information before prescribing.

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**Contraindications:** 1. Hypersensitivity to this or other thiazide derivatives. The routine use of diuretics in otherwise healthy pregnant women with or without mild edema is contraindicated and possibly hazardous.

**Warnings:** Use with caution in severe renal disease. Cumulative effects of the drug may develop in patients with impaired renal function. Azetemia may be precipitated in patients with renal disease.

Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiality occurs with ganglionic or peripheral adrenergic blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

**Usage in Pregnancy and the Childbearing Age:** The potential benefits of thiazides must be weighed against possible hazards to the fetus. These hazards include fetal or neonatal hypotension, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

**Usage in Nursing Mothers:** Thiazides cross the placental barrier and appear in cord blood and breast milk.

**Precautions:** Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance; namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Digitalis may also influence serum electrolytes. Warning signs, irrespective of cause, are: dry mouth, thirst, weakness, lethargy, anorexia, restlessness, muscle pain or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and GI disturbances such as nausea and vomiting.

Hypokalemia may develop with any potent diuretic, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use of corticosteroids or ACTH. Interference with adequate oral electrolyte intake will also contribute to hypokalemia. Digitalis therapy may exaggerate metabolic effects of hypokalemia, especially on myocardial activity.

Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances such as in liver or renal disease. Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than salt administration except rarely, when the hyponatremia is life threatening. In actual salt depletion, replacement is the therapy of choice.

Hypernatremia may occur or frank gout may be precipitated in certain patients.

Insulin requirements in diabetics may be increased, decreased or unchanged. Latent diabetes mellitus may become manifest.

Thiazides may increase responsiveness to tubocurarine. The antihypertensive effect of the drug may be enhanced in the post-sympathectomy patient.

Thiazides may decrease arterial responsiveness to norepinephrine, but not enough to preclude effectiveness of the pressor agent for therapy.

If BUN or NPN rises, indicating progressive renal impairment, therapy should be reappraised, and discontinuing or withholding diuretic should be considered.

Thiazides may decrease serum PBI without signs of thyroid disturbance.

**Adverse Reactions:** A. Gastrointestinal—1. anorexia 2. gastric irritation 3. nausea 4. vomiting 5. cramping 6. diarrhea 7. constipation 8. jaundice (intrahepatic cholestatic jaundice) 9. pancreatitis

B. Central nervous system—1. dizziness 2. vertigo 3. parosmia 4. headache 5. xanthopsia

C. Hematologic—1. leukopenia 2. agranulocytosis 3. thrombocytopenia 4. aplastic anemia

D. Dermatologic—Hypersensitivity—1. purpura 2. photosensitivity 3. rash 4. urticaria 5. necrotizing angitis (vasculitis) (cutaneous vasculitis)

E. Cardiovascular—Orthostatic hypotension may occur and may be aggravated by alcohol, barbiturates or narcotics

F. Other—1. hypernatremia 2. glycosuria 3. hypernatremia 4. muscle spasm 5. weakness 6. restlessness

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

**Dosage and Administration:** Therapy should be individualized according to patient response. This therapy should be titrated to gain maximal therapeutic response as well as the smallest dose possible to maintain that therapeutic response.

Usual daily doses are: Diuretic—1 to 4 mg. Antihypertensive—2 to 4 mg.

**Supply:** Renese (polythiazide) Tablets are available as: 1 mg. white, scored tablets in bottles of 100 and 1000; 2 mg. yellow, scored tablets in bottles of 100 and 1000; 4 mg. white, scored tablets in bottles of 100 and 1000.

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# WOMEN'S AUXILIARY PAGE

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TAC Center .....	Mrs. George C. Gilman (Dona)

## CHANGING OF THE GUARD

The May gathering of the Pierce County Medical Auxiliary was a field day held at Oakbrook Golf and Country Club, followed by a luncheon and short business meeting. President Norma Smith thanked Ginny Hanson, Maybelle Miller, and Lorna Burt for the luncheon and tournament arrangements for the day. After a brief summary of a successful year Norma introduced incoming President Obie Alger. Obie in turn introduced the new board members and briefly outlined the highlights for the coming year. A dinner dance is scheduled for December 1st at the Tacoma Golf and Country Club, so mark your calendars and shop early. Another joint meeting with the Pierce County Medical Society is in the offing for spring. The last meeting of the year will again be a field day.

Lorna Burt awarded trophies and prizes for golfers and bridge players. In fact, some of the tennis players distinguished themselves as bridge players because the tennis courts were too wet to play. Patty Strait won a trophy for low gross score, and Rita Bergstrom for low net. Ruth Houtz had the high bridge score of the day.

## AD HOC COMMITTEE

Marie Henry will chair the ad hoc committee which will meet during the summer to study various community needs deserving funding.

"What is so rare as a day in June?  
Then if ever come perfect days." Enjoy them all.

## THANK YOU, NORMA

Norma Smith served Auxiliary well as a very capable and charming president this past year. We thank you, Norma, for leading us through a busy and eventful year.

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## CORRESPONDENCE . . . TO THE EDITOR

### POLITICAL INVOLVEMENT

Editor

Pierce County Medical Society Bulletin  
113 Medical Arts Building  
Tacoma, Washington 98402

Dear Sir:

I am enclosing a letter which I think is quite interesting and which you may wish to publish. Certainly you have my permission, and I am certain you have the permission of the writer of this letter.

I think it is important to point out, as she has very carefully, the tremendous 10 for 1 correspondence which they were receiving in regard to placing chiropractors and so forth as recipients of their fees from the prepaid medical groups. I am sure that this part of it we are all aware of, I mean the bill that was up that did pass the House, that did pass the Senate, and I think Governor Evans deserves a great deal of credit and certainly all of us should write him a letter thanking him for his consideration in vetoing and defeating this most unreasonable, and almost unheard of, situation.

I am afraid, however, that things will have to get a great deal worse before the doctors will make the effort to get together, present a united front and become organized in a closer knit group and "become involved" at least up to the hilt of their ballpoint pens.

How many of you doctors actually know how the representatives of your district and the senator of your district voted on this bill?

Enough said.

Sincerely yours,  
Rodger S. Dille, M.D.

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### House of Representatives

State of Washington  
Olympia

Dear Dr. Dille,

*I just picked up the new Pierce County Medical Bulletin and noted your "letter to the editor." You are certainly correct in your concern of the lack of positive efforts on the part of many M.D.'s to inform their legislators of their concerns. Obviously my voting pattern supported the medical profession, but it was certainly not due to letters or even 'hot line messages.' My mail ran 10-1 for the others i.e. chiropractors, naturopaths, etc., Thanks for your efforts to stir up the apathy.*

Sincerely,  
Phyllis K. Erickson  
(Mrs. J. J.)

### REQUEST FROM NEVADA

We were contacted by the Office of the Attorney General of Nevada to determine if physicians in the state of Washington have received promotional information from Bernadean University in Las Vegas. According to the Assistant Attorney General, Bernadean University is offering a one-week course leading to the degree of Doctor of Acupuncture.

We have been asked to request our county medical societies to inform physicians that any literature they receive concerning this course should be reported to Mr. Bill Isaef, Office of the Nevada Attorney General, Supreme Court Building, Carson City, Nevada 89701 (Telephone: (702) 882-7401).

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## CORRESPONDENCE—CONTINUED

**RENIN or RENNIN**

David S. Hopkins, M.D.  
Editor of Pierce County Medical  
Society Bulletin

I am writing in response to the recent article, "Coronary By-pass Questionable, Say Cardiologists", in the Bulletin, volume 44, 11-23. The article mentions "Rennin assays" and it appears that there is some confusion about this enzyme.

**Renin** assays are performed for the analysis of the renin-angiotensin system in certain types of hypertension. Renin is a proteolytic enzyme secreted by the renal juxta-glomerular cells. It acts on the renin substrate, angiotensinogen, to form the decapeptide, angiotensin-I. Normal values of plasma renin depend on posture, volume status and dietary sodium intake.

**Rennin** (E.C. 3.4.4.3.) is a completely different protein and is neither involved in the renin-angiotensin system nor in the regulation of blood pressure. Rennin also is a proteolytic enzyme which hydrolyzes peptides. Rennin is somewhat more restricted in its actions on protein than pepsin. The chief commercial source for rennin is the calf stomach.

I hope that this information may help clear up the confusion about renin and rennin.

Sincerely yours,  
Ernst W. Baur, M.D.

**ADULT CLINICS OPENED**

Planned Parenthood of Pierce County announces the opening of an adult clinic. It is the policy of Planned Parenthood to offer every patient the option of seeing a private physician if she so desires. In addition, patients will be referred to a private physician for obstetrical care, gynecological complications, and sterilization, as well as for follow-up of pathology discovered in the clinic examination.

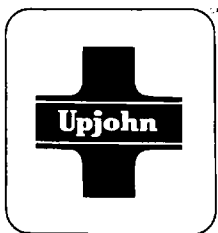
Planned Parenthood would like to ensure that all interested physicians have the opportunity to participate in such referrals, and requests that those physicians desiring to be on the referral list please notify the clinic:

Planned Parenthood of Pierce County  
4002 South M Street

**Doctor, Have You Arranged Coverage?**

Complaints have been received from the local emergency rooms regarding the difficulty in locating physicians who are reportedly on call for another physician at the time of an emergency.

In response to this problem the Pierce County Medical Society Board passed a resolution to be published in the Bulletin for the next 2-3 months which states that a physician is obligated to see that there is adequate coverage for his patients when he is not available.



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- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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## The initial patient interview

Anxiety is acknowledged to be one of the most common conditions encountered in the day-to-day practice of medicine. And because of the often interrelated nature of physical and psychologic factors, the need for comprehensive data-gathering that will shed light on the *total* patient problem becomes of increasing importance. For this reason, the physician will seek, in the critical first interview, ways of obtaining such data as will lead to accurate diagnosis and proper total treatment as soon as possible.



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### Patient history and medical evaluation

Initially, and ideally, the patient receives a complete medical work-up with such laboratory tests as may be necessary to determine whether his complaint is of organic or functional origin. The patient is carefully questioned about his physical and psychologic symptoms to see whether they bear any relationship to his daily pattern of living or to recent experiences. Diagnosis of emotional disorder should be based on *positive* findings, not merely exclusion. Certain health history questionnaires which are completed by the patient *before* the interview may be helpful in eliciting and organizing pertinent information.\*

### Gaining the confidence of the patient

To establish a healthy therapeutic relationship and to help the patient ventilate his problems, an attitude of receptivity, of dynamic passivity, has been recommended, with the physician responsive but nonjudgmental. This encourages the patient to speak freely, to present his difficulties as clearly as he can. The patient's distress is likely to be reduced if he is

\*The ROCOM™ Health History Questionnaire (Roche) is one example.

permitted to talk without interruption or criticism. Expressions of interest, without signs of emotional reaction from the physician, can help create the necessary therapeutic rapport.

### Reassuring the patient

When the examination and history have been completed and the diagnosis made, the findings should be communicated to the patient, with encouragement and hope as basic objectives. The patient should be reassured about normal physical findings and given accurate information about any illness to relieve unnecessary anxieties and apprehensions arising out of ignorance. Reassurance should be directed toward giving the patient emotional support and influencing him to initiate self-help measures.

### The therapeutic decision

If the diagnosis includes clinically significant anxiety, the physician may decide that counseling and reassurance by themselves are adequate corrective measures. He will look for positive aspects of the patient's personality and environment to help effect a calmer outlook and positive response to problems of living. He may take steps to modify an unfavorable environment to the degree that this is possible. If these measures prove inadequate, pharmacotherapy—tailored to the patient's individual needs—may be required. In some instances, the patient's emotional and mental state may suggest the need for psychiatric referral.



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apprehension and anxiety, and as an  
adjunct in the treatment

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in which anxiety and  
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reduced to appropriate,  
tolerable levels, therapy  
with Librium should be  
discontinued.

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Dr. \_\_\_\_\_  
(please print or type)

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Please see following page for summary of product information.

1-  
—

## for individualized anxiety therapy

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(chlordiazepoxide HCl)

**5-mg, 10-mg, 25-mg capsules  
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Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual pre-

**Mental acuity usually preserved**  
Librium (chlordiazepoxide HCl)

usually exerts its antianxiety action without adversely affecting mental acuity. Since it seldom induces oversedation on proper maintenance dosage, Librium is also unlikely to interfere with normal activities. As with all CNS-acting drugs, patients receiving Librium should be cautioned against hazardous occupations requiring complete mental alertness.

cautions 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, extrapyramidal 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.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 1000. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

## JUNE SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				<b>1</b>  Tumor Board 7 a.m. - Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>4</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Good Sam.—6:30 p.m.  Tac. Chapt. Am. Psych. Assoc.	<b>5</b>  C.P.C. of Mary Bridge—8 a.m.  Trauma Conf.—St. Joseph's—6 p.m.  Staff of TGH, St. Joseph & Mary Bridge Jackson Hall	<b>6</b>  Surgical Conference TGH—8 a.m.	<b>7</b>  Gastrointestinal Conf. St. Joseph's 8:15 a.m.	<b>8</b>  Tumor Board 7 a.m. - Allenmore Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>11</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Puget Sound Hospital	<b>12</b>  C.P.C. of Mary Bridge—8 a.m.  Tacoma Surgical Club—6:30 p.m.	<b>13</b>  OB-GYN Conference TGH—8 a.m.	<b>14</b>  Pulmonary Conf. St. Joseph's 8:15 a.m.	<b>15</b>  Tumor Board 7 a.m. - Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>18</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Staff of Allenmore Hosp.—Noon	<b>19</b>  C.P.C. of Mary Bridge—8 a.m.  Tac Acad of Internal Medicine 6:30 p.m.	<b>20</b>  Medicine Conference TGH—8 a.m.  Staff of Lakewood General 6:30 p.m.	<b>21</b>  Psychiatric Conf. St. Joseph's 7 a.m.  Medical Office Problems St. Joseph's 8:15 a.m.	<b>22</b>  Tumor Board 7 a.m. - Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>25</b>  Mary Bridge Cardiac Conf. 5:30 p.m.	<b>26</b>  C.P.C. of Mary Bridge 8 a.m.	<b>27</b>  Path. Conf. TGH—8 a.m.	<b>28</b>  C.P.C. of St. Joseph's 8:15 a.m.	<b>29</b>

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\***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently — both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hypoglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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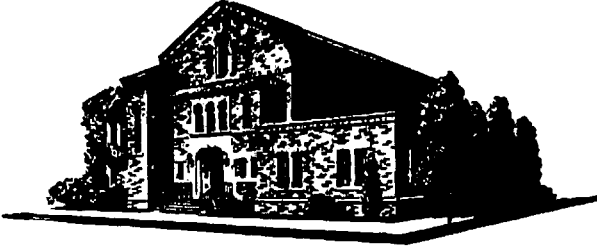
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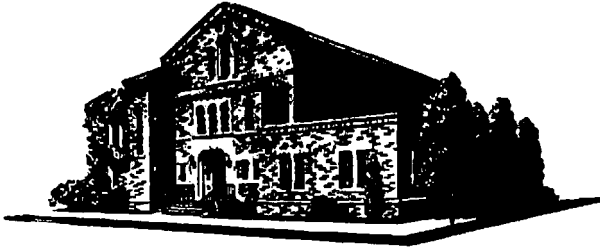


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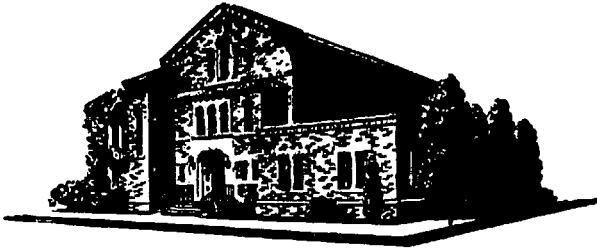
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# MARY BRIDGE CHILDREN'S HOSPITAL POISON INFORMATION CENTER CALLS

Month of April, 1973

TOTAL CALLS .....	386
From Doctors and Hospitals .....	22
From Community Agencies .....	13
From Others .....	351

### AGE DISTRIBUTION

Under 18 months .....	44
18 mos. to 3 Yrs. ....	127
3 & 4 Year Olds .....	65
5 & 6 Year Olds .....	12
7 thru 12 Years .....	19
13 thru 19 Yrs .....	16
20 Yrs and Over .....	57
No Age Given .....	46

### SUBSTANCES TAKEN

	Under 5 Yrs	Total
<i>Chemical</i> .....	2	8
<i>Cosmetics</i> .....	27	28
<i>Food Inquiries</i> .....	4	28
<i>Household Products</i> .....	29	39
Ammonia .....	1	1
Bleaches .....	2	3
Detergents .....	3	5
Other .....	23	30
<i>Repellents</i> .....	2	14
<i>Bites</i> .....	1	7
<i>Medicinal</i> .....	101	138
Aspirin .....	10	12
Patent Medicines .....	47	54
Prescription Drugs .....	44	72
<i>Petroleum Products</i> .....	10	16
<i>Plants &amp; Berries</i> .....	20	31
<i>Miscellaneous</i> .....	42	77

A note about  
Chris Reynolds M.D.

Dr. Reynolds likes Hawaii- and he's spent a lot of time on Maui, the valley island. He thinks his hard working friends and peers should also discover the pleasure and relaxation of days in the Hawaiian sun. But there's more than that. Hawaii offers investment opportunities in condominium ownership. The Club Mondiale links together resort apartment

exchange times in Honolulu, Maui, Port Ludlow, La Quinta, Calif., and Sun Valley. New Maui resort condominiums give tax shelters at low down payments and the Club Mondiale makes it all work with a rental management program and extensive travel promotion. Dr. Reynolds is also a licensed securities and real estate agent. Contact him about Hawaii.



Club Mondiale is a project of Broms-Lonie, Inc., Portland, Oregon.

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R. E. Anderson is operating as a division of Persing, Dyckman & Toynbee, Inc. Our insurance office will be located at 705 South Ninth Street (WA 7-7103), real estate and property management departments will be housed at 740 Broadway (BR 2-8475). Stop in and see us at either address.

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**MARY BRIDGE CHILDREN'S HOSPITAL  
POISON INFORMATION CENTER CALLS**

Month of April, 1973

**ADVICE GIVEN**

Contact M.D. ....	55
Give Ipecac .....	67
Give Liquids .....	106
Go to E.R. ....	44
Information to M.D. ....	11
Observe .....	44
No Treatment .....	30
Information only .....	29

**POISON CASES SEEN IN MBCH E.R.**

Inpatients .....	2
Outpatients .....	9

**DAY OF THE WEEK CALL RECEIVED**

Monday thru Friday .....	287
Saturday .....	45
Sunday .....	54
Holiday .....	0

**TIME CALL RECEIVED**

7 a.m. - 8 a.m. ....	6
8 a.m. - 9 a.m. ....	23
9 a.m. - 10 a.m. ....	24
10 a.m. - 11 a.m. ....	29
11 a.m. - 12 noon .....	25
12 noon - 1 p.m. ....	25
1 p.m. - 2 p.m. ....	24
2 p.m. - 3 p.m. ....	18
3 p.m. - 4 p.m. ....	21
4 p.m. - 5 p.m. ....	39
5 p.m. - 6 p.m. ....	30
6 p.m. - 7 p.m. ....	18
7 p.m. - 8 p.m. ....	33
8 p.m. - 9 p.m. ....	28
9 p.m. - 10 p.m. ....	17
10 p.m. - 11 p.m. ....	17
11 p.m. - 7 a.m. ....	9

**NUMBER OF HOMES THAT**

HAD IPECAC .....	23
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**NUMBER OF HOMES WITHOUT**

IPECAC .....	44
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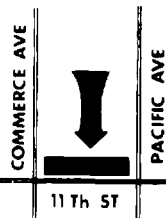
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## JUNE BIRTHDAYS

- |  |  |
|--|--|
| 1 Robert L. Houk   | 24 George Barnes                                   |
| 2 Treacy Duerfeldt<br>William Rohner<br>Lewis Litvin     | 25 James Early<br>John Merrick<br>Thomas Miskovsky |
| 5 James Vadheim  | 28 L. Stanley Durkin                               |
| 8 Jack Erickson  | Mils E. Lawrence                                   |
| 10 Harold Lueken   | H. Herbert Meier                                   |
| 11 Leonard Alenick<br>Jack Mandeville                    |  |
| 12 David BeMiller  |  |
| 13 Erna Guilfoil   |  |
| 14 Karl Humiston<br>Thomas O. Murphy<br>John Stutterheim |  |
| 15 S. R. Krishnamoorti<br>George Tanbara                 |  |
| 16 Juan Cordova  |  |
| 18 Richard Bowe  |  |
| 20 John Kennedy<br>Robert Voynow                         |  |
| 21 Leo Annest<br>Jack Lee                                |  |
| 22 Thomas Elder<br>Marcel Malden                         |  |

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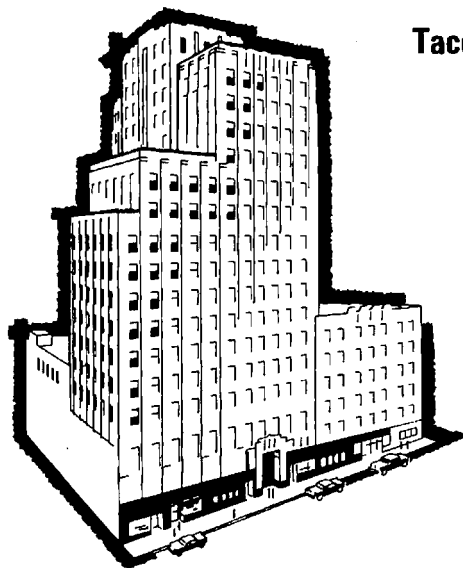


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## MONTHLY MEETINGS

- 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

JULY, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 7



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING  
JUNE, JULY OR AUGUST**

# Pierce County Medical Society

1973

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 Vice-President ..... Paul E. Bondo  
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 Secy.-Treasurer ..... George A. Tanbara

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                                  David W. Millett

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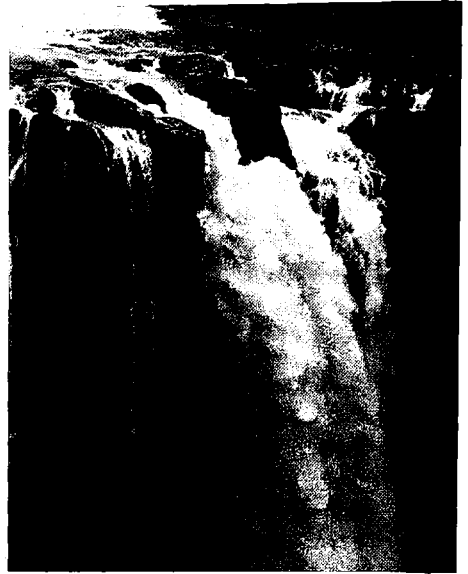
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COVER PICTURE: Cool, Cool Water  
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LO 4-2494



DR. WENDELL PETERSON

## In Memoriam

*"a man should share the action  
and the passion of his times at  
peril of being judged not to have  
lived."*

Pete lived. Chris Quevli, who had an uncanny ability to nickname his contemporaries, called Pete the "Silver Fox." It suited him. Karl Staatz, Dumont's dad, was the "Silent One." Ralph Huff was "Button Eyes." Charlie Larson he called the "Greek god" and when he has occasion to go down to pathology, Quevli would ask Charlie's secretary, "Is god in?"

The "Silver Fox" was taciturn, direct and honest. He had a dry, sly wit. He was the Dean of Orthopedics in Tacoma, along with Bill Goering, who not only deserves the title but Bill was also a classmate of mine at Iowa. Pete was from Minnesota and so we had a bitter but friendly rivalry through the years. Pete was respected by his colleagues for his great professional ability. In court, he proved to be an excellent witness and was highly regarded by the legal profession and the courts. I cannot, however, say that he had a great love for attorneys in general.

Pete liked athletics. He was a golfer and a fly fisherman. We golfed and fished together for many years. He was impatient if the fish were not biting. Because of that, he often went to Montana to fish with his brother or one or two friends. These trips were a joy to him but were not always productive of good fishing. Once after one of these trips, he returned nearly empty handed. Learning this and after a very successful day on the Tilton river, I dangled my limit of 16- to 20-inch cutthroat trout outside the French door, where Pete was sitting. His eyes bugged out and opening the door, I said to him, "You don't have to go all the way to Montana to catch fish." He asked, "Where did you get them?" I said "On the Tilton." He

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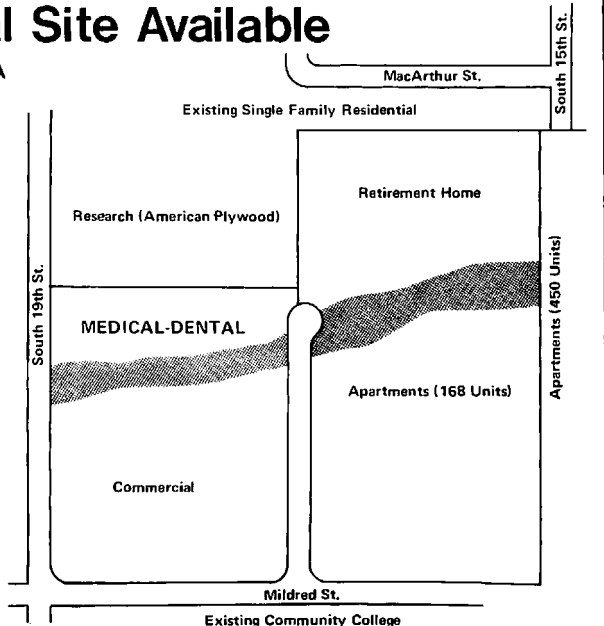
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said, "Where?" I didn't tell him. Being a fisherman, he understood and did not press the question.

He was a jazz buff and highly enjoyed a jam session with his family and friends at his house. During the "social hour" at medical society meetings, he invariably was a member of the "Barber's Quartet" lending his fine voice to the harmony. He was "permanent first guitarist" with the Happy Hollow Pops Orchestra, a group of 40 or so amateur and professional musicians.

Pete was a resident at the "Holy City." He confided to me one time that he thought he knew everything after his tour there but after visiting clinics elsewhere around the country, he found that he hadn't learned it all by any means. He was humble. He did not aspire to writing nor did he seek office. He would say, "I'm a treatin' doctor, not a speakin' doctor." However, he taught orthopedics to occ. ther. students for 25 years at the University of Puget Sound and contributed several chapters to John Bonica's textbook on pain.

He served his stint in the Second World War. He was devoted to the welfare of his patients but did not molly-coddle them. With children, he was extremely gentle and kind. They adored him.

He was a tremendous worker. Finally the scourge of modern man caught up with him and he suffered a massive coronary. He survived the first attack and continued to work. Too soon the heart and courage at last failed.

The "Silver Fox" has left us. We will miss him. There is no peril that he will be judged not to have lived! God rest his soul.

Jerry Kohl, M.D.

#### A POST SCRIPT TO JERRY KOHL'S IN MEMORIAM

On June 4, 1973 I too lost a very dear friend. Pete unselfishly helped me get started here, providing wise counsel and expert technical assistance (and patients). He was indeed an excellent orthopaedist.

The IRS once investigated Pete because his contributions to charity were so much higher than the average physician. Those who worked with him could have warned the IRS of his generosity. He was truly a gentleman and a gentle man; just ask Alice O'Rourke who worked with him for 25 years. The longer I knew him, the more I appreciated him. I pray he enjoys heaven a long time before the devil finds out he's there. Rest in peace, dear friend, you have earned it.

Wayne W. Zimmerman, M.D.

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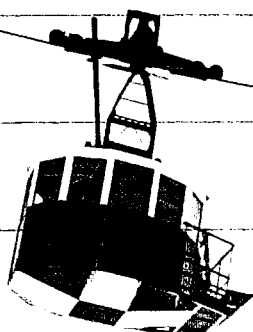
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**Contraindications:** Related to polythiazide—1. Advanced renal or hepatic failure. 2. Hypersensitivity to this or other sulfonamide derivatives.

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**Warnings:** Serum electrolyte determinations are especially indicated for patients with severe derangement of metabolic processes, e.g., surgery, vomiting, or parenteral fluid therapy. Electrolyte imbalance may be caused by diseases such as cirrhosis, or drug therapy, such as therapy with corticosteroids. Cirrhotic patients on Renese-R should be carefully observed for the development of hepatic precoma or coma. Signs of impending hepatic failure are tremor, confusion, drowsiness, and hepatic fetor.

Thiazides may precipitate kidney failure and uremia in patients with pre-existing renal pathology and impaired renal function.

Enteric-coated potassium salts with or without thiazides may be implicated in the etiology of nonspecific small bowel lesions, consisting of ulceration with or without stenosis, causing obstruction, hemorrhage and perforation, and frequently requiring surgery. Deaths due to these complications have been reported. Enteric-coated potassium salts should be used only when adequate dietary supplementation is not practical and should be discontinued at once if abdominal pain, distention, nausea, vomiting or GI bleeding occur.

Renese-R does not contain enteric-coated potassium salts.

Do not administer electroshock therapy within one week of cessation of reserpine.

**Usage in Pregnancy and the Childbearing Age.** Polythiazide is contraindicated in nursing mothers since thiazides appear in breast milk. Thiazides cross the placental barrier and appear in cord blood. The safety of reserpine for use during pregnancy or lactation has not been established. In women of childbearing age, the potential benefits of this polythiazide and reserpine combination should be weighed against possible hazards to the fetus. The hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

**Precautions:** Patients should be observed regularly for early signs of fluid or electrolyte imbalance and serum electrolyte studies should be performed periodically. Warning signs of possible electrolyte imbalance include fatigue, muscle cramps, GI disturbances, lethargy, shock, and tachycardia, and in extreme cases, hypotension, shock, and coma. Frequently, serum electrolyte levels do not correlate with clinical signs or symptoms of electrolyte imbalance. Unduly restricted salt intake or concurrent administration of digitalis may exaggerate metabolic effects of hypokalemia. A favorable ratio of Potassium to Sodium excretion lessens the possibility of hypokalemia occurring, but should it be suspected, food with high potassium content (bananas, apricots, citrus fruits, prune juice, etc.) should be given. Oral potassium may also be administered when necessary. Lower than usual doses of Renese-R and any other antihypertensive agents used concurrently should be considered.

There may be a rise in serum uric acid levels with or without overt symptoms of gout. Glucose tolerance may be disturbed in some patients and PBI levels may decrease without signs of thyroid disturbances.

Thiazides may augment the paralyzing actions of tubocurarine and decrease the arterial responsiveness to norepinephrine. Extra precautions may be necessary in patients (e.g., in surgery) who may need these drugs or their derivatives. Antihypertensive effects of Renese-R may be enhanced in post-sympathectomy patients.

Reserpine should be used cautiously in patients with a history of peptic ulcer, ulcerative colitis since reserpine may increase gastric acid secretion. Extreme caution is needed in patients with a history of mental depression; reserpine should be discontinued at the first sign of depressive symptoms. Parkinsonism and confusion have been encountered, particularly in psychiatric patients, and are indications for withdrawal of the drug. Caution should be exercised when treating patients with impaired renal function as lowered blood pressure may result in further decompensation and embarrassment of function. Concurrent use with digitalis or quinidine may enhance the appearance of arrhythmias. Renese-R should be discontinued one to two weeks before elective surgery since unexpected degrees of hypotension and bradycardia have been reported when anesthesia is given concurrently with reserpine. In emergency surgery, parenteral vagal blocking agents may be given to prevent or reverse these effects. Reserpine may cause increased appetite and weight gain in some patients.

**Adverse Reactions:** Polythiazide: Nausea, vertigo, weakness, paresthesias, and fatigue occur but seldom require cessation of therapy, most of these can be overcome by reducing the dose or improving the electrolyte balance. Maculopapular rash and reversible cholestatic jaundice have been reported. Leukopenia (neutropenia) and purpura with or without thrombocytopenia have been reported rarely. Agranulocytosis and aplastic anemia have not yet been reported with polythiazide, although they have been reported with the older thiazides. Pancreatitis, photosensitivity reactions, gastrointestinal disturbances, headache, xanthopsia, necrotizing angillitis, orthostatic hypotension, and dizziness have all been reported following the use of the benzothiazidone class of diuretics.

Reserpine: GI reactions reported include hypersecretion, nausea and vomiting, anorexia, and diarrhea. Cardiovascular reactions reported include angina-like symptoms, arrhythmias—particularly when used with digitalis or quinidine—flushing of the skin, and bradycardia. CNS reactions range from drowsiness, depression, nervousness, paradoxical anxiety, nightmares, and a rare Parkinsonian syndrome to CNS sensitization manifested by deafness, glaucoma, uveitis, and optic atrophy. Nasal congestion is frequent, and pruritus, rash, dryness of mouth, dizziness, headache, purpura, impotence or decreased

libido, and miosis have been reported but these reactions are usually reversible and disappear when the drug is discontinued. **Dosage:** Suggested initial dosage—1 tab./day after breakfast. Increase to 2 tabs./day may be necessary for initial control. **Maintenance**— $\frac{1}{2}$  to 2 tabs./day. Dosage of other concomitant antihypertensive agents, particularly ganglionic blockers, should be reduced.

**Supply:** Renese-R (2 mg. polythiazide—0.25 mg. reserpine) available in blue, scored tablets in bottles of 100 and 1000.

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#### RENESE® (polythiazide)

**Contraindications:** Anuria. Hypersensitivity to this or other sulfonamide derivatives. The routine use of diuretics in otherwise healthy pregnant women with or without mild edema is contraindicated and possibly hazardous.

**Warnings:** Use with caution in severe renal disease. Cumulative effects of the drug may develop in patients with impaired renal function. Azotemia may be precipitated in patients with renal disease.

Use with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiation occurs with ganglionic or peripheral adrenergic blocking drugs.

Sensitivity reactions may occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

**Usage in Pregnancy and the Childbearing Age.** The potential benefits of thiazides must be weighed against possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

**Nursing mothers:** Thiazides cross the placental barrier and appear in cord blood and breast milk.

**Precautions:** In severe derangement of serum electrolytes to detect possible electrolyte imbalance should be performed at appropriate intervals.

All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance; namely, hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Digitalis may also be administered with thiazides, but signs, irrespective of cause, are: dry mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and GI disturbances such as nausea and vomiting.

Hypokalemia may develop with any potent diuretic, especially with brisk diuresis, when severe cirrhosis is present, or during concomitant use with digitalis or ACTH. Interference with adequate oral electrolyte intake will also contribute to hypokalemia; digitalis therapy may exaggerate metabolic effects of hypokalemia, especially on myocardial activity.

Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances such as in liver or renal disease. Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than salt administration except rarely, when the hyponatremia is life threatening. In actual salt depletion, replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients.

Insulin requirements in diabetics may be increased, decreased or unchanged. Latent diabetes mellitus may become manifest.

Thiazides may increase responsiveness to tubocurarine.

The antihypertensive effects of the drug may be enhanced in the post-sympathectomy patient.

Thiazides may decrease arterial responsiveness to norepinephrine, but not enough to preclude effectiveness of the pressor agent for therapy.

If ECG or BP rises, indicating progressive renal impairment, therapy should be reappraised, and discontinuing or withholding diuretic should be considered.

Thiazides may decrease serum PBI without signs of thyroid disturbance.

**Adverse Reactions:** A. Gastrointestinal—1. anorexia 2. gastric irritation 3. nausea 4. vomiting 5. cramping 6. diarrhea 7. constipation 8. jaundice (intrahepatic cholestatic jaundice) 9. pancreatitis.

B. Central nervous system—1. dizziness 2. vertigo 3. paresthesias 4. headache 5. xanthopsia

C. Hematologic—1. leukopenia 2. agranulocytosis 3. thrombocytopenia 4. aplastic anemia

D. Dermatologic—Hypersensitivity—1. purpura 2. photosensitivity 3. rash 4. urticaria 5. necrotizing angillitis (vasculitis) [cutaneous vasculitis]

E. Cardiovascular—Orthostatic hypotension may occur and may be aggravated by alcohol, barbiturates or narcotics.

F. Other—1. hyperglycemia 2. glycosuria 3. hyperuricemia 4. muscle spasm 5. weakness 6. restlessness

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

**Dosage and Administration:** Therapy should be individualized according to patient response. This therapy should be titrated to gain maximal therapeutic response as well as the smallest dose possible to maintain that therapeutic response.

Usual daily doses are: Diuretic—1 to 4 mg. Antihypertensive—2 to 4 mg.

**Supply:** Renese (polythiazide) Tablets are available as: 1 mg. white, scored tablets in bottles of 100 and 1000; 2 mg. yellow, scored tablets in bottles of 100 and 1000; 4 mg. white, scored tablets in bottles of 100 and 1000.

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## O'CONNELL TOPS IN DOCTOR-LAWYER GOLF; M.D.'S TAKE TENNIS

Tacoma physicians were red hot on the tennis courts, but in against tough competition on the golf course on Friday, June 15, as they clashed with local barristers at the annual Doctor-Lawyer Field Day held at the Tacoma Golf and Country Club.

Brightest star for the physicians was Bob O'Connell who shot a 78 to take low gross for the field. Attorney Hugo Metzler won low net for the day using his 21 handicap to score a net 68. Amongst the low handicappers, the only other doctor placing in the prize money was Horace Anderson, whose 70 was good for second place low net, just behind W. J. Davies with a 69. Four attorneys tied for third low net with 71's.

In the 16 and up handicap division, the only winning doctor was Wayne Bergstrom, who had one of his best days with a net 72, tying for second place with lawyer Larry Ghilarducci. Both were beat out by attorney Al Kucklick with a net 69. Perennial long-drive specialist Marsh Whitacre won first place for long drive on the 14th fairway, Bill Sullivan also came through for the doctors in the closest-to-pin competition.

### Doctors Tennis Champs

It was practically "no contest" on the tennis courts at the Country Club and at the Lakewood Racquet Club as a rampaging team of doctors steam-rolled over the best the attorneys had to offer, taking 7 out of the 8 singles matches and winning the lone doubles contest. More doctors showed up than were needed to pair off with the attorneys, but all of the following showed up or played to uphold the physicians' honor: Max Thomas, George Tanbara, Ken Pim, Vern Larson, John Colen, Ken Gross, Phil Backup, Jack Alger, Dave Millett and Jay Ehly. George Tanbara and Ken Pim paired off to beat the best doubles pair the attorneys could muster, consisting of Richard Dolack and S. Allen Weaver.



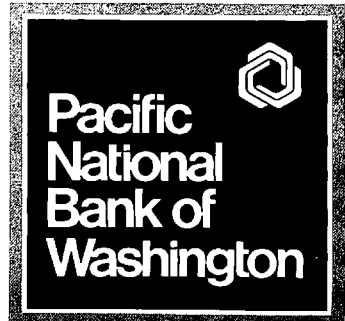
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## Doctor, Have You Arranged Coverage?

Complaints have been received from the local emergency rooms regarding the difficulty in locating physicians who are reportedly on call for another physician at the time of an emergency.

In response to this problem the Pierce County Medical Society Board passed a resolution to be published in the Bulletin for the next 2-3 months which states that a physician is obligated to see that there is adequate coverage for his patients when he is not available.

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- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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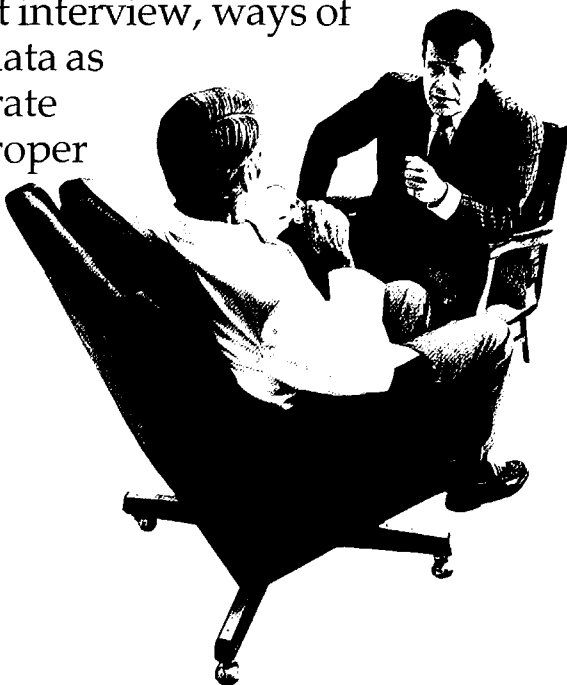
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# The initial patient interview

Anxiety is acknowledged to be one of the most common conditions encountered in the day-to-day practice of medicine. And because of the often interrelated nature of physical and psychologic factors, the need for comprehensive data-gathering that will shed light on the *total* patient problem becomes of increasing importance. For this reason, the physician will seek, in the critical first interview, ways of obtaining such data as will lead to accurate diagnosis and proper total treatment as soon as possible.



### Health history and medical examination

Initially, and ideally, the patient receives a complete medical work-up with such laboratory tests as may be necessary to determine whether his complaint is of organic or functional origin. The patient is carefully questioned about his physical and psychologic symptoms to see whether they bear any relationship to his daily pattern of living or to recent experiences. Diagnosis of emotional disorder should be based on *positive* findings, not merely exclusion. Certain health history questionnaires which are completed by the patient *before* the interview may be helpful in eliciting and organizing pertinent information.\*

### Gaining the confidence of the patient

To establish a healthy therapeutic relationship and to help the patient ventilate his problems, an attitude of receptivity, of dynamic passivity, has been recommended, with the physician responsive but nonjudgmental. This encourages the patient to speak freely, to present his difficulties as clearly as he can. The patient's distress is likely to be reduced if he is

\*The ROCOM™ Health History Questionnaire (Roche) is one example.

permitted to talk without interruption or criticism. Expressions of interest, without signs of emotional reaction from the physician, can help create the necessary therapeutic rapport.

### Reassuring the patient

When the examination and history have been completed and the diagnosis made, the findings should be communicated to the patient, with encouragement and hope as basic objectives. The patient should be reassured about normal physical findings and given accurate information about any illness to relieve unnecessary anxieties and apprehensions arising out of ignorance. Reassurance should be directed toward giving the patient emotional support and influencing him to initiate self-help measures.

### The therapeutic decision

If the diagnosis includes clinically significant anxiety, the physician may decide that counseling and reassurance by themselves are adequate corrective measures. He will look for positive aspects of the patient's personality and environment to help effect a calmer outlook and positive response to problems of living. He may take steps to modify an unfavorable environment to the degree that this is possible. If these measures prove inadequate, pharmacotherapy—tailored to the patient's individual needs—may be required. In some instances, the patient's emotional and mental state may suggest the need for psychiatric referral.

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**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual pre-

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cautions 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, extrapyramidal 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:* 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

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## SYNOPSIS OF HOUSE BILL 552

On Friday, April 6, 1973, House Bill 552 emerged from the Rules Committee by one deciding "yes" vote. As you remember, this bill mandated the underwriting of chiropractic, optometric, podiatric and psychological services in Medical Bureau and WPH insurance contracts. Pierce County Representatives responsible for sponsoring the bill were Richard Kelley, Mark Gaspard, and P. J. Gallagher.

On Monday afternoon, April 9, the House of Representatives voted on the bill, defeating it 58 to 40. A reconsideration of the vote was requested for the following day and on Tuesday, during a Democratic House Caucus, there was a visit from Senator Day. Tuesday afternoon, April 10, HB 552 was reconsidered and passed — 53 to 45.

House Members from Pierce County voting *Yea* were:

25th District — Representatives Sawyer and Gaspard

27th District — Representatives Adams and Wojahn (who changed her vote from the first ballot)

28th District — Representative Kelley

29th District — Representatives Gallagher and Parker

2nd District — Reupresentative Ehlers

House Members voting *Nay* were:

26th District — Representatives Swayze and Beck

28th District — Representative Jueling

2nd District — Representative Erickson

The bill was transferred to the Senate and referred to the Health and Welfare Committee where the Chairman, Senator Day, urged a "Do Pass" and soon it was on its way to the Senate where it received its final passage late Wednesday afternoon, April 11.

Senate Members from Pierce County voting *Yea* were:

25th District — Senator Knoblauch

26th District — Senator Gardner

2nd District — Senator Bottinger

Senate Members voting *Nay* were:

27th District — Senator Stortini

28th District — Senator Newschwander

Senator Rasmussen, 29th District, was either absent or not voting.

House Bill 552 was forwarded to the Governor's desk where it was finally vetoed on the last day of the legislative session.

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**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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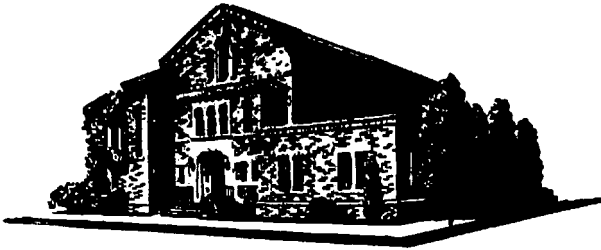
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# WOMEN'S AUXILIARY PAGE

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TAC Center .....	Mrs. George C. Gilman (Dona)

## AWARDS

Recipients this year of the Student Recognition awards presented by the Women's Auxiliary of the Pierce County Medical Society were Mary Shaw and Richard Anderson.

These awards are made annually to children of physicians in private practice in Pierce County on the basis of scholarship, citizenship, talent, and involvement in community affairs.

Mary is the daughter of Dr. and Mrs. John Shaw and is a recent graduate of Stadium High School. She will attend Lawrence University in Appleton, Wisconsin, and intends to major in music.

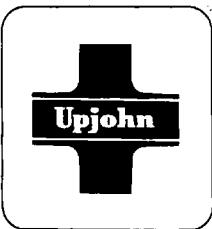
Richard is the son of Dr. and Mrs. Clarence Anderson and graduated from Charles Wright Academy. Richard will attend Dartmouth College in Hanover, New Hampshire, and plans on a pre-med major.

## AD HOC COMMITTEE

The Ad Hoc committee has had one meeting and will continue to meet during the summer months in search of a needy project.

## "DO NOT SPINDLE," ETC.

Questionnaires regarding the future direction of the Auxiliary will be mailed out with the president's letter next month. Please do not fold, spindle, or mutilate, but fill it out and return it with the requested information. Remember, this is YOUR Auxiliary!



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**WOMEN'S AUXILIARY FIELD  
DAY AT OAKBROOK, MAY 18**





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**WOMEN'S AUXILIARY FIELD  
DAY AT OAKBROOK, MAY 18**



# MARY BRIDGE CHILDREN'S HOSPITAL POISON INFORMATION CENTER CALLS

Month of May, 1973

<b>TOTAL CALLS</b> .....	472	<b>SUBSTANCES TAKEN</b>		
From Doctors and Hospitals .....	26	<i>Chemical</i> .....	Under 5 Yrs	Total
From Community Agencies .....	21	<i>Cosmetics</i> .....	1	6
From Others .....	425	<i>Food Inquiries</i> .....	36	42
		<i>Household Prod</i> .....	4	31
		Ammonia .....	30	51
		Bleaches .....	1	6
		Detergents .....	7	12
		Other .....	7	7
		<i>Repellents</i> .....	15	26
		<i>Bites</i> .....	10	23
		<i>Medicinal</i> .....	0	6
		Aspirin .....	96	145
		Patent Meds. ....	7	9
		Presc. Drugs .....	41	49
		<i>Petroleum Prod</i> .....	49	88
		<i>Plants and Berries</i> .....	18	34
		<i>Miscellaneous</i> .....	24	57
			48	77

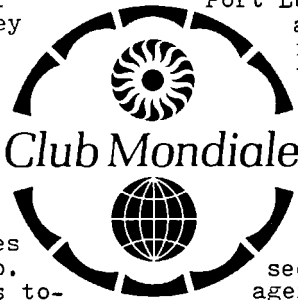
**AGE DISTRIBUTION**

Under 18 months .....	57
18 Mos. to 3 Yrs. ....	155
3 and 4 Year Olds .....	55
5 and 6 Year Olds .....	18
7 through 19 Yrs. ....	20
13 through 19 Years .....	16
20 Yrs. and Over .....	93
No Age Given .....	58

A note about  
Chris Reynolds M.D.

Dr. Reynolds likes Hawaii- and he's spent a lot of time on Maui, the valley island. He thinks his hard working friends and peers should also discover the pleasure and relaxation of days in the Hawaiian sun. But there's more than that. Hawaii offers investment opportunities in condominium ownership. The Club Mondiale links together resort apartment

exchange times in Honolulu, Maui, Port Ludlow, La Quinta, Calif., and Sun Valley. New Maui resort condominiums give tax shelters at low down payments and the Club Mondiale makes it all work with a rental management program and extensive travel promotion. Dr. Reynolds is also a licensed securities and real estate agent. Contact him about Hawaii.



Club Mondiale is a project of Broms-Lonie, Inc., Portland, Oregon.

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R. E. Anderson is operating as a division of Persing, Dyckman & Toynebe, Inc. Our insurance office will be located at 705 South Ninth Street (MA 7-7181), real estate and property management departments will be housed at 740 Broadway (BR 2-8475). Stop in and see us at either address.

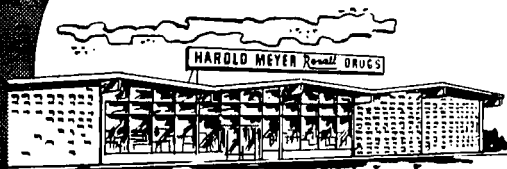
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## MARY BRIDGE CHILDREN'S HOSPITAL POISON INFORMATION CENTER CALLS

Month of May, 1973

### ADVICE GIVEN

Contact M.D. ....	54
Give Ipecac .....	67
Give Liquids .....	127
Go to E.R. ....	41
Info. to M.D. ....	19
Observe .....	61
No Treatment .....	45
Information only .....	60

### DAY OF THE WEEK CALL RECEIVED

Monday through Friday .....	358
Saturday .....	59
Sunday .....	43
Holiday .....	12

### NUMBER OF HOMES THAT HAD

IPECAC .....	24
--------------	----

### NUMBER OF HOMES WITHOUT

IPECAC .....	47
--------------	----

### POISON CASES SEEN IN MBCH E.R.

Inpatients .....	4
Outpatients .....	17

### TIME CALL RECEIVED

7 a.m.-8 a.m. ....	3
8 a.m.-9 a.m. ....	15
9 a.m.-10 a.m. ....	31
10 a.m.-11 a.m. ....	31
11 a.m.-12 noon .....	39
12 noon-1 p.m. ....	35
1 p.m.-2 p.m. ....	31
2 p.m.-3 p.m. ....	26
3 p.m.-4 p.m. ....	30
4 p.m.-5 p.m. ....	41
5 p.m.-6 p.m. ....	35
6 p.m.-7 p.m. ....	35
7 p.m.-8 p.m. ....	35
8 p.m.-9 p.m. ....	41
9 p.m.-10 p.m. ....	16
10 p.m.-11 p.m. ....	14
11 p.m.-7 a.m. ....	14

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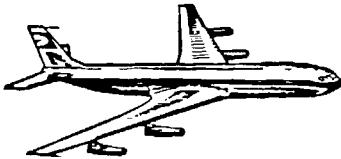
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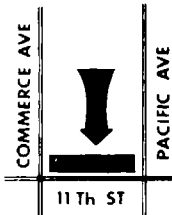
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- TOURS
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## JULY BIRTHDAYS

- |  |                                       |
|--|---------------------------------------|
| 2 Philip Backup  | 27 Frederick Schwind                  |
| 8 Sidney Kase<br>James D. Lambing                        | 29 Theodore Crowell                   |
| 9 John Kanda<br>George J. Kenney                         | 30 Joseph Garzon<br>Richard Ohme      |
| 11 Harry Camp<br>Wallace Hoyt<br>DeMaurice Moses         | 31 Gilbert Chartier<br>Martin Eltrich |
| 12 Robert W. Florence<br>Robert Johnson<br>James Wingate |                                       |
| 13 K. Royce Hansen<br>Michael Irvin                      |                                       |
| 15 Ralph Marx  |                                       |
| 17 Henry Maki<br>Walter Arthur                           |                                       |
| 19 Paul Smith, Jr.                                       |                                       |
| 20 Kenneth B. Stern                                      |                                       |
| 21 George S. Kittredge                                   |                                       |
| 22 Karel Pokorny   |                                       |
| 24 Emory King  |                                       |
| 25 Chris Reynolds  |                                       |
| 26 Robert McGreal<br>Charles Prewitt                     |                                       |

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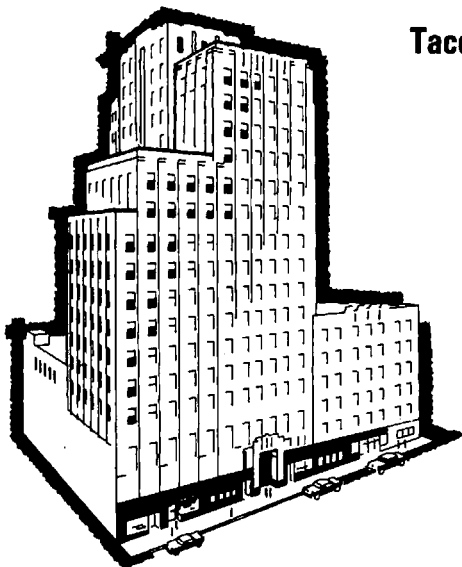


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## MONTHLY MEETINGS

- 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.



The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

SEPTEMBER 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 8



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
SEPTEMBER 11**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara  
 Executive Secretary ..... Judy Gordon

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 D. T. Baer             Robert Johnson  
 James Early          James Stilwell  
 John Flynn            Walter Arthur

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W. Ben Blackett      Herman S. Judd  
 George C. Gilman     John M. Kanda  
 Kenneth D. Graham   Ronald T. Spangler  
                                  Kenneth Pim

## ALTERNATE DELEGATES

James M. Blankenship   Richard E. Huish  
 Thomas H. Clark        John F. Kemman  
 John F. Comfort         Herbert C. Kennedy  
                                  David W. Millett

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 Murray L. Johnson      Edmund A. Kanar

## Grievance

Lester S. Baskin, Chairman  
 Robert W. Florence      Robert M. Ferguson

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 Paul E. Bondo            T. R. Haley  
 Juan Cordova            Donald F. McKay  
 L. S. Durkin              R. A. Norton  
                                  Ralph V. Stagner

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Richard T. Vimont

## Public Relations

George Tanbara

## Public Health

Kenneth P. McNutt, Chairman

## Television

Theodore J. Smith, Chairman

## Civil Disaster

James G. Billingsley, Chairman

## Entertainment

William L. Rohner, Chairman

## Legislative

Stanley W. Tuell, Chairman

## Mental Health

Jay Ehly, Chairman

## School Health

Orvis Harrelson           Charles Kemp

## Poison Control

James L. Schneller, Chairman

## Medical Education

Marcel Malden, Chairman

J. G. Katterhagen           George R. Barnes

## EDITORIAL BOARD

David S. Hopkins, Editor  
 Stanley W. Tuell             W. Ben Blackett



COVER PICTURE: Zoo Scene

— Courtesy of Glenn McBride, M.D.

## Doctor, Have You Arranged Coverage?

Complaints have been received from the local emergency rooms regarding the difficulty in locating physicians who are reportedly on call for another physician at the time of an emergency.

In response to this problem the Pierce County Medical Society Board passed a resolution to be published in the Bulletin for the next 2-3 months which states that a physician is obligated to see that there is adequate coverage for his patients when he is not available.

## BULLETIN

I beat Dr. Sam Adams by 13 strokes in the 4-day National Championship Tournament of the Left Handed Golfers Association. Great age combined with great talent will tell.

Glenn Howard Brokaw, M.D.

# Are you utilizing the full range of Librium dosage?

(chlordiazepoxide HCl)

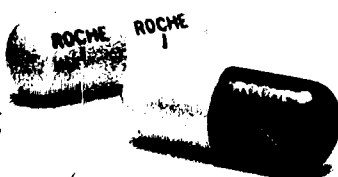
(Identify the recommended usual daily dosage for adults.)

in mild to moderate anxiety

a. 10-60 mg

b. 15-40 mg

c. 20-60 mg



(Flip tab to confirm your answer.)

in severe anxiety


a. 60-100 mg

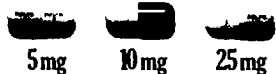
b. 40-75 mg

c. 80-100 mg



For dosage flexibility  
in relief of clinically significant anxiety  
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Please see reverse side for summary of product information.

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Vice:  
Pres:  
Secy:  
Exe:

Ralg:  
D. T.  
Jam:  
Johr:

W. F.  
Geol:  
Ken:

Jam:  
Thor:  
Johr:

Muri:

Robe:

Paul:  
Juan:  
L. S.:

Orvis:

J. G. I

in mild to moderate anxiety

b. 15-40 mg  
(5 or 10 mg t.i.d./q.i.d.)

in severe anxiety

a. 60-100 mg  
(20 or 25 mg tid./q.i.d.)

*Note:* The dosages shown here are those recommended in the official package insert and are not intended to restrict the clinical judgment of the physician. In *geriatric* patients, the recommended initial dosage is 5 mg *b.i.d.*, increased as needed and tolerated to 20 mg daily.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms

(including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive 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, extra 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.

**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.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 1000. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



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Glenn Howard Brokaw, M.D.

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5738 No. 26



## \$ Short Quiz for Members of the Medical Profession \$

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2. Each month Consumer Credit Counseling Service disburses 200 to 300 checks to members of the medical profession?
3. Consumer Credit Counseling Service has disbursed over \$1,500,000 in the last 3 years, of which ONLY 3½ to 4% went to the medical profession?
4. Referring a delinquent patient to CCCS will probably result in regular monthly payments on his or her account?
5. The approved treatment for a pinched pocketbook nerve is a referral to CCCS?

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A NON-PROFIT COMMUNITY SERVICE AGENCY  
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JU 8-1889

University Shopping Center  
Formerly Don's Drugs  
27th and Grandview  
LO 4-1320

Village Shopping Center  
Formerly Don's Drugs  
40th and Bridgeport  
LO 4-2494

# President's Page

The summer months are rapidly coming to an end. These are the months of vacations and leisure for many of us, time to spend with the family. I hope that you all had an enjoyable three months.



Yours truly has been quite busy with Medical Society concern. I was able to start the summer off with my vacation, ending up at the AMA Convention in New York City, June 22-27. It was a most interesting and informative session. The delegates to the AMA, and the different committees, and the officers do deserve a tremendous thank you from the rest of us for their concern, in developing and administering national policies.

The planned closing of the Army Internship and Residency program at the Madigan General Hospital in 1974, brought many telephone calls and a few letters, and an invitation to a meeting with the members of the Department of Defense Area Medical Survey Team, at Madigan Army Medical Center, on August 9. I am sure that more will be heard of this issue.

The American Medical Association together with the American Bar Association through the respective State Associations is undertaking a program for the "Improvement of Medical Care & Health Services for Inmates of Jails and Prisons and Juvenile Detention Homes." I have named Dr. Howard Boyd the Pierce County Medical Society Coordinator. A committee of three will be appointed shortly, as direction is received from the WSMA committee.

The PCMS Board did meet in June and August with a heavy work load of items on the agenda that would not wait for the September meeting. The fine work of our newly elected Pierce County Medical Society Planning Committee under the able leadership of Dr. William Ritchie needs to be brought to the attention of the membership.

The motion to engage an Executive Secretary for the Pierce County Medical Society, which was tabled in the Spring will again be brought before the membership in the fall. Much thought and work is being expended at the present time to make this very important move acceptable to the Society.

JOHN M. KANDA, M.D.  
President  
Pierce County Medical Society

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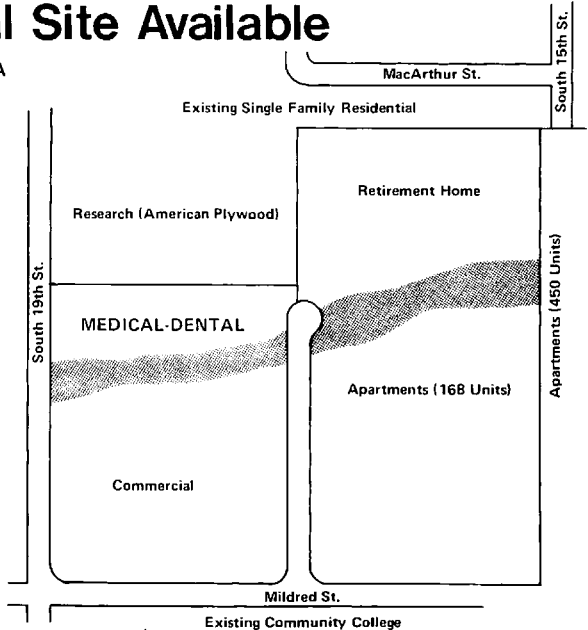
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# Editorially Speaking

## THE "D" FACTOR



Parkinson's law holds that work slows to fill time available. The Peter principle states that a person advances to his level of incompetence.

But there is yet another great determinant emerging. The "D" (disposability factor). I suppose this is developing everywhere but it is especially to be seen in some of our more enlightened hospitals.

Long, long ago (when surgeons wore beards) the scalpel was a unit. When it got dull someone had to sharpen it. At some point (I don't know just when) someone decided to make scalpel blades detachable—perhaps so they could be more easily sharpened—but soon it became more convenient to simply throw away used or dull blades and buy new ones. Thus began Stage I of the D factor. Stage I is truly beneficial and everyone likes progress. Encouraged by such initial success, manufacturers begin to experiment more widely. Cautiously, other disposable items are offered (perhaps like disposable drills, masks, operating gloves, etc., etc.) These too meet with approbation and this early expansion period constitutes Stage II.

In Stage III many standard and even entirely satisfactory items are challenged. We see disposable operating drapes, sigmoidoscopes, spinal tap sets. Stage III also marks the beginning of the hard sell. There are subtle implications that if we aren't using disposable things we are not quite up with the times.

Stage IV comes on strong. Out go good suture scissors for disposable things that look like a child's play scissors (dull so the child won't accidentally cut anything). We see disposable momometers, and disposable forceps that won't hold anything. By Stage IV the D factor has gotten so strong that it is self propelling and can barely be controlled.

I think there are probably about nine stages. The D factor is self limited, however, and eventually will run its course. In the last sad stages, and like a cancer gone wild, the monster will destroy itself in a final disposability orgy in which we may see disposable mattresses, door handles, light fixtures, beds, operating tables, EKG machines, and disposable purchasing agents.

For the last while or so we have been offered some very interesting gloves on several of the wards. Designed they say to fit hand sizes 5 to 9, these wrinkly plastic creations tear at the slightest stretch and it is almost impossible to feel much through them. Take a look around and see if you can estimate our present D factor stage.

W. Ben Blackett, M.D.

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tals (such as the Towers) traditionally have a high rental demand.

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# **Pierce County Medical Society Meeting**

**Tuesday, September 11**

Medical Arts Building Auditorium

**Program . . . 8:15 p.m.**

**DISCUSSION OF ISSUES TO COME BEFORE  
THE WSMA MEETING SEPTEMBER 21-24**

Social Hour—6:00

Dinner—6:45

Honan's Restaurant



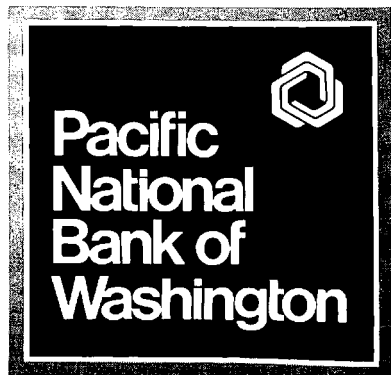
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## YODER LECTURE



Dr. Robert Stepto, nationally recognized authority in obstetrics and gynecology, will be the guest lecturer for the 1973 Edwin C. Yoder Memorial Lecture to be held on Friday, November 2, 1973, in Tacoma.

Dr. Stepto is currently Professor and Chairman of Obstetrics-Gynecology at The Chicago Medical School at Mount Sinai Hospital Medical Center in Chicago, Illinois. He is also director of obstetrics and gynecology at Cook County Hospital in the same city.

Widely recognized as an educator, publisher and lecturer, Dr. Stepto has devoted 27 years of medical practice to the specialty of obstetrics and gynecology.

Dr. Charles Rob, University of Rochester (NY), was the first guest lecturer in 1972.

Dr. Yoder, a prominent surgeon who was associated with Western Clinic during his 46 years of medical practice in Tacoma,

died in 1970. Following his death, his late wife, Leona, established the Lectureship Trust to encourage and promote continuing medical education of men and women in medicine.

Arrangements for the Lecture are being coordinated for the Yoder Lecture Trust by the St. Joseph Hospital Office of Public Affairs and Development.

# R

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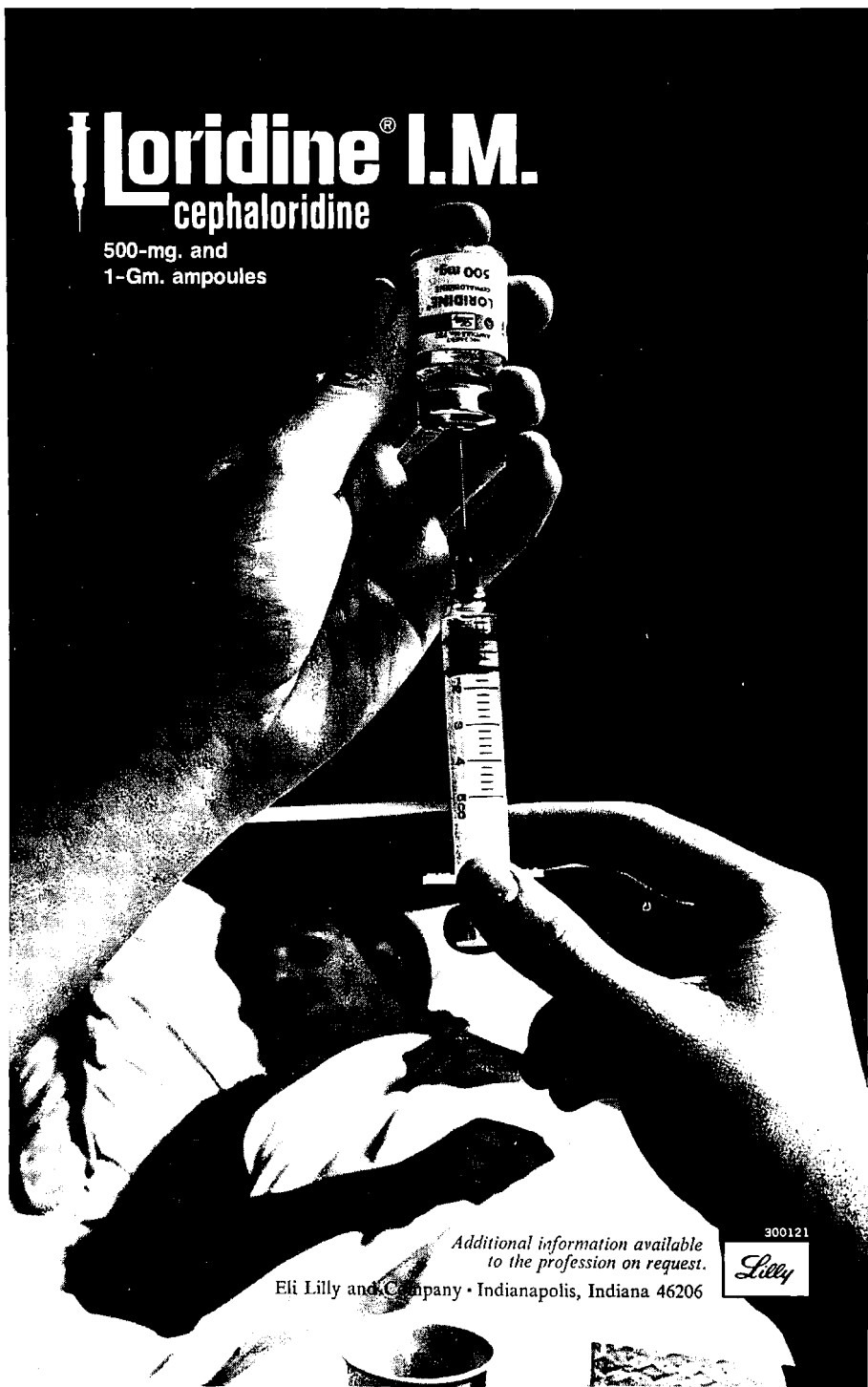
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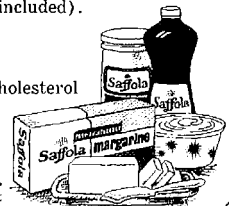
**Patient's view:**

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# In Memoriam

## KARL S. STAATZ

In writing this memoriam on my father, Karl Staatz, I felt I should outline what he has meant as a man and as a doctor, to his family and to the community. He graduated from Stadium High School in 1910, having played on their champion basketball and football teams. His name is engraved on many of the cups that are in the Stadium display case. He then played football, in pre-medical days, both for Idaho State and Washington. When he went to Medical School he played four years football under Yost and was on many of their famous football teams. After internship at the old Northern Pacific Hospital, which was started in 1918, he reported to duty in the Armed Services for World War II and had his training in surgery while in the Service, later under Charlie Hunter. While in the Service he coached a football team and was elected All-American. To the day of his death he was very interested in all sports, particularly football and basketball. He was an avid fan and rarely missed a game on television in the later years, including professional ball.

He was a Fellow of the American College of Surgeons, and at one time was Chief of Pierce County Hospital. He was in practice with Charlie Hunter in Tacoma, then later had his own office in the Medical Arts Building since the time the building was built. He was a fine general surgeon who knew his limitations and was not afraid to ask for consultation. He was not one to talk about his patients or give advice when it was not asked for. In fact, Chris Quevli named him the "silent one." He would give his patients advice but not be superfluous. He was not only their doctor in the sense of a doctor, but their personal friend. Dad had a very sensitive nature and hated to hurt anybody, be it friend, patient, or enemy. In fact, he had very few, if any, enemies.

He stopped surgery several years ago and was planning to retire from active practice in January, 1974, buy a camper, and see parts of the country that he had put off seeing. He died exactly 13 days after his wife of over 40 years died. The funeral was exactly two weeks after her funeral. The way he died rather exemplified the way he felt about medicine. He went out on a call to see a patient who almost died of laryngeal edema a month or so before, as she felt she was getting a recurrent attack. He died of an acute coronary occlusion after he saw her. He was brought into the hospital DOA. As was said, he had four major interests in life: 1) His family, his children, his grandchildren, and great grandchild. He loved to have the family around on all occasions. 2) His second love was medicine, and he more or less lived for this. 3) His third love was sports, and 4) in one of his secondary businesses, farming. Years ago he had a farm in Oregon on the South Umpqua River, which he sold about 1969. He also had a farm with my brother, Karl Staatz, and has been a partner with him in this enterprise. He will be keenly missed by his family, patients, and friends.

Dumont S. Staatz, M.D.

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In virtually every case of alcohol addiction there is a time-ordered sequence of progressive drinking. Alcoholism begins with "social drinking," then progresses to:

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- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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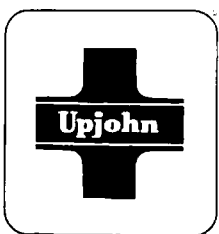
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## September Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>3</b></p> <p>Tac. Orthopedic Soc. — 6 p.m.</p> <p>Pierce Co. Pediatric Soc. 6:30 p.m.</p> <p>Mary Bridge Cardiac Conf.</p>	<p><b>4</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>5</b></p>	<p><b>6</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>7</b></p> <p>Tumor Board 7 a.m.</p> <p>Allenmore Good Sam. Medical Ed. 8 a.m.</p> <p>Oncology TGH— 8:15</p>
<p><b>10</b></p> <p>Staff of Good Sam.—6:30 p.m.</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>11</b></p> <p>Trauma Conf. St. Joseph's 6 p.m.</p> <p>Pierce County Medical Soc. 8:15 p.m.</p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>12</b></p>	<p><b>13</b></p> <p>Medical Chest Conf. St. Joseph's 8:15 a.m.</p>	<p><b>14</b></p> <p>Tumor Board 7:00 a.m. Allenmore</p> <p>Neurology Conf. GH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>17</b></p> <p>Staff of St. Joseph's, Tac. Gen. and Mary Bridge—7:30 p.m.</p> <p>Staff of Allenmore Noon</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>18</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>19</b></p> <p>Staff of Lakewood Gen. 7:30 p.m.</p>	<p><b>20</b></p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p> <p>Psychiatric Conf. St. Joheph's 7 a.m.</p>	<p><b>21</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>
<p><b>24</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>25</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac. Acad. of Int. Med. 6:30 p.m.</p>	<p><b>26</b></p>	<p><b>27</b></p> <p>Clinical Path. Conf. St. Joseph's 8:15 a.m.</p>	<p><b>28</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>



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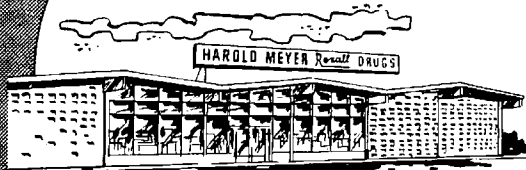
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## Tentative October Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>1</b></p> <p>Tac. Orthopedic Soc. — 6 p.m.</p> <p>Pierce Co. Pediatric Soc. 6:30 p.m.</p> <p>Mary Bridge Cardiac Conf.</p>	<p><b>2</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>3</b></p> <p>Surgical Conf. TGH—8 a.m.</p>	<p><b>4</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>5</b></p> <p>Tumor Board 7 a.m.</p> <p>Good Sam. Medical Ed 8 a.m.</p> <p>Oncology TGH— 8:15</p>
<p><b>8</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>9</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m.</p> <p>Trauma Conf. St. Joseph's 6 p.m.</p>	<p><b>10</b></p> <p>OB-GYN Conf. TGH—8 a.m.</p>	<p><b>11</b></p> <p>Medical Chest Conf. St. Joseph's 8:15 a.m.</p>	<p><b>12</b></p> <p>Tumor Board 7:00 a.m. Allenmore</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Neurology Conf. GH—8:15 a.m.</p>
<p><b>15</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>16</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>17</b></p> <p>Medicine Conf.—TGH 8 a.m.</p>	<p><b>18</b></p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p>	<p><b>19</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p>
<p><b>22</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>23</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac. Acad. of Int. Med. 6:30 p.m.</p>	<p><b>24</b></p> <p>Pathology Conf.—TGH 8 a.m.</p>	<p><b>25</b></p> <p>Clinical Path. Conf. St. Joseph's 8:15 a.m.</p>	<p><b>26</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Oncology Conf. TGH—8:15 a.m.</p>
<p><b>29</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>30</b></p>	<p><b>31</b></p>		

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\***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

**Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia ( $>5.4$  mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hypoglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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# WOMEN'S AUXILIARY PAGE

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- 3rd Vice President - Historian & Bylaws  
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(Glenna)

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- Community Health .....Mrs. George Moosey  
(Jane)
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(Dona)

## September Coffee

Nancy Spangler's home at 1015 Crestwood Lane in Fircrest will be the setting for the September 21st Coffee to honor new members. Hours for the Coffee will be 10 a.m. till noon, to be followed by the Auxiliary board meeting. Come meet new members and greet old friends.

## Haunt Your Mailbox

President's letter coming soon!!

## Join the Mermaids

The Handicapped Swim Program, founded twenty-six years ago by auxiliary member Edith McGill, needs *you*. Physically handicapped children from the public schools come to the YMCA on Mondays when school is in session. Classes are held 9:30 a.m. - 11:30 a.m. and noon - 2 p.m. with the half hour break used for training volunteers. (Babysitter is available for the morning session.) Volunteers help the children dress or work with them in the water — one child per teacher — under the supervision of Red Cross water safety instructors.

Auxiliary members currently active in the program are Barbara Teats and Jeanne Judd, both past directors; Lila Early, Mimi Miskovsky and Helen Whitney, current director. If you're looking for a good place to spend a couple of hours on Mondays come to the orientation session at the YMCA Monday, September 24th, at 10:00 a.m.

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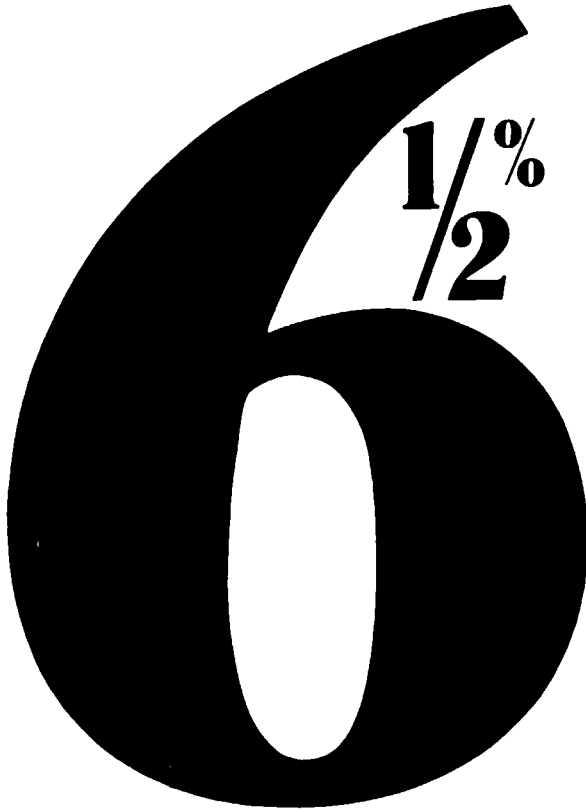
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## PUGET SOUND COUNTRY

(Shakespearean Sonnet)

The sun came up, and morning mist had parted.  
I rested on my climb to soaring crest  
above vast woods, swift streams where I had started,  
dark waters of the sound far to the west.  
Great peaks loomed high, that I had scaled, undaunted,  
in younger years, and hoped to scale once more;  
I raised both hands, waved to the peaks, and flaunted  
my trusted ice ax: "Friends, we met before!"  
As evening fell, I paused upon returning:  
My eyes drank in the woods, the lakes and creeks,  
the snow-clad range, in sunset's fire burning.  
Again I looked up to those mighty peaks  
and raised my ice ax with a tired hand  
to praise this beautiful, enchanted land.

Gerhart A. Drucker



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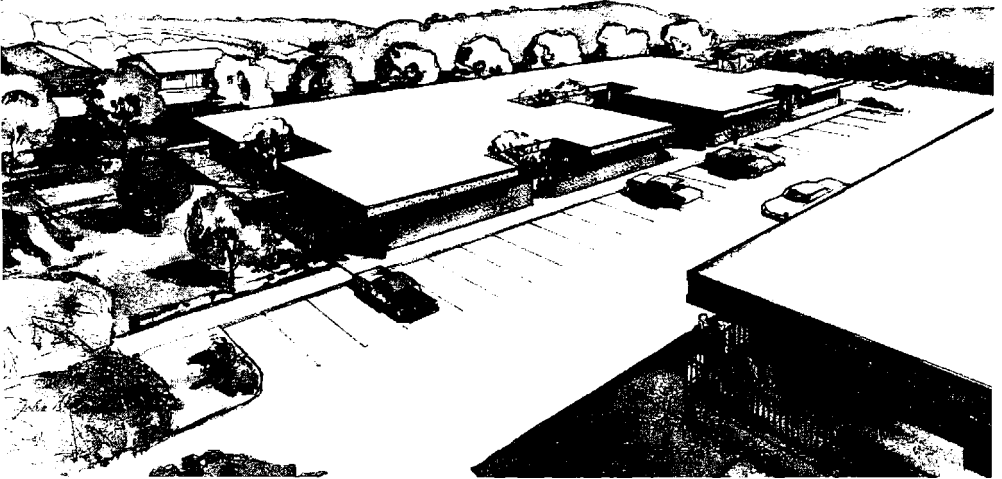
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## CORRESPONDENCE . . . TO THE EDITOR

WASHINGTON STATE MEDICAL  
ASSOCIATION

July 25, 1973

444 N.E. Ravenna Boulevard  
Seattle, Washington 98115

Dear Sir:

The Washington State Medical Association and the Washington Interscholastic Activities Association will co-sponsor a Sports Medicine Workshop at the Sherwood Inn, Tacoma, on Saturday, October 6, 1973. Co-chairmen of the one-day Tacoma workshop are Stan Mueller, Jr., M.D., of Tacoma and Mr. Hank Rybus, Executive Secretary, WIAA. The central theme of the workshop will be "Meeting an Emergency," as it pertains to all aspects of sports from a physician's and coach's standpoint. The workshop is directed towards physicians, coaches, trainers, athletic directors, athletes on a high school and college level, and those majoring in physical education. Registration fee is \$5.00. Preregistration forms may be obtained by writing to the WIAA Office, 4211 West Lake Sammamish Boulevard, S.E., Bellevue, Washington 98008. The workshop is limited to 160 participants.

Sincerely,  
Stan A. Mueller, Jr., M.D.  
Chairman  
WSMA Medical Aspects of Sports  
Committee

I suggest that those members of our Society who made no attempt to say anything during legislation regarding House Bill 555 at least write the members of their district complimenting them if they voted "yea" and stating their disapproval and disappointment at their decisions if they voted "nay."

This, at least, I think would assuage some of the guilty feelings which certainly must pervade members of our profession when they realize how very near House Bill 555 came to be enacted into law were it not for the governor's veto.

The political lethargy which seems to pervade our profession is certainly inexplicable. I think it is only when something like this finally does become law that a number of our colleagues will be awakened with a jerk. Unfortunately it is apparent that we will need to wait until there is some adverse jerking on the purse strings before many of us finally do become aroused as to the continual deterioration of medicine as a respected profession.

Your perennial contributor,

Yours truly,  
Rodger S. Dille, M.D.

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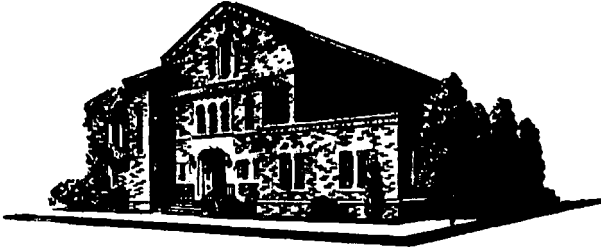
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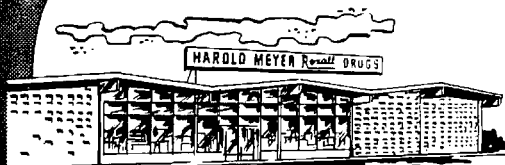
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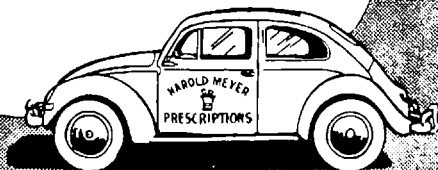
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Month of July, 1973

TOTAL CALLS .....	575	SUBSTANCES TAKEN	
From Doctors and Hospitals.....	26		Under 5 Yrs Total
From Community Agencies.....	9	<i>Chemical</i> .....	5 10
From Others .....	540	<i>Cosmetics</i> .....	23 35
		<i>Food Inquiries</i> .....	10 41
		<i>Household Prod.</i> .....	31 104
		Ammonia .....	1 3
		Bleaches .....	5 7
		Detergents .....	8 11
		Other .....	17 24
		<i>Repellents</i> .....	7 20
		<i>Bites</i> .....	11 42
		<i>Medicinal</i> .....	149 385
		Aspirin .....	12 17
		Patent Medicines .....	36 47
		Prescription Drugs .....	30 57
		<i>Petroleum Prod.</i> .....	12 34
		<i>Plants and Berries</i> .....	73 135
		<i>Miscellaneous</i> .....	42 92
<b>AGE DISTRIBUTION</b>			
Under 18 Months.....	74		
18 Mos. to 3 Yrs.....	134		
3 and 4 Year Olds.....	100		
5 and 6 Year Olds.....	33		
7 thru 12 Years.....	57		
13 thru 19 Years.....	27		
20 Years and Over.....	53		
No Age Given.....	97		

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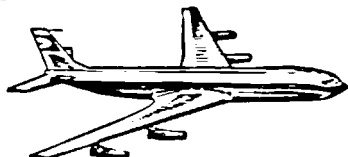
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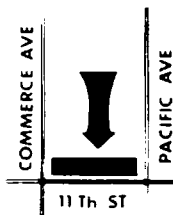
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 8 James Duffy  
 Bruce Stevenson  
 10 Arthur Ozolin  
 Max Thomas  
 11 Charles Bogue  
 Lloyd Elmer  
 Marion Larsen  
 Michael Lovezzola  
 Gordon Parrott  
 Daniel J. Thomas  
 12 Myron Bass  
 13 Eldon C. Blizard  
 Robert O. Brettell  
 16 Francis W. Hennings  
 23 William Morrison  
 Thomas H. Skrinar  
 24 Walter Herron  
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 Walter Sobba  
 26 Wouter Bosch  
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 27 Arnold Johansson  
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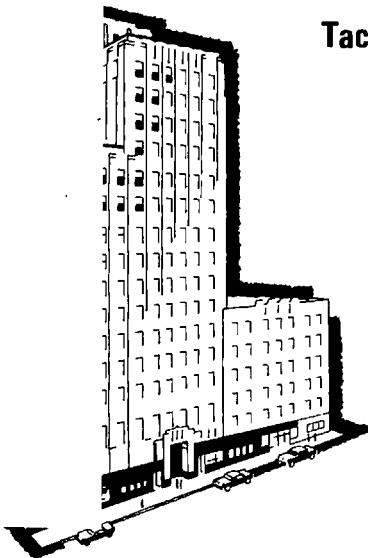


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 Bruce Stevenson  
 10 Arthur Ozolin  
 Max Thomas  
 11 Charles Bogue  
 Lloyd Elmer  
 Marion Larsen  
 Michael Lovezzola  
 Gordon Parrott  
 Daniel J. Thomas  
 12 Myron Bass  
 13 Eldon C. Blizard  
 Robert O. Brettell  
 16 Francis W. Hennings  
 23 William Morrison  
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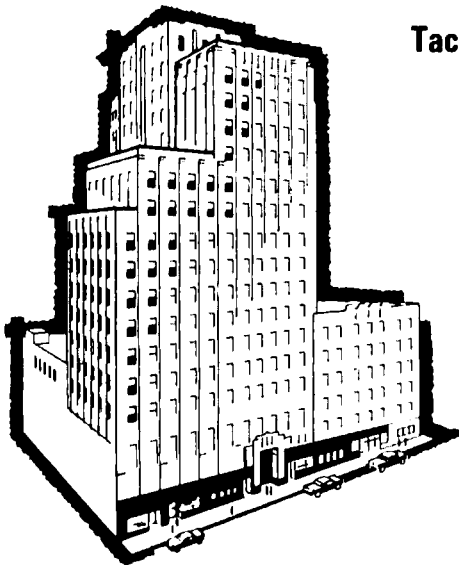
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## MONTHLY MEETINGS

### 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 HOSPITAL

2nd Monday of February, May, August, 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.

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and  
August

### PIERCE COUNTY PEDIATRIC SOCIETY

First Monday of each month except June, July and  
August—6:30 p.m.

### STAFF OF ALLENMORE HOSPITAL

Third Monday of each month except July—12 noon at Allenmore  
Hospital.

### 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 Tues. of Jan., March, May, Sept., Nov.

The

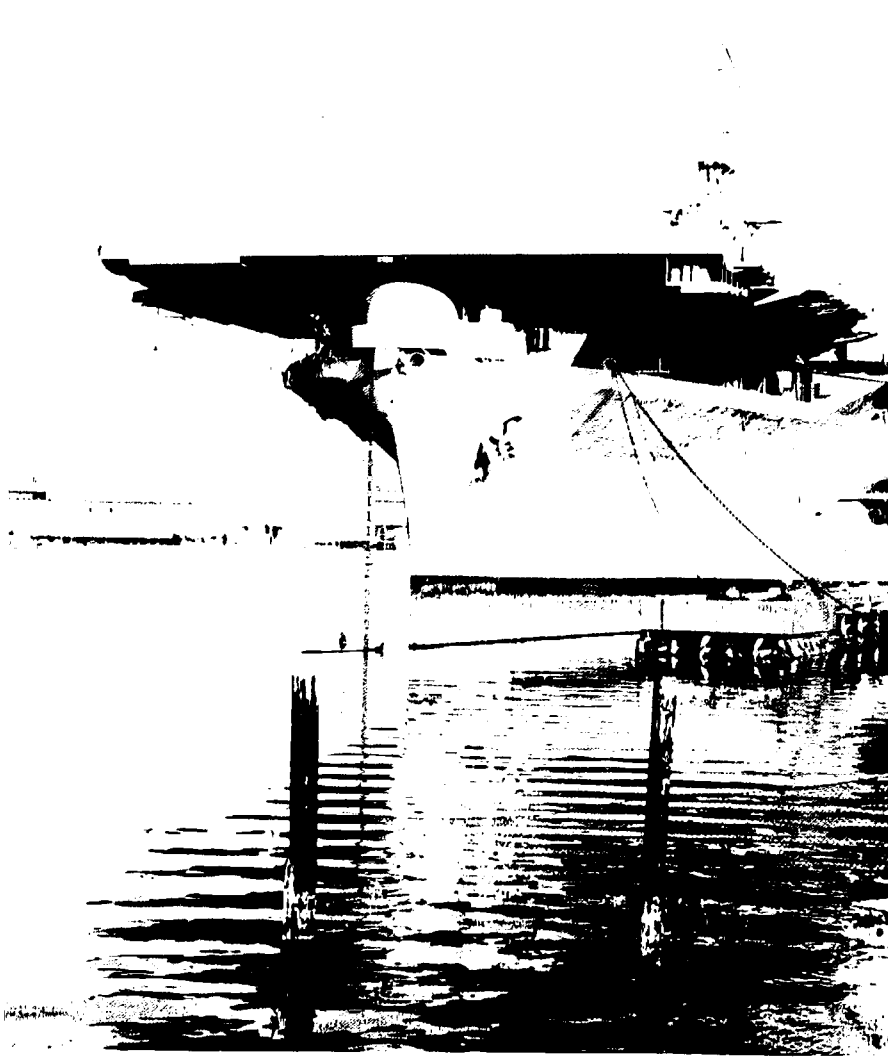
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

OCTOBER, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 9



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
OCTOBER 9**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara  
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 George C. Gilman    John M. Kanda  
 Kenneth D. Graham   Ronald T. Spangler  
                                  Kenneth Pim

## ALTERNATE DELEGATES

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 Thomas H. Clark        John F. Kemman  
 John F. Comfort         Herbert C. Kennedy  
                                  David W. Millett

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 Murray L. Johnson      Edmund A. Kanar

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## EDITORIAL BOARD

David S. Hopkins, Editor  
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COVER: Aircraft carrier Bunker Hill in Blair Waterway.

— Photo by staff photographer

## TV STAR

Watch Tacoma's own Dr. Orvis Harrelson on the "Today" show October 10, 1973. Orv will talk about and show film clips of the "Inside Out" series which will be viewed nationally on Channel 9 this year. "Inside Out" is a group of thirty fifteen minute health education programs based on feelings and geared for 8-10 year olds.

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2. Each month Consumer Credit Counseling Service disburses 200 to 300 checks to members of the medical profession?
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LO 4-2494



# President's Page



The Revitalization of the Family Clinic is under-way. You may have received or will be receiving soon, a questionnaire in which you can express your interest or concern and the type of possible participation in this community endeavor. The need for such a clinic is real. There are many, many fellow beings in this community who are unemployed, not receiving unemployment compensation or governmental aid of any kind, or in severe poverty who cannot afford medical insurance coverage or medical care.

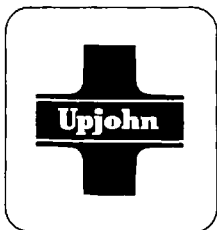
True, this problem is not only that of the medical community to solve, it is definitely a community problem, social, political and philosophical. Most other counties or cities of comparable size have staffed Free Clinics or County or City Hospitals where these unfortunate people can receive their care. But here in Pierce County and Tacoma, there is no such care since the closing of the Mountain View (Pierce County) General Hospital many years ago.

True, both the hospitals and the physicians in the office see many non-pay patients each day, but most of these patients are seen with the expectation to pay for their care. The delinquent accounts will continue even with a free clinic system, although there may be some relief expected under such a program. We are speaking of care to a person with medical problems that knows that he or she has no funds to pay for medical services, but the medical services are needed.

Yes, I do feel that the medical community and each of us individually do have an obligation to do our share to assist these people in the time of their need. Whether the clinics continue under private charities, assistance from the United Ways, re-emergence of County or City funding, I feel that these clinics need to exist in our community.

Physicians will be asked to volunteer their time and talent for these clinics, or see patients on screened referral, or possibly contribute money in lieu of the above. I hope most of us will see ourselves favorable to participate in the Family Clinic in some way. I plan to volunteer my time again, as I had done last year. Believe me, it is a very satisfying experience.

John M. Kanda, M.D.  
President  
Pierce County Medical Society



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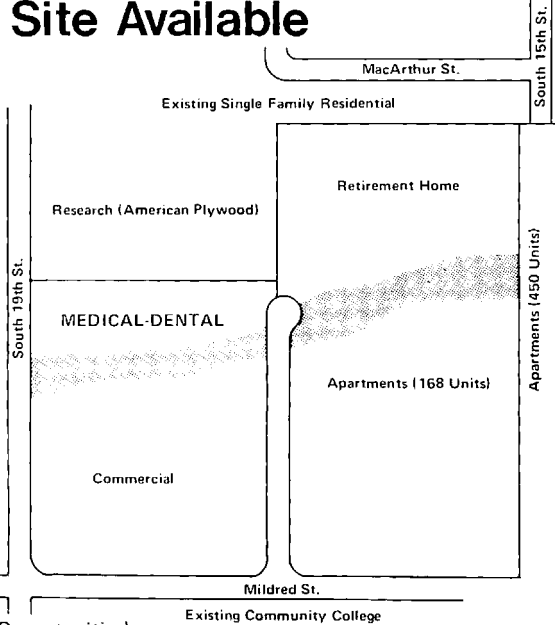
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# Editorially Speaking



Medical records — the words are anathema to many physicians, conjuring up visions of stacks of paperwork and periodic cute little notes from the various hospitals, followed by imploring letters followed by threatening ultimatums. Every form of cajolery short of topless record room girls or a free keg of beer has been tried with variable success. As a last resort consideration is being given to printing a list of the chronic offenders in the medical society Bulletin.

The physician reaction to record-keeping is as varied as the physician personality; many are hard working, mildly compulsive, well organized individuals with their records up to date; some find their services so in demand that they are totally swamped with records; there are some who have all good intentions and would not deliberately upset the medical record librarian for the world, but who are born procrastinators and slightly lazy; a few have brilliant incisive minds with a total grasp of each medical problem and find record-keeping a bothersome nuisance; finally, there are undoubtedly a few who haven't the foggiest about the diagnosis or the treatment and don't particularly want to record this. Unfortunately, it is impossible to differentiate the latter two types by looking at the medical record.

We physicians have been dragged kicking and screaming into each major innovation with haughty pronouncements about third party interference and paperwork interfering with patient care. Witness the furor over the discharge summary requirement which in fact provides a good overview of a particular hospital stay and is extremely valuable for review by those providing subsequent care of the patient. The fact is that, aside from the obvious legal implications, good medical record-keeping requires us to organize, crystalize and communicate and means good patient care.

David S. Hopkins, M.D.

# R

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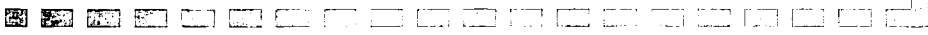
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concise, logical**  
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a complete method for keeping informative patient records...organized for quick review...Progress Notes, Color-Coded Record Jacket, Disease Cross-Index Card, Chronic Disease Flow Chart work together as an integrated system to help improve the quality of patient care...facilitates treatment of the "whole patient," especially when multiple management is required...ideally suited for use with the "problem-oriented" method of record keeping

**Problem-Oriented Medical Records**  
 a scientific approach to improving patient care and record communications...assists in the logical definition of patient problems...points the way to clearcut plans for treatment...facilitates evaluation of progress



\*Created and developed by Patient Care Systems, Inc.



Medical Management System

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MMS-4J-19

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**1. Discuss the concept of problem-oriented medical records**  
Your Rocom representative is eager to talk with you about "problem-oriented" records and to describe the advantages over other methods which they can provide for you and your patients.

**2. Demonstrate the value of the Rocom Medical Record System**  
Your Rocom representative can demonstrate how the Rocom Medical Record System fits in with the "problem-oriented" record-keeping concept and how the four components — Progress Notes, Record Jacket, Disease Cross-Index Card and Chronic Disease Flow Chart — work together to help improve patient management.

**3. Show how to set up your own office system**  
After you have purchased the Rocom Medical Record System, your Rocom representative will advise you and your staff on the change-over from your present record-keeping system to the Rocom "problem-oriented" method.

**4. Provide follow-up service**  
Your Rocom representative will check with you and your assistants from time to time to be sure you are satisfied with your new records. You may also wish him to describe the other Rocom Medical Management System products: Health History System, Telephone System, Appointment System and Patient Health Guides.



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# **Pierce County Medical Society Meeting**

Tuesday, October 9

Medical Arts Building Auditorium

**Program . . . 8:15 p.m.**

**"SURGICAL TREATMENT OF CORONARY  
ARTERY DISEASE"**

**Dr. Cordell Bahn**

**FOLLOWED BY OPEN DISCUSSION**

Social Hour—6:00

Dinner—6:45

Honan's Restaurant



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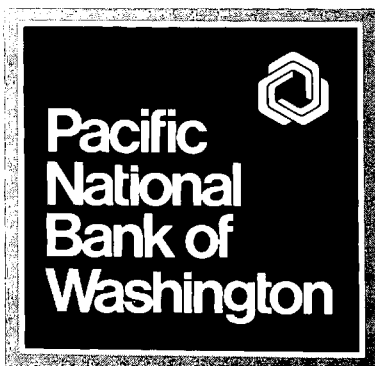
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## REPORT FROM THE COLLEGE OF MEDICAL EDUCATION

With the beginning of the new academic year I would like to report on the activities of the College of Medical Education during the previous year.

From September 1972 until June 1973 the College of Medical Education has hosted 1,103 physicians, nurses and allied health personnel at its continuing medical education courses. This is a significant increase from the participation in the previous years. Our participants came from across the State of Washington and from nearly every city, hospital and aspect of medicine. This statewide participation and the fact that many people attended more than one course has been a source of great encouragement to all of us.

In the Fall Doctor R. Kapelowitz coordinated a "Potpourri Course" covering the problems of anemia, venereal diseases, virology, genetics and osteopathy. Doctor G. Brokaw coordinated the course "The Geriatric Patient" in the Winter term. In the Spring a course on "Clinical Management of Pulmonary Diseases" was sponsored by Pierce County Tuberculosis and Respiratory Disease Association and was coordinated by Doctor J. Early and Doctor J. Cohen. Although these courses were not attended by capacity crowds we felt that the participation was excellent and we were able to pretty well break even financially.

All our courses on nursing topics were indeed filled to capacity and having to comply with available space and fire regulations, we often have turned people away. The "Potpourri Course" covered management of pain, stroke, diseases of the gastrointestinal tract, ophthalmology and burns. Mrs. Audrey Martin and members of her Advisory Board are responsible for organizing programs for nurses and the capacity enrollments are a testimony of their success.

Through the efforts of Mrs. Iris Wetzel and with cooperation of Grays Harbor Community College, our first "out-reach" program on Urology was presented in Aberdeen. It too was filled to capacity and it is about to be repeated in the same location, to be followed by a course in Neurology and a course in Orthopedics, which will be offered in Centralia by arrangements with Mrs. June Sippola and in cooperation with the Centralia Community College.

The Area Health Education Center for Southwestern Washington, Inc., had its first annual meeting last May. At this meeting representatives from various Southwestern Washington communities cooperated in formulating a continuing medical education plan for the coming year. Our "outreach efforts," the Emergency Department Seminars and other activities are the direct outcome of the initiatives undertaken at this meeting. Our enrollment statistics tell us that at least 40 per cent of those attending our courses come from these outlying communities and this is one of the reasons why we feel the need for close contact and cooperation with these communities.

October 1st will see the beginning of a new course for registered nurses on "Fluid and Electrolyte Balance" coordinated by Doctor T. Clark and meeting weekly Monday nights for eight weeks. This will be followed by another Emergency Department Seminar, coordinated as in the past by Miss Jan Bigelow of St. Josephs Hospital in cooperation with Emergency Department Nurses Association. We already have a waiting list for Pediatric and Neurology courses, which we hope to repeat later on in the New Year.

Doctor Stilwell is coordinating the first Fall seminar for physicians. On this occasion we have departed from our previous arrangements and this seminar, entitled "Clinical Problems of Daily Practice" will take place on November 2nd and 3rd at the Evergreen Inn in Olympia. Different topics will be presented on both days and on this occasion we hope to offer not only formal "lectures" but also specially allowed time for discussion between the participants and the guest speakers. As an added new feature of this course we will be offering parallel series of presentations and discussions for doctors' wives. Doctor Stilwell has collected excellent speakers and the topics selected are interesting, thus we hope that on this occasion both the physician and wives will find something to occupy them over a two-day period. Elsewhere in this issue you will find a detailed advertisement describing the course.

Your continuing support of these efforts in "after hours medical education" is greatly welcome. We also greatly appreciate receiving any comments, suggestions, and proposals. The Committee on Continuing Medical Education of the Pierce County Medical Society usually meets on the last Monday of the month at 6:30 p.m. in the evening at Tacoma General Hospital. Guests and comments are always welcome.

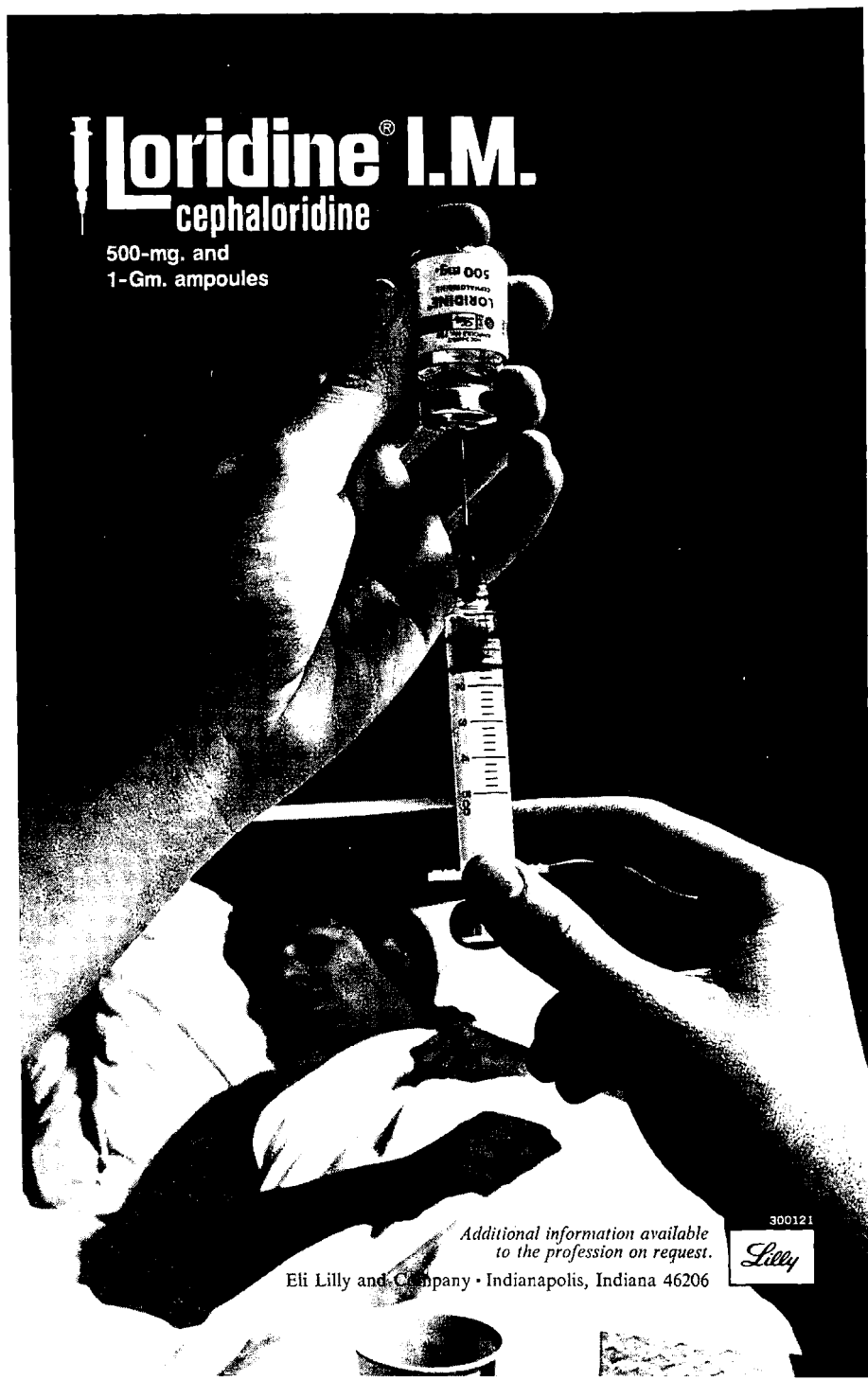
*Marcel Malden*

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A SEMINAR FOR PHYSICIANS: **CLINICAL PROBLEMS OF DAILY PRACTICE**  
 AND THEIR WIVES: **FOOD FOR THOUGHT**  
 AT THE EVERGREEN INN — OLYMPIA

**Friday and Saturday, November 2, 3, 1973**

COLLEGE OF MEDICAL EDUCATION  
 PIERCE COUNTY MEDICAL SOCIETY UNIVERSITY OF PUGET SOUND  
 AREA HEALTH EDUCATION CENTER FOR SOUTHWEST WASHINGTON, INC.

*The College of Medical Education is departing from its usual practice in several respects. This Seminar extends over parts of two days and in addition to a program for physicians, offers an interesting opportunity for physicians' wives. Each topic will be presented by a speaker and a discussant, who will subsequently lead the two discussion groups giving an opportunity for each participant to deal with difficult questions and problems.*

**(FOR PHYSICIANS)**  
**CLINICAL PROBLEMS OF DAILY PRACTICE**

**FRIDAY**

12:20	Introductions	
12:30	Abdominal Diagnostic Problems	William S. Fletcher, M.D. Professor of Surgery University of Oregon
1:25	Discussion	Juris Macs, M.D. Surgeon, Aberdeen
3:40	Early Recognition and Care of Stroke	Marcel Malden, M.D. Neurologist, Tacoma
4:20 to 6:15	Discussion	George Delyanis, M.D. Neurologist, Tacoma
7:00	No host cocktail time	
7:30	Dinner — "Medical Practice 1984"	Speaker: William O. Robertson, M.D. Professor and Acting Chairman Department of Pediatrics University Hospital

*Arrangements will be offered for an informal get-together for those not tired enough after dinner.*

**SATURDAY**

8:30	Office Psychiatry for Family Physicians	John Hampson, M.D. Professor of Psychiatry University of Washington Medical School
11:00	Coffee and Snacks	
11:15	Drug Induced Disease	Angela Bowen, M.D. Endocrinologist, Olympia
12:00 to 1:30	Discussion	

Coordinators: James Stilwell, M.D.; Thomas Clark, M.D.

In cooperation with the AAGP  
 10 hours credit, Category I (prescribed) applied for.



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**(FOR WIVES)  
FOOD FOR THOUGHT****FRIDAY**

- 1:10 Introductions
- 1:15 Cosmetic Surgery, James Stilwell, M.D.  
Fact and Fiction Plastic Surgeon, Tacoma
- 2:30 Discussion  
to 3:30
- 
- 3:45 When the Lion Roars Grover Shaunty, M.S.W.  
Director, Mental Health Clinic,  
Good Samaritan Hospital,  
Puyallup
- 4:40 Discussion  
to 5:30
- 
- 7:00 No host cocktail time  
and dinner with husbands

**SATURDAY**

- 9:00 Let's Fight — But Fair William Voris, Chaplain  
(A lesson in communication, Good Samaritan  
parent-child relationship) Hospital, Puyallup
- 9:55 Discussion
- 
- 11:45 Light lunch
- 
- 12:15 Picking up the Pieces Marsha Cain, M.D.  
Psychiatrist, Puyallup
- 12:45 Discussion  
to 1:30

Coordinator: Marcel Malden, M.D.

Registration fee: \$45.00 — Single  
75.00 — for two  
Above fee includes dinner but does not include overnight accommodations. Convention rate has been secured from the Evergreen Inn.

Sponsored by:  
Committee for Continuing Medical Education  
of the Pierce County Medical Society.  
Chairman: Marcel Malden, M.D.  
Executive Secretary: Mrs. Maxine Bailey.

**FOR FURTHER INFORMATION OR REGISTRATION CALL: C.O.M.E. — 756-3152****COLLEGE OF  
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- Drinking at least once a week.
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- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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*Intensive 10-Day Treatment Program for Alcoholism*

*... Based on the Addictive Concept*

## The initial patient interview

Anxiety is acknowledged to be one of the most common conditions encountered in the day-to-day practice of medicine. And because of the often interrelated nature of physical and psychologic factors, the need for comprehensive data-gathering that will shed light on the *total* patient problem becomes of increasing importance. For this reason, the physician will seek, in the critical first interview, ways of obtaining such data as will lead to accurate diagnosis and proper total treatment as soon as possible.



### Patient history and medical examination

Initially, and ideally, the patient receives a complete medical work-up with such laboratory tests as may be necessary to determine whether his complaint is of organic or functional origin. The patient is carefully questioned about his physical and psychologic symptoms to see whether they bear any relationship to his daily pattern of living or to recent experiences. Diagnosis of emotional disorder should be based on *positive* findings, not merely exclusion. Certain health history questionnaires which are completed by the patient *before* the interview may be helpful in eliciting and organizing pertinent information.\*

### Gaining the confidence of the patient

To establish a healthy therapeutic relationship and to help the patient ventilate his problems, an attitude of receptivity, of dynamic passivity, has been recommended, with the physician responsive but nonjudgmental. This encourages the patient to speak freely, to present his difficulties as clearly as he can. The patient's distress is likely to be reduced if he is

\*The ROCOM™ Health History Questionnaire (Roche) is one example.

permitted to talk without interruption or criticism. Expressions of interest, without signs of emotional reaction from the physician, can help create the necessary therapeutic rapport.

### Reassuring the patient

When the examination and history have been completed and the diagnosis made, the findings should be communicated to the patient, with encouragement and hope as basic objectives. The patient should be reassured about normal physical findings and given accurate information about any illness to relieve unnecessary anxieties and apprehensions arising out of ignorance. Reassurance should be directed toward giving the patient emotional support and influencing him to initiate self-help measures.

### The therapeutic decision

If the diagnosis includes clinically significant anxiety, the physician may decide that counseling and reassurance by themselves are adequate corrective measures. He will look for positive aspects of the patient's personality and environment to help effect a calmer outlook and positive response to problems of living. He may take steps to modify an unfavorable environment to the degree that this is possible. If these measures prove inadequate, pharmacotherapy—tailored to the patient's individual needs—may be required. In some instances, the patient's emotional and mental state may suggest the need for psychiatric referral.



when antianxiety medication is required...

Librium  
(Chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules

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Valuable adjunct in a diversity of anxiety-related problems:

Librium (chlordiazepoxide HCl) is indicated for the relief of anxiety and tension, withdrawal symptoms of acute alcoholism, preoperative apprehension and anxiety, and as an adjunct in the treatment of various disease states in which anxiety and tension are manifested. When anxiety has been reduced to appropriate, tolerable levels, therapy with Librium should be discontinued.

Note: If you would like to receive a comprehensive booklet on *Interviewing Techniques*, simply complete and mail this coupon to Roche Laboratories.

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Gentlemen:

Please send the informative booklet, *Interviewing Techniques*, by Chase P. Kimball, M.D.

Dr. \_\_\_\_\_  
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Please see following page for summary of product information.

## for individualized anxiety therapy

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5-mg, 10-mg, 25-mg capsules  
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Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual pre-

**Mental acuity usually preserved**  
 Librium (chlordiazepoxide HCl)

usually exerts its antianxiety action without adversely affecting mental acuity. Since it seldom induces over-sedation on proper maintenance dosage, Librium is also unlikely to interfere with normal activities. As with all CNS-acting drugs, patients receiving Librium should be cautioned against hazardous occupations requiring complete mental alertness.

cautions 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, extrapyramidal 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.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) *Capsules*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 1000. Libritabs® (chlordiazepoxide) *Tablets*, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

## October Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>1</b></p> <p>Tac. Orthopedic Soc. — 6 p.m.</p> <p>Pierce Co. Pediatric Soc. 6:30 p.m.</p> <p>Mary Bridge Cardiac Conf.</p>	<p><b>2</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p><b>3</b></p> <p>Surgical Conf. TGH—8 a.m.</p>	<p><b>4</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>5</b></p> <p>Tumor Board 7 a.m.</p> <p>Good Sam. Medical Ed 8 a.m.</p> <p>Oncology TGH—8:15</p>
<p><b>8</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>9</b></p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m.</p> <p>Trauma Conf. St. Joseph's 6 p.m.</p>	<p><b>10</b></p> <p>OB-GYN Conf. TGH—8 a.m.</p>	<p><b>11</b></p> <p>Medical Chest Conf. St. Joseph's 8:15 a.m.</p>	<p><b>12</b></p> <p>Tumor Board 7:00 a.m. Allenmore</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Neurology Conf. GH—8:15 a.m.</p>
<p><b>15</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>16</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>17</b></p> <p>Medicine Conf.—TGH 8 a.m.</p>	<p><b>18</b></p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p>	<p><b>19</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p>
<p><b>22</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>23</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tac. Acad. of Int. Med. 6:30 p.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>24</b></p> <p>Pathology Conf.—TGH 8 a.m.</p>	<p><b>25</b></p> <p>Clinical Path. Conf. St. Joseph's 8:15 a.m.</p>	<p><b>26</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Oncology Conf. TGH—8:15 a.m.</p>
<p><b>29</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p><b>30</b></p>	<p><b>31</b></p>		

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# Tentative November Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			<b>1</b>  Gastrointestinal Conf. St. Joseph's 8:15 a.m.	<b>2</b> Tumor Board 7 a.m. Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Medical Ed 8 a.m.
<b>5</b>  Mary Bridge Cardiac Conf. 5:30 p.m.  Tac. Orthopedic Soc. — 6 p.m.  Pierce Co. Pediatric Soc. 6:30 p.m.	<b>6</b>  C.P.C. of Mary Bridge 8 a.m.	<b>7</b>  Surgical Conf. TGH—8 a.m.	<b>8</b>  Pulmonary Conf. St. Joseph's 8:15 a.m.  St. Joseph's Trauma Conf. 7 a.m.	<b>9</b> Tumor Board 7 a.m. - Allenmore  Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. E.—8 a.m.
<b>12</b>  Mary Bridge Cardiac Conf. 5:30 p.m.	<b>13</b> C.P.C. of Mary Bridge—8 a.m. Trauma Conf. 6 p.m.  PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m.	<b>14</b>  OB-GYN Conference TGH—8 a.m.	<b>15</b>  Renal Conference St. Joseph's 8:15 a.m.	<b>16</b> Tumor Board 7 a.m. Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
<b>19</b>  Mary Bridge Cardiac Conf. 5:30 p.m.	<b>20</b> C.P.C. of Mary Bridge—8 a.m. Tacoma Surgical Club—6:30 p.m.	<b>21</b>  Medicine Conference TGH—8 a.m.	<b>22</b>  THANKSGIVING DAY	<b>23</b> Tumor Board 7 a.m. - Allenmore Joint Services Con.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
<b>26</b>  Mary Bridge Cardiac Conf. 5:30 p.m.	<b>27</b> C.P.C. of Mary Bridge—8 a.m. Tacoma Acad. of Int. Medicine 6:30 p.m.	<b>28</b>  Pathology Conf.—TGH 8 a.m.	<b>29</b>  Medical Therapeutics St. Joseph's 8:15 a.m.	<b>30</b>

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\*Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia ( $>5.4$  mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently — both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

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# WOMEN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1973 - 1974

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Mrs. Thomas Miskovsky (Mimi)
- 3rd Vice President - Historian & Bylaws  
Mrs. George Barnes, Jr. (Ellie)
- 4th Vice President - Social  
Mrs. Wayne A. Bergstrom (Reta)
- Recording Secretary .....Mrs. Melvin L. Henry (Marie)
- Corresponding Secretary .....Mrs. Roy H. Virak (Gloria)
- Treasurer .....Mrs. Robert C. Johnson (Betty)
- Dues Treasurer .....Mrs. W. Ben Blackett (Glenna)

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- Community Health .....Mrs. George Moosey (Jane)
- Cookbook .....Mrs. John Kennedy (Nancy)
- Dance .....Mrs. Vernon O. Larson (Kit)  
Mrs. Kenneth D. Graham, Jr. (Bev)
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Newspaper .....Mrs. Duncan T. Baer (Marilyn)
- Speakers' Bureau .....Mrs. Harold B. Johnston (Mary)
- Student Recognition .....Mrs. Charles D. Prewitt (Donna)  
Mrs. L. Stanley Durkin (Adele)
- Telephone .....Mrs. Dale Hirz (Sharon)  
Mrs. Charles L. Anderson (Cindy)
- TODAYS HEALTH .....Mrs. William T. Ritchie (Marge)
- TAC Center .....Mrs. George C. Gilman (Dona)

## FALL LUNCHEON

12:00 noon  
Hostess: Mrs. Stevens Dimant  
3902 North Proctor

Program: Mr. Robert Huesers, Vice President of Sound Health Association will speak on "Personalized Health Care Through Group Effort."

Come to the fall luncheon to see all those Auxiliary members alive and well and living in Tacoma. Meet the new members and hear plans for an ambitious year ahead. Listen to an interesting speaker on a timely subject. Don't miss it — see you there

## DUES DUE

A bonus item at the October 19th meeting will be receipt of membership books upon payment of dues. Glenna Blackett, membership chairman, will be happy to accept dues at the meeting, or they can be mailed to:

Mrs. W. Ben Blackett  
4366 North Lexington  
Tacoma, Wash. 98407

## BOARD MEETING

There will be a Board meeting with the State officers on October 24th at the home of Mrs. J. G. Katterhagen, 7539 Hegra Drive.

## STATE CONVENTION

The Washington State Medical Association and Auxiliary held their annual meeting in Seattle September 21st-24th at the Washington Athletic Club. Delegates representing Pierce County were President, Obie Alger, Jeanne Judd, Grace Kanda, Dorothy Maier, Norma Smith, and Nancy Spangler. Also attending as State delegates were JoAnn Johnson, Southwest Regional Vice President, and Vivian Ehly, Mental Health Chairman.

Norma Smith, as Past President, read the Pierce County report to the General Assembly on Sunday morning.

## CIRCLE DECEMBER 1ST

Circle your calendar for Saturday, Dec. 1st for our Christmas dinner dance at the Tacoma Golf and Country Club.

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## AMA - ERF

Judy Brachvogel, AMAERF chairman, reminds us that Christmas is coming. Pierce County Medical Auxiliary is again asking your support of their AMAERF Christmas card project. (For our new members — AMAERF is not a subversive group, but an abbreviation for American Medical Association Education and Research Foundation.) AMAERF provides financial assistance to medical schools for their educational and research projects.

Pierce County Medical Auxiliary offers you the service of addressing and mailing for you a Christmas card, specially designed for you by Judy Brachvogel, to all members of the Pierce County Medical Society and their families. The card lists the names of contributors to AMAERF. A record is kept of contributions only for accounting purposes and is confidential; it is also tax deductible, and may be designated for any medical school you wish. The amount of your contribution is determined by you; no contribution is too large or too small. Each contribution is sincerely appreci-

ated and will be acknowledged by the AMAERF chairman.

Your tax deductible check should be made out to Pierce County Medical Auxiliary — AMAERF, and mailed to the address below before the deadline of November 15, 1973.

Mrs. M. Brachvogel  
1424 Fernside Drive South  
Tacoma, Wash. 98465

## BULLETIN DEADLINE

To save frantic eleventh hour telephoning, will Board members and committee chairmen please relay Bulletin news to Carol Hopkins either by mail or phone before the 15th of each month? Thank you.

## HELP!!

Two Auxiliary members are running for office in the coming election. Adele Durkin is seeking a seat on the school board. Dena Gilman is running for the port commission. Let's give them all the support we can.



## PERSONAL ENURESIS SERVICE

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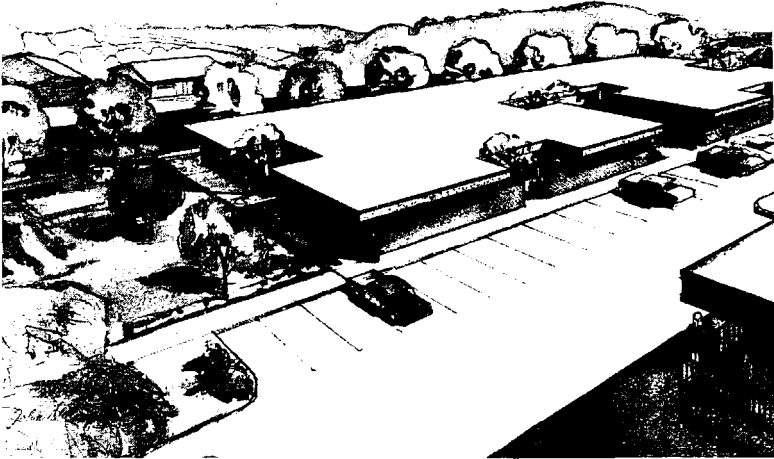
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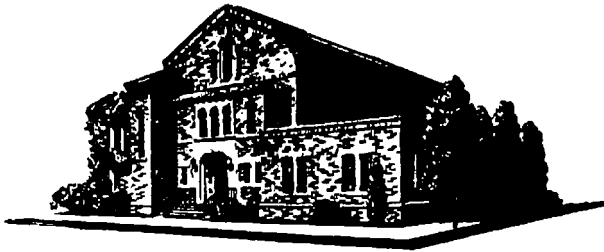
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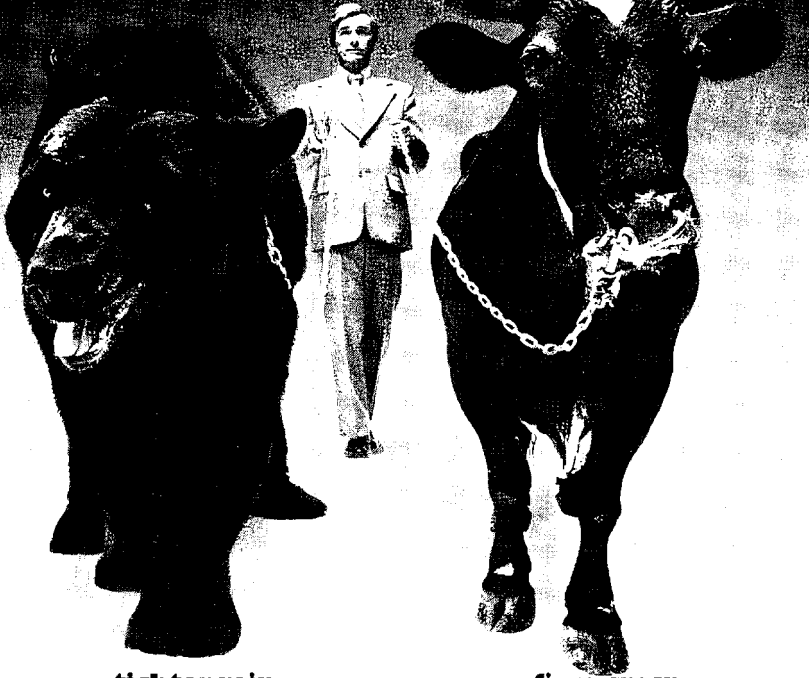
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### YODER LECTURE

Dr. Robert Stepto will deliver the 1973 Edwin C. Yoder Memorial Lecture on Friday, November 2, 1973. The lecture, to follow the no host luncheon, will be held in the Lexington Room of Tacoma Rodeway Inn, 6802 South Sprague Street. Luncheon will be served at noon with the lecture slated for shortly after 1:00 p.m. Open to all members of the medical profession, the lecture is under the sponsorship of the Edwin C. Yoder Memorial Trust in cooperation with the Tacoma Surgical Club and St. Joseph Hospital.



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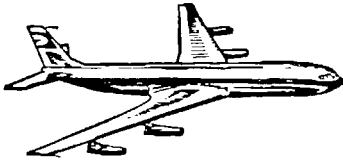
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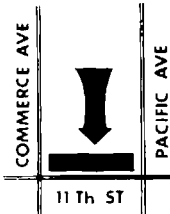
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Graham Watkins	Sumiho Wada
3 Lester S. Baskin	14 Robert Bond
4 E. R. Anderson	James McNerthney
Arnold J. Herrmann	15 Harold Mayer
5 J. Robert Brooke	16 Murray Johnson
David F. Dye	17 S. L. Sheimo
Thomas B. Lawley	C. B. Ritchie
Kenneth Gross	19 Marvin L. Bourne
7 Howard Boyd	Vincent Murphy
Haskel Maier	20 Dumont Staatz
Richard Rich	21 Buel Sever
9 Ernst Baur	22 James Symonds
10 Donald Nevitt	23 H. A. Anderson
John Pelley	Terrence Tisdale
Dewey Stephens	24 Giulio di Furia
11 Myron Kass	25 Charles McGill
Carlo Manetti	28 Ray L. Miller
Jerome Weingarted	31 John Kamm
12 Robert Kallsen	

## Top State Golfer

One of the Society's most avid golfers, Dr. Stan Durkin, on Friday, September 21st, won for the second time the Washington State Medical Association golf tournament which was held at Sand Point Country Club in Seattle. Dr. Durkin carded a fine 72 to win low gross by four strokes. Congratulations to Stan. This is the second time in three years, and let's hope he can repeat in another two years.

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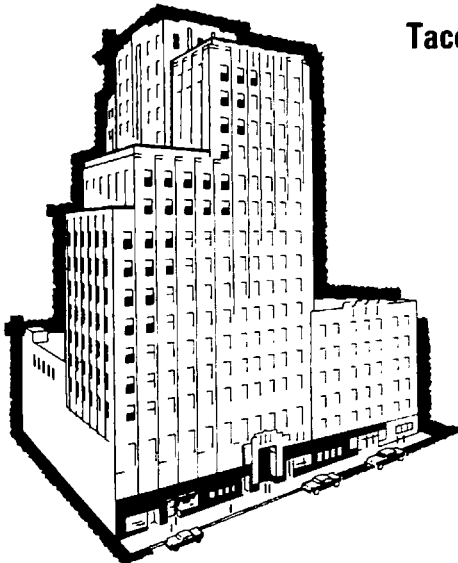


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## MONTHLY MEETINGS

- 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 HOSPITAL  
2nd Monday of February, May, August, 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.



*The*

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

NOVEMBER, 1973

TACOMA, WASHINGTON

VOL. XLIV, NO. 10



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
NOVEMBER 13**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara  
 Executive Secretary ..... Judy Gordon

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 D. T. Baer Robert Johnson  
 James Early James Stillwell  
 John Flynn Walter Arthur

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 George C. Gilman John M. Kanda  
 Kenneth D. Graham Ronald T. Spangler  
 Kenneth Pim

## ALTERNATE DELEGATES

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 Thomas H. Clark John F. Kemman  
 John F. Comfort Herbert C. Kennedy  
 David W. Millett

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 Murray L. Johnson Edmund A. Kanar

## Grievance

Lester S. Baskin, Chairman  
 Robert W. Florence Robert M. Ferguson

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 Juan Cordova Donald F. McKay  
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## Television

Theodore J. Smith, Chairman

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## Mental Health

Jay Ehly, Chairman

## School Health

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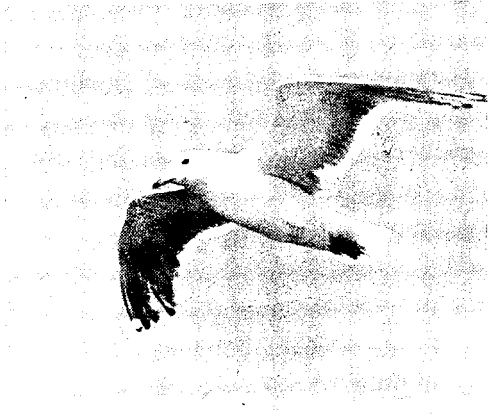
James L. Schneller, Chairman

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Marcel Malden, Chairman  
 J. G. Katterhagen George R. Barnes

## EDITORIAL BOARD

David S. Hopkins, Editor  
 Stanley W. Tuell W. Ben Blackett



— Cover photo by Glenn McBride, M.D.

## TO A CHILD IN A CROUP TENT

(Shakespearean sonnet)

Relax! No longer does a strident rattle  
 mark every tortured breath for which you fight.  
 Steam soothed your throat; we won the crucial  
 battle,

now sleep, while Death will vanish in the night.  
 When you awake to the new morning, greet it,  
 return each smile that tells you, you are sound.  
 I'll smile with you, though Death lurks,  
 undefeated,

the foe who always wins the final round.  
 I'll greet you, who returned among the living,  
 stand by your side when future battles flare.  
 Though Death waits for all mankind,  
 unforgiving,

I shall deny his banner everywhere.

Live on, be happy, child, to health restored;  
 tomorrow's smile will be my best reward.

Gerhart A. Drucker, M.D.

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2. Each month Consumer Credit Counseling Service disburses 200 to 300 checks to members of the medical profession?
3. Consumer Credit Counseling Service has disbursed over \$1,500,000 in the last 3 years, of which ONLY 3½ to 4% went to the medical profession?
4. Referring a delinquent patient to CCCS will probably result in regular monthly payments on his or her account?
5. The approved treatment for a pinched pocketbook nerve is a referral to CCCS?

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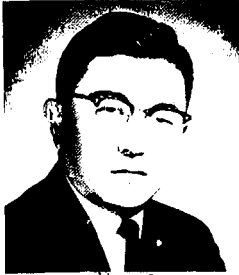
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Formerly Don's Drugs  
40th and Bridgeport  
LO 4-2494

# President's Page



During the past 10 months as your president, I have received many calls from individuals as well as organizations. Many of these calls were inquiries of one sort or another. Probably the most frequent, and certainly the most difficult of these inquiries for me to answer, was that of how to reach a patient's physician in the evening or on a weekend or holiday.

It is my opinion that the majority of physicians have arranged adequate coverage for their patients by working in rotation with partners or associates from the same office, or with colleagues in the same medical community. A more efficient coverage is assured by subscribing to the physicians' telephone exchange or the "bell-boy" radio page exchange, together with rotation type coverage on especially the days off, weekends, holidays and time of medical meetings and education sessions. Most sole practitioners do subscribe to one of the exchange systems, and are also available on days off and weekends to their patients.

But, unfortunately, there are a substantial number of physicians in Pierce County that are frequently not available to their patients, nor have arrangements been made for a colleague to care for their emergent problems, whether it be for a few hours, the entire evening, or occasionally an entire day or a weekend. It is not the intent of this page to moralize on the issue of whether each of us has our right to be not available when we so choose, or whether our patients have their right to have their physician available to them whenever they so choose. But I do firmly feel that your patient should have the expectation to speak to either yourself or your colleague designate when a medical problem that they feel is emergent arises. Yes, the emergency rooms are available to take care of the emergency problems, but they cannot and should not be involved in time-consuming diagnostic studies or managements like diabetic coma, acute myocardial infarctions, multiple fractures, etc., and their complications. If this is your patient, I feel that you or your colleague designate should be in charge of his care. This brings the problem back to the availability of yourself to your patient.

In my opinion, the yellow pages of the telephone directory should be the source that your patients can reach you or your alternate-designate at any time and any day. Whether you use the telephone exchange, the "bell-boy" system, a recorder on your telephone to take a message, and most important, suggest an alternate should the patient feel that he cannot await your return call if the problem seems too emergent. I do feel that our patients deserve this much from us.

I'm realistic enough to know that you will not all agree with me, but I am just enough of an optimist, to think that perhaps a few of you that have been leaving your patients without any other recourse other than finding another physician through the telephone directory, or from the concern of the hospital nursing staff, or through the hospital emergency room will try to evaluate what means of availability might be best suited for your practice.

John M. Kanda, M.D.

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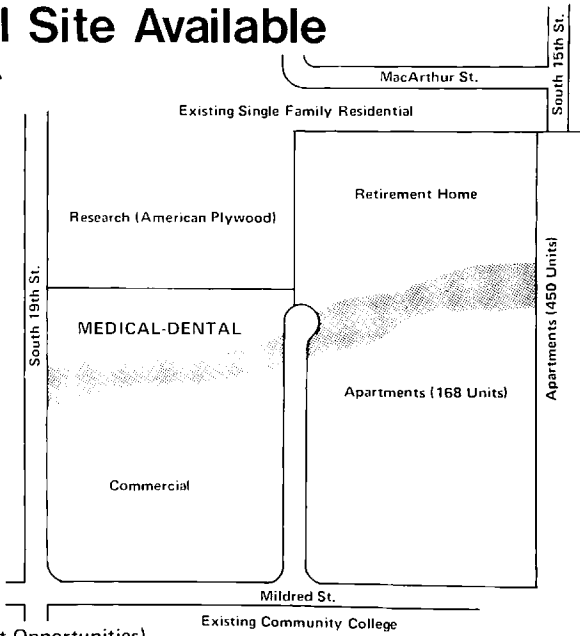
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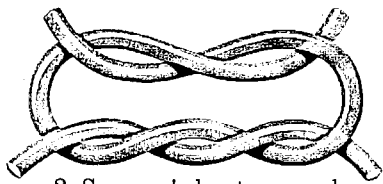
\*(For This & Additional Investment Opportunities)



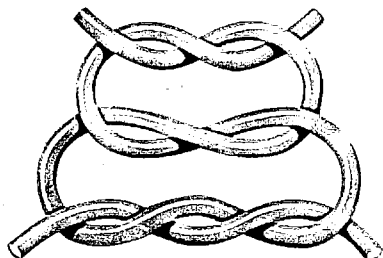
# Editorially Speaking



1. Surgeon's knot



2. Surgeon's knot squared (snug down tight)



3. Reverse knot on top (snug down tight)

## THE KNOT NO ONE CAN TIE

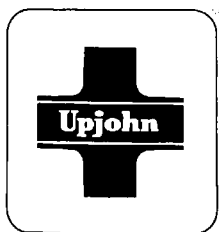
If you're tired of struggling with big problems like impeachment, State income tax and what ever happened to Jim Owens, relax a few minutes and try to figure out the above artist's dilemma.

The above diagram was published nationwide by one of the largest manufacturers of surgical sutures and posted up over surgical scrub sinks from coast-to-coast.

Yet, it's virtually impossible to tie! Start at one end of a suture and follow it through and you'll see why.

Got it? If so, you're smarter than the high class artists hired by one of our multimillion dollar industries. No wonder the F.D.A. is able to pick to pieces some of the statements and claims of the manufacturers of medical and surgical supplies. Like a lot of other advertisements and claims, this doesn't make sense when subjected to careful analysis.

(P. S. In this instance, the product is good, even though the knot is impossible.) S.W.T.



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(Identify the recommended usual daily dosage for adults.)

in mild to moderate anxiety

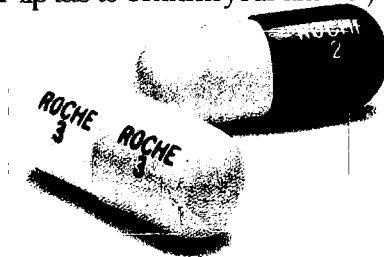
- a. 10-60 mg
- b. 15-40 mg
- c. 20-60 mg



(Flip tab to confirm your answer.)

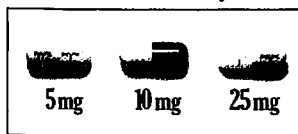
in severe anxiety

- a. 60-100 mg
- b. 40-75 mg
- c. 80-100 mg



For dosage flexibility  
in relief of clinically significant anxiety  
adjunctive

**Librium**<sup>®</sup>   
(chlordiazepoxide HCl)



Please see reverse side for summary of product information.

8  
effective antianxiety medication for varying levels of

clinically significant anxiety

# Librium® (chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg capsules b.i.d./t.i.d./q.i.d.

in mild to moderate anxiety

b. 15-40 mg  
(5 or 10 mg t.i.d./q.i.d.)

in severe anxiety

a. 60-100 mg  
(20 or 25 mg t.i.d./q.i.d.)

*Note:* The dosages shown here are those recommended in the official package insert and are not intended to restrict the clinical judgment of the physician. In geriatric patients, the recommended initial dosage is 5 mg b.i.d., increased as needed and tolerated to 20 mg daily.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms

(including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive 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, extrapyramidal 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.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 1000. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.

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# **Pierce County Medical Society Meeting**

**Tuesday, November 13**

Medical Arts Building Auditorium

**Program . . . 8:15 p.m.**

**"MEDICAL EDUCATION AND PRACTICE—  
THOUGHTS AND TRENDS FOR  
THE FUTURE"**

**Mr. Roger Bennett, Director  
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Social Hour—6:00

Dinner—6:45

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## **FAMILY LIVING PANEL WILL TACKLE CHILD ABUSE PROBLEM HERE**

The problems of child abuse and neglect were discussed at the Joint Staff meeting last month at St. Joseph's Hospital. In a presentation given by Katie Dalton, R.N., from Remann Hall, and Elsie Myers, R.N., from Mary Bridge, a community organization concerned with these problems was introduced and explained.

The Panel for Family Living is a group of 40 professional and lay people who volunteer time and expertise to finding solutions for abusive and neglectful parents and to decreasing the high incidence of child abuse in Pierce County.

The Panel also provides direct services for parents. These include Child Development and Management Classes, Group Therapy, and home visitors. It acts as a referral service for any parents who have the problems or show a potential for abuse. Parents Anonymous, a self-help group run by the parents themselves, is closely associated with the Panel. Potential or actual cases identified in the clinic, emergency room or office can be referred to the Panel for these services. (Actual and suspected abuse must be reported by law to Children's Protective Services.) Please, avail yourselves of this organization and its services. Only through coordinated attention will we be able to reach and help these parents and stop the chain of abuse in families here in Pierce County.

For information, referral service, or to obtain speakers call Cathy Zimmerman, 272-8835, or the 24-hour answering service, 383-3919. For information on Parents Anonymous, call 472-0297.

**COMING SOON TO PIERCE COUNTY: (SPONSORED BY THE PANEL) A PROFESSIONAL SEMINAR ON CHILD ABUSE AND NEGLECT TO BE HELD THIS WINTER THROUGH THE COLLEGE OF CONTINUING MEDICAL EDUCATION (UNIVERSITY OF PUGET SOUND)!!!**

**GUEST AND MAIN SPEAKER: DR. RAY E. HELFER, PROFESSOR AT THE UNIVERSITY OF MICHIGAN.**

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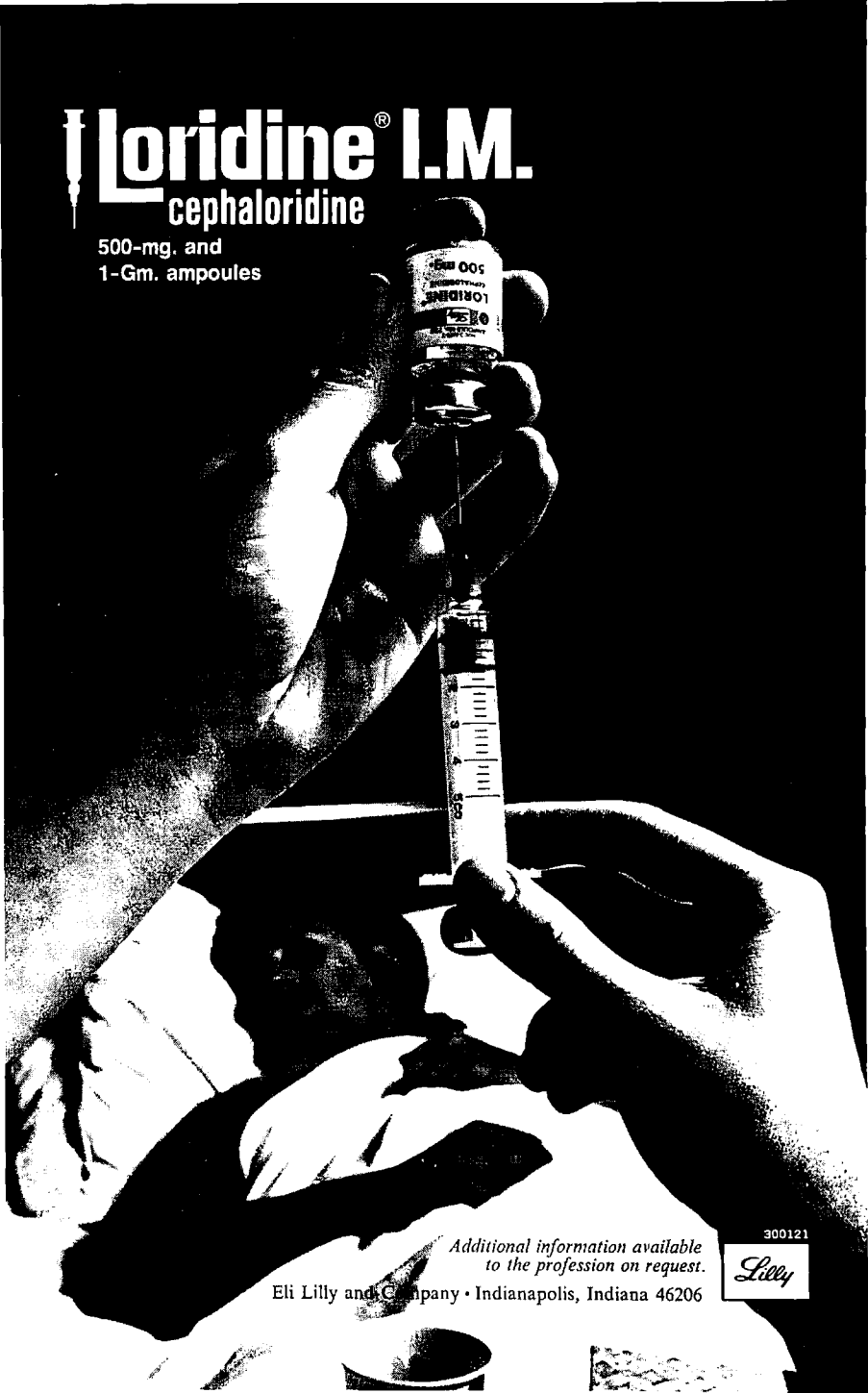
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## In Memoriam



William Goering died suddenly Oct. 9, apparent victim of his 5th heart attack. Bill had just said 'goodbye' to his daughter Susan who had come home for a visit and to see her brother, Tony. He had made plans to start seeing patients in the office later that week after a year of complete retirement. We were looking forward to having him back.

I personally knew Bill for 3 months during his active career and for 13 years during which he fought a slowly losing battle with cardiovascular disease. He suffered the gradual loss of vigor and comfort with intense annoyance and disappointment but with great dignity.

Bill was born in Germany and came to this country with his parents when he was a boy. His father was an artist, an avocation Bill followed until his death, and many of his father's paintings decorated the walls of his office and home. His mother lived with the Goering's until 1960 and never learned the English language. Bill's command of German undoubtedly helped him during his orthopedic training under Dr. Steindler who had then just come from Germany to the University of Iowa.

Bill was raised in Iowa, attended the University of Iowa medical school (he was very loyal to that university as a matter of fact, since he came back after being expelled once for his "too high spirit" on the then staid campus), married Clara there, and returned after an internship at Tacoma General, and practice with Dr. Rich to take his orthopedic training with Dr. Steindler. He returned to Tacoma and again was an associate with Dr. Rich, a pioneer orthopedist of the Northwest

Dr. Goering was in the army from 1941 to 1946, one of the first to go and last to return. He was Chief of Orthopedics at Barnes Hospital and returned a Lt. Colonel. He remained an active reservist and was consultant for Madigan, American Lake VA, and the Indian hospitals. Bill was a leading orthopedist and a commanding presence in Tacoma's medical community and in Northwest orthopedics. Many men beginning practice during those years remember the kindness and support they were given by Bill. He was a man who visited when you were sick, sent a note when you needed concern, sent you congratulations when warranted, and gave of himself without reservation. He was a man with a gift of friendship. He was fun to be with and genuinely thoughtful of others.

He shared his home life and hobbies with his wife Clara until her death a little over a year ago. They were gardeners and birdwatchers and their home gloried always with flowers and vegetables and birds and wildlife and trees that were the recipients of their shared love.

My clearest memory of Bill will be his morning arrival at the office. His Mercedes Benz always flew a small American flag on the aerial, his plaid cap was set at just the right angle, and a small rosebud from his garden was on his lapel.

George C. Gilman, M.D.



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# November Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
			1 Gastrointestinal Conf. St. Joseph's 8:15 a.m.	2 Tumor Board 7 a.m. Allenmore  Hematology- Oncology Conf. TGH—8:15 a.m.  Good Sam. Medical Ed 8 a.m.  Yoder Lecture Noon
5  Mary Bridge Cardiac Conf. 5:30 p.m.  Tac. Orthopedic Soc. — 6 p.m.  Pierce Co. Pediatric Soc. 6:30 p.m.	6  C.P.C. of Mary Bridge 8 a.m.	7  Surgical Conf. TGH—8 a.m.	8  Pulmonary Conf. St. Joseph's 8:15 a.m.  St. Joseph's Trauma Conf. 7 a.m.	9  Tumor Board 7 a.m. - Allenmore  Neurology Conf. TGH—8:15 a.m.  Good Sam. Med. E.—8 a.m.
12  Mary Bridge Cardiac Conf. 5:30 p.m.	13  C.P.C. of Mary Bridge—8 a.m.  Trauma Conf. 6 p.m.  PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m.	14  OB-GYN Conference TGH—8 a.m.	15  Renal Conference St. Joseph's 8:15 a.m.	16  Tumor Board 7 a.m. Allenmore  Cardiology Conf. TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.
19  Mary Bridge Cardiac Conf. 5:30 p.m.	20  C.P.C. of Mary Bridge—8 a.m.  Tacoma Surgical Club—6:30 p.m.	21  Medicine Conference TGH—8 a.m.	22  THANKSGIVING DAY	23  Tumor Board 7 a.m. - Allenmore Joint Services Con.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.
26  Mary Bridge Cardiac Conf. 5:30 p.m.	27  C.P.C. of Mary Bridge—8 a.m.  Tacoma Acad. of Int. Medicine 6:30 p.m.	28  Pathology Conf.—TGH 8 a.m.	29  Medical Therapeutics St. Joseph's 8:15 a.m.	30

## The Remarkably Rigid Progression Of Alcoholism

In virtually every case of alcohol addiction there is a time-ordered sequence of progressive drinking. Alcoholism begins with "social drinking," then progresses to:

- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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## Tentative December Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>3</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tac Orthopedic Soc.—6 p.m.</p> <p>Pierce County Pediatric Society 6:30 p.m.</p> <p>Tac. Chapt. Am. Psych Assoc.</p>	<p><b>4</b></p> <p>Staff of Tacoma Gen.—6:30 p.m.</p>	<p><b>5</b></p> <p>Surgical Conf. TGH—8 a.m.</p>	<p><b>6</b></p> <p>Gastrointestinal Conf. St. Joseph's 8:15 a.m.</p>	<p><b>7</b></p> <p>Tumor Board 7 a.m.</p> <p>Good Sam. Medical Ed 8 a.m.</p> <p>Oncology Conf. TGH—8:15 a.m.</p>
<p><b>10</b></p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Good Sam. — 6:30 p.m.</p>	<p><b>11</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Trauma Conf. 6 p.m.</p> <p>PIERCE COUNTY MED. SOCIETY 8:15 p.m.</p>	<p><b>12</b></p> <p>OB-GYN Conference TGH—8 a.m.</p>	<p><b>13</b></p> <p>Medical Chest Conf. St. Joseph's 8:15 a.m.</p>	<p><b>14</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Good Sam. Med. E.—8 a.m.</p> <p>Neurology Conf. TGH—8:15 a.m.</p>
<p><b>17</b></p> <p>Staff of Allenmore Hospital—Noon</p> <p>Staff of St. Joseph's 7:30 p.m.</p>	<p><b>18</b></p> <p>C.P.C. of Mary Bridge—8 a.m.</p> <p>Tacoma Surgical Club—6:30 p.m.</p>	<p><b>19</b></p> <p>Medicine Conference TGH—8 a.m.</p> <p>Staff of Lekewood Gen.—6:30 p.m.</p>	<p><b>20</b></p> <p>Medical Office Problems St. Joseph's 8:15 a.m.</p> <p>Psychiatric Conf. St. Joseph's 7 a.m.</p>	<p><b>21</b></p> <p>Tumor Board 7 a.m. Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p>
<p><b>24</b></p>	<p><b>25</b></p> <p style="text-align: center;">MERRY CHRISTMAS</p>	<p><b>26</b></p> <p>Pathology Conf.—TGH 8 a.m.</p>	<p><b>27</b></p> <p>Clinical Path. Conf. St. Joseph's 8:15 a.m.</p>	<p><b>28</b></p> <p>Tumor Board 7 a.m. - Allenmore</p> <p>Joint Services Con.—8:15 a.m. TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p> <p>Staff of Mary Bridge 12:15 p.m.</p>
<p><b>31</b></p>				

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## Trustees Approve Credit Card Billings

Medical Society Trustees have been requested to advise members as to the propriety of using credit cards in billing patients. Noting that such a procedure would be completely voluntary for both physician and patients, this was approved at the October trustees meeting.

Dr. Baskin reported on his continuing contacts with the American Association of Medical Society Executives. It is hoped to have the King County Medical Society director speak to this Society regarding an executive director for Pierce County.

A contract proposal between area hospitals, the Medical Society and Tacoma General Hospital was approved, setting up the new medical library to be housed in Tacoma General Hospital.

Dr. Boyd is chairing a committee studying medical care in local jails. Anyone especially interested in working on this committee should contact Dr. Boyd.

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Dr. Najarian

The Department of Surgery, University of Washington School of Medicine, in collaboration with the Strauss Family, will sponsor the twenty-fourth Annual Alfred E. Strauss Lecture on November 30, 1973, at 4:30 p.m., in the new Health Sciences Teaching Wing, Room T-625. The lecturer is Dr. John S. Najarian (Professor and Chairman, Dept. of Surgery, University of Minnesota Medical School). He will discuss "Renal Transplantation: The Present and a Prospect."

Dr. Najarian is Professor and Chairman, Dept. of Surgery, College of Medical Sciences at the University of Minnesota in Minneapolis. He formerly was Professor and Vice-Chairman of the Dept. of Surgery at the University of California at San Francisco as well as Director of Surgical Research Laboratories and Chief of the Transplantation Service there until July, 1967, when he left to assume the surgery chairmanship at the University of Minnesota.

Former military medical officers are needed to fill Puget Sound area vacancies in the Washington Air National Guard. Telephone Col. Mueller or Col. Wilson at 743-9007 (Seattle); or Col. Adams at 552-3847 (Tacoma).

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# WOMEN'S AUXILIARY PAGE

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	Mrs. Charles L. Anderson (Cindy)
	Mrs. William T. Ritchie (Marge)
	Mrs. George C. Gilman (Dona)

## Trip the Light Fantastic

The Pierce County Medical Society's Christmas dinner dance will be held at the Tacoma Country and Golf Club on Saturday, December 1st. A no-host cocktail hour begins at 6:30 p.m. - 8 p.m. Dinner will be served 8-9 p.m., and dancing to the music of the Seasons Four from 9 p.m. - 1 a.m. Since reservations will be limited, send your check for \$25 per couple to Mrs. Arthur Wickstrom before November 26th. Dance chairmen Kit Larson and Bev Graham remind us that Christmas is a nice time of the year to visit with old and new friends, so make your reservations early and join us.

The dance committee consists of the following Auxiliary members: Invitations: Patsy Crabill, Donna Ferguson, Keaty Gross, Betty Johnson, Dee Wickstrom. Cuisine: Ruth Houtz, Nadine Kennedy. Decorations: Glenna Blackett, Cheryl Crowell, Charlotte Randolph, Kimi Tanbara, Gloria Virak. Telephone: Nancy Billingsley, Wibby Bischoff, Ann Blankenship, Lorna Burt, Sue Duffy, Bev Harrelson, Alice Hilger, Pearl Watkins, Mary Weber.

## VOTE!!

Don't forget to vote in the general election November 6th. And don't forget to mention to your friends the two well qualified Auxiliary members running for office — Dona Gilman for Port Commissioner and Adele Durkin for School Board.

## Mail Early—Avoid the Rush

The following is a letter sent to the office of each Pierce County physician, and sent in October to each Auxiliary member's home address:

Auxiliary Member:

The Women's Auxiliary to the Pierce County Medical Society is again sponsoring the Christmas card to seek funds for the American Medical Association Education and Research Foundation. AMA-ERF is for the purpose of providing financial aid to medical schools, students, and improved public health through scientific and medical research.

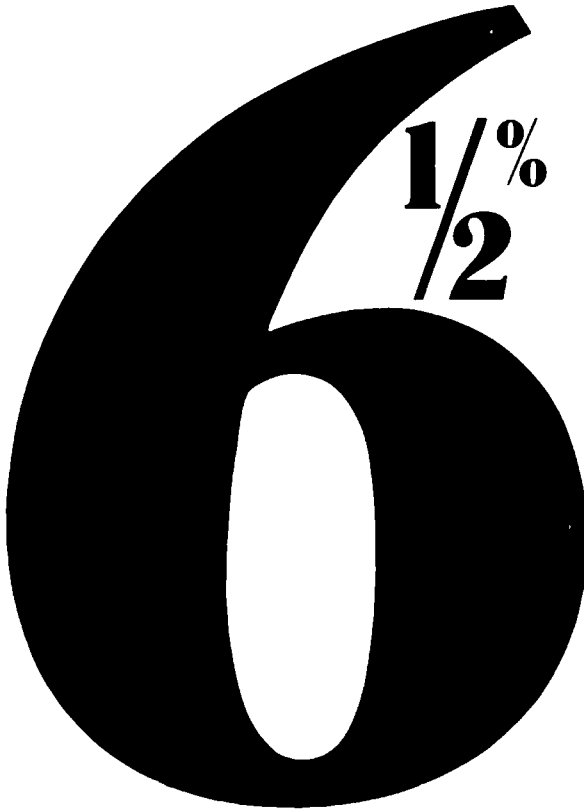
Each year, with the approval of the Pierce County Medical Society, the Women's Auxiliary prepares and mails a Christmas card to

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each Physician in Pierce County; this is done in lieu of sending individual Christmas cards to your physician friends and colleagues, and at the same time aiding AMF-ERF with your contribution. Your full contribution goes to AMF-ERF; all expenses are paid by the Women's Auxiliary to the Pierce County Medical Society.

Records of individual contributions are kept only for accounting purposes and are kept strictly confidential. A thank-you note or card will be mailed to all contributors acknowledging their gifts.

It is necessary to receive your contribution by November 15th in order that our Christmas card may be prepared with a complete list of contributors and prepared for Christmas mailing.

Please make your tax-deductible check to AMA-ERF Pierce County Women's Auxiliary and mail to:

Mrs. M. Brachvogel  
1724 Fernside Dr. So.  
Tacoma, Washington 98465

## ALMOST Everything You Wanted to Know About The Ad Hoc Committee

Under the tutelage of Marie Henry the Ad Hoc Committee has met faithfully during the summer months, probing the direction the Auxiliary should go, and searching for a project worthy of funding. In September 350 questionnaires were mailed to members, and to date 63 have been returned. If yours is filed away, please fill it out and return it because a great deal of thought and effort is represented here, and YOUR views are important.

Tabulation of the questionnaire is as follows:

- |                               |     |
|-------------------------------|-----|
| Total questionnaires sent     | 350 |
| Total questionnaires received | 63  |
1. Regarding whether Blood Pressure project was worthwhile:
 

61 .....	yes	2 .....	undecided
----------	-----	---------	-----------

    - A. 50 .....

1) 15 to take B.P.s
2) 25 to fill out forms
3) 10 to do either of the above

Linda BeMiller agreed to be Chairman
  2. Regarding expansion of the Speaker's Bureau
 

A. 13 .....	members volunteered
B. 1 .....	undecided
  3. Genny Hansen volunteered to develop an

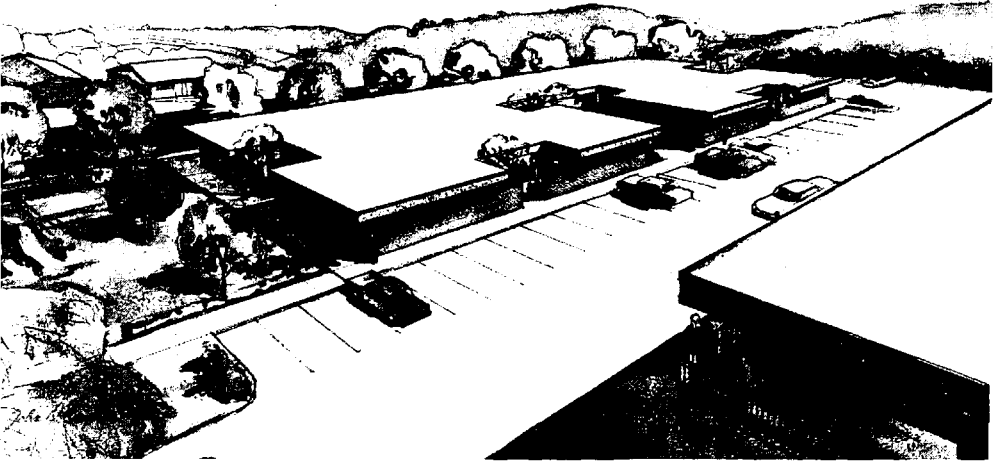
Auxiliary file listing member's professional and/or volunteer backgrounds.

4. Regarding members' feelings on whether Auxiliary should be more social or service oriented:
 

A. 28 .....	service oriented
B. 4 .....	social oriented
C. 18 .....	50 / 50
D. 3 .....	undecided
E. 10 .....	no answer
5. Some suggestions included:
  - A. Neighborhood group meetings from time to time for bridge, coffees, etc.
  - B. Interest groups be established: i.e. politics, arts, health, etc.
  - C. Expose everyone to volunteer programs available in community.
  - D. Become more involved in Blood Bank program.
  - E. A community service project each year which changes as the needs and interests of the community change.
6. The Bulletin will receive the material regarding those members who have children in health service professions, and perhaps feature articles can be included from time to time.
  - A. 11 .... members had one child in health service professions.
  - B. 2 .... members had two or more children in H.S.P.

Physician Education Program in Family Planning at UCLA. Sponsored by the American College of Obstetrics and Gynecology. Approved for credit by the American Academy of General Practice. A one week, no tuition, seminar, March 11-15, 1974, covering the areas of Clinical Contraception, Family Planning Administration, and Human Sexuality. After attending the seminar physicians have the option of returning for 2-4 days of clinical skill development (no tuition) and/or learning surgical procedures (tuition). For more information contact Irvin M. Cushner, M.D., OB-GYN Department, UCLA, Center for the Health Sciences, Room 24-139, Los Angeles, California, 90024. Telephone: (213) 825-1046.

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November 9-10, 1973

Tacoma, Washington

Pacific Lutheran University

**PROGRAM SUMMARY: Friday, November 9th, 9:00 a.m. - 4:30 p.m.**  
Elementary and Secondary Activities, Agility Drills, Aerobic Dancing, Rhythmic Aquatics, Adult Fitness, Sport Conditioning, Beginning Gymnastics, National Varsity Club.

**Friday, November 9th, 7:30 p.m. - 9:00 p.m.**  
Physical Education Gala, with elementary and secondary school performances plus many other "super" performers!!

**Saturday, November 10, 9:00 a.m. - 3:00 p.m.**  
Programs of the PCPFS, Physical Fitness and Dynamic Health, Conditioning for Skiing, Physical Education for the Mentally Retarded, Gymnastics, Tennis.

**STAFF:** C. Carson Conrad, Richard Keelor, Joan Parker, Glen Swengros for the Council.

Dr. Thomas Cureton, Dee DaBramo, Muriel Grossfield, Stan LeProtti, Jacki Sorenson, Joan Sullivan.

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School of Physical Education  
Pacific Lutheran University  
Tacoma, Washington 98447 (206) 531-6900 ext. 267

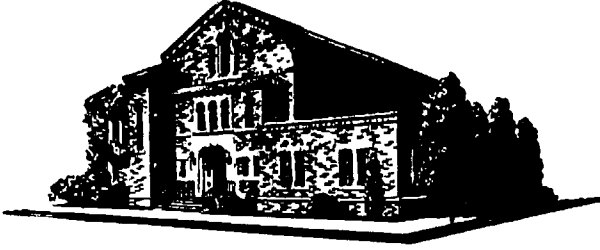
Enclosed is my check for Pre-registration for..... person/people  
Enclosed is my check for Pre-registration for..... person/people  
\$2.00 Regular, \$1.00 State HPER Member, \$1.00 Student) \$.....  
and lunch Friday (\$1.60) .....  
lunch Saturday (\$1.60) .....  
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	Carl O. Granquist		Paul Gerstmann		Vernon O. Larson
	J. Hugh Kalkus	14	Thomas H. Clark		John M. Shaw
	George A. Moosey		Kiyooky Hori	23	Ralph V. Stagner
5	William Brown	16	Kurt Brawand	24	John Alger
	Joseph LaTona		Galen Hoover	25	John H. McGowan
6	J. G. Katterhagen	17	T. R. Haley		William McPhee
	Sherman S. Pinto	18	James D. Krueger	26	Kenneth Kilborn
7	G. W. Bissonnette		G. M. Whitacre		Theodore Smith
8	Ray M. Lyle	19	Calvin A. Lantz	29	John Colen
	Wayne W. Zimmerman	20	Raymond Tyvand	30	Rostom Rivera
11	William T. Ritchie	21	Ronald Gallucci		Robert Glock
	Kenneth Sturdevant				Thomas Smeall

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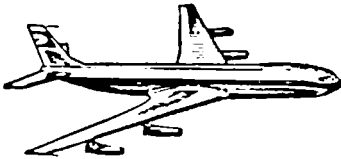
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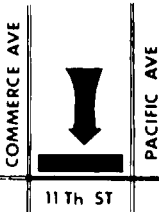
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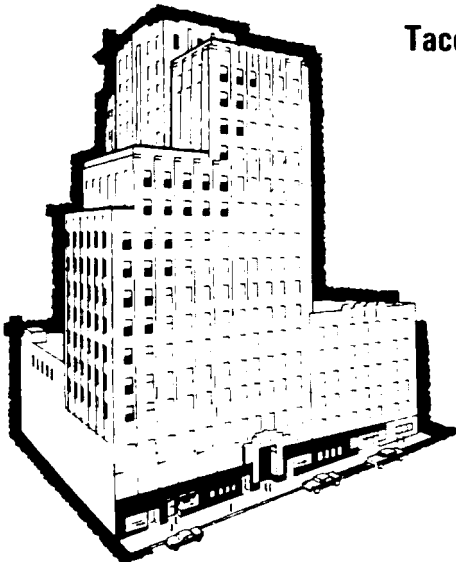
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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of 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 HOSPITAL  
2nd Monday of February, May, August, 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.—7:30 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.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and  
August
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Monday of each month except June, July and  
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL  
Third Monday of each month except July—12 noon at Allenmore  
Hospital.
- 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 Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

DECEMBER, 1973 TACOMA, WASHINGTON VOL. XLIV, NO. 11



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
DECEMBER 11**

# Pierce County Medical Society

1973

## OFFICERS

President ..... John M. Kanda  
 Vice-President ..... Paul E. Bondo  
 President-elect ..... W. Ben Blackett  
 Secy.-Treasurer ..... George A. Tanbara  
 Executive Secretary ..... Judy Gordon

## TRUSTEES

Ralph A. Johnson      L. S. Baskin  
 D. T. Baer             Robert Johnson  
 James Early          James Stilwell  
 John Flynn            Walter Arthur

## DELEGATES

W. Ben Blackett      Herman S. Judd  
 George C. Gilman     John M. Kanda  
 Kenneth D. Graham   Ronald T. Spangler  
                              Kenneth Pim

## ALTERNATE DELEGATES

James M. Blankenship   Richard E. Huish  
 Thomas H. Clark        John F. Kemman  
 John F. Comfort         Herbert C. Kennedy  
                              David W. Millett

## Ethics

G. M. Whitacre, Chairman  
 Murray L. Johnson      Edmund A. Kanar

## Grievance

Lester S. Baskin, Chairman  
 Robert W. Florence      Robert M. Ferguson

## CREDENTIALS COMMITTEE

Kenneth D. Graham, Chairman  
 Paul E. Bondo            T. R. Haley  
 Juan Cordova            Donald F. McKay  
 L. S. Durkin              R. A. Norton  
                              Ralph V. Stagner

## Program

Richard T. Vimont

## Public Relations

George Tanbara

## Public Health

Kenneth P. McNutt, Chairman

## Television

Theodore J. Smith, Chairman

## Civil Disaster

James G. Billingsley, Chairman

## Entertainment

William L. Rohner, Chairman

## Legislative

Stanley W. Tuell, Chairman

## Mental Health

Jay Ehly, Chairman

## School Health

Orvis Harrelson         Charles Kemp

## Poison Control

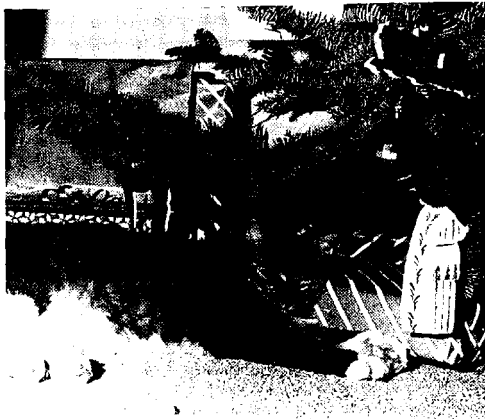
James L. Schneller, Chairman

## Medical Education

Marcel Malden, Chairman  
 J. G. Katterhagen        George R. Barnes

## EDITORIAL BOARD

David S. Hopkins, Editor  
 Stanley W. Tuell         W. Ben Blackett



— Cover photo by Glenn McBride, M.D.

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## \$ Short Quiz for Members of the Medical Profession \$

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LO 4-1320

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LO 4-2494



# President's Page



This being my last communication of this year, I thought of taking the easy way out by listing the persons who have made this past one year at the helm of the Pierce County Medical Society a fairly productive one. But I later decided that this might be a way of copping out.

So, let me mention some of my disappointments to this date. In retrospect, I wish that I was able to devote a little more time personally to get some of these projects a little further along.

Yes, we have a Family Clinic back, as a referral center, with no long range financing, with no specific involvement by the Society, except for endorsing and supporting its concept by words. With the recent questionnaire out, and the visit by the director of the Valley Pulse Clinic Ms. Connie Thornberry, King County, I hope that we in Pierce County might be able to offer our indigent some organized care. Much assistance will be needed from Society members.

I was somewhat hopeful that the direction to be taken, as to whether the Society might employ an executive director to lend continuity to the executive and administrative concern, may have been resolved by this time. But as of now, I see that much more information to the membership, as well as the leadership of the Society, is imperative before a studied decision can be made. After having conversation with Mr. Robert Blough, the Executive Director of the King County Medical Society, I, myself, am even more convinced that we do need such a person. I hope that the coming year might bring this matter to the vote of the membership.

A meaningful, flexible Constitution and By-Laws of the Society has been developed by Dr. Robert Ferguson and his committee. Many members have written in to share with the committee their feelings on many of the areas covered. Hopefully, we will have such an instrument adopted at the next meeting. This is certainly not one of my disappointments, but I can see what can happen if someone decides to bring up points at the meeting, while having ignored the invitation to participate in the formulation of the Constitution and By-Laws by writing to the committee and/or myself during the work sessions.

I am most embarrassed that one of my well-meaning intentions never got off the ground, and it is even more embarrassing, being that I have no real excuse for it. That is, I did want to make it a point to get a letter of greeting to all new members of our Society and also to try to meet each of them. I hope that the rest of you have made them comfortable with your welcomes. Perhaps, with the demands of the presidency behind me, I will be able to meet all of you new men leisurely.

It has been an interesting and a busy year. I feel that I have gained some insight into the ever-enlarging spectrum of complexity of modern medicine by serving with the other members of the board, the delegates and the alternates, and committee chairmen and members on the team, to further the objectives of our Society.

John M. Kanda, M.D.  
President  
Pierce County Medical Society

**Remember the Blood Bank!**

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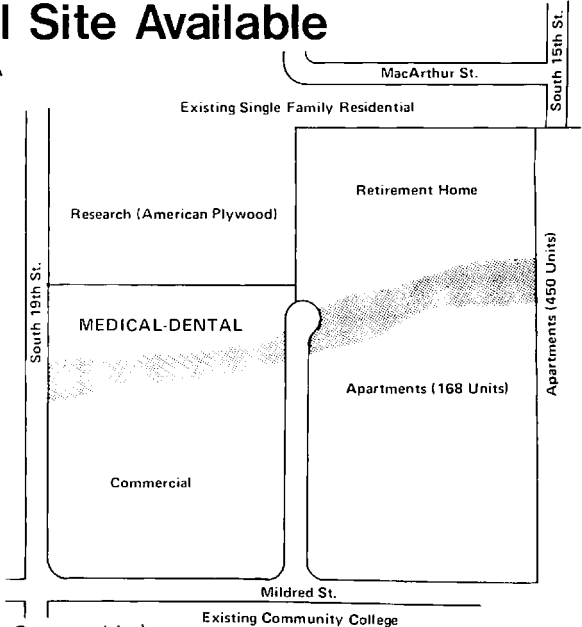
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# Editorially Speaking

## OF CHARTS AND THINGS



How often do you read nursing notes on routine hospital records? If you are like me you read them to learn the sequence of events when something has gone wrong. Or you read them when your attention has been called to some unusual happening. But there is something to be said for making this a routine practice. It would encourage more complete and detailed nursing notes if the notes were regularly studied. It might alert us to some things about the patient which was not reported verbally by the nurse. Or it might also alert us to an error or comment which could later prove embarrassing in a medical-legal context and which could be corrected by our own timely progress notes.

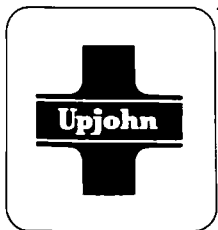
How often have you heard the nursing expression, "Well, I've just been off for three days," as an excuse for not knowing anything about a patient? Perhaps it is time to find a new excuse, something original and entertaining, or, better yet, a more adequate nursing report.

Physicians' orders are another subject of charts and things. Sometimes they can't quite be read. This could be a carry-over from high school English. If the student doesn't know how to spell a word, the writing can be sufficiently slurred so that the exact spelling goes unnoticed.

It is hard to give up techniques that have served us well in the past. Still, there are some pretty obvious disadvantages to applying this technique to order sheets. We all should appreciate it when the nurses call to confirm an order that is unclear.

Detail of orders is sometimes lacking. I remember an incident (not a Tacoma hospital) in which a patient had many tubes, an infusion I.V., a central venous catheter, a nasal airway tube, a urinary catheter and a gastrostomy tube. I am not sure whether the orders can be held completely responsible, but on one occasion the urinary catheter was found connected to the gastrostomy tube — a somewhat unorthodox way of conserving body fluids.

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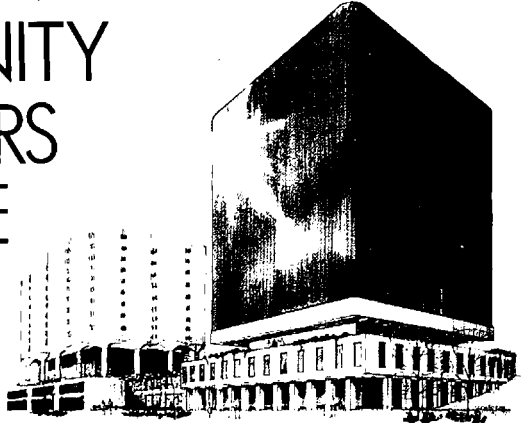
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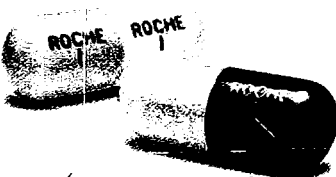
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# Are you utilizing the full range of Librium dosage? (chlordiazepoxide HCl)

(Identify the recommended usual daily dosage for adults.)

in mild to moderate anxiety

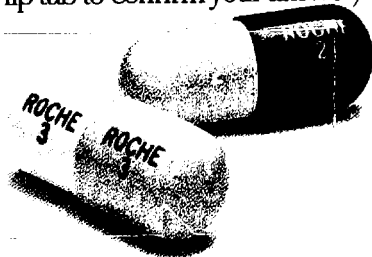
- a. 10-60 mg
- b. 15-40 mg
- c. 20-60 mg



(Flip tab to confirm your answer.)

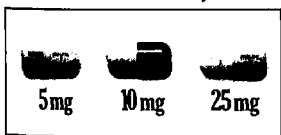
in severe anxiety

- a. 60-100 mg
- b. 40-75 mg
- c. 80-100 mg



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adjunctive

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(chlordiazepoxide HCl)



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in mild to moderate anxiety

b. 15-40 mg  
(5 or 10 mg t.i.d./q.i.d.)

in severe anxiety

a. 60-100 mg  
(20 or 25 mg t.i.d./q.i.d.)

*Note:* The dosages shown here are those recommended in the official package insert and are not intended to restrict the clinical judgment of the physician. In geriatric patients, the recommended initial dosage is 5 mg b.i.d., increased as needed and tolerated to 20 mg daily.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms

(including convulsions), following discontinuation of the drug and similar to those seen with barbiturate have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive 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, extrapyramidal 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 count 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.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. *Geriatric patients:* 5 mg b.i.d. to q.i.d. (See Precautions.)

**Supplied:** Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 100 and 500; Tel-E-Dose® packages of 1000. Libritabs® (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100 and 500. With respect to clinical activity, capsules and tablets are indistinguishable.



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# **Pierce County Medical Society Meeting**

## **Tuesday, December 11**

Medical Arts Building Auditorium

**Program . . . 8:15 p.m.**

**"MEDICAL - PROFESSIONAL TRAINING AT  
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**Col. Robert B. Giffin, Jr.  
Chief, Professional Services,  
Director of Medical Education and  
Deputy Commander of  
Madigan Army Medical Center**

Social Hour - 6:00

Dinner - 6:30

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## BANK CARD PROGRAM RECOMMENDATIONS

In the use of credit cards for billing patients, the advice of the Judicial Council of the AMA should be followed. It is as follows:

In connection with physician participation in bank card programs, the following principles are recommended to be implemented and applied as necessary by the county medical society for the guidance of physicians as these programs develop.

- (1) The county medical society should be satisfied as to the financial and professional integrity of the plan. It should negotiate with the plan sponsors to insure that service charges to the physician are reasonable. It should insist that the plan be open to all physicians on the same terms and that it not exploit or capitalize on physicians' participation in the plan. It should advise the plan that the listing of physicians in directories of participating members is contrary to the ethics of the medical profession.
- (2) The individual physician may not, because of his participation, increase his fee for medical service rendered the patient. He may not use the plan to solicit patients. He may not encourage patients to use the plan. His position must be that he accepts the plan as a convenience to patients who desire to use it. Plaques or other devices indicating participation in the plan within the physician's office shall be kept to a discreet and dignified minimum. Plaques, signs, or other devices indicating such participation visible outside the physician's office are unacceptable.
- (3) The use of a bank card in connection with the payment of larger fees — which might normally be paid to the physician in installments — is not to be encouraged. All members of the Association are expected to continue the traditional practice of permitting patients of limited means to pay relatively large fees in installments without interest or carrying charges. Out of respect for the dignity and traditions of the medical profession, the physician may not relieve himself of his obligations "to render service to humanity, reward or financial gain being a subordinate consideration."

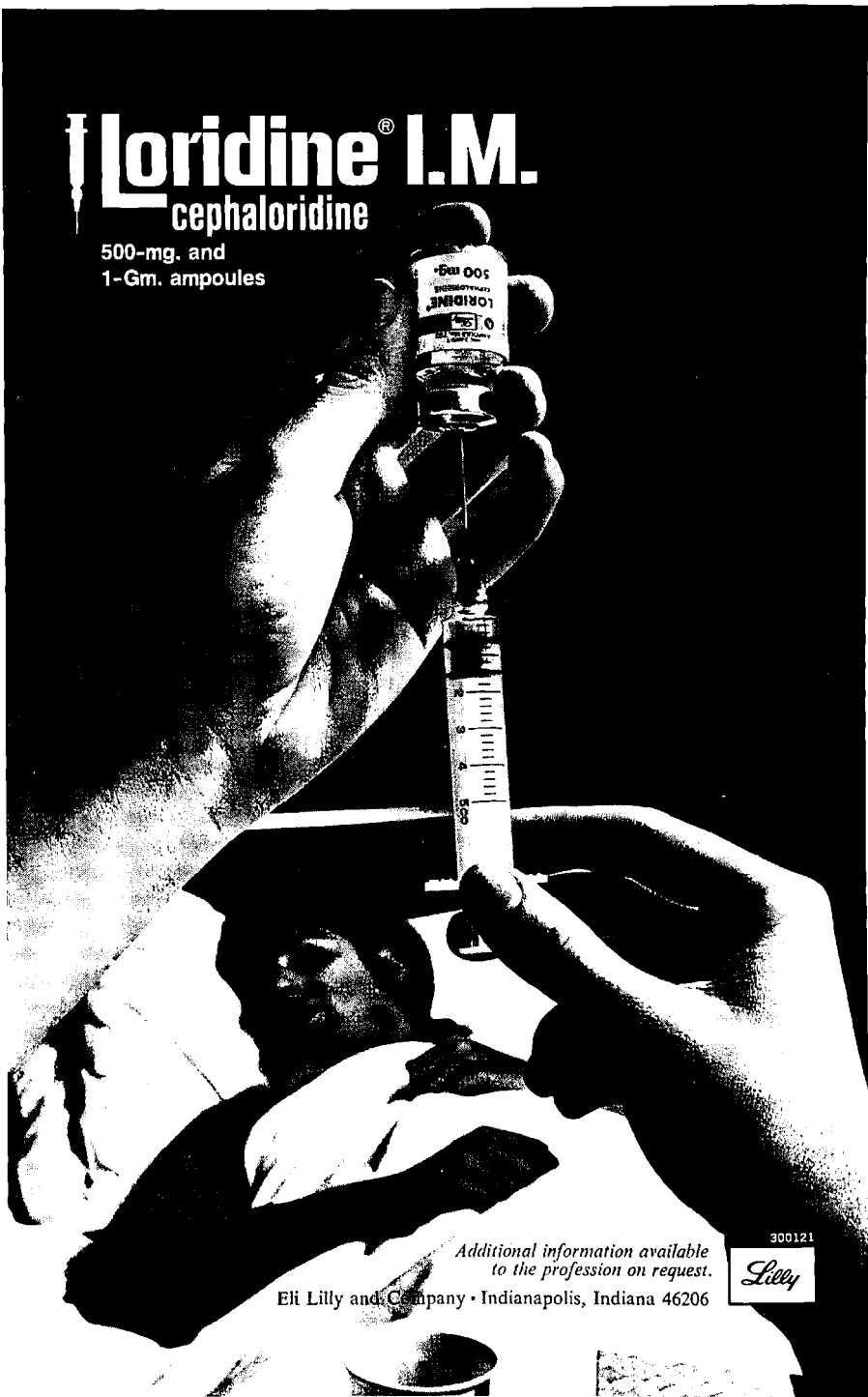
## 1974 Officers And Delegates

President	W. Ben Blackett
Vice-President	James G. Billingsley
President-Elect	James F. Early
Secretary-Treasurer	David L. BeMiller
Trustees	Thomas H. Clark Edmund A. Kanar Herbert C. Kennedy John P. Nagle Robert Johnson James Stilwell Walter Arthur
Delegates	Thomas H. Clark John F. Kemman Herbert C. Kennedy Robert B. Whitney
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Physician Education Program in Family Planning at UCLA. Sponsored by the American College of Obstetrics and Gynecology. Approved for credit by the American Academy of General Practice. A one week, no tuition, seminar, March 11-15, 1974, covering the areas of Clinical Contraception, Family Planning Administration, and Human Sexuality. After attending the seminar physicians have the option of returning for 2-4 days of clinical skill development (no tuition) and/or learning surgical procedures (tuition). For more information contact Irvin M. Cushner, M.D., OB-GYN Department, UCLA, Center for the Health Sciences, Room 24-139, Los Angeles, California, 90024. Telephone: (213) 825-1046.

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## SCHEDULE OF MEDICAL EDUCATION PROGRAM Tacoma General Hospital

### WEDNESDAY DATES

Date	Surgery	OB-GYN	Medicine	Pathology	Extra
1973 Dec.	5	12	19	26	
1974 Jan.	2	9	16	23	30
March	6	13	20	27	
Feb.	6	13	20	27	
April	3	10	17	24	
May	1	8	15	22	29

### FRIDAY DATES

Date 1973	Oncology	Neurology	Cardiology	Oncology
Dec.	7	14	21	28
1974 Jan.	4	11	18	25
Feb.	1	8	15	22
March	1	8	15	22
April	5	12	19	26
May	3	10	17	24

## St. Joseph Hospital

First Thursday	—	Gastrointestinal Conference	—	8:15 a.m.
Second Tuesday	—	Trauma Conference	—	6:00 p.m.
Second Thursday	—	Medical Chest Conference	—	8:15 a.m.
Third Thursday	—	Psychiatric Conference	—	7:00 a.m.
Third Thursday	—	Medical Office Problems	—	8:15 a.m.
Fourth Thursday	—	Clinical Pathological Conference	—	8:15 a.m.
Fifth Thursday (when there is one)	—	Medical Therapeutics	—	8:15 a.m.

## Staff Meetings for 1973

(Joint with Tacoma General, St. Joseph and Mary Bridge)

March 6 — hosted by Mary Bridge — Jackson Hall

June 5 — hosted by Tacoma General — Jackson Hall

Sept. 17 — hosted by St. Joseph — St. Joseph Conference Room — 7:30

December meetings are to be held separately — to be scheduled individually.



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## December Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>3</b> Mary Bridge Cardiac Conf. 5:30 p.m. Tac Orthopedic Soc.—6 p.m. Pierce County Pediatric Society 6:30 p.m. Tac. Chapt. Am. Psych Assoc.	<b>4</b> Staff of Tacoma Gen.—6:30 p.m.	<b>5</b> Surgical Conf. TGH—8 a.m.	<b>6</b> Gastrointestinal Conf. St. Joseph's 8:15 a.m.	<b>7</b> Tumor Board 7 a.m. Good Sam. Medical Ed 8 a.m. Oncology Conf. TGH—8:15 a.m.
<b>10</b> Mary Bridge Cardiac Conf. 5:30 p.m. Staff of Good Sam. — 6:30 p.m.	<b>11</b> C.P.C. of Mary Bridge—8 a.m. Trauma Conf. 6 p.m. PIERCE COUNTY MED. SOCIETY 8:15 p.m.	<b>12</b> OB-GYN Conference TGH—8 a.m.	<b>13</b> Medical Chest Conf. St. Joseph's 8:15 a.m.	<b>14</b> Tumor Board 7 a.m. - Allenmore Good Sam. Med. E.—8 a.m. Neurology Conf. TGH—8:15 a.m.
<b>17</b> Staff of Allenmore Hospital—Noon Staff of St. Joseph's 7:30 p.m.	<b>18</b> C.P.C. of Mary Bridge—8 a.m. Tacoma Surgical Club—6:30 p.m.	<b>19</b> Medicine Conference TGH—8 a.m. Staff of Lekewood Gen.—6:30 p.m.	<b>20</b> Medical Office Problems St. Joseph's 8:15 a.m. Psychiatric Conf. St. Joseph's 7 a.m.	<b>21</b> Tumor Board 7 a.m. Allenmore Cardiology Conf. TGH—8:15 a.m.
<b>24</b>	<b>25</b> MERRY CHRISTMAS	<b>26</b> Pathology Conf.—TGH 8 a.m.	<b>27</b> Clinical Path. Conf. St. Joseph's 8:15 a.m.	<b>28</b> Tumor Board 7 a.m. - Allenmore Oncology TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m. Staff of Mary Bridge 12:15 p.m.

## The Remarkably Rigid Progression Of Alcoholism

In virtually every case of alcohol addiction there is a time-ordered sequence of progressive drinking. Alcoholism begins with "social drinking," then progresses to:

- Drinking at least once a week.
- Drinking faster and more than the "social drinker."
- Experiencing temporary amnesia, or "blackouts."
- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
- Feeling vague and unreasoned fears.
- Experiencing insomnia.
- Dying of liver, or brain, or heart disease, or debilitating diseases such as tuberculosis and pneumonia or accidents.

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## Tentative January Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1  HAPPY NEW YEAR	2  Surgical Conf. TGH—8 a.m.	3  Gastrointestinal Conf. St. Joseph's 8:15 a.m.	4  Tumor Board 7 a.m.  Good Sam. Medical Ed 8 a.m.  Oncology Conf. TGH—8:15 a.m.
7  Mary Bridge Cardiac Conf. 5:30 p.m.  Tac Orthopedic Soc.—6 p.m.  Pierce County Pediatric Society 6:30 p.m.	8  C.P.C. of Mary Bridge—8 a.m.  PIERCE COUNTY MED. SOCIETY 8:15 p.m.	9  OB-GYN Conference TGH—8 a.m.	10  Medical Chest Conf. St. Joseph's 8:15 a.m.	11  Tumor Board 7 a.m. - Allenmore  Good Sam. Med. E.—8 a.m.  Neurology Conf. TGH—8:15 a.m.
14  Mary Bridge Cardiac Conf. 5:30 p.m.	15  C.P.C. of Mary Bridge—8 a.m.  Tacoma Surgical Club—6:30 p.m.	16  Medicine Conference TGH—8 a.m.  Staff of Lekewood Gen.—6:30 p.m.	17  Medical Office Problems St. Joseph's 8:15 a.m.  Psychiatric Conf. St. Joseph's 7 a.m.	18  Tumor Board 7 a.m. Allenmore  Cardiology Conf. TGH—8:15 a.m.
21  Staff of Allenmore Hospital—Noon	22  C.P.C. of Mary Bridge—8 a.m.  Tac. Acad. of Internal Medicine —6:30 p.m.	23  Pathology Conf.—TGH 8 a.m.	24  Clinical Path. Conf. St. Joseph's 8:15 a.m.	25  Tumor Board 7 a.m. - Allenmore  Oncology TGH—8:15 a.m.  Good Sam. Med. Ed.—8 a.m.  Staff of Mary Bridge 12:15 p.m.
28	29	30	31	

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# WOMEN'S AUXILIARY PAGE

## AUXILIARY OFFICERS 1973 - 1974

- President .....Mrs. John R. Alger (Obie)
- President-Elect .....Mrs. Ronald Spangler, Jr. (Nancy)
- 1st Vice President - Program.....Mrs. J. G. Katterhagen (Anne)
- 2nd Vice President - Membership .....Mrs. John Havlina (Dolores)
- 3rd Vice President - Historian & Bylaws .....Mrs. George Barnes, Jr. (Ellie)
- 4th Vice President - Social .....Mrs. Wayne A. Bergstrom (Reta)
- Recording Secretary .....Mrs. Melvin L. Henry (Marie)
- Corresponding Secretary .....Mrs. Roy H. Virak (Gloria)
- Treasurer .....Mrs. Robert C. Johnson (Betty)
- Dues Treasurer .....Mrs. W. Ben Blackett (Glenna)

## COMMITTEE CHAIRMEN

- AMAERF .....Mrs. Max W. Brachvogel (Judy)
- Community Health .....Mrs. George Moosey (Jane)
- Cookbook .....Mrs. John Kennedy (Nancy)
- Dance .....Mrs. Vernon O. Larson (Kit)
- Finance .....Mrs. Kenneth D. Graham, Jr. (Bev)
- P.C. Health Council .....Mrs. Robert B. Whitney, Jr. (Helen)
- Health Careers .....Mrs. Phillip Grenley (Dorothy)
- Hospitality .....Mrs. Paul B. Smith, Jr. (Ginny)
- Legislative .....Mrs. Marcel Malden (Jean)
- Mental Health .....Mrs. Herbert C. Kennedy (Nadine)
- Nominating .....Mrs. J. Lawrence Smith (Norma)
- Publicity - Bulletin .....Mrs. David S. Hopkins (Carol)
- Newspaper .....Mrs. Duncan T. Baer (Marilyn)
- Speakers' Bureau .....Mrs. Harold B. Johnston (Mary)
- Student Recognition .....Mrs. Charles D. Prewitt (Donna)
- Telephone .....Mrs. L. Stanley Durkin (Adele)
- TODAYS HEALTH .....Mrs. Dale Hirz (Sharon)
- TAC Center .....Mrs. Charles L. Anderson (Cindy)
- .....Mrs. William T. Ritchie (Marge)
- .....Mrs. George C. Gilman (Dona)

## Collector's Item

Hurry! Hurry! Only ten Auxiliary cookbooks are left for those wanting a last-minute Christmas gift suggestion. Call Nancy Spangler at LO 4-5535.

## Speaking of Cookbooks -

Nancy Kennedy is the chairman of the new cookbook committee. Send your favorite recipes to Nancy at 4408 Merry Lane W., and please categorize your recipes; i.e.: casserole, dessert, etc. The committee asks that the recipes be written on a recipe card which facilitates filing and processing. Please include your name on the card.

Also included in the new cookbook will be a section for special diets (diabetes, low salt, low cholesterol, etc.), and these recipes are also needed.

## Dues Past Due

Glenna Blackett announced there are 126 paid members as of October 24th. Anyone who hasn't yet paid their dues may mail \$12 to Mrs. W. Ben Blackett, 4366 Lexington, Tacoma 98407, and receive her membership book in return.

## Funding Anyone?

The Washington State Medical Association Auxiliary maintains a contingency fund which accrues interest yearly. The interest from this fund amounts to approximately \$500 per year, and must be donated to a non-profit organization. State officers comprise the philanthropic committee which finally determines (after considering suggestions from the counties) which organization will be the recipient of the Philanthropic Award. If you have any suggestions contact Obie Alger.

## Did You Know?

Are you aware that Pierce County has five Auxiliary members represented on the State Board? Vivian Ehly — mental health, Jo Ann Johnson — southwest regional vice president, Dorothy Maier — program, Norma Smith — publicity, Dee Wickstrom — finance.

Merry Christmas To All!

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## AMA-ERF

At the state meeting in Seattle, Pierce County again received a certificate of achievement for total contributions to AMA-ERF for 1972. Total donation was \$4,311. The runner-up county totaled \$3,000 less! Last year the state of Washington contributed \$26,000 to AMA-ERF. All auxiliaries throughout the country donated a grand total of \$900,000 in 1972, and over \$5½ millions in a ten-year period of time.

Last year at the University of Wash-

ington eighteen student loans were given in the amount of \$23,000. Over a ten-year period there have been 365 loans to students, interns, and residents totaling \$386,800 — all from donations to AMA-ERF.

Pierce County Medical Auxiliary's Christmas card project provides a large percentage of the total county contribution. The overall figures are impressive and remind us we are participating in a very worthwhile endeavor.

---

## CORRESPONDENCE . . . TO THE EDITOR

I think that it would be well for all of us to listen to Nobel Laureat James D. Watson, a member of the advisory board charged with advising on and monitoring the administration's "War on Cancer Program." Doctor Watson states that "the sad fact is that there is no way we can effectively plan an end to all cancer." The National Cancer Institute went through a series of detailed planning sessions and drew up a massive three volume National Cancer Plan which was assembled full of "promising leads." According to Doctor Watson, "unfortunately not one of them yet smells of a real cure. But by careful public relations the impression can be created that we are onto something hot."

Doctor Watson expresses very great skepticism that anything like a cancer vaccine will be available for at least a decade, if not longer. He also said that it is unrealistic to believe that a combination of known anticancer drugs will turn the tide or that available immunological tricks will enable scientists to kill tumor cells selectively. To stop most cancers, he said, we will have come up with some radically new method of treatment that will probably depend on scientific observations that have not yet been made and some of them which may be purely by chance or serendipity. Doctor Watson feels that the best way to make progress is by strongly encouraging researchers in all forms of experimental biology instead of restricting substantial funding to so-called direct cancer research. He predicted that some of the new programs

launched by the Cancer Institute will waste tens of millions of dollars by pouring out money to people essentially incompetent to do first rate research. He greatly deplored the fact that the administration, while boosting funding for the National Cancer Institute, has cut the budget of most other national institutes of health and has terminated programs in training and research in the fundamental sciences which might bring the best minds of our nation into basic cancer research.

In other words, Doctor Watson seems to think that as with antibiotics in which a chance observation put us on the pathway to a number of truly phenomenal antibiotics, so a chance observation might lead to an effective cancer remedy. Other than this, it is only by slugging it out at the molecular and cellular level by thousands of trained minds that we can hope to understand enough to put together and try a number of plausible remedies. Unfortunately such a situation is not like antibiotics in which literally hundreds of thousands of compounds can be screened in a relatively inexpensive and quick manner. Yet all of us can be alert to one of the "chance observations" that he mentions that might put the solution on the correct pathway.

I am often reminded of a story regarding Doctor Dixon at Rochester and how he missed medical immortality. It seems that as a fellow he interviewed a patient who several years previously had been dismissed from the clinic with a diagnosis

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of pernicious anemia and when she showed up several years later feeling relatively hale and hearty but with other problems, in taking her history she ascribed her health to the fact that she ate great quantities of liver daily. At the time Doctor Dixon, although putting it on the record, did not follow this up. It was about five years later when Minott and Murphy announced their discovery that he remembered the case, and he looked it up to show others how he had missed fame and glory.

As an after thought, I might add that Doctor Watson was the co-discoverer of the molecular structure of DNA.

## Order Directories Now

If you have not already done so, please order your 1974 Directory of Physicians right away. None will be available after the directory goes to press, so please include ones you will need for your home as well as office. Also, it is important that the form be returned so that your name will be included in the directory. If you have misplaced it, please call the Medical Society office, MA 7-2020, and another will be sent to you.

## VETERANS ADMINISTRATION HOSPITAL

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October 30, 1973

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We have openings for two physicians at this Hospital. The openings are as follows:

a. Admitting Physician — to evaluate patients for admission to Medical or Psychiatric Units. This would include physical examination and abbreviated psychiatric examination.

b. Physician for Compensation and Pension examinations — disabilities presented are usually those seen by General Practitioner.

Both positions would be full-time and salary and fringe benefits would be discussed by contacting the Chief of Staff at the Veterans Administration Hospital, American Lake, Tacoma, Washington, telephone JU 8-2185, Extensions 366 and 367, between 8:00 A. M. and 4:30 P. M.

L. S. DIAMOND, M. D.  
Chief of Staff

## LAKWOOD CONVALESCENT CENTER

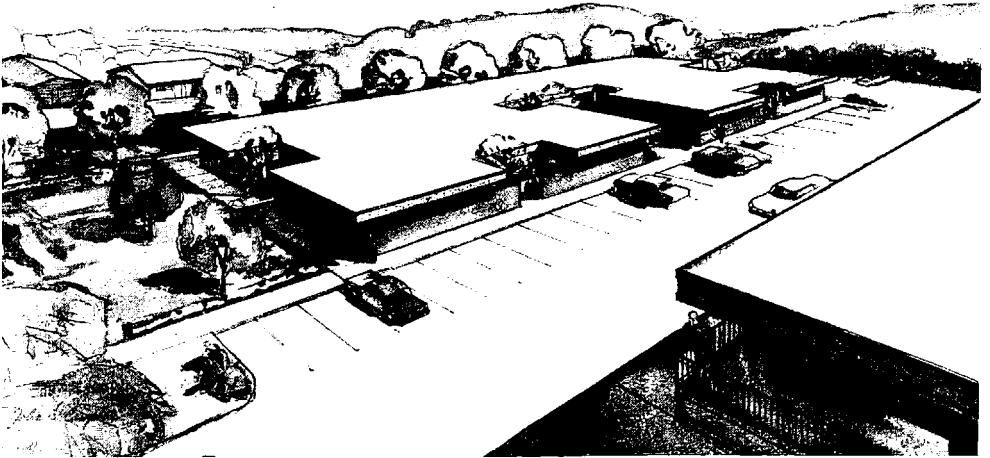
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Extended care, nursing home care and self-care units make up this health care complex. Services are tailored to meet patient needs by means of a broad range of medical, nursing and paramedical programs. Standards are set high to insure continuity of care consistent with the quality of care in the acute care section of Lakewood General Hospital. The 130 bed center is directed by the Lakewood General Hospital Staff, Board of Governors and Administration.

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Tacoma, Washington 98499

JU 8-1711 JU 2-3777 JU 2-3778

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The UNIVERSITY PLACE MEDICAL CLINIC has been designed for the most modern professional practice, which provides a prescription pharmacy with a planned, fully equipped laboratory and more than sufficient parking. Restaurants and stores are nearby.

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For additional information call Art Larson, 564-5455.

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205 Medical Arts Building

Tacoma, Washington

MArket 7-4151

Branches in . . . Madigan Hospital - Everett - Bremerton - Fort Lewis

**INFORMATION CENTER FOR OCTOBER, 1973**

.....	475
d Hospitals .....	38
y Agencies .....	19
.....	418
ION	
s .....	83
.....	150
.....	64
.....	17
.....	13
.....	13
er .....	66
.....	69
AKEN	
Under	Total
5 Yrs	
.....	6
.....	44
.....	2
d. ....	31
.....	1
.....	5
.....	5
.....	20
.....	14
.....	2
.....	97
.....	16
.....	35
.....	46
d. ....	21
ies .....	50
.....	38
N	
.....	27
.....	72
.....	119
.....	20
.....	18
.....	65
t .....	82
only .....	72
.....	232
.....	243

TIME CALL RECEIVED	
7 a.m. - 8 a.m. ....	3
8 a.m. - 9 a.m. ....	13
9 a.m. - 10 a.m. ....	30
10 a.m. - 11 a.m. ....	28
11 a.m. - 12 noon .....	47
12 noon - 1 p.m. ....	30
1 p.m. - 2 p.m. ....	35
2 p.m. - 3 p.m. ....	35
3 p.m. - 4 p.m. ....	39
4 p.m. - 5 p.m. ....	34
5 p.m. - 6 p.m. ....	41
6 p.m. - 7 p.m. ....	43
7 p.m. - 8 p.m. ....	29
8 p.m. - 9 p.m. ....	26
9 p.m. - 10 p.m. ....	20
10 p.m. - 11 p.m. ....	12
11 p.m. - 7 a.m. ....	10

DAY OF THE WEEK CALL RECEIVED	
Monday thru Friday .....	371
Saturday .....	44
Sunday .....	45
Holiday .....	15

NUMBER OF HOMES THAT HAD IPECAC .....		59
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NUMBER OF HOMES WITHOUT IPECAC .....		76
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POISON CASES SEEN IN MBCH E.R.	
Inpatients .....	
Outpatients .....	

Age	No.	Drug	Amount
14	1	Criss-Cross Speed	2 1/2 & alcohol
15	1	Excedrin	30
14	1	Aspirin	60
TOTAL			3

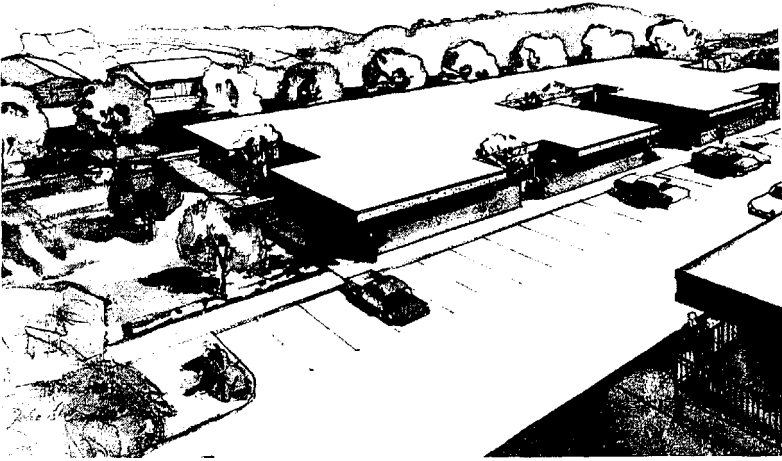


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Tacoma, Washington

MArket 7-4151

Branches in . . . Madigan Hospital - Everett . . . Port Lewis



**POISON INFORMATION CENTER FOR OCTOBER, 1973**

TOTAL CALLS .....	475
From Doctors and Hospitals .....	38
From Community Agencies .....	19
From Owners .....	418

**AGE DISTRIBUTION**

Under 18 months .....	83
18 Mos to 3 Yrs .....	150
3 & 4 Year Olds .....	64
5 & 6 Year Olds .....	17
7 thru 12 Years .....	13
13 thru 19 Yrs .....	13
20 Yrs and Over .....	66
No age given .....	69

**SUBSTANCES TAKEN**

	Under 5 Yrs	Total
Chemical .....	1	6
Cosmetics .....	44	49
Food Inquiries .....	2	20
Household Prod. ....	31	46
Ammonia .....	1	3
Bleaches .....	5	10
Detergents .....	5	7
Other .....	20	26
Repellents .....	14	19
Bites .....	2	10
Medicinal .....	97	154
Aspirin .....	16	31
Patent Meds .....	35	49
Presc. Drugs .....	46	74
Petroleum Prod. ....	21	28
Plants & Berries .....	50	84
Miscellaneous .....	38	59

**ADVICE GIVEN**

Contact M.D. ....	27
Give Ipecac .....	72
Give Liquids .....	119
Go to E.R. ....	20
Info. to M.D. ....	18
Observe .....	65
No Treatment .....	82
Information only .....	72

County 232  
City 243

**TIME CALL RECEIVED**

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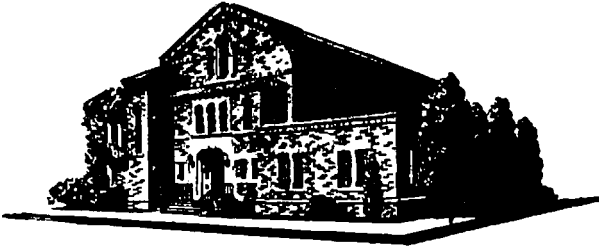
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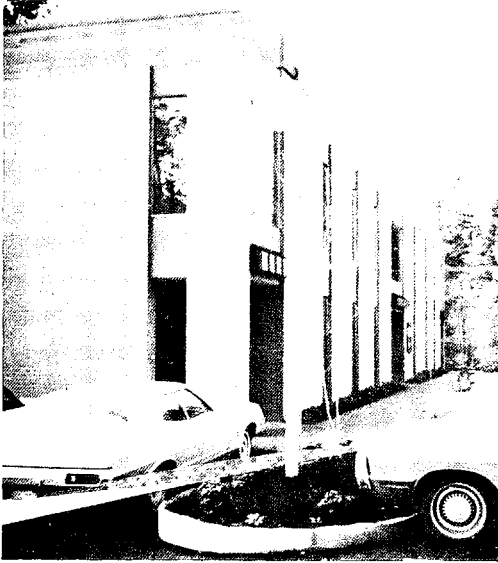


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## DECEMBER BIRTHDAYS

- |    |                    |    |                   |
|----|--------------------|----|-------------------|
| 1  | David S. Hopkins   | 15 | Warren F. Smith   |
|    | Charles Reberger   | 16 | Robert M. Freeman |
| 2  | Richard Gilbert    |    | Kenneth J. Ritter |
| 3  | Bernard Rowen      |    | Maurice Yoachim   |
| 4  | C. L. Anderson     | 20 | Loy E. Cramer     |
|    | William Knittel    | 21 | Philip Grenley    |
| 5  | S. Robert Lantiere | 23 | Carl Scheyer      |
| 9  | Stanley W. Tuell   | 24 | John Flynn        |
| 12 | Charles Curl       | 28 | Kenneth Pim       |
|    | Arthur O'Leary     | 30 | Gordon Dean       |
| 13 | Bryson Ahlers      |    | Milan Pazourek    |
| 14 | Samuel E. Adams    | 31 | Hanif Anwar       |
|    | David H. Johnson   |    |                   |



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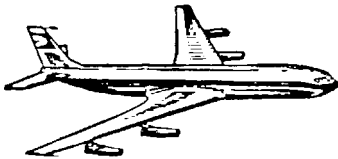
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- TOURS
- GROUPS
- INDIVIDUALS



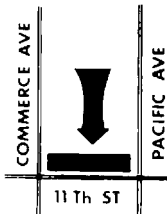
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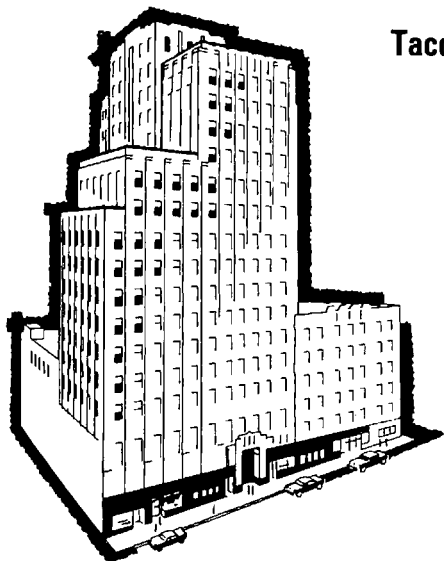
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## Pierce County Medical Society

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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 HOSPITAL

2nd Monday of February, May, August, 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. —7:30 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.

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and  
August

### PIERCE COUNTY PEDIATRIC SOCIETY

First Monday of each month except June, July and  
August—6:30 p.m.

### STAFF OF ALLENMORE HOSPITAL

Third Monday of each month except July—12 noon at Allenmore  
Hospital.

### 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 Tues. of Jan., March, May, Sept., Nov.