

The



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XLVI, NO. 1 TACOMA, WASHINGTON JANUARY, 1975



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
JANUARY 14**

Pierce County Medical Society

1975

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Delegates and Alternates
 Order of delegation not
 resolved at press time

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 Stanley W. Tuell

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On the Cover

CROWNING TACOMA'S SKYLINE — A telephoto view of the new St. Joseph Hospital building, taken from the McKinley Hill area. The old building is on the left and the Olympics loom in the background on the right.

—H. W.

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President's Page



James F. Early, M.D.

I accept the presidency of the Pierce County Medical Society and, indeed, consider it a personal honor and challenge to have been so selected. I will do my best to serve the Society in its multiple endeavors during the coming year.

Prior to involvement with the problems at hand, I would like to focus your thoughts on the productive records of the Society during 1974, and express well earned gratitude to Dr. Ben Blackett for his able leadership during that year. Highlights include: completion of county-wide departmentalization plans and employment of a full time executive director, Mr. Shirk. Though these realities have substance, the efforts of Dr. Blackett in the day-to-day management of Society affairs demand equal recognition and gratitude. With "tongue in cheek" I am grateful for the wisdom and fore-

sight of Dr. Les Baskin in promoting effectively the concept that our Society employ a full time executive director. Obviously the Society is indebted to the work of its multiple committees and respective chairmen as well.

Change is all about us in our professional and our inseparable private lives. Each day delivery of care is different than the day before in one or more ways. This very change presents challenges and risks to the practice of medicine as we each know it. Hopefully, the Society will continue to act as a vehicle through which its members can focus on problems at hand and express collective opinions to benefit patient care.

I urge all members to take an active part in the Society and its meetings. I doubt that the "silent majority" can afford the luxury of silence much longer.

2nd Call for Departments

Your attention is called to the report of Dr. David BeMiller, Chairman of the Committee on Departmentalization of the Society; on page 16 of this issue.

At the present time only one discipline of practice, i.e.; neurosurgery has requested formation of a county-wide department. This matter and application

procedure will be reviewed at the January '75 regular meeting of the Pierce County Medical Society.

It is hoped that during February '75 many of the disciplines of practice will be meeting on a county-wide basis for the first time, for selection of department chairman and initiation of the departments.

Meet the President



James F. Early, M.D.

Dr. Early was born June 25, 1929, in Albany, New York, and spent most of his childhood in Hudson. Following high school he enrolled in St. Michael's College in Winooski Park, Vermont, where he graduated in 1951, Magna Cum Laude, with a B.S. in Biology.

In pursuit of a career in medicine, Dr. Early entered Albany Medical College and earned his M.D. degree in 1955 followed by one year rotating internship at Philadelphia General Hospital.

After a short residency in Anesthesiology, also at Philadelphia General Hospital, Dr. Early entered the United States Air Force in the fall of 1956 where he attended the School of Aero-Space Medicine and was appointed as an Aero-Space examiner. Promoted to flight-surgeon, Captain Early spent his entire tour of active duty at Johnson Air Force Base Hospital near Tokyo, Japan. He was honorably discharged in September of 1958 and entered a one year Internal Medicine residency at Philadelphia General Hospital followed by completion in 1961 of a two year Internal Medicine residency at Bronx Veterans Administra-

tion Hospital in New York City.

Dr. Early moved to Washington in December, 1961 and opened his private practice of Internal Medicine in Lakewood where he has practiced continuously since that date.

Dr. Early, a member of the American College of Physicians, was board certified by the American Board of Internal Medicine in March, 1963. He is past Chief of the Medicine Department at Lakewood General Hospital, Past President and Secretary-Treasurer, Tacoma Academy of Internal Medicine and Past-President of Staff, Lakewood General Hospital. In addition to his private practice, Dr. Early is a consultant in Internal Medicine at the American Lake Veterans Administration Hospital and continues on the Internal Medicine consulting staff of Good Samaritan Hospital in Puyallup.

Dr. Early has enjoyed participating in the out-patient rotation (office practice setting) of medical residents from the University of Washington Medical School.

Jim resides with his wife Lila and their two children in Lakewood.

Meet the President-Elect



David S. Hopkins, M.D.

David S. Hopkins, M.D., born in El Paso, Texas on December 1, 1928, Dr. Hopkins spent most of his childhood in that area. Upon graduation from high school, he entered Wabash College in Crawfordsville, Indiana and received a Bachelor of Arts degree in English Literature in 1950.

During his college years, Dr. Hopkins was an active member of the Delta Tau Delta Fraternity and was elected to Phi Beta Kappa. He enrolled at the University of Minnesota graduate school in English Literature and during the period 1950-1952, while in pursuit of the graduate degree, he worked on the news desk of the Minneapolis Star and Tribune. In the fall of 1952, Dr. Hopkins enlisted in the United States Navy and attended Officers Candidate School at Newport, Rhode Island. Upon receiving his commission, he was assigned to the office of Naval Intelligence where he served until honorably discharged in 1955.

Not finding the fulfillment he had envisioned in journalism, Dr. Hopkins sought a career in medicine and enrolled at the University of Minnesota Medical

School in 1956 and earned his M.D. degree four years later. In the summer of 1960 Dr. Hopkins found an internship at the Pierce County Hospital in Tacoma, Washington, and moved his family to Federal Way. After the internship expired in 1961, he established an office of Family Practice in Federal Way and has resided and engaged in the practice of medicine in that area since that time. Extremely active in organized medicine and civic activities, Dr. Hopkins is the 1974-1975 Secretary-Treasurer of the Pierce County Chapter of the American Academy of Family Physicians; is a consulting physician for both the Federal Way School District and for the Division of Vocational Rehabilitation in the Pre-Vocational Program in the Federal Way School District. Currently Editor of the PCMS *Bulletin*, Dr. Hopkins has served the editorial board since 1971.

He and his wife of twenty-two years, Carol Bennett Hopkins, reside in Federal Way with their three children still living at home: Bruce 16, Brian 14, and Jeff 12. Their eldest son, Steve 20, is now married.

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Editorially Speaking



STANLEY W. TUELL, M.D.

I'M AGAINST PSRO

It will increase the cost of medical care and do nothing to improve the quality of that care.

However, it is now an absolute law that a PSRO will be established in this state. **THIS IS A FACT.**

The question hanging in balance at present is: Will the state PSRO have some input from physicians, or will it consist entirely of bureaucrats and other lay people selected out of Washington, D.C.? If enough of our physicians refuse to join PSRO — as recommended by a group of physicians in Olympia who have circularized the state physicians — then the bureaucrats will be in *complete* charge! I would far more prefer to have my fellow-physicians helping to form the PSRO and evaluating the conduct of my practice than to have the entire PSRO committee made up of bureaucrats from out-of-state, even though the PSRO decisions would be subject to possible reversal by HEW.

A corollary to the above would be my preference that my local hospital Tissue Committee be made up of my trusted

colleagues, rather than a group of government people, even though the committee decisions are subject to possible reversal by a lay governing board of the hospital.

A doctor-influenced Tissue Committee is better than a lay Tissue Committee.

A doctor-influenced PSRO is better than a bureaucratic PSRO.

The Olympia group uses some peculiar and misleading reasoning in its communication. As one example, they give as a reason for not joining PSRO: "Not being a PSRO member will in no way affect your present practice of medicine or your ability to collect your fees." If that's a "reason" for *not* joining, try taking off the "Not" at the beginning of the sentence, and it's still true! If the same thing is true whether you join or not, it's hardly a reason for not joining.

Other "reasons," "advantages," "disadvantages," etc., in the Olympia letter are equally fallacious and misleading. I invite any reader to call me for a point-by-point analysis of the false reasoning presented in the Olympia letter.

I joined the State PSRO. I'm sticking with the statement I made in an editorial in this *Bulletin* in December, 1961, over a decade before we ever heard of PSRO! I quote:

"... the only persons qualified to judge, criticize or mold the moral and scientific quality of medical practice in a community, are the doctors themselves. If we fail to do this in an efficient and organized manner, we are not only failing in our obligation to provide the best possible medical care for our community, but we are inviting interference from non-professional interests — we are abetting the cause of those who would inflict socialized medicine on our patients."

S.W.T.

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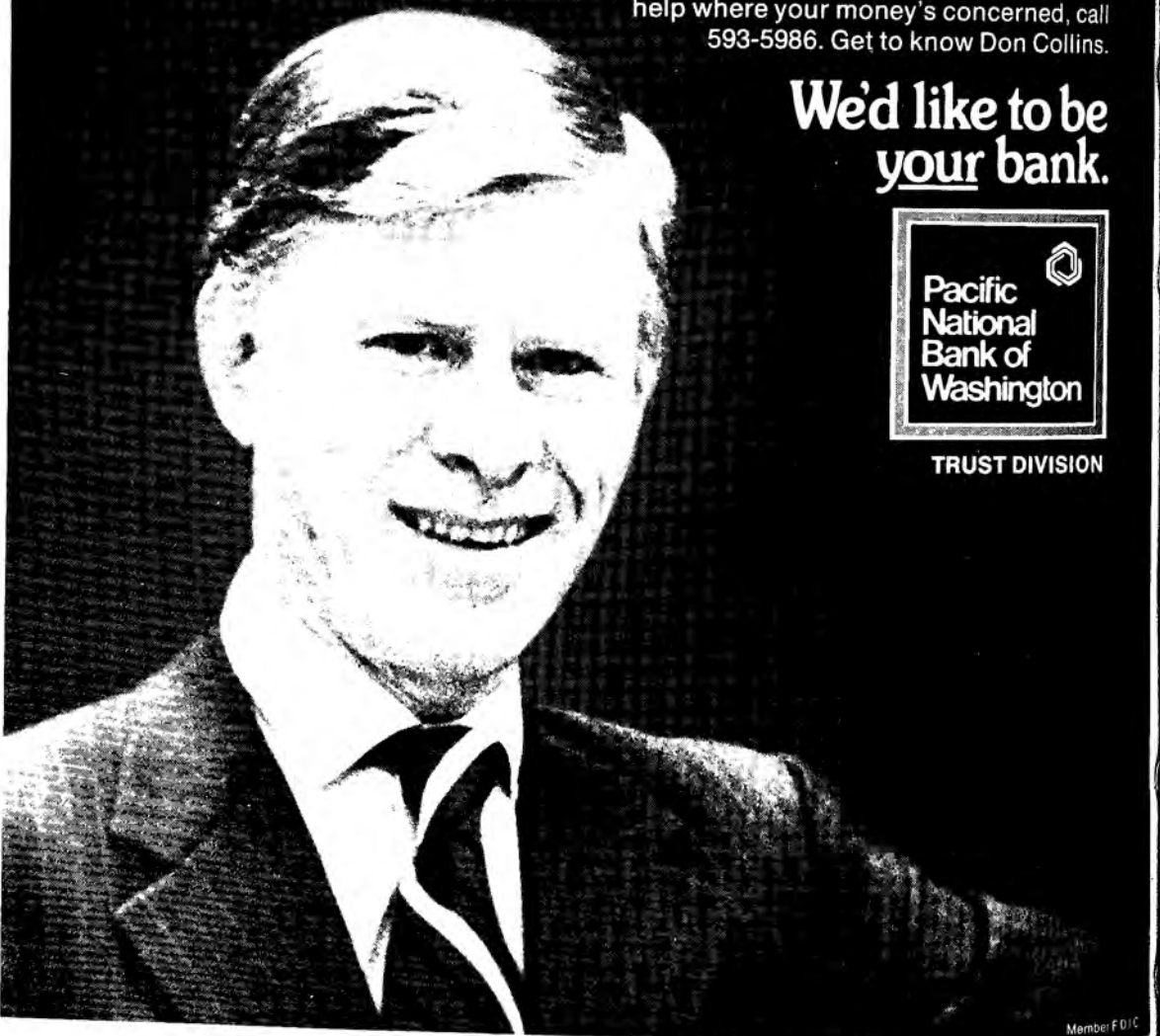
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Pierce County Medical Society Meeting

Tuesday, January 14

Medical Arts Building Auditorium

PROGRAM

Neurosurgical Trends in Tacoma

Stevens Dimant, M.D.

Social Hour—6:00

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Dinner—7:00

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IN MEMORIAM . . . JOHN F. STEELE, M.D.

*"I expect to pass through this world but once;
any good thing therefore that I can do, or any
kindness that I can show to any fellow-creature,
let me do it now; let me not defer or neglect it,
for I shall not pass this way again."*

Stephen Grellet

John Steele was a large man, and like most large men, was gentle, considerate and kind. He was an old soldier, a veteran of the First World War. He was a member of and took an active part in the American Legion and the Disabled American Veterans organizations. He was president of the Pierce County Medical Society when I was secretary in 1951. There I came to know him well. When he presided he would turn to me and ask, "Well, Jerry, what's the agenda for tonight?" I would then hand him the agenda, all pretty and in order, and then he would pay no more attention to it but would turn to me after the first item was finished and ask, "Well, Jerry, what's next?" This carried on through every item through every meeting so that I was prepared to always tell him "what's next."

He was born in Iowa, like many good men; graduated from the University of California Medical School in 1917 and began his practice in Tacoma in 1920. His interest lay in diseases of the heart and lungs and more especially in tuberculosis rampant in the early years of his practice. He was past president of the State Tuberculosis Association. He was a member of the American Trudeau Society and the American Heart Society, the A.M.A., and the State Medical Association. For fun he became a member of the Downtown Lions Club of which he was, one year, its president. For exercise he joined the Fircrest Golf and Country Club, and enthusiastically played the game, at every opportunity, until he was disabled by heart disease. He then sat down with his friends, his wife, his wife's friends and played cards. He loved companionship and people and people loved him.

He was a practitioner of the "old school" — few now are left. Robert Lewis Stevenson's "Eulogy of the Doctor" best describes him:

"There are some men and classes of

men that stand above the common herd the soldier, the sailor, the shepherd not infrequently; the artist rarely, rarer still the clergyman, the physician almost as a rule . . . He is the flower of our civilization and when that stage of man is done with, only to be marvelled at in history he will be thought to have shared but little in the defects of the period and to have most notably exhibited the virtues of the race. Generosity he has, such as is possible only to have those who practice an art and never to those who drive a trade: discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments: and what are more important, Herculean cheerfulness and courage.

So it is that he brings air and cheer into the sick room and often enough, though not so often as he desires, brings healing."

In this era of specialization, group practice, government regulation, computerized diagnosis and treatment, the ever-increasing trend to learn more and more about less and less to the point where some 'specialists' are able to count the number of angels on the head of a pin, one wonders what Robert Lewis Stevenson would write today! The art of medicine, as John practiced it, is dying. The patient as a human being is forgotten. Scientific medicine takes over and diagnosis and treatment of the disease is paramount. Perhaps for the best.

John practiced his kind of medicine for fifty years. Finally, in 1969, he retired, overcome by heart disease. He had lived life to the fullest. He was content. He never complained. He had hundreds of friends. Best of all he had Mary, his devoted and gracious wife.

"Old soldiers never die, they just fade away." On November twenty-third, John Steele, eighty-four, just faded away into the waiting arms of the hosts of Heaven.

Jerry Kohl

FEELING GOOD . . . TOPICS AND GOALS

Following are major topics to be treated during the next month of the first season of CTW's **FEELING GOOD**, the new TV health series for adults. The program will be seen in prime-time on the 250 stations of the Public Broadcasting Service during the 1975 season. Listed with each topic are some of the informational and behavioral goals the program aims to achieve. *The list is subject to change even during production.* National campaigns which could provide possible tie-ins for follow-up programs are included.

January 8 (Show #8)

MEDICAL EMERGENCIES: To motivate viewers to find out location and telephone number of the nearest Emergency Medical Service: hospital emergency room, poison control center, cardiac care unit, ambulance squad, rescue squad.

PARENTING: to motivate parents or persons responsible for child care to engage in activities that stimulate language development in their children.

HIGH BLOOD PRESSURE (Hypertension): to motivate viewers to encourage others to have their blood pressure checked.

January 15 (Show #9)

PRENATAL CARE: to motivate doctors or other health providers to explain to their patients the importance of following medical recommendations during pregnancy.

PAYING FOR CARE: to motivate viewers to obtain information about the costs and benefits of health insurance plans before deciding which one to purchase.

DENTAL CARE: to motivate viewers to obtain a dental checkup.

NUTRITION: to motivate viewers to reduce their excess consumption of foods high in saturated fat.

January 22 (Show #10)

WEIGHT CONTROL: inform viewers that weight control requires maintaining a balance between food consumption and physical activity and that appropriate long-term change in eating habits rather than 'fad' dieting is more likely to produce weight reduction and control.

ALCOHOL ABUSE: to motivate viewers to discourage others from driving after excessive drinking.



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HEART DISEASE: to motivate viewers to have their blood pressure checked.

PRESCHOOL SCREENING: to get parents or others responsible for child care to take their preschoolers to neighborhood clinics, family doctor or health department for vision and hearing screenings. (This is National Hearing and Testing Month.)

January 29 (Show #11)

ALLIED HEALTH PERSONNEL: inform viewers that the allied health professions offer many career opportunities.

PARENTING: to motivate parents to prepare their children for any significant change in their life situation re: loss of a pet.

DOCTOR/PATIENT COMMUNICATION: to motivate viewers to write a description of their symptoms (change in the way they feel or in their ability to function) before visiting a physician.

CANCER: to motivate viewers (over age 40) to have a proctoscopic examination (check for cancer of the colon-rectum).

February 5 (Show #12)

DENTAL CARE: to motivate parents or others responsible for child care to reduce their children's sugar consumption (especially sweet snacks). (Feb. 4-10 is National Children's Dental Health Week.)

NEIGHBORHOOD CARE: goal is to inform

about health departments and extension services.

HIGH BLOOD PRESSURE: (Hypertension): to motivate viewers who have high blood pressure to follow medical advice for controlling it.

NUTRITION: to motivate parents and others responsible for child care to give children nutritious snacks.

PATIENTS' RIGHTS: to motivate patients to seek information they desire about such matters as diagnosis, treatment, institutional procedures and cost of service.

February 12 (Show #13)

HEART DISEASE: to motivate persons who are in high-risk categories for heart disease to have a medical checkup, and, to motivate viewers to encourage family members or friends in a similar situation to get a medical checkup. (This is American Heart Month.)

ACCIDENT PREVENTION: goal is to motivate viewers to avoid common circumstances which may lead to a burn injury.

MEDICAL EMERGENCIES: to motivate viewers to initiate actions within community organizations to improve local emergency services.

PRESCHOOL SCREENING: to get parents or others responsible for child care to take preschoolers to their neighborhood clinic, family doctor, or health department for a vision screening.

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HEMOGLOBINS	Nov. 1974	Total 1974	Total since '72
AA (Normal)	134	4682	6403
Peculiar Findings	0	1	1
Persistence Fetal Hb.	0	4	4
TRAITS			
AS	2	133	229
Blacks	2	130	223
Caucasians	0	3	6
AC	1	21	55
AG	0	1	1
AD	0	3	5
Lapore	0	1	1
Beta-Thalassemia	0	15	18
DISEASES			
Sickle C	1	3	3
Beta-Sickle/Thalassemia	0	0	1
TOTAL	138	4864	6721

COUNTYWIDE DEPARTMENTALIZATION

In response to the request of the Pierce County Medical Society membership, a committee was appointed to develop a plan to decrease the number of meetings required by the joint commission on accreditation of hospitals (JCAH) to remain on active hospital status. The rule is that each physician must attend at least 50% of the meetings per year for each hospital in which he wishes to practice.

Since the majority of our members practice at more than one hospital, the logical method was to develop county-wide medical departments functioning for each of the hospitals. The following guidelines were made in close accord with the wishes of the JCAH. The following is a quote from the JCAH standards: "Where geographic and other conditions make it feasible, arrangements may be made to provide joint meetings of medical or departmental staffs of neighboring hospitals. In such instances, there must be approval of the arrangement by the medical staffs and governing bodies of the participating hospitals. Provision must be made for the review and analysis of the clinical work of each participating hospital or department. Minutes of these meetings shall be taken in such form that the record of each hospital's activities is kept separately."

It is the committee's feeling that these guidelines can fit into each hospital structure. Each hospital's organization above the department level and the various committees that support the hospital's super-structure will continue to function as currently practiced. There are no added requirements nor super-structures of the Pierce County Medical Society.

The PCMS position is that it is acting only in a consulting capacity to develop these plans.

The major goal of these guidelines is

to establish adequate communication between hospital administrators, hospital employees and the medical staff. These guidelines are proposed knowing that as implementation begins, changes will be necessary. In general, the PCMS will approve any alteration that is practical and makes the hospital-county department cooperation more functional.

GUIDELINES FOR THE FORMATION AND DUTIES OF THE PIERCE COUNTY MEDICAL DEPARTMENTS

- I. A department must be recognized as such by the Board of Trustees of the Pierce County Medical Society. It will consist of no less than three-fourths of the physicians practicing in a recognized discipline in the area hospitals.
 - A. Chairman elected from the department for two years
 - B. Chairman-elect elected from the department for two years and to succeed to chairman for a two year term.
 - C. Secretary elected from the department for one year
 - D. Agenda
 1. Selected deaths
 2. Unimproved patients
 3. Patients with infections or complications
 4. Errors in diagnosis and treatment
 5. Tissue review reports
 6. Unresolved problem cases
 7. Results of retrospective audit (handed down from each individual hospital division or committee)
 8. Education programs resulting from audit deficiencies or hospital related subjects
 - E. Meetings shall be ten a year with an obligatory 50 percent attendance of each member. The meetings shall be held monthly at an appointed time and place as determined by the department.
 - F. Every member of the staffs of the departmentalized hospitals shall be assigned to a department of the physicians choice subject to the approval of the Pierce County Medical Society Board of Trustees. As new departments are

formed, he may change to the department of his choice by notifying the secretary of his department and the secretary of the Pierce County Medical Society so that this information can be forwarded to the staff secretary of the participating hospitals to keep records up to date. Voting privileges are restricted to assigned departments.

G. Duties of the chairman

1. To chair all meetings but if unable to attend, the chairman-elect or his designate shall perform his duty
2. To be responsible through his chairman-elect and secretary to see that all functions as agenda, educational programs, roll and minutes are properly executed.

H. Duties of chairman-elect

1. Responsible that all participating hospitals have input into the agenda and that the material be available and in the hands of the chairman prior to the meeting
2. To chair meetings if the chairman is absent and to appoint a deputy if both will be absent

I. Duties of the secretary

1. To be responsible for the educational programs
 - a. The programs should be in response to any deficiencies in care of medical or surgical conditions by retrospective audit
 - b. Pertinent subjects and hospital related subjects
2. To be responsible for roll call or attendance record by having departmental members names typed on sheets for them to initial and to forward copies of the attendance records to the staff secretaries of all participating hospitals
3. To be responsible for the taking of accurate and complete minutes of all the meetings, forwarding to staff secretaries of all participating hospitals

J. Duties of participating hospitals

1. It shall be the duty of the participating hospitals to review the county department minutes and to notify the medical society secretary and the county department chairman if the minutes are not satisfactory for hospital purposes

2. If unsatisfactory minutes persist, the hospital shall notify the county society secretary and the county department chairman that the members of that department will be considered not to have fulfilled their required departmental meeting attendance record for that hospital

K. Duties of the Pierce County Medical Society

1. To select and make available suitable meeting site if departmental meetings and Pierce County Medical Society meetings are to be held the same night
2. Upon receiving notice from a participating hospital of unsatisfactory county departmental minutes, the Society shall attempt to cause the involved departments to take proper corrective action. If no such corrective action is taken and if the medical society board concurs that the minutes are unsatisfactory, the Board of Trustees shall withdraw recognition from the delinquent department and its members will be reassigned to other appropriate departments

- L. These guidelines may be amended as implementation shows necessity as suggested by the departments and approved by the Pierce County Medical Society Board of Trustees.

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|-------------|---|---|
| February 13 | Diagnosis of Genetic Defects
by Physical Exam | David W. Smith, M.D.
Professor of Pediatrics
University of Washington |
| February 20 | Genetic Counseling Before
Birth and After | Judy Hall, M.D.
Director, Medical Genetics
Children's Orthopedic
Hospital, Seattle |
| | The Laboratory Worker as a
Genetic Counselor | Horace C. Thuline, M.D.
Director
Cyto Genetics Laboratory
Rainier School, Buckley |
| February 27 | Basics of Immunology | Robert Kapelowitz, M.D.
Pathologist
Tacoma General Hospital |
| | Recent Developments in
Evaluation of Allergic
Disease | John Colen, M.D.
Clinical Asst. Professor
of Medicine
University of Washington |
| March 6 | Hypersensitivity in Connective
Tissue Disease | Paul P. VanArsdel, Jr., M.D.
Professor of Medicine
University of Washington |
| | Mechanisms of Tolerance and
Intolerance in Cancer,
Transplantation and
Granulomatous Disease | |
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Saffola® wants you to get the rest of the message.

MAZOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32
Calories	100
Protein	0 grams
Carbohydrate	0 grams
Fat	11 grams
*Percent of calories from fat	99%
*Polyunsaturated	3 grams
*Saturated	2 grams
*Cholesterol	0 (0 per 100 grams)
Sodium	120 milligrams (865 mg/100 gm)

Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10%
Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

IMPERIAL

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0 (not a significant source of protein)
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	over 99%
**Polyunsaturated	3 grams
**Saturated	2 grams
**Cholesterol	0 (0 per 100 grams)

Percentage of U.S. recommended daily allowances (U.S. RDA)*

Vitamin A 10% Vitamin D 15%
*Contains less than 2 percent of the U.S. RDA of Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

**Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

SAFFOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	100%
Polyunsaturated	5 grams
Saturated	2 grams
Cholesterol	0

Information of fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

Percentage of U.S. recommended daily allowances (U.S. RDA)

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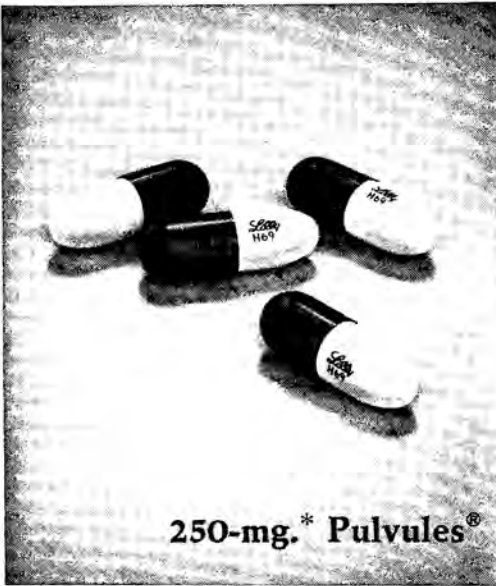
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HEALTH MANPOWER CLEARS HOUSE

In the closing minutes of the Dec. 12, 1974 session, the House passed H.R. 17084, the Health Manpower Act of 1974, and H.R. 17085, the Nurse Training Act of 1974. Both bills were introduced by Health Subcommittee Chairman Rogers on behalf of the Subcommittee which had held hearings earlier this year on these programs . . . H.R. 17084, which cleared the House by a vote of 337-23, amends the Public Health Service Act to revise and extend the programs of assistance under Title VII for training in the health and allied health professions, to revise the National Health Service Corps program, including National Health Service Corps scholarships, and to provide financial assistance in the construction of teaching facilities. The bill would continue present authority for capitation assistance to the schools but would require a legally enforceable agreement with each student under which the student would pay to the federal government an amount equal to the amount which the schools receives as capitation assistance. This payback would begin after completion of the individual's clinical training. A student would be relieved of his liability to pay back capitation assistance by becoming a member of the National Health Service Corps and practicing in a medically underserved area, or as a member of the Indian Health Serv-

ice, or in accordance with an agreement to serve in a shortage area. The bill would also establish a mechanism for controlling the numbers and kinds of residency programs available to medical students, limiting the total number of residency positions available to 125% of the estimated number of graduates from U.S. schools of medicine in the preceding year. Last September, the Senate passed its version of the Health Manpower Bill (S. 3585). Both bills will now head for conference committee consideration.

By a voice vote the House also adopted H.R. 17085, the Nurse Training Act, which amends Title VIII of the Public Health Service Act to revise and extend the programs of assistance for nurse training. A change in present law would be the differing amounts of capitation grants authorized to schools of nursing, with collegiate schools of nursing receiving \$400 per student, associate degree schools \$275, and diploma nursing schools receiving \$250 per student. The legislation also provides grant assistance to establish and maintain nurse practitioner training programs. The bill requires the Secretary of HEW to make an annual report to the Congress which would include information on nurse distribution and supply and his recommendations as to how to achieve an equitable distribution of nurses in the United States.

JANUARY BIRTHDAYS

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

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WOMEN'S AUXILIARY PAGE

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- Blood Pressure ProjectMrs. Gilbert J. Roller (Jo)
- Medical DirectoryMrs. Stanley W. Tuell (Stephanie)

JANUARY LUNCHEON

This is the month for the Tri-Auxiliary Luncheon to be held at the Tacoma Country Club on Friday, January 17th. State Attorney General Slade Gorton and his wife will be there to talk about last summer's cross-country bicycle trip.

PLEASE VOLUNTEER!

The Blood Pressure Project is in the final planning stages and many volunteers are needed. The Auxiliary, with the assistance of Ciba Pharmaceuticals and the Washington State Heart Association, have planned the project to cover two days. Stations will be set up at the Tacoma Mall on Friday, February 7th from 9 a.m. to 9 p.m. and on Saturday, February 8th from 9 a.m. to 6 p.m. To cover these times we will need about 100 people. So please call Jo Roller at 752-6825 or Glenna Blackett at 752-3970 if you can help.

LAST CALL

This is the last call for recipes for the new Auxiliary Cook Book to be published this spring. Send your good ideas to Nancy Kennedy soon.

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NEW DESIGN BREAKS WITH TRADITION

The new, ultramodern, innovative St. Joseph 260-bed Hospital, dedicated in December and scheduled to receive patients in January, is a far cry from the Sisters of St. Francis' first 10-bed hospital established in Tacoma in 1891. The striking curvilinear configuration of the 9-story bed tower is perhaps the structure's outstanding architectural feature, evolved from re-study of health care management and designed by Bertrand Goldberg, A.I.A. to conform to needs expressed by St. Joseph planners and personnel. Representing a complete break with traditional hospital design and incorporating the most advanced construction methods, the new St. Joseph has been called the prototype of future hospitals. It has already served as the model for a score of hospitals throughout the nation, including the \$100 million Harvard University School of Medicine medical complex under construction in association with other Boston area hospitals. Donald Seifert, A.I.A., was co-architect.

Of St. Joseph Hospital, Mr. Goldberg has said: "Never before have all the resources of building technology been able to join with the art of medicine to create a new building form. This is the message to be read in the skin and bones of the new St. Joseph's. This message

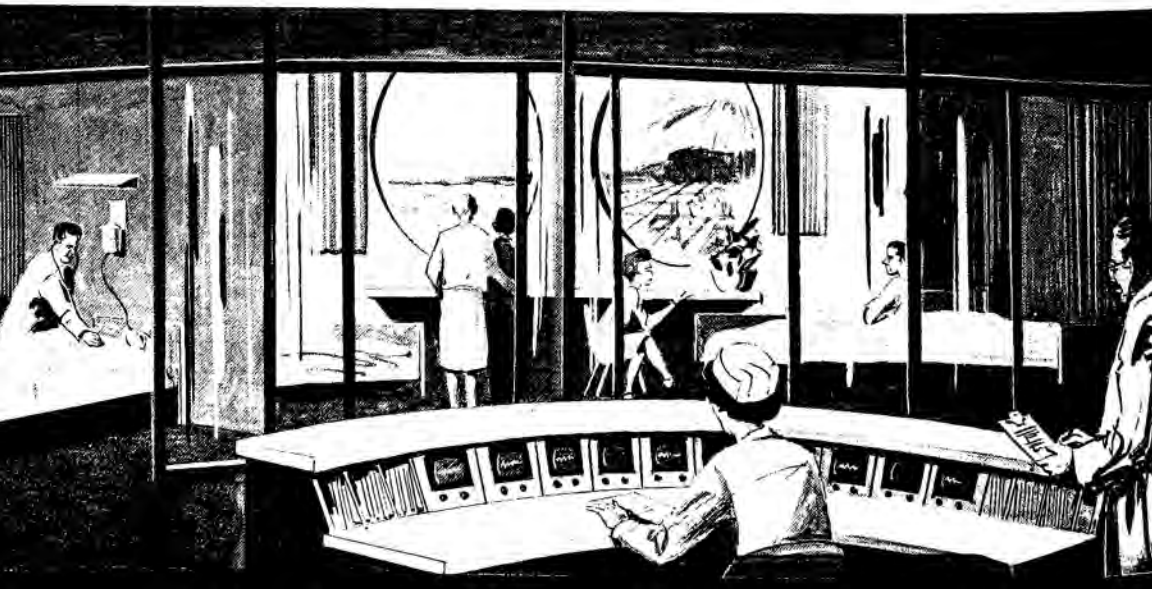
may be written many times with new words in the future of hospital design but never with more important meaning than has been said here for the first time in the world."

Daniel F. Russell, St. Joseph administrator, has stated "We are not going to stop . . . Our goal is to continue to improve the effectiveness and efficiency of the services we provide so the care you receive in our hospital will overshadow the building."

Medical Director James G. Billingsley, M.D., comments: "As pleased as the planners are with the new building, we are more interested in developing the full potential for better medical care to serve the patients and physicians.

All services, from support to direct nursing, are reevaluating their place and potential for briefer hospitalization and specialized care when necessary. The most important aspect of the move to the new building is rededication of all St. Joseph Hospital personnel to caring for, and when possible, assisting in the healing of those who come."

Many of the unusual engineering techniques utilized in the building's construction are concentrated in the tower itself, rising nine stories into the Tacoma hilltop skyline and accommodating 260 patients.





Post surgical recovery room. Each nursing station will care for four patients following surgery, and prior to their transfer to rooms in the bed tower.

The shell of the tower provides the building's structural support, so interior support columns have been eliminated, greatly increasing the amount of usable floorspace and the opportunities for future changes. The concrete facade per-

mits a cooler interior environment in summer and retains heat more effectively in the colder winter months.

The two-story base houses all common patient care services, such as laboratories, X-ray, pharmacy, emergency room, surgery, medical records, postanesthetic recovery and administration.



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PHYSICIANS' AND HOSPITAL SUPPLIES

VD Education Workshop Is Scheduled at Fife

The State Superintendent of Public Instruction is sponsoring a series of VD Education Workshops which provide an opportunity for educators, physicians and other interested community leaders to take a closer look at venereal disease education programs. Individual physicians and county medical societies are encouraged to participate.

WHEN: Thursday, January 23, 5:30 p. m. to 8:30 p.m.

Friday, January 24, 8:30 a.m. to 3:30.

WHERE: The Board Room, Fife School District Office, 5602 20th Street East, Tacoma (next to Fife High School).

COST: A \$1.00 workshop fee will be collected from all participants at the workshop during registration.

CREDIT: One hour of undergraduate extension credit will be available from Western Washington State College. The \$15 tuition fee will be collected at the workshop from those who wish to receive credit.

RMP to Sponsor Nursing Course for Hypertensive Patients

Washington/Alaska Regional Medical Program is sponsoring a series of classes to prepare nurses to work with hypertensive patients. Nurse applicants must be sponsored by a physician with whom they will work upon completion of the class which meets at Veterans Hospital, Seattle.

Seattle area residents may enroll in a class beginning February 2 with sessions held two afternoons a week through April 10.

Information on instruction for those living beyond commuting area may be obtained by writing Pat Anderson, Hypertension Program, Veterans Hospital, Seattle.

There is no tuition charge. Instruction will cover cause and effect of hypertension, medical work-up, management through drugs, diet and teaching and clinical experience.

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The 1972 Social Security Amendments (Section 241, Public Law 92-603) mandate that the Department of Health, Education, and Welfare conduct a program "designed to determine the proficiency of various health care personnel who do not meet the educational requirements" established under the Medicare/Medicaid programs. Cytotechnologists and clinical laboratory technologists are among the categories of health care personnel specified in the law.

The Bureau of Quality Assurance of the Public Health Service has been assigned the responsibility of carrying out this mandate, and, accordingly, has contracted with the Professional Examination Service to develop a proficiency ex-

amination for cytotechnologists and clinical laboratory technologists.

The cytotechnologist examination will be administered on February 28, 1975, and the clinical laboratory technologist examination on March 7, 1975. Those who achieve a passing grade will qualify under the Medicare/Medicaid regulations. It is important to emphasize that these examinations are only for those persons who do not meet the requirements as stated in the regulations for independent laboratories certified under Medicare.

There is no charge for the examination, but examinees will be responsible for their own travel expenses.

For additional information, contact Dept. of Social and Health Services, Laboratory Certification, Consultation and Training Unit, 1409 Smith Tower, Seattle, Washington 98104. Telephone: (206) 464-7734.

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

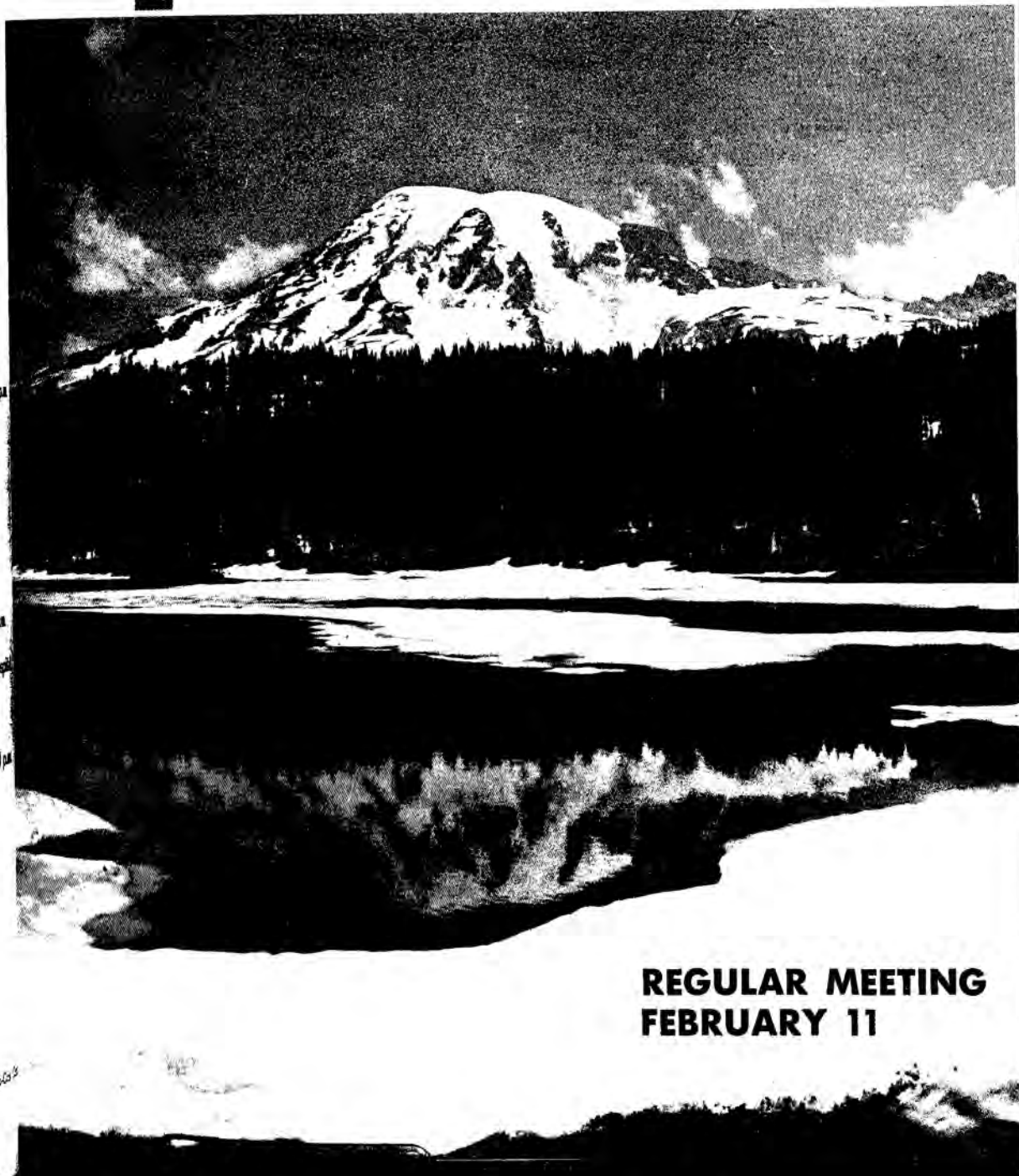
Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOLUME 1971 NO. 2 TACOMA WASHINGTON FEBRUARY 1971



**REGULAR MEETING
FEBRUARY 11**

Pierce County Medical Society

1975

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Medical Liability Topic in Congress

Medical liability problems will be the subject of hearings before the Senate Health Subcommittee in mid-March. The subcommittee is headed by Sen. Edward Kennedy (D-Mass.) who, with Sen. Daniel Inouye (D-Hawaii), has introduced a federal no-fault malpractice insurance bill. Under the bill patients of physicians participating in the program would be compensated for injury even if no negligence were involved. Kennedy is understood to be working on legislation for compulsory arbitration of malpractice claims.

A Federally - Administered Medical Malpractice Reinsurance Fund would be established under a bill introduced by Sen. Gaylord Nelson (D-Wis.). The program, patterned after federal riot and flood reinsurance programs, would protect insurance companies against catastrophic claim losses.

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President's Page



At the recent Conference on Leadership sponsored by the Washington State Medical Society Association it became increasingly evident that realistic goals and priorities should be established by County Medical Societies.

This conference brought together in dialogue physicians, and representatives of consumers, federal planners, federal and state legislators, Department of Health, Education and Welfare, and the Institute of Medicine of the National Academy of Sciences, a newspaper editor, and as well third party carriers.

An effort will be made to report the details of this meeting at the Pierce County Medical Society meeting on February 11, 1975.

Nonetheless, certain facts gleaned from the discussions there appear to be in order in this column.

Medical practice as the average community physician currently knows it, in fact makes up a small portion of the current concept of "Health Care" as conceptualized by National Health Insur-

ance. The "Crisis in Health Care" is one of cost primarily and ability or lack of it to pay for services. The Gross National Product very likely will not be able to support the cost of "Health Care", as we know it currently and as proposed. Hence priorities of care will of necessity require establishment and legislation. Non-physician representatives at this conference appear to be as unwilling as physicians to exclude individuals from care on the basis of priorities and cost. Nationally, energy budgeting will of necessity precede health care budgeting. Defense and health care budgeting may of necessity struggle with each other for priority. Recession may well be "Social Dynamite".

I was interested to see the "Image", that physicians collectively had with some of the non-physician participants in the conference. Terms such as "Medical Technocrats", "always reacting", "conservatives", "non-innovative", were heard more than once. We were as well advised that physicians should realize that we no longer have a "monopoly on Health Care". The fact that physicians as individuals were fine, but as a group were "something else", was again brought forth.

Dr. Eade of Seattle very ably defended our position.

Obviously in a column such as this, no long range solution to any problem can be accomplished. There is hope, however, that County Medical Societies might at grass roots level be able to change some of these trends and concepts. One would think that these matters might have priority at monthly meetings. Plan to Attend!

—James F. Early, M.D.

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PHYSICIANS' AND HOSPITAL SUPPLIES

Editorially Speaking



We recently attended the WSMA Leadership Conference on Health Care, which is reviewed on the President's Page, during which Dr. Gilbert Eade, speaking on health care costs, presented a rather controversial idea which is, nevertheless, worth some reflection. It is his contention that we physicians picture ourselves, and allow the lay public to place us, in the center of the health care circle when, in actual fact, we have very little control over the delivery of health care.

Dr. Eade suggested that perhaps our position in the health care circle should

be near the periphery, or even outside the circle, in a consultative and supportive position. He based this on his experiences over the past several years as a leader in the WSMA, during which time a small group of politically oriented physicians worked long and diligently to produce the best possible guidelines for medical legislation only to have these recommendations almost totally ignored in the sweeping legislation currently proposed.

A recurrent theme among the non-medical people at the conference, which may be a corollary to the above observations, was a feeling that doctors as individuals are fine fellows, respected and listened to, but, as a group, they are arrogant and reactive instead of active. Why this Jekyll and Hyde transformation? Perhaps before we totally abandon the center of the circle we ought to re-examine our PR techniques and potential. The chiropractors have done this to great advantage.

— David S. Hopkins, M.D.

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Pierce County Medical Society Meeting

Tuesday, February 11
Medical Arts Building Auditorium

PROGRAM

1. An Overview of Recent WSMA Leadership Conference
2. Departmentalization Progress
3. Matters of Ethics Committee Referred for General Membership Evaluation
4. Professional Liability Program Request

Social Hour - 6:00

Honan's

Dinner - 7:00

R

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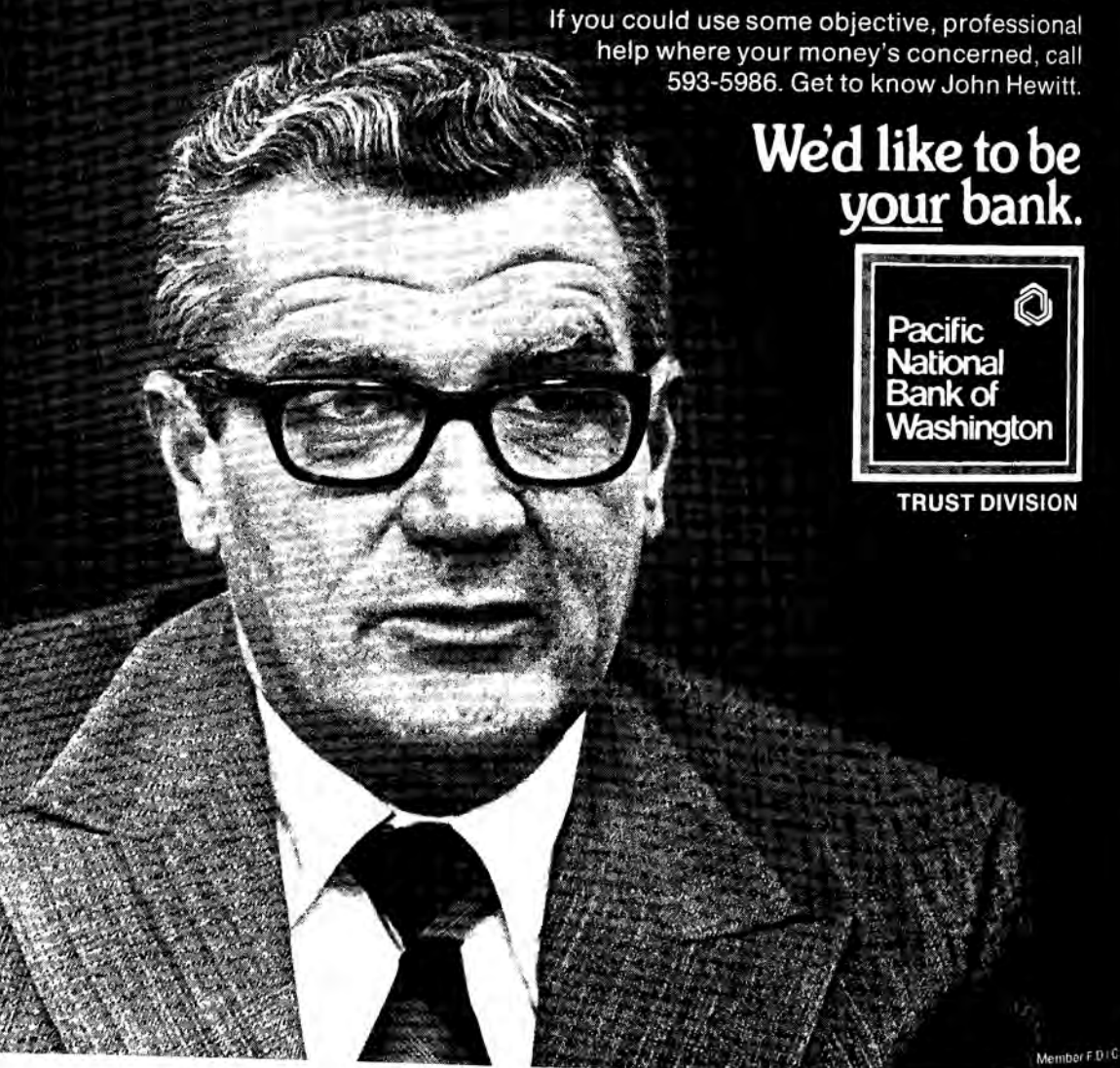
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PHYSICIANS URGED TO WRITE TO LEGISLATORS

The WSMA Malpractice Legislative Program is being introduced in Olympia this month. Physicians are urged to write now to Legislators outlining detrimental impact malpractice is having on cost of care and urging support of legislation that will:

- 1) *clarify vagueness of current statute of limitations* from "one year from time of discovery" with suits now dating back over ten years, to "the date of the time a person should have reasonably have learned" of the wrongful act. This bill sets the definite time period of *six years from the time of the act*, after which no suit could be filed;
- 2) *re-establish the standards of care* as that practiced by other persons in the same specialty or profession;
- 3) *amends the Medical Practice Act* permitting the Medical Disciplinary Board to hold a show cause hearing to determine if a physician's skill and safety *have been significantly impaired by illness, drug abuse, alcoholism, mental illness, mental incompetence* or other factors. This bill is a result of WSMA '74 conference on "The Problem Doctor and The Problems of Doctors," and,
- 4) *create a state medical injury compensation commission* to provide compensation for medical injury and limit malpractice to gross negligence or willful intent. Endorsed by WSMA Public Laws Committee January 8, the bill will be presented to Board of Trustees for approval January 19. This bill replaces WSMA no-fault medical complication measure.

Handy telephone numbers during the '75 State Legislative Session include these:

WSMA Olympia Office — (206) 352-4848, Jim Krinbring, Director, Marie Rains and Linda Dennis.

To reach WSMA Staff at the Capitol Building, call Pacific Northwest Bell Courtesy Switchboard (206) 753-9660.

(Also known as Ulcer Gulch)

For messages to, or request from your Legislators call the State Legislature's Toll Free Hot-Line 1-800-562-6000.

WSMA Seattle Office — Seattle (206) 523-9110, Toll Free 1-800-552-0612, Harlan Knudson, Director, Dick Gorman or George Morford.

When writing to your Legislator, the address should be:

Representative or Senator
Legislative Building
Olympia, Washington 98504

(When writing on health issues, a cc to Jim Krinbring, WSMA Division on Government Affairs, 302 Security Building, Olympia, WA 98501 . . . is most helpful.

Office Assistants Available From Program

Students training to become Medical Office Assistants at Clover Park Vocational-Technical Institute will be ready to begin cooperative training in local physicians' offices on March 26. This training is a very important aspect of their education because it teaches them the day-to-day activities that cannot be duplicated in the classroom. By March 26, these girls will have completed 6 months of a 7 month course. The course includes instruction in office procedures, both receptionist/secretarial and back office duties. Physicians who are interested in helping to train these students or employ them in their own offices may phone Mrs. Delores Barrager, instructor, at 584-7611,

Applications Available

Applications are now available for scientific exhibit space at the 1975 Washington State Medical Association Annual Meeting, September 19-22, at the Olympic Hotel in Seattle. Exhibits will be selected on the basis of those providing new and useful techniques for practicing physicians. Applications for exhibit space may be obtained by writing to C. Alvin Paulsen, M.D., Chairman, WSMA Scientific Exhibits Committee, 444 Northeast Ravenna Boulevard, Seattle, Washington



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United Way Division Nets 99.2%

Dear Dr. Blackett:

The 1974 United Way Campaign has now come to a close. The Professional Division collected a total of \$52,497.00, which is 99.2% of our total of \$52,884.00.

Your section raised \$20,552.50, which is 98.3% of your goal. It would not be at all unusual for additional monies to be received within the next few weeks to raise your percentage even higher.

You can certainly be proud of your contribution to this campaign. Because of your efforts, many thousands of people throughout Pierce County will be benefited.

Please accept my sincere thanks and appreciation for a job well done.

Cordially,
JAMES A. KRUEGER
 Chairman, Professional Division
 1974 Campaign

UNITED WAY OF PIERCE COUNTY — PROFESSIONAL DIVISION

	1973 RAISED	1974 GOAL	1974 AMOUNT RAISED	1974 % OF GOAL
Physicians	\$18,100	\$20,905	\$20,552.50	98.3%
Dentists	5,760	6,584	6,370.00	96.7%
Attorneys	11,060	12,844	10,197.50	79.0%
Architects	225	1,000	1,490.00	149.0%
Engineers	3,482	3,931	5,262.00	133.0%
CPAs	7,559	8,535	8,625.00	101.0%
Total	\$46,186	\$52,884	\$52,497.00	99.2%

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 LO 4-2494

St. Joseph Staff Officers Installed



George Barnes, M.D.
President



Lester Baskin, M.D.
President-elect

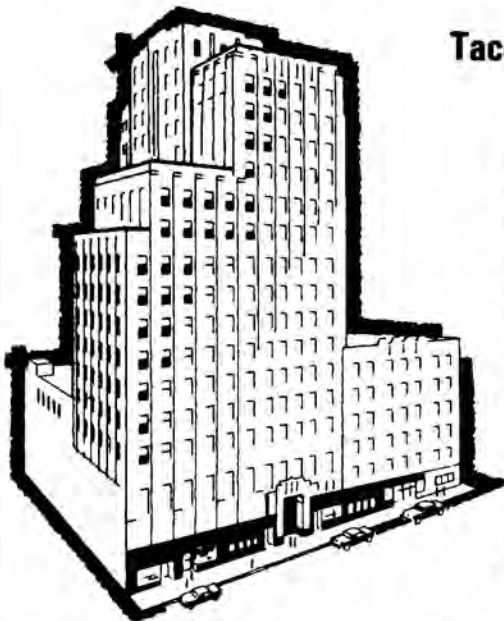
George R. Barnes, M.D., Tacoma radiologist, was installed as the president of the 335 member medical staff of St. Joseph Hospital and Health Care Center this month, succeeding John R. Alger, M.D.

Dr. Barnes came to Tacoma in 1967 from Children's Hospital in Los Angeles,

an affiliate of the University of Southern California. He served there in pediatrics and radiology. He is associated with Tacoma Radiological Associates, Inc.

Lester S. Baskin, M.D., Tacoma surgeon, was elected president-elect and Robert J. P. Costleigh, M.D., as secretary of the medical staff.

Other officers and committee chairmen are: L. Stanley Durkin, M.D., Department of Surgery; John A. Kennedy, M.D., Department of Medicine; Robert K. Smith, M.D., Department of Obstetrics and Gynecology; Jay E. Ehly, M.D., Department of Psychiatry; James R. Stillwell, M.D., Chairman Medical Records Audit Committee; Arthur M. Smith, M.D., Chairman Utilization Review Committee. William A. McPhee, M.D. and John P. Nagle, M.D., were elected members at large to the Executive Committee. James G. Billingsley, M.D., Medical Director, was appointed to the governing board and Daniel F. Russell, Administrator, is an ex officio member to the board.



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Thanks Doctors

Dear Dr. Early:

As you are aware, The Youth Activities Coalition is comprised of public and private agencies who provide a summer program in camping and or recreation for low income boys and girls in the city of Tacoma.

In order to participate in some of these programs, it is necessary for the participant to have a physical examination. In many instances, the families are unable to pay for this expense.

It has been through the concern and concentrated efforts of Dr. George Tanbara and the physicians of your Society that these needs have been fulfilled.

Members of the Youth Activities Coalition wish to express their profound gratitude to the Pierce County Medical Society, and the physicians who donated their services to those children in need, who participated in the 1974 summer program.

Sincerely yours,
(Miss) Joelene Smith
1975 Chairman
Youth Activities Coalition

February Birthdays

- 1 David Millett
- 2 Arthur Wickstrom
- 3 Harry Capell
William Hauser
- 6 Herbert Kennedy
Don Willard
- 7 Donald Graham
- 10 Ronald Beck
Lawrence Cutner
Michele Maddalosso
- 15 Paul Bondo
Thomas West
- 19 James Schneller
- 20 George Delaney
Ada Van Dooren
- 21 Robert Costleigh
Melvin Henry
- 22 Charles Galbraith
- 23 Frank Rigos
- 24 James Hazelrigg
John Nagle
- 25 Axel Lindstrom
Raymond McGroarty
- 26 John Renn
- 27 David Gimlett
Thomas McDonnell

Official Call for Scientific Papers

Physicians are invited to submit a brief two-or three-paragraph abstract, with title, of the scientific paper they would like considered for inclusion in the 1975 Washington State Medical Association Annual Meeting, September 19-22, in Seattle. The early submission of papers is helpful in establishing content. Abstracts should be sent to Charles M. Janeway, M.D., Chairman, WSMA Scientific Program Committee, 444 Northeast Ravenna Boulevard, Seattle, Washington 98115. The deadline for the receipt of abstracts is April 15, 1975.

CLASSIFIED

Are you interested in two weeks vacation in New Zealand? A group is leaving SeaTac on Saturday afternoon, March 15th, returning late evening on Saturday, March 29th. The tour cost which includes air tourist fare from here to Auckland, a rental car for every two participants for all two weeks with the first 500 miles free, and hotel rooms for all nights there, is \$860.00 per person. If interested, please call Dr. Lon Hoover, 272-3011 for further details. Call now, as final signup date is February 20th.

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Spanish Anesthetic	Hysterectomy
Angiogram	Knee Cartilage
Appendectomy	Laminectomy
Breast Surgery	Myelogram
Cardiac	Postmortem
Catheterization	Tonsillectomy & Adenoidectomy
Cerebral Angiogram	TUR-Prostate Operation
Cesarean Section	Urinary Incontinence
Coronary Arteriogram	Urogram
Cystoscopy	Vasectomy
Dilatation & Curettage	Varicose Vein Operation
Gallbladder	

ANNOUNCING



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THURSDAY, MARCH 13, 1975

Luncheon at 12 Noon

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HIROMI SHINYA, M.D.

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MAZOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32
Calories	100
Protein	0 grams
Carbohydrate	0 grams
Fat	11 grams
*Percent of calories from fat	99%
*Polyunsaturated	3 grams
*Saturated	2 grams
*Cholesterol	0 (0, per 100 grams)
Sodium	120 milligrams (865 mg/100 gm.)

Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10%

Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

IMPERIAL

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0 (not a significant source of protein)
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	over 99%
**Polyunsaturated	3 grams
**Saturated	2 grams
**Cholesterol	0 (0, per 100 grams)

Percentage of U.S. recommended daily allowances (U.S. RDA)*

Vitamin A 10%

Vitamin D 15%

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SAFFOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0
Carbohydrate	0
Fat	11 grams
Percent of calories from fats	100%
Polyunsaturated	5 grams
Saturated	2 grams
Cholesterol	0

Information of fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10%

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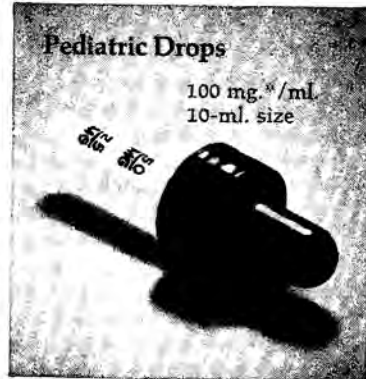
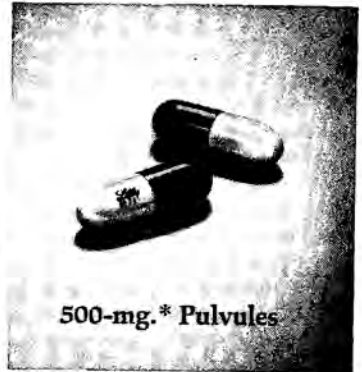
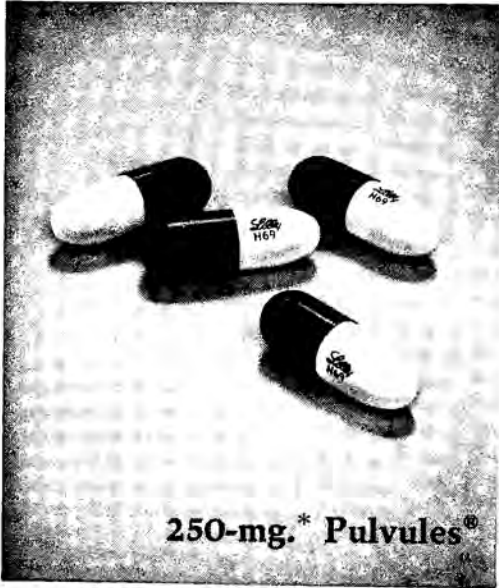
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WOMEN'S AUXILIARY PAGE

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FEBRUARY MEETING

The February luncheon will be held at the home of Mrs. W. Ben Blackett, 4366 No. Lexington, at 11:30 a.m. on February 21. (Note: the date and location change from the Auxiliary booklet.) Dr. Smith, Medical Director of Shadel Hospital will be the speaker.

DUES

Glenna Blackett is still waiting for more dues to come in. Those who haven't paid yet should send their \$15 to Mrs. W. Ben Blackett, 4366 Lexington, Tacoma 98407.

AMA-ERF CARDS

Over \$4200 was contributed from the Pierce County Auxiliary to the AMA-ERF fund, in response to this year's Christmas card project. Many thanks to all of you, and to Marlyn Baer and Reta Bergstrom who contributed so much of their time and effort for this very worthwhile cause.

NURSES NEEDED

The American Cancer Society needs nurses to go with doctors on speaking engagements to teach breast self-examinations in conjunction with information given by the doctor and through a film strip. If interested and willing, please call Mrs. Vanzant at 627-3755.

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PATIENT SERVICES	December 1974	Total 1974	Total Since Sept. 1973
Referred to Physicians	76	974	1278
Laboratory Services	111	830	868
X-Ray Services	6	104	134
Prescription Services	34	270	379
Referred to Emergency Rooms	6	54	80
Hospitalized	0	4	6
Referred to Community Agencies	14	52	57
Seen by Physicians in Clinic	45	415	414
ETHNIC & DEMOGRAPHICAL DISTRIBUTION			
Black	18	205	260
Caucasian	122	838	1165
Asian-American	3	28	34
Native-American	5	36	56
Mexican-American	3	32	41
Model City Residents	24	423	662
Other Areas	127	1054	1175
PARTICIPATING PHYSICIANS			
On Referral basis: (Outside Clinic)	32	78	94
Friday Evening Clinic Services	4	8	8

2 LOCATIONS

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11th & K

48th & So. Tacoma Way

HAROLD MEYER *Small* DRUGS

HAROLD MEYER PRESCRIPTIONS

The advertisement features a stylized illustration of two Harold Meyer Drug stores. One is a large, modern-looking building with a sign that reads 'HAROLD MEYER Small DRUGS'. The other is a smaller, more traditional building. A Volkswagen Beetle is shown in the foreground with 'HAROLD MEYER PRESCRIPTIONS' written on its side. The background is a dark, textured area with a large white circle behind the buildings.



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PERMIT NO. 165

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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

he

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XLVI, NO. 3

TACOMA, WASHINGTON

MARCH, 1975

**IRIS AFFODIL
FESTIVAL**

**APRIL 5-13
1975**



**AUXILIARY
JOINT MEETING
MARCH 11**

Pierce County Medical Society

1975

OFFICERS

President JAMES F. EARLY
 President-Elect DAVID S. HOPKINS
 Vice-President STANLEY A. MUELLER
 Secretary-Treasurer DAVID L. BeMILLER
 Executive Director DALE C. SHIRK

TRUSTEES

W. Ben Blackett	Edmund A. Kanar
Lawrence Brigham	Herbert Kennedy
Thomas Clark	John Nagle
Royce Hansen	William Ritchie

DELEGATES

James F. Early	W. Ben Blackett
David S. Hopkins	Thomas Clark
Stanley A. Mueller	Edmund A. Kanar
David L. BeMiller	Herbert Kennedy

ALTERNATE DELEGATES

K. Royce Hansen	John Nagle
Lawrence Brigham	William Ritchie

Credentials

K. Royce Hansen, Chairman
 Lloyd Elmer
 Edwin J. Fairbourn
 David Gimlett
 John Hilger
 Louis P. Hoyer, Jr.
 Darwin Marlatt
 Donald F. McKay
 Bryce Bettridge

Editorial

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

Ethics

James F. Early, Chairman

Grievance

W. Ben Blackett, Chairman
 L. S. Baskin
 John Kanda

Health Manpower

Roy H. Virak, Chairman

Legislative

Robert W. Florence, Chairman

Library

Robert A. Kallsen, Chairman

Medical Education

Marcel Malden, Chairman

Program & Entertainment

Stanley A. Mueller, Chairman

Public Health & School Health

Raymond J. McGroarty
 Harlan P. McNutt
 Co-chairmen

Public Relations

David S. Hopkins
 Robert O'Connell
 Co-chairmen

ATTENTION Annual Physician, Dentist and Lawyer FIELD DAY Tennis - Golf



MAY 2, 1975

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

DID YOU KNOW THAT—

1. A large majority of clients at The Consumer Credit Counseling Service of Tacoma-Pierce County list two or more members of the medical profession among their creditors?
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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President's Page



P.L. 93-641

P.L. 93-641, the Health Planning Resource Development Act of 1974 was signed into law on January 4, 1975, by President Ford. Although I have read the Act as published, and have listened to various opinions regarding it, it would appear that this Act will in fact create a Mega-Bureaucracy. As I interpret the Act in its present setting, it would appear to be primarily involved in Health Planning, but it should also be noted that it in fact will review applications for Federal grants, and also will manage seed money for demonstration projects in a service area.

The Act establishes regions for medical care delivery and planning. By May 3, 1975, the Governor must in fact make his recommendation to the Department of H.E.W. for the service areas designated in the state. Within one year from the

enacted time of the law, the H.E.W. Department must finalize and approve the plans of the various governors. Obviously as well, a national counterpart agency will, of necessity, be developed.

A further ramification of the law, is that it creates the existence of a Health Systems Agency. These "H.S.A's" will have various responsibilities for their service areas. These responsibilities include planning, and planning for implementation of plans, and finally is charged with the responsibility of making every effort to see that these plans are carried out. An H.S.A. governing body will have a consumer majority and otherwise should represent a mix of providers of medical care.

At the present level of development of the proceedings regarding the law, designation of a service area or region is being completed. There undoubtedly is difference of opinion from various groups of people involved as to what should be and what should not be a Health Service Area.

I hope that consideration of primarily patients and their care, will prevail as a major input determinate to area designations. In my more realistic moments, however, I wonder if already at least the Health Planning portion of medical care and its delivery, hasn't become a political pawn?

In Memoriam . . . Lewis A. Hopkins, M.D.

Lewis A. Hopkins, M.D., a long time Tacoma physician, died Feb. 1, 1975 at the age of 91 in his Santa Barbara retirement home.

Born December 31, 1884, in North Bend, Nebraska, Dr. Hopkins received his M.D. degree from the University of Illinois in 1913. Following active duty in World War I, Dr. Hopkins practiced medicine in Grinnell, Iowa, and then moved to Tacoma in 1923. He joined the Pierce County Medical Society in 1925

and was its President in 1947.

During his years of active practice in Tacoma, Dr. Hopkins served on the editorial staff of Northwest Medicine and was involved in many community activities.

Upon his retirement in 1955, Dr. Hopkins was voted Washington Physician of the Year. He received life-time honorary membership in the Pierce County Medical Society that same year and moved to Santa Barbara.

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PHYSICIANS' AND HOSPITAL SUPPLIES

Editorially Speaking

COUNTY DEPARTMENTALIZATION MAY BE DEAD



W. Ben Blackett, M.D.

A repetition of the reason for county medical departmentalization may seem superfluous, but for any who have not paid attention to this, it was undertaken to soften the results of the new Joint Commission requirement of 10 department or staff meetings yearly at each hospital.

The idea received unanimous endorsement by the membership at two medical society meetings. Society officers, hospital officers, and administrators then met monthly until a detailed plan was drafted and approved. It seemed at this time that nothing remained but to approve the requested departments and start meeting once a month for all hospitals.

Since then, if I understand correctly, both major hospitals have developed cold feet and are continuing to require monthly attendance at **each** hospital. The reason for this change in attitude is renewed fear that the Joint Commission inspectors will not like unified meetings and accreditation may be suspended. This is possible, of course, but where has cautious timidity brought us to date in dealing with the Joint Commission?

Closed staffs, here we come!

—W.B.B.

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The Medical Staff has made many contributions to basic research and improved treatment techniques. Staff works with and supports public and university scientific projects on alcohol.

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**Pierce County Medical Society
and
Women's Auxiliary**

Annual Joint Meeting

Tuesday, March 11, 1975

SHERWOOD INN

SOCIAL HOUR (no host)	6:30 P.M.
DINNER	7:30 P.M.

PROGRAM

"Sneak Preview of Northwest Trek"

DR. and MRS. DAVID HELLYER

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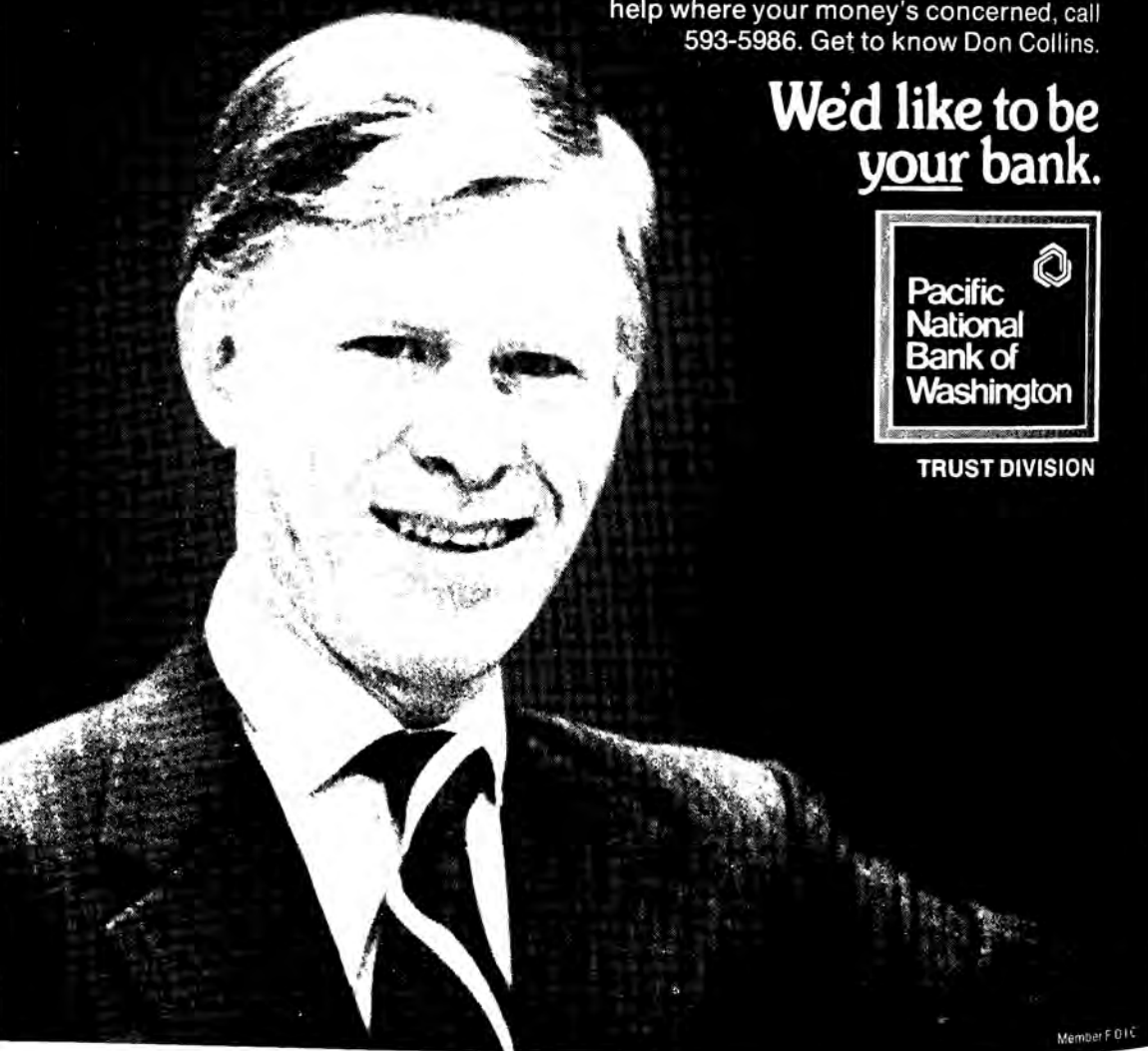
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TRUST DIVISION



WSMA LOOKS AT PROFESSIONAL LIABILITY

February 20, 1975

Representative Floyd V. Hicks
1202 Longworth House Office Building
Washington, D. C. 20515

Dear Representative Hicks:

We feel it is imperative to keep you informed on the medical liability (malpractice) situation here in the state of Washington. We know you are aware of reports from throughout the country as to the diminishing availability of professional liability insurance, which combined with rapidly escalating insurance premiums has led to a significant crisis that has a potential effect on everyone who requires medical care.

In the state of Washington, only one company now will insure new physicians for liability coverage, and this is Eetna Life and Casualty Company. The Argonaut Company will withdraw from the physician professional liability market and we are concerned that they may also withdraw from the hospital market in this state. St. Paul continues to underwrite coverage, but will write no new coverage for physicians.

Cost wise, physician professional liability premiums were increased by Aetna from 31% to 158% for 1975, dependent upon medical specialty. Attached is a list of the current cost for coverage. Patients eventually pay the thousands of dollars premium charges to the physician for professional liability insurance. Additionally, the patient pays more when the physician must order extra tests and procedures to provide protection from that 1 in 25,000 incident that something goes wrong. Also, the number of claims has risen sharply, and the huge dollar amounts of these claims has now invaded our State.

The WSMA has introduced four pieces of State legislation to help in this dilemma. One is to establish a statute of limitations at six years from the time of the act, except for minors; a second relates to the standard of medical care, reestablishing that the standard should be set

by the profession rather than arbitrarily by the courts.

A third proposal, now being drafted by WSMA in cooperation with the State Senate Judiciary Committee, is an act to create a Medical Injury Compensation program. Administered by the Department of Labor and Industries, this proposal would provide compensation to that patient who receives a medical injury, regardless of fault. Compensable and non-compensable injuries would be defined under the act.

A fourth bill is an effort by medicine to put its own house in order. We are sponsoring SB 2058, which broadens to a considerable degree our State Medical Disciplinary Act. The bill, which is already approved by a Senate committee and pending action by the full Senate, would authorize the State Medical Disciplinary Board to deal effectively with physicians whose skill and safety have been significantly impaired by illness, drug abuse, alcoholism, mental illness or other factors. The bill also allows the Board to investigate incompetency and gross overcharging.

We note there are five bills introduced, to date, in the National Congress on malpractice. We have not had the opportunity to determine whether these pieces of legislation would be helpful here in the State, but we greatly appreciate the concern shown by the Congress.

If you have any comments or suggestions as to what we should be doing to solve the problem, we would greatly appreciate them.

Sincerely,
ARCH H. LOGAN, JR., M.D.
President

Internists to Meet

Oregon Regional Meeting, American College of Physicians, Inn of the Seventh Mountain, Bend, OR, May 15 - 17, 1975.

Information: Wayne R. Rogers, M.D., F.A.C.P., Medical Dental Building, 833 S.W. 11th Avenue, Portland, OR 97215.



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New Approaches to Treatment of Alcoholism in Pierce County

To the physician, treatment of an alcoholic has often been frustrating and met with little success. This has normally been true because the physician has not had the experience nor the large amount of time required to appropriately "follow" the progress of the alcoholic. Yet, alcoholism has been recognized as a disease and a responsibility of the medical community. During the past year new state laws have affected this responsibility and new services have been developed in Pierce County.

The Pierce County Alcoholism Plan developed by the Pierce County Advisory Committee with the Alcoholism Coordinator, Ted Knightlinger, encompasses comprehensive services. These include, information and referral provided by the Community Alcoholism Centers, medical detoxification provided by St. Joseph Hospital, non-medical detoxification, provided by Community Alcoholism Receiving and Treatment Service (CARTS) and rehabilitation provided by Puget Sound Hospital. In addition, the county provides outpatient services through the alcoholism treatment center.

Two new laws and a new state policy affect the treatment of the alcoholic. First, public intoxication is no longer a misdemeanor. Those who were previously jailed for this condition now receive care at the CARTS unit, a 25 bed free standing detoxification center. CARTS began operation on December 31, 1974 and provides medically supervised withdrawal from alcoholism and not counseling toward the alcoholic accepting treatment for his disease. CARTS is operated by Shared Health Services, a nonprofit corporation established by Puget Sound Hospital and Doctors Hospital. Doctor Roy Virak is medical director.

When the alcoholic has significant medical problems, which CARTS personnel cannot treat, the patient is transferred to St. Joseph Hospital's detoxifica-

tion program. The medical director of the program is Doctor O'Connell.

Second, the state Public Assistance program will now pay for detoxification for three days at St. Joseph Hospital, Puget Sound Hospital and Good Samaritan Hospital.

Third, all group health insurance policies negotiated after January 1, 1975, must provide for the treatment and rehabilitation of alcoholics in approved facilities. Benefits are comparable to those paid for care of any disease. One such approved inpatient facility is the Northwest Alcoholism Recovery Center (NWA RC), located at the Puget Sound Hospital. This is a 21-day alcoholism treatment program. The medical director is Doctor Anwar. The program can involve the patient's own physician and includes a 10-week aftercare program. Physicians are advised of the program results for their patients.

In addition to the above developments a number of companies are beginning to plan cooperative alcoholism treatment programs that utilize community services. These include City of Tacoma, Pierce County, Burlington Northern Railroad, U.S. Post Office, Pacific Northwest Bell.

Specific questions regarding the Pierce County services should be directed to the appropriate facility and medical director.



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SURGICAL CONFERENCE

(OPEN TO ALL DOCTORS)

March 5th, Wednesday, 8:15 A.M.**JACKSON HALL, TACOMA GENERAL SCHOOL OF NURSING**

GUEST LECTURER:

GEORGE PANKEY, M. D.Chief, Infectious Diseases
Ochsner Clinic
New Orleans, Louisiana

SUBJECT:

**"DIAGNOSIS AND TREATMENT
OF PNEUMONIA"**

Program Chairman: Dr. Wickstrom

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Board Briefs

SUMMARY OF THE FEBRUARY 11, 1975, MEETING OF THE PIERCE COUNTY MEDICAL SOCIETY BOARD OF TRUSTEES

Present were Drs. Early, Hopkins, Mueller, BeMiller, Blackett, Clark, Kanar, Brigham, Kennedy and Ritchie; Mrs. Spangler, Women's Auxiliary and Mr. Shirk, Executive Director.

Under old business, the Board unanimously approved requests for County Departmentalization status for the Pierce County Orthopedic Department and for the Pierce County Urology Department.

A letter from the Pierce County Otolaryngologists concerning secondary specialty directory listings was referred to the general membership following the Board meeting.

Mr. Shirk informed the Board that in the process of record verification for the 1974 audit, a small savings account had been retrieved from the inactive vault of the United Mutual Savings Bank. The account has had no activity for approximately twenty years and was not carried on current financial statements.

The board unanimously carried a motion to dissolve the account and move the balance to the general fund.

Mr. Shirk read a list of 37 physicians who had failed to respond to the 1974 delinquency letters. The Board resolved that Mr. Shirk should personally telephone each of those on the list and that those who have not responded within 30 days shall be dropped from active status with the Society.

A request for leave of absence due to protracted illness was granted to Maurice Yoachim, M.D.

The Board approved a draft of a suggested By-Law amendment concerning the appointment and function of the Executive Committee.

Approved was a proposed document

entitled "Rules Governing Procedures of Board of Trustees, Committees and Other Official Bodies of the Pierce County Medical Society." These guidelines will be distributed to all standing and ad hoc committees of the Society and a portion of the document concerning the authority of committees shall be submitted for a proposed By-Laws amendment.

The Board elected to participate in the AMA "New Member Incentive Program" for the year 1975.

In response to a request from the American Association of Medical Assistants, the Board approved a resolution of support and asked the President to inquire of the general membership for names of those who may be interested in serving on the physician advisory panel.

A report from the Pierce County Medical Society Library Committee Chairman, Robert Kallsen, M.D., indicated that with the current assets available for the 1975 budget, there can be no expansion to the library services and that the library will just be able to maintain its current list of publications, staff and services.

The President also asked Dr. Kallsen if his committee would be able to begin compiling Pierce County Medical Society historical facts for inclusion as a special exhibit in the library or Society office.

Mr. Shirk presented a financial statement for the period ending January 31, 1975, and the combined (unaudited) financial statement for the years 1973 and 1974 for the Pierce County Medical Society and College of Medical Education. He indicated the Society is currently awaiting correspondence from the Internal Revenue Service concerning the status on the federal return of exempt organizations for the year 1973.

**THE
TACOMA SURGICAL CLUB
FORTY - FOURTH
ANNUAL MEETING**

FRIDAY AND SATURDAY, MARCH 14-15, 1975

**THOMPSON HALL
UNIVERSITY OF PUGET SOUND**

PROGRAM

- Friday,
3:30- 6:00 p.m. Surgical Anatomy Dissections and Demonstrations for paramedical personnel.
- Saturday,
9:00-12:00 p.m. Surgical Anatomy Dissections and Demonstrations for physicians.
- 12:15- 1:15 p.m. Luncheon in the Student Union Building.
- 1:30- 4:30 p.m. Presentation of Scientific Papers.

SCIENTIFIC PAPERS

- 1:30 TOM HAZELRIGG, M. D. — PRESIDENT OF TACOMA SURGICAL CLUB
Introduction of guest speaker, opening remarks and presentation of Dissection Award
- 1:35 HIROMI SHINYA, M. D. — CHIEF OF SURGICAL ENDOSCOPIC UNIT, BETH ISRAEL MEDICAL CENTER, ASSOCIATE PROFESSOR OF SURGERY, MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK CITY, NEW YORK
Entire Gastrointestinal Tract and Therapeutic Application of Fiberoptic Endoscope.
- 2:20 DANIEL O. GRANEY, M. D. — ASSOCIATE PROFESSOR OF BIOLOGIC STRUCTURE, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE (by invitation)
1. Discussion of Anatomic Exhibits from the Anatomist's Point of View.
2. Anatomy Training of Today's Medical Student at the University of Washington School of Medicine.
- 2:40 JOHN SCHILLING, M. D. — PROFESSOR OF SURGERY, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE (by invitation)
Wound Healing.
- 3:00 JOHN WETTLAUFER, COL., M. C. — MADIGAN GENERAL HOSPITAL
Germ Cell Tumors of the Testes — Aggressive Management.
- 3:20 WILLIAM MATTSON, M. D.
Diverticulitis, 1, 2, 3, Stage Procedure.
- 3:40 ROBERT RICH, M. D.
Ultrasonography and Surgery — Nondestructive Testing. (by invitation)
- 4:00 QUESTION PERIOD
- 4:15 Discussion of Afternoon Papers — DR. SHINYA

SATURDAY

ANATOMICAL DISSECTIONS AND DEMONSTRATIONS

(9:00 A.M. TO 12 NOON)

1. Jejunal Ileal By-pass for Massive Exogenous Obesity.
Ralph A. Johnson, M. D.
2. Extensor Mechanism of the Fingers, Hand and Wrist.
John T. Sack, M. D.
(by invitation)
Galen H. Hoover, M. D.
3. Approaches to the First Rib for Subclavian Tunnel Syndrome.
Clinton A. Piper, M.D.
Thomas O. Murphy, M. D.
4. Fiberoptic Endoscopy.
Karl Ruppert, M. D.
(by invitation)
5. Ultrasound and Some of Its Applications
Emory J. Bourdeaux, M.D.
(by invitation)
6. Osteoplastic Sinusotomy, Frontal Sinus.
Ronald T. Spangler, M. D.
Charles D. Prewitt, M. D.
7. Gross Surgical Pathology.
Thomas R. Elder, M. D.
Juan F. Cordova, M. D.
8. Relations of the Ureter in the Female Pelvis.
John M. Donnell, M. D.
9. Implantation Arthroplasty in the Rheumatoid Hand.
Sherwood P. Smith, M. D.
10. Demonstration of Axillo-Bi-lateral Femoral By-pass Graft.
Robert Hipp, M. D.
(by invitation)
Monte Fullerton, M. D.
11. Dorsal - Lumbar Approach to the Kidney and Upper Ureter.
John N. Wettlaufer, Col., M.C.
Robert O. Modarelli, Ltc., M.C.
(by invitation)
Jack Lovern, Maj., M.C.
(by invitation)
Shannon McMillen, Maj., M.C.
(by invitation)
Patrick Kronmiller, Capt., M.C.
(by invitation)
12. Superficial Temporal - Middle Cerebral Anastomosis.
W. Ben Blackett, M. D.
13. Anatomical and Reconstructive Surgery of the Knee.
Wouter J. Bosch, M. D.
Arthur J. Ozolin, M. D.
14. Anatomy of Lateral Lumbar Discography.
George C. Gilman, M. D.
15. Dissection Lumbar Discs and Nerve Roots.
Michael H. Morrell, M. D.
(by invitation)
Dumont S. Staatz, M. D.
16. Supraclavicular Fossa as Related to Nerve Block.
Kiyooki Hori, M. D.
W. Howard Pratt, M. D.
17. Nisson II Antireflux Procedure.
Charles L. Salmon, M. D.
Robert Yekel, M. D.
18. Surgical Anatomy of the Elbow.
Stanley A. Mueller, Jr., M. D.
19. Lower Extremity Venography.
Gilbert J. Roller, M. D.
William L. Rohner, M. D.
(by invitation)
G. James Kenney, M. D.
(by invitation)
Milton S. Bleiweiss, M. D.
(by invitation)
20. Prostatic Palpation Simulator.
Philip Grenley, M. D.
21. The Rotator Cuff and Its Diseases.
David W. Millett, M. D.
22. Abdominal Angina and Coeliac Artery Obstruction.
Raymond Pliskow, M. D.
(by invitation)
Michael Campbell, M. D.
(by invitation)
Kenneth E. Gross, M. D.

Chairmen

Vernon O. Larson, M. D. — Scientific Program
Joseph Garzon, M. D. — Dissections and Demonstrations

EDWIN C. YODER MEMORIAL LECTURE

Thursday, March 13

ST. JOSEPH HOSPITAL PHYSICIAN CENTER



HIROMI SHINYA, M. D.
Guest Lecturer

Chief of Surgical Endoscopy Unit
Beth Israel Medical Center, New York City
Associate Professor of Surgery
Mt. Sinai School of Medicine, New York City

LUNCHEON at 12 NOON
Yoder Lecture at 1:10 p.m.

TOPIC:

COLONOSCOPY: DIAGNOSIS AND TREATMENT OF COLONIC DISEASE

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REALTORS — MULTIPLE LISTING

The new nutritional margarine labels have a message about you.

INFORMATION ON FAT AND CHOLESTEROL CONTENT IS PROVIDED FOR INDIVIDUALS WHO, ON THE ADVICE OF A PHYSICIAN, ARE MODIFYING THEIR TOTAL DIETARY INTAKE OF FAT AND CHOLESTEROL.

Mandatory nutritional statement on the back of all margarine labels.

Saffola® wants you to get the rest of the message.

MAZOLA		IMPERIAL		SAFFOLA	
Nutrition Information Per Serving		Nutrition Information Per Serving		Nutrition Information Per Serving	
Serving size	14 grams (about one tablespoon)	Serving size	14 grams (about one tablespoon)	Serving size	14 grams (about one tablespoon)
Servings per container	32	Servings per container	32 (per pound container)	Servings per container	32 (per pound container)
Calories	100	Calories	100	Calories	100
Protein	0 grams	Protein	0 (not a significant source of protein)	Protein	0
Carbohydrate	0 grams	Carbohydrate	0	Carbohydrate	0
Fat	11 grams	Fat	11 grams	Fat	11 grams
*Percent of calories from fat	99%	Percent of calories from fat	over 99%	Percent of calories from fats	100%
*Polyunsaturated	3 grams	**Polyunsaturated	3 grams	Polyunsaturated	5 grams
*Saturated	2 grams	**Saturated	2 grams	Saturated	2 grams
*Cholesterol	0 (0 per 100 grams)	**Cholesterol	0 (0 per 100 grams)	Contains no cholesterol	
Sodium	120 milligrams (865 mg/100 gm)				
Percentage of U.S. recommended daily allowances (U.S. RDA)		Percentage of U.S. recommended daily allowances (U.S. RDA)*		Percentage of U.S. recommended daily allowances (U.S. RDA)	
Vitamin A 10%		Vitamin A 10%	Vitamin D 15%	Vitamin A 10%	Vitamin E 15%
Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.		*Contains less than 2 percent of the U.S. RDA of Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.		Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.	
*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.		**Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.		*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.	

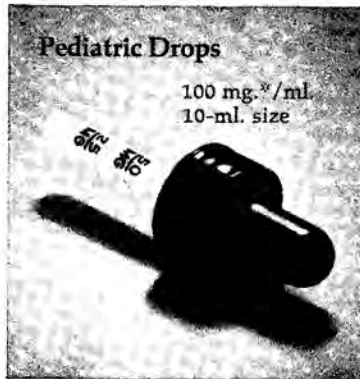
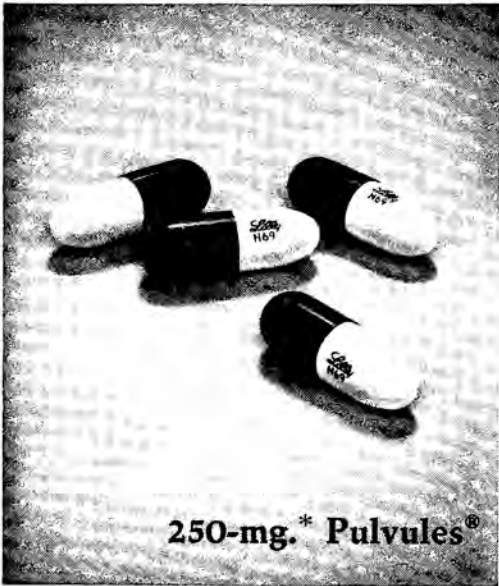
With the new nutritional labeling, it's all there in black and white. So you can see for yourself. And so can your patients. It adds up to this: Saffola is higher in polyunsaturates than most other margarines including corn oil. And no other margarine is lower in saturated fats than Saffola.

Of course, all our products, including Saffola oil and mayonnaise are made with safflower oil.

But we're not kidding ourselves. We know that even if you advise a fat modified diet, your patients might not switch to Saffola. Not unless it tastes every bit as good or better than the spread, oil or mayonnaise they're now using. That's something else they're going to find out for themselves.



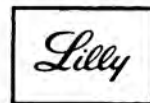
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**AMA Clinical Convention/Honolulu, Hawaii
November 30 - December 5, 1975**

The trouble with most conventions is you never have enough time—or enough energy left at the end of the day—to really enjoy your surroundings.

Not so with this convention. The program, while one of the most intensive ever offered, has been carefully arranged to give you a long refreshing break in the afternoons. **Your main working hours are between 7:15 and Noon**

The emphasis is on continuing education. Among the 29 postgraduate courses offered: "Birth Defects and Clinical Monitoring," "Practical Endocrinology," "Normal and Abnormal Uterine Bleeding," "Infectious Diseases in Children," "Peripheral Vascular Disease," "Hyperlipidemia." Also on the agenda are general sessions on Weight Control, Alcoholism, Human Sexuality and some fascinating topics indigenous to Hawaii.

After Noon, Hawaii is yours to explore without feeling you're missing something really important.

The special activities list for the Woman's Auxiliary is growing longer and longer. Also, there are several optional sightseeing tours and events. Time is yours to discover all the reasons why Hawaii is often called Paradise Found.

The AMA will make arrangements for all your air, travel and hotel needs.

Pre- and Post-Convention Tours.

You have a marvelous selection! The neighboring Hawaiian Islands . . . the Orient . . . the South Pacific . . . even a 31 day trip around the world. At least one will fit into your time schedule.

Flight arrangements to Hawaii.

The AMA Control Center will help you take advantage of the lowest airfares possible. There is no service charge . . . not even for special arrangements.

Write or call the AMA Control Center Today!

Send for a Hawaii '75 booklet. It previews the scientific program and should answer many of your questions on the travel portion of the Convention. For those questions it doesn't answer, do call (800) 621-1046. There is no obligation.

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WOMEN'S AUXILIARY PAGE

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Blood Pressure Project	Mrs. Gilbert J. Roller (Jo)
Medical Directory	Mrs. Stanley W. Tuell (Stephanie)

Joint Dinner Meeting

Again this year the doctors and their wives are combining a monthly meeting of the Medical Society and the Auxiliary. Tuesday, March 11th is the date of this year's dinner meeting, to be held at the Sherwood Inn. The cocktail hour will begin at 6:30 and the dinner at 7:30 with the cost being \$6.75 per person. Dr. and Mrs. Hellyer will be giving us a sneak preview of Northwest Trek with a talk and slide presentation.

Midyear Conference

A reminder that the Midyear Conference, being held at the Tyee Inn in Olympia, March 17 - 19, is open to all Auxiliary members. One special feature is the Legislative Day to be held on Wednesday, March 19th. Anyone wanting information should call Kathleen Skrinar at 272-0486.

Report on Alcoholism

A very sobering report was given by Dr. Smith, director of Shadel Hospital, to those who attended the February luncheon meeting of the Auxiliary. He cleared the misconception that alcoholism is primarily a result of a mental or emotional disorder by discussing the results of many studies showing the role of biochemical disorders in the develop-

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ment of an alcoholic. There are definite qualitative differences between the physiology of alcoholics and non-alcoholics.

Physical damage due to alcohol was also discussed with Dr. Smith maintaining that alcoholism is 100% fatal due to cardiovascular damage, brain cell damage, and/or liver damage unless the process is stopped by abstinence from alcohol.

Treatment at Shadel consists of counseling, aversion conditioning procedures and sodium pentathol interviews — a process covering about 15 days of hospitalization. About 60% of their patients make it four years or longer without any alcohol intake after one of these treatment sessions.

The Directories Have Been Delivered . . .

A special thanks to Stephanie Tuell and her committee who were responsible for compiling and publishing the 1975 Directory.

Additional copies are available at the Society office.

If there are any corrections in the Directory, please call Mrs. Tuell at 927-1117.

Please make the following correction in spelling on page 50:

Z. Joseph Vozenilek, M.D.

Would You Believe?

Arrangements have been completed that the Cook Book could soon go to press. But the new problem is not enough recipes! We could use about 300 more recipes. Please send in any new recipes you have or if there is a recipe from the old Cook Book that you especially like, write down the name and page from the old book and send that in. All recipes should be sent to Nancy Kennedy, 4408 Merry Lane W., 98466.

Blood Pressure Day(s)

2800 people presented themselves at our "stations" in the Tacoma Mall on February 7th and 8th. After having their blood pressure check they were given a form with the result. About 500 were given referral slips due to pressures that were elevated above accepted normals.

Thanks to Jo Roller and all those who volunteered to help with this project.

Directory

All ordered copies of the new Directory for Pierce County Physicians and Surgeons have now been delivered. A sigh of relief from Stephanie Tuell and her committee who put in so much work! If anyone wants another copy, they can be purchased from the Medical Society office for \$2.25.

Monday, February 24, 1975

Mr. Verne Gibbs, Administrator
Office of Comprehensive Health Planning
Olympia, Washington 98504

Dear Mr. Gibbs:

I would like to convey the feelings of several constituents regarding implementation of the National Health Planning and Resources Act of 1974 (PL 93-641).

It has been suggested that Pierce County and the Tacoma area, be included with the Olympia and Southwest Washington area. One of the best reasons for such a division is that the sophisticated facilities in Tacoma are not available in the Southwestern region of the state.

Apparently, it has been proposed that Pierce County and the Tacoma area be grouped with King County. This would obviously cause a duplication of available facilities.

I trust that you do not purport this to be an exhaustive analysis of the National Health Planning and Resources Act and its implementation, but merely a statement of concern and an attempt to represent my constituents in the area affected. Thank you for your consideration.

With warmest regards, I remain,

Sincerely yours,
PHYLLIS K. ERICKSON
State Representative
Second District

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary:

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: hyperurcemia 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; in Single Unit Packages of 100 (intended for institutional use only).

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH

DYAZIDE[®]

Each capsule contains 50 mg. of Dyrenium[®] (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Neither inconvenient potassium supplements nor special K⁺ rich diets needed as a rule.

Just 'Dyazide' once or twice daily for maintenance.



Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

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2 LOCATIONS

Harold Meyer Drugs



11th & K

**48th & So.
Tacoma Way**



Skin Testing for Penicillin Allergy

Benzylpenicilloyl-polylysine is now commercially available (as Pre-Pen) for skin testing for Penicillin hypersensitivity. Penicilloyl is the *major* (i.e. largest in amount) antigen in Penicillin. However, allergy to this major determinant usually manifests as a delayed reaction such as urticaria.

The *minor* determinant mixture is more likely to be helpful in predicting immediate reactions such as anaphylaxis, but it is not yet FDA-approved for general use.

Since skin testing is not without risk, is not 100% reliable, and may itself sensitize, we recommend considering skin testing only when Penicillin therapy is absolutely indicated, and using an alternative antibiotic in other situations.

In conclusion, skin testing for Penicillin allergy is rarely indicated, and may sensitize a previously nonallergic individual.

Most importantly, Pre-Pen does not predict most acute potentially fatal Penicillin reactions.

JOHN COLEN, M.D.

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Establishing Yourself in Medical Practice

April 1 & 2, 1975 Quality Inn - Sherwood
 400 N. E. 45th Seattle, WA 98103 (634-0100)
 Sponsored by the Washington State Medical Association
 and American Medical Association

Physicians planning to enter private practice can secure answers to questions such as the following at the special AMA/WSMA sponsored course on "Establishing Yourself in Medical Practice" April 1 & 2, at the Quality Inn - Sherwood, Seattle.

How much is it going to cost?

Where do I get the money?

How much space will I need?

Should I set up a solo practice or go into a group?

How much medical office assistant help will I need?

How do I find a good medical assistant? What will I have to pay?

Training, task analysis and delega-

tion are important. How do I do this?

What kind of bookkeeping and billing system will I need?

What are the paperwork problems?

In the clinical area? In the administrative area?

What insurance will I need?

How do I get staff privileges at the hospital?

What legal considerations do I need to know about?

For further information, call Harlan Knudson or Carol Golay at the WSMA Central Office; State Toll Free 1-800-552-0612

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3 LOCATIONS TO SERVE YOU



South Tacoma
 5401 So. Tac. Way
 GR 4-9419

Lakewood
 Thunderbird Shopping Center
 8123 Steilacoom Blvd.
 JU 8-1889

University Place
 Village Shopping Center
 40th and Bridgeport
 LO 4-2494

If you are considering a change of environment for your practice, we invite you to investigate the many unique advantages which Allenmore Medical Center offers . . .

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- ✓ Outstanding location with plenty of free parking.
- ✓ Extensive supporting services to assist you in the effective management of your practice.
- ✓ Ownership opportunities are also available.



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Our facilities and services have been designed to provide the greatest degree of flexibility and value to meet your individual requirements.

We would appreciate the opportunity of discussing with you in confidence the potential for satisfying your practice needs at Allenmore Medical Center.

For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

383-2201

Office Assistants

The Clover Park Medical Office Assistant students are prepared to start their on-the-job affiliation in local physicians' offices on March 26th.

The 7-month, 1015-hour program incorporates knowledge and skills in Medical Terminology, Anatomy, Physiology, Medical Ethics and Law with advanced secretarial abilities.

Interested physicians may contact Mrs. Delores Barrager, instructor, at 584-7611 extensions 240 or 315.

Doctors Hospital Craft Show Scheduled

You are invited to the second annual Art, Craft and Hobby Show of the Doctors Hospital of Tacoma, March 14 to 21, 1975. Open house and tea will be Sunday, March 16, from 12:30 to 4:00 p.m. in the hospital cafeteria.

This show features the work of the hospital's professional staff, their families, the hospital employees and their families.

March Birthdays

2 Ernest Randolph	15 Bryce Betteridge	John Liewer
3 Govnor Teats	16 Alan Porter	George Macha
Charles Cobb	17 Russell Colley	Charles Marshall
W. Howard Pratt	18 Robert O'Connell	24 Robert Crabill
6 Edward F. McCabe	Daniel Schaaf	Arthur Smith
8 Bartholomew Kubat	19 Robert Whitney, Jr.	25 Robert R. Burt
9 Douglas Tait	Thomas Bowden	Gerald C. Kohl
10 J. Edmund Deming	20 Franz Hoskins	28 David Wilhyde
13 Theodore Baer	Albert Sames	30 Dennis Waldron
John Kemp	22 Robert Klein	31 Frederick Paine

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XLVI, NO. 4

TACOMA, WASHINGTON

APRIL, 1975



ANNUAL FIELD DAY
MAY 2

see page 15

REGULAR MEETING
APRIL 8

see page 9

Pierce County Medical Society

1975

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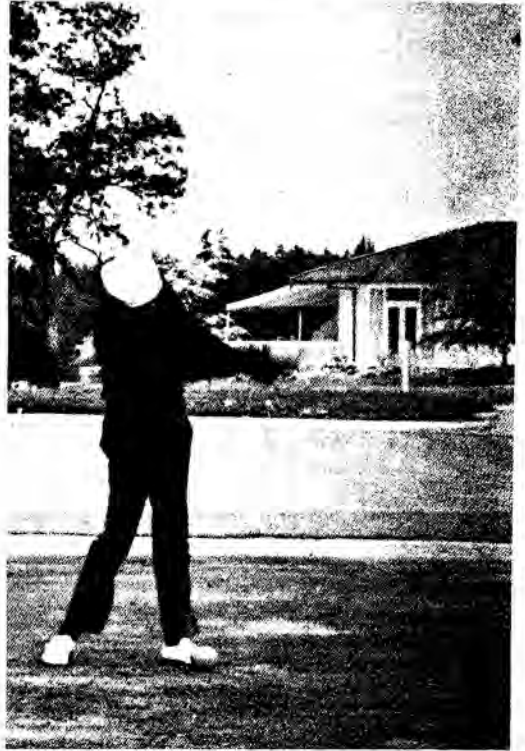
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COVER PICTURE

WHO? This winner of the golfing portion of a past Field Day will give a prize to the first physician to show him this picture.

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President's Page

THE MALPRACTICE PROBLEM



James F. Early, M.D.

Of increasing importance to each physician in practice today is the "Malpractice Problem." At the next regular meeting of the Pierce County Medical Society, this topic will be reviewed.

In the literature available regarding the current status of the malpractice problem, several spokesmen for various factions are evident, the patient appears to have spoken "loud and clear" as to his likes, dislikes, needs, etc., justified or not, through suits and court decisions. "Medicine," has reacted from both personal physician viewpoints, and hospital viewpoints primarily, to the suits involved. The "Association of Trial Lawyers of America" have opinion that to remove "Malpractice Cases" from the current legal system of settlement would serve to give physicians an immunity to which they are not entitled. Their viewpoint is expressed as being "no responsibility leads to irresponsibility." The Insurance Industry has spent vital efforts in time to evaluate their status and position regarding the problem. As we are aware of the response to this study depends on each company's individual philosophy regarding the matter. Lastly, all levels of government have become increasingly involved, including the Department of H.E.W. which has spent two million dollars in studying the problem, to various

levels of Legislature, in response to bills having been submitted.

Accusations against the medical profession are prevalent, for various alleged deficiencies. Among these is the accusation that medicine as a group has not dealt with the "Careless, Incompetent, Problem Physician." On the other hand there is very definite evidence that physicians in attempting to deal with "Problem Doctors," have had their efforts thwarted by legal technical maneuvers and tactics. They have included injunctions, writs, law suits, which in turn discourage and defeat efforts to police the "Problem Doctor." As most are aware the "Problem Doctor" is a definite minority, with however nonetheless large impact. In any decision of malpractice problem, one must be concerned as to physicians obtaining authority to effectively deal with such matters on a legal basis.

Lastly we as physicians in our day-to-day practice should make a conscious effort to establish better relationships with our patients. This requires a great sensitivity on the part of a physicians. As we all know, some patients can be educated in great detail as to their illness, and others are only thoroughly confused by any attempt to educate. The Pierce County Medical Society Committee on Continuing Education should be congratulated for its efforts to educate patients regarding disease on a group basis. I think each of us should place ourselves in the position of the patient, where we knew nothing about medical matters, having emotional and intellectual needs, as well as physical problems. This would help us to serve our individual patients' needs better. It would appear that the Art of Medicine is still Vital and of Increasing Importance in Patient Care.

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PHYSICIANS' AND HOSPITAL SUPPLIES

Editorially Speaking



Stanley W. Tuell, M.D.

The near-catastrophic malpractice situation is changing every day—nation-wide. During recent months, the complexity of the entire situation has been such that it seems less and less likely that any one community or state is going to come up with the answer.

Understandably (to me at least), it's become more and more difficult for the WSMA Medical Defense Committee to provide a simple, straightforward answer to this problem in this State, or even to answer the many questions and criticisms that come to us from our own members, saying "How come?" Like "How come the WSMA isn't doing more about the problem?" or "How come one company can sell me malpractice insurance for 10 per cent less than the company recommended by the WSMA?"

Our consistent answer to question number two was that we couldn't see how a company charging the lower premium could really stay in business. The total rationale for such an answer was too complex for us to really get across to individual members, so many ignored that option and took the cheaper insurance. You all know the result — Argonaut withdrew its coverage for 600 plus doctors in Washington and thousands more around the country.

In regard to question number one, WSMA is doing something about the

problem. Programs are being prepared on the problem to present to the various County Medical Societies. The Medical Defense Committee is meeting frequently to study the issues and possible answers. A program loaded with experts on malpractice insurance problems is being prepared as a featured part of this September's annual WSMA meeting in Seattle.

In the current legislature, the WSMA has supported four bills that relate to the subject, and one of them — the Medical Disciplinary Act — has already passed.

Here's where YOU can do something. You can write to the legislators who represent your district, and urge their support of the following measures still under consideration at this writing:

HB 246, Standards of Care. In civil actions against physicians, the standard of care would be that practiced by other physicians.

HB 247, Statue of Limitations. This bill shortens the statute of limitations to six years from the date of the act.

SB 2873, Medical Injury Compensation Act. This is the "no-fault insurance" measure which sets up a medical injury compensation fund under the State Department of Labor and Industry.

Don't just sit there. Write something!

S. W. T.

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Pierce County Medical Society Meeting

Tuesday, April 8

Medical Arts Building Auditorium

PROGRAM

The Malpractice Dilemma: An Overview

Guest Speakers

DONALD T. HALL, M.D.

Immediate Past-Chairman

WSMA Medical Defense Committee

MR. JACK ROSENOW (Tacoma)

Medical Malpractice Defense

Attorney

MR. TOM FINE (Seattle)

WSMA/AETNA Program Coordinator

Social Hour – 6 p.m. HONAN'S Dinner – 7 p.m.

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with you and your attorney on a sound
financial plan for tomorrow.

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TRUST DIVISION



Dave Hellyer Sparks Joint Meeting With History of 'Trek'

One of the best-attended joint affairs of the County Medical Society and the Medical Auxiliary in many years was held at the Sherwood Inn on Tuesday, March 11, thanks to the thorough planning of Marlene Arthur and Shirley Kemman. 194 persons made reservations for the event, and 188 were there.

Dr. Jim Early, President of the Society, introduced the guest speaker, Dr. Dave Hellyer — "Mr. Northwest Trek." Dr. Hellyer told of the history and development of the huge project located up near Eatonville on land donated by the Hellyer's. According to Dr. Hellyer, work is being completed on a 5½ mile one-way road that will wind through wooded and swampy areas so that viewers will be able to witness native animals of this area in their natural settings. A rubber-tired train will carry visitors along the one-way road at about six miles per hour.

Also featured will be a number of

woodland nature trails with descriptions of native flowers and plants along the trails. The weasel family will be the stars of the small animal displays, which will also include a beaver and otter pond. Nearly complete is the 250-foot entrance building.

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INJUNCTION ASKED

The AMA sued HEW to seek both a preliminary and a permanent injunction against implementation of new utilization review regulations on the grounds that they violate the constitutional rights of both patients and physicians, exceed the authority granted to the HEW secretary by the Social Security Act, and violate the section of the act that forbids "any federal officer or employe to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided." The regulations require that every decision by a physician to hospitalize a Medicare or Medicaid patient be evaluated by the hospital's UR committee within one working day. Non-physicians may serve on these committees. Joining in the AMA suit were ten patients and five Illinois physicians. It was the first time the AMA ever filed suit against HEW.

Appeal to Doctors

The Medical Clinic at Tacoma Rescue Mission needs your sample medicines. What we can not use will be given to Medicines for Missions. We will be collecting the third week of April. A call would be greatly appreciated FU 3-4462.

Also a doctor is needed 2 to three hours every other month on the second Wednesday morning; also we would like the names of two or three doctors who would be willing to work once or twice a year to fill in when our regular doctors are unable to come. The clinic is only open Wednesday mornings.

The government has no interest in this operation.

Thank you for your time and consideration.

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FRIDAY, MAY 2, 1975



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DINNER AT 7:30 P.M. AT TACOMA COUNTRY & GOLF CLUB

TENNIS: Lakewood Racquet Club

\$ 2 for Tennis — 1 - 6 P.M.

\$10 for Dinner at 7:30 — Tacoma Golf & Country Club

Call. Jim Morton - 627-8131

BRIDGE:

\$2 Entry Fee . . . \$10 Dinner

1 - 5 p.m. at Tacoma Country & Golf Club

Rush Stouffer 383-2535



NURSES SCRUB DOCTORS

Defense was the keynote as the nurses turned back the high-scoring offensive machine of the doctors 27-22 in the annual game between the doctors and the Tacoma General School of Nursing held before a screaming crowd at the UPS Fieldhouse on March 19th.

The doctors jumped off to a quick lead with the lightening-like, fast breaking of "Tenemus" Tambara and the twisting, leaping drives of "Terrible" Tuell. The nurses, led by such stars as "Towering" Clifford, "Grueson" Gruchella, "Bone-Crusher" Carbone and "Gimpy" McNamara quickly erased the lead with a very balanced attack. The doctors, on the other hand, appeared at times to be unbalanced as they were lead by "Nauseous" Nagel and followed by "Horrible" Hopkins, "Gassy" Graham and "Palpable" Piper, just to name a few.

The halftime activities were highlighted by the precision marching of the Imperials, a girls drill team from Puyallup.

The losing coach, Jack Nagle, was tremendously impressed with the nurses form, while the winning coach, "Skipper" Berg, found the doctors brilliant but erratic.







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MAZOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32
Calories	100
Protein	0 grams
Carbohydrate	0 grams
Fat	11 grams
*Percent of calories from fat	99%
*Polyunsaturated	3 grams
*Saturated	2 grams
*Cholesterol	0 (0 per 100 grams)
Sodium	120 milligrams (865 mg/100 gm)

Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10%

Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

IMPERIAL

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0 (not a significant source of protein)
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	over 99%
**Polyunsaturated	3 grams
**Saturated	2 grams
**Cholesterol	0 (0 per 100 grams)

Percentage of U.S. recommended daily allowances (U.S. RDA)*

Vitamin A 10%

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Nutrition Information Per Serving

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Servings per container	32 (per pound container)
Calories	100
Protein	0
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	100%
Polyunsaturated	5 grams
Saturated	2 grams
Cholesterol	0

Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

Percentage of U.S. recommended daily allowances (U.S. RDA)

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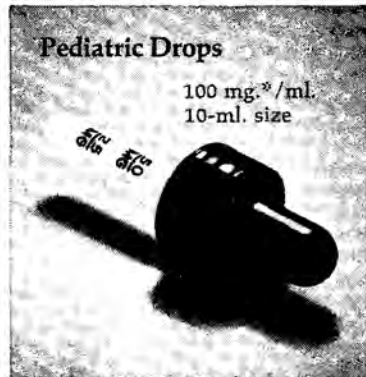
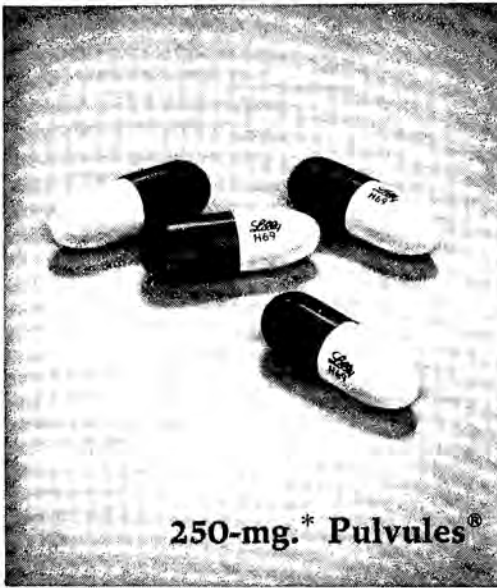
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After Noon, Hawaii is yours to explore without feeling you're missing something really important.

The special activities list for the Woman's Auxiliary is growing longer and longer. Also, there are several optional sightseeing tours and events. Time is yours to discover all the reasons why Hawaii is often called Paradise Found.

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State Representatives Phyllis Erickson (left) and Ted Haley (right) meet with members of Women's Auxiliary

WOMEN'S AUXILIARY PAGE

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- Medical DirectoryMrs. Stanley W. Tuell (Stephanie)

April Meeting

This month's Auxiliary luncheon meeting will be at the home of Mrs. Melvin Henry, 7612 John Dower Road. The date is April 18th and the time 11:30. Information from the Midyear Conference will be discussed and Mary Kaye Long will be speaking on the subject of Looking Into the Future. Sounds like an interesting day!

Board Members

It's time to get your annual reports ready for the combined board meeting on May 5th. The location the no host luncheon will be given in the next Newsletter.

Midyear Conference

The Midyear Conference was recently held in Olympia. Our president and president-elect attended a number of informative meetings which will be summarized by Nancy Spangler in the next Newsletter.

The Pierce County Auxiliary made quite an impression with the directory project, the only county presenting such a book. And once again our county was the highest AMAERF donor in the state.

Several of our members attended Leg-

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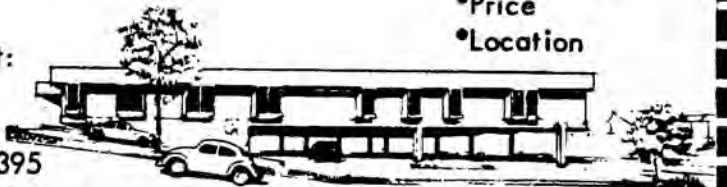
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islative Day and learned about AMA involvement, a bill becoming a law, what health bills are in the legislature, and other good information. A very educational day!

National Convention Anyone?

If any of you are planning on attending the national convention in Atlantic City, please let Dodie Ellsworth know, either directly or through Nancy Spangler.

March Dinner Meeting

Doctors and wives who attended last month's joint dinner meeting of the Medical Society and Auxiliary were treated to an excellent dinner and an interesting and enjoyable program. Dr. Hellyer reported on the status of Northwest Trek, discussing the problems, progress, and hopes of this unique adventure. The beautiful slides were an exciting preview of what the public will be able to see when Northwest Trek opens early in the summer.

Correct Your New Directory

On page 57 in your new 1975 Doctor's Directory, the phone number for St. Joseph Hospital should be changed to — 627-4101



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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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Each capsule contains 50 mg. of Dyrenium[®] (brand of triamterene) and 25 mg. of hydrochlorothiazide.

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Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

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A Faltering Experience in Medical Care

Health Maintenance Organizations (H.M.O.'s) not long ago considered to be the promising vehicles for a system of health care, are suffering from patient disinterest, sagging government support and a faltering economy.

H.M.O. is an arrangement in which subscribers prepay a flat fee for comprehensive medical services in a single, clinic-like setting. Because the plan is supposed to emphasize prevention rather than treatment, some health experts see the H.M.O. as a way of slowing the rise in health costs.

A few H.M.O.'s have been operating for some time and are flourishing, particularly in California. When the Nixon Administration began pushing the concept in 1970, others were set up, mainly by insurance carriers, physicians group practices, hospitals and consumer organizations. There are now around 180 serving 6 million people.

However, the concept is not spreading

as widely as proponents had anticipated, despite a Federal appropriation of \$375-million a year ago to help develop the idea nationwide. Many of the newer H.M.O.'s are not getting the enrollments they expected.

The primary reason for patient disinterest, experts say, is that H.M.O.'s must charge high premiums to provide their many in-patient services. Proponents argue, however, that in the long run the over-all costs should be lower than with insurance plans, because the H.M.O. emphasis on prevention reduces sickness and hospitalization.

In view of the public resistance, and in the present economic climate, organizations seem reluctant to make the big initial investment needed to get an H.M.O. off the ground. They're getting little encouragement from the Federal Government, which itself is under budgetary pressures.

—New York Times, Feb. 16, 1975

2 LOCATIONS

Harold Meyer Drugs

The advertisement features a central illustration of a large, multi-story drug store building with a sign that reads "HAROLD MEYER Retail DRUGS". To the right of the building is a sign for "11th & K". Below the building is a sign for "48th & So. Tacoma Way". In the foreground, a Volkswagen Beetle is shown from a side profile, with a sign on its side that reads "HAROLD MEYER PRESCRIPTIONS". The background is a dark, textured area with a large white circle behind the building.

48th & So. Tacoma Way

11th & K

HAROLD MEYER
PRESCRIPTIONS

Board Briefs

A Summary of the March 4, 1975 Board of Trustees Meeting

The President called the meeting to order and the secretary distributed the minutes of the February 11, 1975 Board of Trustees Meeting. A motion carried to dispense with the reading of the minutes and they were approved as written.

Under old business, the Board took up the matter of departmentalization and approved a request from Pierce County Otolaryngologists to be granted departmental status.

The President reported concerning his meeting with the Hospital Council and Chamber of Commerce concerning Public Law 93-641, the "Health Development and Planning Act of 1974." He indicated that public hearings were to be held Friday, March 7 with additional hearings throughout the state at a later date. At the present time, it seems unlikely that if two health service areas are created in western Washington, Pierce County will be included in the southwestern region. The appropriate channels have, however, been followed with regard to making Pierce County's position known. The membership will be kept informed of future developments.

A letter to Mr. Vern Gibbs of the Comprehensive Health Planning Office was distributed for the Board's information. In this communication, Arch Logan, M.D., author of the letter, recommended serious thought be given to a single state HSA rather than any division within that geographic area.

The President discussed a proposal to create an annual "Presidential Award of Merit" to be granted each year to an individual physician for recognition of outstanding service. The recognition could be for any number of contributions to society, including medicine, organized

medicine activities, community service, etc.

Mr. Charles Hoffman, Administrator, Puget Sound Hospital, was introduced to the Board. He presented a proposal to apply for grant moneys from the Robert Wood Johnson Foundation for an ambulatory health care center for the Pierce County area.

Mr. Hoffman sought support of the Pierce County Medical Society to file a letter of intent with the Foundation which would provide an opportunity to study the feasibility and need for such a project in Tacoma.

The Board unanimously carried a motion to lend support to Puget Sound Hospital in filing a letter of intent. It was specifically stipulated that no endorsement at this time would carry forward to any actual grant proposal. The Society support is to provide the Puget Sound Hospital with an opportunity to further study the feasibility and to implement a planning stage. The information gathered in the study will be provided to the Board of Trustees for further consideration at a later time.

The President reported that James Kruger, M.D., has consented to representing the Society at an AMA sponsored National Conference on the disabled physician, which will be held in San Francisco this April.

A request from the area agency on aging for the formation of a Pierce County Medical Society Gerontology Committee was approved. The Board elected to include this committee activity with the other responsibilities of the Public Health Committee.

Mr. Shirk presented for the Board's

information a brief summary of Senate Bill 2873, "Medical Injury Compensation Act," which has been drafted and sponsored by WSMA.

The state association has asked component societies for comments on the draft, and the Board referred the matter to the Legislative Committee for further action.

A brief review of the Nurse Practice Act for advanced and specialized Registered Nurses was made by Dr. Clark who will represent the Society at an upcoming Physician-Nurse Workshop.

The subject of a PCMS pictorial directory was discussed at some length. Mr. Shirk indicated that two groups have approached the Society with a formal proposal; but, in his opinion, the firm of Elson-Alexandre offered the greatest benefit to the Society as they would provide total service from portraiture through printing at no cost to the Society. The Board approved a motion to have Mr. Shirk pursue the matter

further and to provide a proposed contract to the Executive Committee for evaluation.

A letter from the Puyallup Indian Tribe was distributed. Discussion then ensued about the medical needs facing their people.

There being no further business, the meeting adjourned.

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LO 4-2494

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JOHN WOLFE, EXECUTIVE DIRECTOR

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How Much Do You Know About the Kidneys?

The Tacoma Academy of Internal Medicine will hold its annual meeting on May 8-9, 1975. The program, entitled "Two Days of Nephrology," will feature Doctor Ralph E. Cutler, Doctor Gary E. Striker and Doctor Joseph W. Eschbach, members of the faculty of the University of Washington Medical School. The meetings will be held in the Snack Bar at St. Joseph Hospital and will include formal presentations in the areas of Fluid and Electrolyte Balance, Hypertension, Glomerulonephritis and other Renal Diseases, as well as informal case discussions with question and answer periods. There will be a luncheon Friday noon. If you have any puzzling or interesting cases that you would like to present, please contact the Program Chairman, Doctor John A. Kennedy. All interested physicians are invited to attend. Registration and further information can be obtained from Doctor Kennedy.

APRIL BIRTHDAYS

2	Edwin Fairbourn	12	Z. Joseph Vozenilek	25	Rodger Dille
	William Mattson, Jr.	15	Leo Hunt	28	James Boudwin
5	Clinton Piper	16	Robert Osborne		Louis Hoyer, Jr.
6	W. Ben Blackett	20	John Comfort		Richard Link
10	James Billingsley	21	Harold Johnston	29	A. W. Howe
	David N. Goodson	22	William Avery	30	Donald McKay
11	Lawrence Brigham	23	Richard Huish		Charles Morris
	Byron Dodge	24	Eugene Hanson		
			Robert Zimmers		

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XLVI, NO. 5

TACOMA, WASHINGTON

MAY, 1975



Cover: Dumont Staatz, M.D.,
at the helm of his pride: Katchen

**REGULAR MEETING
MAY 13**

see page 9

Pierce County Medical Society

1975

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 Vice-President STANLEY A. MUELLER
 Secretary-Treasurer DAVID L. BeMILLER
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President's Page

County Wide Departmentalization



James F. Early, M.D.

Because of some apparent misunderstandings regarding the Pierce County Medical Society Departmentalization Program, I thought I might attempt to review the current status of this plan with you. On page 18 of this issue, you will find a reprint of the move as accepted by the County Society Executive Committee, Board of Trustees and Hospital Chiefs of Staff during the December 1974 meetings.

Some of the membership have advised me that they are waiting to see what the County Society will do about Departmentalization. The Board of Trustees has accepted philosophically the plan as printed. The County Society had not accepted the role of providing secretarial assistance for each individual Department Meeting, but has accepted the responsibility of approving Departments and maintaining records as submitted to be available for future use in such circumstances as JCHA inspections, etc. These records specifically would document the formation of the various Departments, and their approval by the Board. The Hospitals would continue to hold for review detailed minutes of the meetings of various departments as they do currently. As you may be aware, JCHA has two basic requirements of department meetings. Essential to any

hospital department meeting is a discussion of business relative to the "Housekeeping Functions" of a department and, a review of the work within that department as well. The line-up includes discussion of problem cases, medical audit, etc.

The hospital administrators have promised their fullest cooperation to these meetings by providing the medical charts of the department. Understandably, however, they have apprehension as to being able to provide necessary documents to JCHA when requested to do so. In order for the plan to work it is essential that department heads see to it that hospital administrators receive the required documents to verify that the work of departments as mentioned above was in fact truly and conscientiously performed.

Urologists and orthopedic surgeons of the community are to be congratulated for their immediate acceptance of these concepts and formulation of them into working departments. The Family Practitioners, Pediatricians and ENT groups have also demonstrated considerable initiative and are in the process of department formation.

Obviously, these concepts represent change. Change per se is usually uncomfortable because it speaks of unfamiliarity. Nonetheless, without change, problems will not be solved. It would appear that whether or not you as individual practitioners desire to be a member of a County Wide Department, or remain in your present status should be discussed at your respective monthly department meetings currently attended. If your practice is in a so-called "Non-Departmentalized Hospital," the plan does include provisions for credit, so to speak, at meetings.

(Continued on next page)

PRESIDENT'S REPORT

(Continued)

I would like to direct your attention, however, in a larger sense, to the possible "Fallout" of County Wide Departmentalization. Although most that has been written has been relative to "Credit and JCHA," in my mind personally the greatest impact of this plan lies elsewhere. As we are all aware, there are multiple hospital staffs in our community, each working independently. It may well be that a County Wide Departmentalization plan could integrate functions of hospitals, avoid some duplication of effluence, and upgrade the quality of medical care in the community as a whole.

Should you as individual practioners desire departmentalization on a county wide basis, the Pierce County Medical Society is in the process of accepting letters of application. These applications are being reviewed by the Board of Trustees, and approved if requirements are fulfilled. Should you have any questions regarding these matters, I know Mr. Shirk and his staff will attempt to assist you.

Appeal to Doctors

The Medical Clinic at Tacoma Rescue Mission needs your sample medicines. What we can not use will be given to Medicines for Missions. For pick-up information call 383-4462.

Also a doctor is needed 2 to three hours every other month on the second Wednesday morning; also we would like the names of two or three doctors who would be willing to work once or twice a year to fill in when our regular doctors are unable to come. The clinic is only open Wednesday mornings.

The government has no interest in this operation.

Thank you for your time and consideration.

PHYSICIAN NEEDED

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Part time opening for general medicine on campus. Share a 15 hour/week clinic coverage with two other persons.

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Dr. Sei Adachi

PLU-Councelling Center

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"WOULD YOU LIKE A BULLET TO BITE ON?"

Editorially Speaking

In case you haven't noticed, things are happening in the Pierce County Medical Society. Attendance at meet-

ings is increasing. The Society is developing new avenues of outreach in community service. The Bulletin may actually begin paying for itself. The Society office has moved to new, expanded, more pleasant and productive quarters. Consideration is being given to having a combined dinner and monthly Society meeting at places like the Sherwood Inn.

There may be multiple reasons for this increased interest; an energetic and bright new executive director, a forward-looking president, a feeling that the Society may be the instrument through which the individual may have some control over the destiny of both practice and pocketbook. Whatever the reasons, ongoing, increased participation is needed, especially by the newer, younger members.

Let us hear from you.

David S. Hopkins, M.D.



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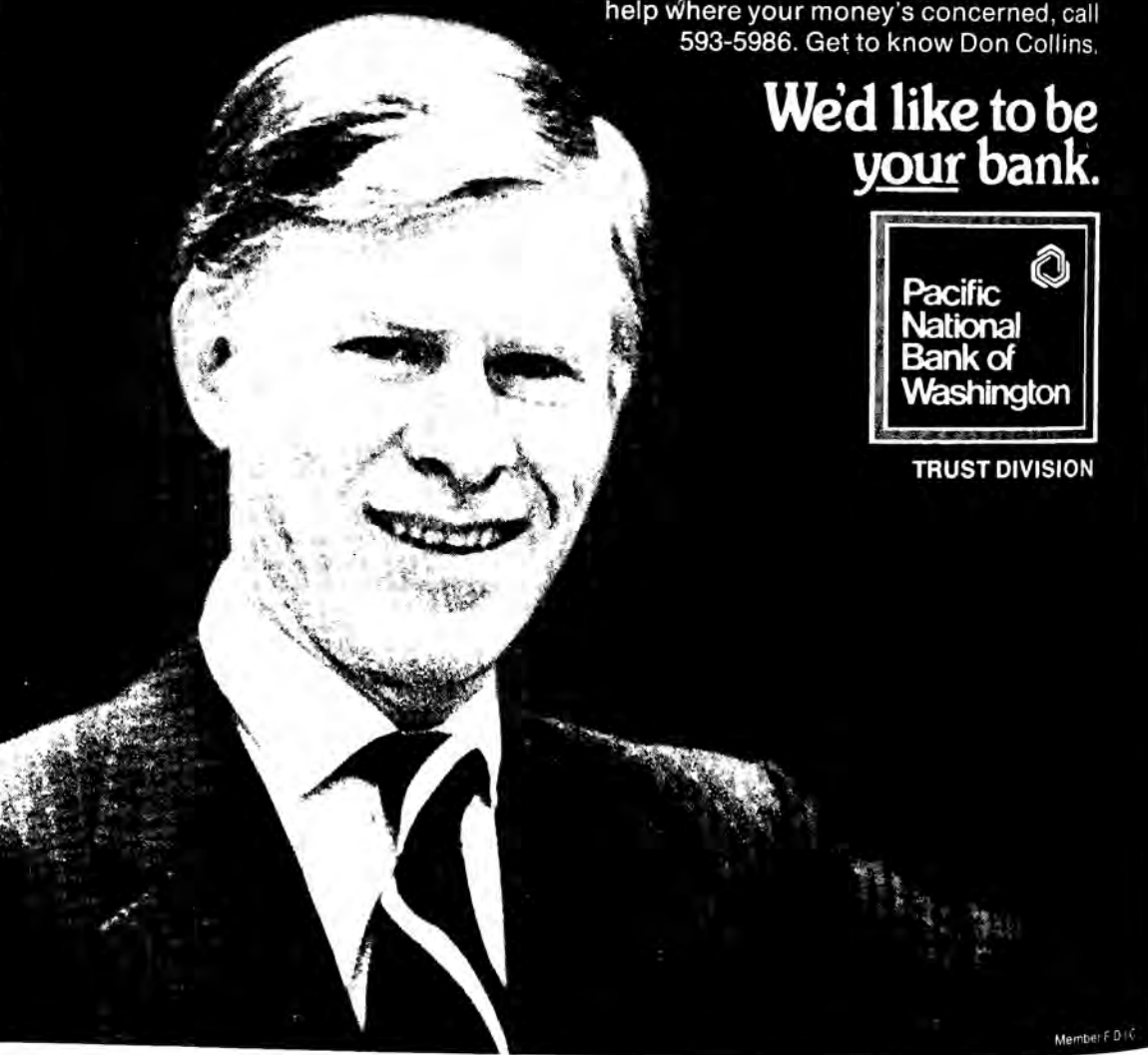
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TRUST DIVISION



WSMA LEGISLATIVE SUMMARY

STATUS, HEALTH LEGISLATION

Certificate-Of-Need . . . SB 2059. Passed Senate, now in House Social & Health Services Committee. Transfers the responsibility for administration of Certificate of Need and Section 1122 from the Department of Social & Health Services to the Hospital Commission. Amended by the Senate to include nursing homes. **WSMA no position.**

HB 686, in House Social & Health Services Committee, reorganizes the State Board of Health to include the chairman of the State Hospital Commission, secretary of DSHS, representative from the School of Medicine or School of Public Health, a health professional and a consumer; mandates that the Board administer the Hill Burton Act; Designates the Board as the administrating state agency under the recently passed federal health policy and planning act; and mandates the Board will administer the health manpower clearing house project presently administered by RMP. **WSMA has under review.** Public Hearing tentatively scheduled for week of April 21.

****CHILD ABUSE . . . SHB 44.** Passed House, now in Senate Social & Health Services Committee. **WSMA SUPPORTS.**

SB 2623. Passed Senate, now in House Judiciary Committee. Requires that a copy of the report of child abuse be transmitted to the office of the County Prosecutor.

****Family Practice Residency Programs . . . SB 2619.** Passed Senate, now in House Social & Health Services Committee. Senate removed funding from bill, hopefully the Senate will include funding in the Budget bill for this program. **Supported by School of Med-**

icine, Academy of Family Physicians and WSMA.

HMO . . . ESHB 40. Passed House, now in Senate Social & Health Services Committee (no hearing scheduled at this time). **WSMA no position at this time.**

****Hospital Record Retention . . . SB 2047.** Passed Senate, now in House Social & Health Services Committee. Mandates that hospital records need not be retained beyond ten (10) years. **WSMA Supports.** Hearing was scheduled for past week, but because of the House's action on budget bills, this hearing has been postponed, no date known at this time.

Laboratory Licensure . . . SB 2100. Passed out of Senate Social & Health Services Committee with proposed amendments, now in Senate Ways & Means Committee. Provides that the State Board of Health establish rules and regulations for the maintenance and operation of medical laboratories to be enforced by the Department of Social & Health Services; exempts laboratories maintained by an individual physician or podiatrist unless such laboratory accepts ten specimens per year for diagnostic tests on referral from other physicians or podiatrists or is certified under Title 42 U.S.C. or accredited by the College of American Pathologists Inspection and Accreditation Program or by other programs which encompass proficiency testing and on-site inspection equivalent or more stringent that so provided for in this act. **WSMA No Position.**

Medical Care for Minors . . . SHB 738. In House Social & Health Services Committee. Bill in trouble, does not have sufficient signatures to move out of this House Committee. Enables physician to treat minors without par-

ental consent in certain circumstances.

WSMA Supports.

Medical Injury Compensation Act . . .
SB 2873. Senate Social & Health Services Committee. **WSMA Supports.**

****Medical Practice Act, Amendments . . .** SHB 788. House Passed, now in Senate Social & Health Services Committee. Updates medical practice act, provides for continuing education and consumer participation on state board of medical examiners. **WSMA Supports.**

Mental Health Legislation . . . HB 49 (Civil Commitment). On House Calendar. SB 2181 (defining Disabled) Passed Senate, now in House Judiciary Committee. **WSMA** offered amendment which was partially passed by the Senate. **WSMA has under review**, will try to clarify amendment in House. As presently written the bill defines "Gravely Disabled" as follows: "means a condition in which a person, as a result of a mental disorder is in danger of serious physical harm resulting from a failure to provide for his essential human needs; or in which as a result of a mental disorder a person's judgment is so impaired that he is incapable of realizing, and making a rational decision with respect to, the need for essential care and presents a probability of serious harm to himself, or any other person, or to property."

Medical Service Bureau Contracts . . . HB 536. Again referred to House Rules Committee. Sequel to HB 552, which was vetoed by the Governor two years ago. Would mandate chiropractic covered in Medical Service Bureau Contracts. **WSMA Opposed.**

Optometry . . . SHB 308. Passed House, passed out of Senate Social & Health Services Committee, now in Senate Rules. Proposed Committee amendments change the definition of optometry in SHB 308 from reading "diagnosis of visual system" to read:

"The practice of optometry is defined as the examination of the human eye, the examination and ascertaining any defects of the human vision system and the analysis of the process of vision" . . . **WSMA Offered Amendments.**

****Standards of Care (Malpractice) . . .** HB 246. Passed House, passed out of Senate Social & Health Services Committee, now in Senate Rules Committee. **WSMA SUPPORTS.**

****Statute of Limitations (Malpractice) . . .** HB 247. On House Calendar. Compromise bill, adjusts statute of limitations from (6) six to (10) ten years limitation. At the present time there is no statute of limitations, the act is open ended, with the only qualification being that a suit be filed within one year from time of discovery. **WSMA SUPPORTS.**

Screening, Learning/Language Disabilities . . . SSSB 2258. Second Substitute Senate Bill 2258 is on the House Calendar. Directs the superintendent of public instruction to immediately adopt a program under which all public schools with elementary school programs shall implement an appropriate screening device to be administered to first grade students to identify children with 1/1 disabilities. Makes each school's screening device subject to the superintendent's approval and requires such screening to be administered not later than January 1, 1976. Prohibits use of any additional personnel to implement the act. **WSMA No Position on Second Substitute Bill at this time, has under review.**

FOR COPIES OF BILLS, WRITE THE WSMA OLYMPIA OFFICE OR CALL (Area Code 206) 352-4848 OLYMPIA.

****Major Legislaiaon—PLEASE WRITE OR CALL (Toll Free Legislative Hot Line: 1-800-562-6000) and URGE SUPPORT OF YOUR LEGISLATOR FOR THESE BILLS.**

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Thomas Hood, *The Last Man*



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813 SOUTH K STREET
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Yellow Page Listings

For those who were not present, the following resolution was adopted by the general society membership during the February meeting:

Any member in good standing of the Pierce County Medical Society may list any two designations consisting of a specialty and sub-specialty of any recognized field of practice provided that:

- 1) the specialty designation is recognized by the state specialty society having the jurisdiction over that discipline and
- 2) that he is qualified by virtue of training and experience to practice that specialty or sub-specialty.

The foregoing motion was ammended to include the following:

The Pierce County Society Credentials Committee shall be charged with the authority to make the determination of whether or not an individual is qualified to practice such a specialty should that physician's listing be challenged by any other Society member.

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HOSPITAL STAFF NOTES



Dr. Lloyd Elmer

Allenmore Hospital which will dedicate a new 105 bed wing in May, has several professional staff officers who are also officers or committee members of the Pierce County Medical Society.

Dr. Lloyd C. Elmer, President of the hospital's professional staff, is on the credentials committee of the society.

Dr. John P. Nagle, recently elected director of the hospital's new intensive care and coronary care units, is a trustee of the society.

Dr. William T. Ritchie, chairman of the hospital's medical audit committee, is also a society trustee.

In addition to Dr. Elmer officers of the

hospital professional staff are Drs. Richard G. Bowe, Myron Bass and Richard Ohme. Among the committee chairmen are the Drs. Robert Kapelowitz, J. G. Katterhagen and Buel Sever. Dr. Galen Hoover is chief of surgery and Dr. Robert O'Connell chief of medicine.

Owen Shaffner, Administrator, points to the new units mentioned above and to the intermediate care unit for the patient before he moves into a medical or surgical bed. The new kitchen will be three times the size of present kitchen and there will be a new cafeteria.

Allenmore, known for its nursing care and its food, presently has 50 beds which will be retained.

The move into the new facility is scheduled for late June or July with completion in August.

WASHINGTON STATE SICKLE CELL PROGRAM

TACOMA BRANCH 593-2896

454 St. Helens Ave. Monday through Friday 8-5 p.m.

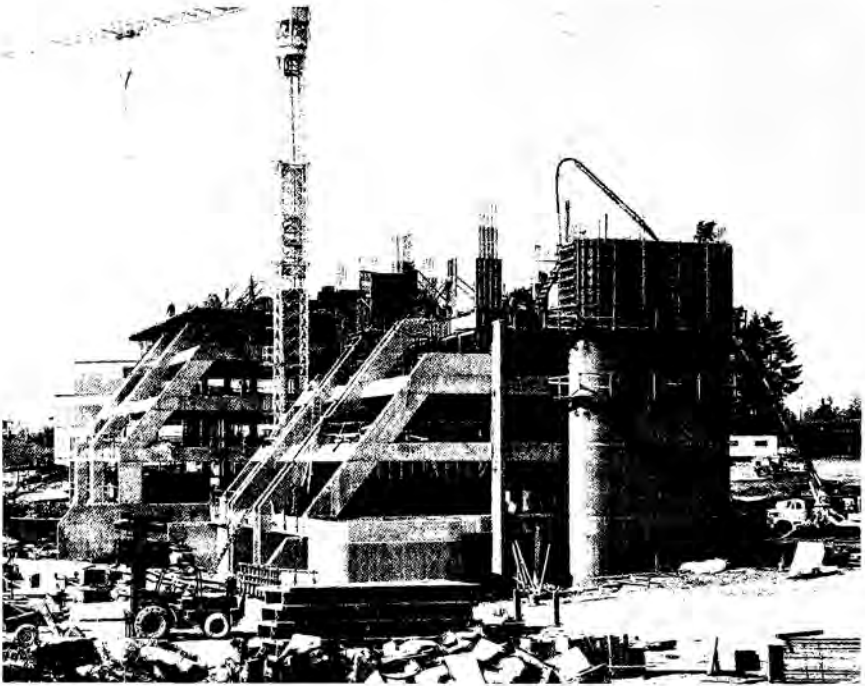
Coordinator: Mrs. Charmaine Archibald

HEMOGLOBINS	March 1975	Total 1975	Total since '72
AA (Normal)	101	561	7111
Peculiar Findings	0	0	1
Persistence Fetal Hb.	0	0	4
TRAITS			
AS	6	18	252
Blacks	6	18	249
Caucasians	0	3	3
AC	1	3	58
AD	0	0	3
Lapore	0	0	1
Beta-Thalassemia	0	3	21
AG	0	1	1
DISEASES			
Sickle C	0	0	3
Beta-Sickle/Thalassemia	0	0	1
TOTAL	109	586	7459

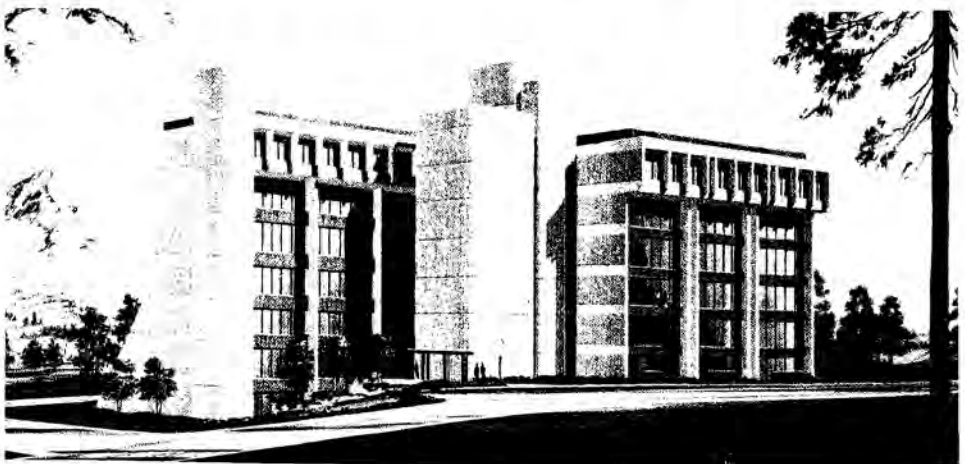
Physicians that are participants in the sickle cell program:

George Tanbara, M.D.; David Sparling, M.D.; Gerhart Drucker, M.D.; Charles Curl, M.D.; Ronald Gallucci, M.D.; Maurice Origenes, M.D.; Frederick Schwind, M.D.; George Kunz, M.D.; Richard Herd, M.D.; Robert Munson, D.D.S.; Paul Elsberry, D.D.S.

In Case You Haven't Noticed Our Progress - ALLENMORE MEDICAL CENTER'S new medical/dental office building



will be available for occupancy in October.



If you are considering a change of environment for your practice, we invite you to investigate the many unique advantages which Allenmore Medical Center offers . . .

- ✓ An established record of performance in supporting the needs of medical dental professionals.
- ✓ Superior office facilities designed exclusively for physicians, dentists and related health-care professionals.
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- ✓ Extensive supporting services to assist you in the effective management of your practice.
- ✓ Adjacent to the expanded services of Allenmore Hospital.
- ✓ Ownership opportunities are also available.



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For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

759-7806

COUNTYWIDE DEPARTMENTALIZATION

In response to the request of the Pierce County Medical Society membership, a committee was appointed to develop a plan to decrease the number of meetings required by the joint commission on accreditation of hospitals (JCAH) to remain on active hospital status. The rule is that each physician must attend at least 50% of the meetings per year for each hospital in which he wishes to practice.

Since the majority of our members practice at more than one hospital, the logical method was to develop county-wide medical departments functioning for each of the hospitals. The following guidelines were made in close accord with the wishes of the JCAH. The following is a quote from the JCAH standards: "Where geographic and other conditions make it feasible, arrangements may be made to provide joint meetings of medical or departmental staffs of neighboring hospitals. In such instances, there must be approval of the arrangement by the medical staffs and governing bodies of the participating hospitals. Provision must be made for the review and analysis of the clinical work of each participating hospital or department. Minutes of these meetings shall be taken in such form that the record of each hospital's activities is kept separately."

It is the committee's feeling that these guidelines can fit into each hospital structure. Each hospital's organization above the department level and the various committees that support the hospital's super-structure will continue to function as currently practiced. There are no added requirements nor super-structures of the Pierce County Medical Society.

The PCMS position is that it is acting only in a consulting capacity to develop these plans.

The major goal of these guidelines is

to establish adequate communication between hospital administrators, hospital employees and the medical staff. These guidelines are proposed knowing that as implementation begins, changes will be necessary. In general, the PCMS will approve any alteration that is practical and makes the hospital-county department cooperation more functional.

GUIDELINES FOR THE FORMATION AND DUTIES OF THE PIERCE COUNTY MEDICAL DEPARTMENTS

- I. A department must be recognized as such by the Board of Trustees of the Pierce County Medical Society. It will consist of no less than three-fourths of the physicians practicing in a recognized discipline in the area hospitals.
 - A. Chairman elected from the department for two years
 - B. Chairman-elect elected from the department for two years and to succeed to chairman for a two year term.
 - C. Secretary elected from the department for one year
 - D. Agenda
 1. Selected deaths
 2. Unimproved patients
 3. Patients with infections or complications
 4. Errors in diagnosis and treatment
 5. Tissue review reports
 6. Unresolved problem cases
 7. Results of retrospective audit (handed down from each individual hospital division or committee)
 8. Education programs resulting from audit deficiencies or hospital related subjects
 - E. Meetings shall be ten a year with an obligatory 50 percent attendance of each member. The meetings shall be held monthly at an appointed time and place as determined by the department.
 - F. Every member of the staffs of the departmentalized hospitals shall be assigned to a department of the physicians choice subject to the approval of the Pierce County Medical Society Board of Trustees. As new departments are

formed, he may change to the department of his choice by notifying the secretary of his department and the secretary of the Pierce County Medical Society so that this information can be forwarded to the staff secretary of the participating hospitals to keep records up to date. Voting privileges are restricted to assigned departments.

G. Duties of the chairman

1. To chair all meetings but if unable to attend, the chairman-elect or his designate shall perform his duty
2. To be responsible through his chairman-elect and secretary to see that all functions as agenda, educational programs, roll and minutes are properly executed.

H. Duties of chairman-elect

1. Responsible that all participating hospitals have input into the agenda and that the material be available and in the hands of the chairman prior to the meeting
2. To chair meetings if the chairman is absent and to appoint a deputy if both will be absent

I. Duties of the secretary

1. To be responsible for the educational programs
 - a. The programs should be in response to any deficiencies in care of medical or surgical conditions by retrospective audit
 - b. Pertinent subjects and hospital related subjects
2. To be responsible for roll call or attendance record by having departmental members names typed on sheets for them to initial and to forward copies of the attendance records to the staff secretaries of all participating hospitals
3. To be responsible for the taking of accurate and complete minutes of all the meetings, forwarding to staff secretaries of all participating hospitals

J. Duties of participating hospitals

1. It shall be the duty of the participating hospitals to review the county department minutes and to notify the medical society secretary and the county department chairman if the minutes are not satisfactory for hospital purposes

2. If unsatisfactory minutes persist, the hospital shall notify the county society secretary and the county department chairman that the members of that department will be considered not to have fulfilled their required departmental meeting attendance record for that hospital

K. Duties of the Pierce County Medical Society

1. To select and make available suitable meeting site if departmental meetings and Pierce County Medical Society meetings are to be held the same night
2. Upon receiving notice from a participating hospital of unsatisfactory county departmental minutes, the Society shall attempt to cause the involved departments to take proper corrective action. If no such corrective action is taken and if the medical society board concurs that the minutes are unsatisfactory, the Board of Trustees shall withdraw recognition from the delinquent department and its members will be reassigned to other appropriate departments

- L. These guidelines may be amended as implementation shows necessity as suggested by the departments and approved by the Pierce County Medical Society Board of Trustees.

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500341

THE ALCOHOLIC PATIENT

One of the greatest allies in the continuing fight against Alcoholism—probably the only physical problem in history to be “voted” as a disease, decreed by the U.S. Congress and the Washington State Legislature as a “disease”—is the Doctor.

It is important, therefore, that the Doctor have a clear understanding of the services offered the alcoholic, the alcohol abuser and the extreme problem drinker through a series of Federal, State and Government legal enactments.

To circumvent the lengthy legal citations, suffice to say, it was required that Pierce County, through public input, the advice of an Alcoholism Advisory Committee, and the Social Service Administrative Board, arrive at a comprehensive plan of alcoholism services designed to offer a “continuum of service” and fashioned to assure such treatment facilities and programs afford a quality of care and treatment required for any specialized disease.

Through the responsibility of the Pierce County Commissioners, such programs now in place: emergency services by agreement with hospitals; a free-standing detoxication center, outpatient treatment, including an antabuse program, several sources of inpatient care, and Community Alcoholism Centers equipped to inform, advise, refer and assist alcoholics, alcohol troubled families and the general public seeking alcoholism information.

The Alcoholism Advisory Committee of the County is headed by Doug Erwin, a local bank executive and its membership includes Dr. Thomas Clarke of Sumner and Dr. Joe Kramer of Puyallup as well as Dr. Roger Sauer of the American Lake Veterans Hospital staff, along with 10 other interested and knowledgeable citizens including two recovered alcoholics.

The responsibility of the office of the Alcoholism Coordinator, who is a recovered alcoholic, is that of coordination,

planning, budgeting, maintaining liason with all agencies, public and private in the alcoholism field, as well as the Alcoholism Section of the Department of Social and Health Services.

All program functions and facilities, incidentally, are guided by a rather heavy set of Administrative Regulations to bring them up to top standards as set by the DSHS; many of these regulations were formulated through consultation with ad hoc committees in the alcoholism field such as County Coordinators, the Washington State Council on Alcoholism and the Alcoholism Advisory Board to the DSHS.

Top man in the state's alcoholism programs is Glenn Miller who, about a year ago, brought a wealth of aggressiveness and know-how to the position and got the programs moving forward in a concerted effort.

Additional state legislation which aided in the intervention and treatment of the disease of alcoholism was HB 1077 which required that group insurance carriers include alcoholism coverage in their policies much in the same manner as any other health problem is covered. Such inclusion is now in many policies and is being added as other contracts come up for renewal.

The aim and object of the county office is to enlist all possible helping sources, and at the top of that list is “the Doctor.”

We hope that Doctors would take advantage of the Detoxication services offered by the Community Alcoholism and Receiving Center (CARTS) at 745 Court C. Complete medical screening is done, a Medical Director oversees treatment procedures, and Detox can be accomplished without difficulty and at a much lesser cost than in the normal hospital setting. Through March, 1975, the Detox Center has logged a total of 1208 patient days, with the necessity of only 22 clients being transferred to a hospital for additional care beyond the center's capabili-

ty. The gratifying thing is to note that of this total operation, 76 individuals have been counselled, referred and accepted resident inpatient treatment and an additional 70, to outpatient treatment, either through the Alcoholism Treatment Center, an offshoot of the Tacoma-Pierce County Health Department, or to one of the 29 AA groups in the area. This is the name of the game in the treatment field — to motivate the problem drinker into a treatment module which will eventually lead to a reprieve of his drinking problem.

From time to time in these pages, the various service components will be explored. Professional news from other sources will be used to assist the very busy and involved members of the medical profession to be aware of what is taking place in the field of alcoholism.

The office of the Alcoholism Coordinator is always at your service for more detailed information, setting up of seminars or discussions, or speaking engagements; doctors are always welcome to visit any or all of the treatment facilities to see for themselves the quality and standards applied to the problem so that they can be comfortable and assured of the best type of treatment when they do make referrals in this field.

Ted Knightlinger,
Alcoholism Coordinator
593-4138

TACOMA - PIERCE COUNTY HEALTH DEPARTMENT OFFERS GERIATRIC SERVICES

Adult-Geriatric Nurse clinics in the city and county provide the following preventive health care services:

Health screening, counselling, and referral
Blood pressure monitoring
Foot care
Hematocrit
Urinalysis
Vital capacity

Clinic staff include:

Community Health Nurse
Homemaker-Home Health Aide
Outreach worker
Geriatric Nurse Practitioner by referral

Screening physical examination by the Geriatric Nurse Practitioner are scheduled by the clinic community health nurse after the patient has been screened at clinic and this service is indicated.

For information and/or appointment, please contact:

City clinics: Betty Hanratty —
593-4807

County clinics: Velda Driver —
593-4880

MAY BIRTHDAYS

2 Raymond Pliskow	9 Joseph Lasby	26 William Conte
Hans Siebold	Roy Virak	Chester Poole
3 Bernard Bader	15 Jay Ehly	28 George Gilman
Herman Judd	18 Dale Hirz	Robert Fortiner
4 Charles Vaught	19 Douglas Buttorff	29 Isaac Krieger
Antone Walloch	Eugenia Colen	30 James Billingsley
6 Albert Ehrlich	20 Robert Chambers	Jerry Williams
Marcus Stuen	Kenneth Graham	31 Bryan Archer
7 Richard Barronian	22 Robert Smith	Hugh Larkin
Edward Wood	Merrill J. Wicks	Joseph Martin
8 Orvis Harrelson	23 Thomas Irish	

WOMEN'S AUXILIARY PAGE

AUXILIARY OFFICERS 1974-1975

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- President-ElectMrs. J. G. Katterhagen (Anne)
- 1st V.P.—ProgramMrs. Stanley A. Mueller, Jr. (Julia)
- 2nd V.P.—MembershipMrs. Ralph V. Stagner (Bonnie)
- 3rd V.P.—Historian & By-LawsMrs. John M. Havlina
(Dolores)
- 4th V.P.—SocialMrs. Max W. Brachvogel (Judy)
Mrs. William A. McPhee (Georgia)
- Recording SecretaryMrs. Robert M. Ferguson (Donna)
- Corresponding SecretaryMrs. Arthur M. Smith (Peggy)
- TreasurerMrs. Robert C. Johnson (Betty)
- Dues TreasurerMrs. W. Ben Blackett (Glenna)

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Mrs. Wayne A. Bergstrom (Reta)
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- Student RecognitionMrs. L. Stanley Durlin (Adele)
Mrs. Gordon E. Dean (Florence)
- TelephoneMrs. Charles L. Anderson (Cindy)
Mrs. Leonard B. Alenick (Gail)
- Today's HealthMrs. William T. Ritchie (Marge)
- Health EducationMrs. Ralph A. Johnson (Jo Ann)
- Blood Pressure ProjectMrs. Gilbert J. Roller (Jo)
- Medical DirectoryMrs. Stanley W. Tuell (Stephanie)

Liberation Day

Nancy Spangler invites all Auxiliary members to attend her "Liberation Day" luncheon to be held at the Shoreline Restaurant in Gig Harbor on the 16th of May at 11:30 a.m. The luncheon will be served in the downstairs dining room facing the water, and there will be informal modeling by the Beach Basket Shop in Gig Harbor during the luncheon. Following will be a short business meeting and the installation of officers.

Board Meeting

Don't forget the joint '75-'76 board meeting at Walter N's at 10:00 a.m. on May 5th. Committee chairmen, please have your annual report typed in duplicate for next year's chairmen.

Finance Report

Helen Whitney, finance chairman, announced the recommendations of the finance committee, and they were accepted by the general membership. \$500 for "Today's Health" subscriptions for all schools in Pierce County. \$500 for use by the Children's Therapy Unit which serves all of Pierce County, and is located at Good Samaritan Hospital. \$1500 for the Pierce County Medical Society's fund for the Tel Med program.

Many Faces of Mavis

Are you aware that our own Mavis Kallsen, digger of holes for swimming pools, is also a practicing archivist? She has willingly agreed to compile the history of the Pierce County Medical Society and maintain the archives.

EASTSIDE CLINIC — FEBRUARY 1975 (593-4792) Monday through Friday 1720 East 44th Street

Coordinator: Edith Wood

	February 1975	Total 1975
Referred to private physicians	25	71
Laboratory services	78	159
Prescription services	133	290
Seen by Physicians' Wednesday Clinics:		
Adults	108	225
Pediatrics	59	120
Department Public Assistance	52	110
EPSDT	22	35
Phone information and referral	355	795

FAMILY CLINIC — FEBRUARY 1975 (627-9182)**Monday through Friday 10 to 5:30 1815 South J Street 98402**

Coordinator: Aaron Miller

PATIENT SERVICES	February 1975	Total 1975	Total Since Sept. 1973
Referred to Physicians	78	184	1462
Laboratory Services	109	302	1170
X-ray Services	4	11	145
Prescription Services	60	138	517
Referred to Emergency Rooms	2	8	88
Hospitalized	0	0	6
Referred to Community Agencies	11	37	94
Seen by Physicians in Clinic	40	87	501
ETHNIC & DEMOGRAPHICAL DISTRIBUTION			
Black	19	49	309
Caucasian	105	253	1418
Asian-American	4	6	40
Native-American	11	23	79
Mexican-American	3	12	53
Model City Residents	22	90	752
Other Areas	120	253	1428
PARTICIPATING PHYSICIANS			
On Referral Basis			
to private physicians (Outside Clinic)	29	35	94
*Friday Evening Clinic Services	3	5	8
*Dr. H. Boyd			104
*Dr. T. Smith			118
*Dr. S. Whaley			65
*Dr. A. North			56
*Dr. G. Tanbara			42
*Dr. T. McDonnell			25
*Dr. G. Drucker			42
*Dr. D. Wilhyde			39

**REMEMBER
THE BLOOD BANK**

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: This combination drug finds its usefulness primarily in the treatment of edema. Any usefulness of triamterene when used with a thiazide in hypertension will derive from its potassium-sparing effect. Either its main diuretic effect or potassium-sparing effect when used with a thiazide drug should be determined by individual titration. (See box warning.)

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 in 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. 'Dyazide' interferes with fluorescent measurement of quinidine.

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. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH

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Each capsule contains 50 mg. of Dyrenium[®] (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Neither inconvenient potassium supplements nor special K⁺ rich diets needed as a rule.

Just 'Dyazide' once or twice daily for maintenance.



Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

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Doctor, Is Your Medical Assistant Keeping in Step With You?

Medical Assistants are broadly defined as individuals who assist qualified physicians in their offices, or other medical settings, performing administrative and/or clinical duties.

The assistant comes into daily contact with the doctor's patients. For this reason she is of tremendous importance in helping him create favorable personal public relations. The kind of impression which the assistant makes upon the patients often affects their opinions of the doctor himself. She is his office hostess.

With training the Medical Assistant has the capability of handling varied duties in the physician's office. Her duties depend upon the work habits and type of practice of her physician. In a one-girl office she may divide her duties between administrative and clinical.

A graduate Medical Assistant's training includes Medical Terminology, Anatomy and Physiology, Psychology, Human relations, Medical Ethics, Law and Economics, Administrative Procedures and Clinical Procedures.

Medical Assistants on the job must continue their education, just as her employer does. To be an efficient member of the health care team, a proficient medical assistant must keep up to date and in tune with the changing times.



Clover Park Medical Assistant Students at work.



Her knowledge of new procedures and advances in medicine should keep pace with yours. For the assistant this can best be done through membership and participation in the American Association of Medical Assistants (AAMA). The National AAMA has been organized since 1956, Washington State Society since 1967 and the Pierce County Chapter since November of 1973.

The AAMA is the only medical assistants organization to have merited official commendation by the AMA. On four different occasions the AMA House of Delegates has passed resolutions commending the objectives of the Association, endorsing its functions and urging every physician to encourage his own assistant to join AAMA and to parti-



George Tanbara, M.D., member of the Board of Advisors for American Association of Medical Assistants and Clover Park Education Center- Medical Assisting Program.

participate in its educational programs.

AAMA is a professional association for medical assistants, secretaries, nurses, technicians, bookkeepers, or receptionists in a physician's office or other medical facility. Medical Assisting instructors or students may also become members of AAMA. It is *not*, nor shall it ever become a trade union or collective bargaining agency for higher wages or shorter working hours.

Through bulletins, conventions, symposia, workshops and other media, the members of AAMA exchange ideas on more efficient ways to perform office responsibilities and keep abreast of non specific subjects of interest to their employers. Extension classes are now available in Medical Ethics, Law and Economics at the Clover Park Education Center. Being a member of the American Association of Medical Assistants benefits every office employee as well as their physician-employer.

If your girls are not attending our meetings or classes, let them know that the Pierce County Chapter of the AAMA meets on the second Monday in the meeting room of the Pierce County Humane Society at 7:30 p.m. Or, better yet, why don't you also join us?



10th Northwest Healing Conference

Members of the Pierce County Medical Society are invited to meet the members of the Pierce County Associated Ministries, the speakers and delegates of the Annual Conference on the Churches' Ministry of Healing, for tea. The tea will be held at 4 p.m., Sunday, June 15 at the Annie Wright School, 827 North Tacoma Avenue, Tacoma, Washington.

Conference leaders include the Reverend Roy Hendricks, Rector of St. Stephen's Church, Philadelphia, the Reverend Charles Farr, Vice-Warden of the International Order of St. Luke the Physician, the Reverend Edward Winckley (of Tacoma), Associate Warden of

the Order of St. Luke the Physician, Dr. Marcel Maldon (Tacoma), and Dr. Donald Tanner (Seattle).

Your Medical Library

Your access to the world literature in medicine through the network of biomedical communication: Hospital Library — Pierce County Medical Library — Pacific Northwest Regional Health Sciences Library — National Library of Medicine — British Lending Library.

Comprehensive library services include: literature searches, bibliographies, inter-library loans, and Medline searches (literature retrieval by computer).

Postgraduate Work Can Be Beautiful

**AMA Clinical Convention/Honolulu, Hawaii
November 30 - December 5, 1975**

The trouble with most conventions is you never have enough time — or enough energy left at the end of the day — to really enjoy your surroundings.

Not so with this convention. The program, while one of the most intensive ever offered, has been carefully arranged to give you a long refreshing break in the afternoons. **Your main working hours are between 7:15 and Noon**

The emphasis is on continuing education. Among the 29 postgraduate courses offered: "Birth Defects and Clinical Monitoring," "Practical Endocrinology," "Normal and Abnormal Uterine Bleeding," "Infectious Diseases in Children," "Peripheral Vascular Disease," "Hyperlipidemia." Also on the agenda are general sessions on Weight Control, Alcoholism, Human Sexuality and some fascinating topics indigenous to Hawaii.

After Noon, Hawaii is yours to explore without feeling you're missing something really important.

The special activities list for the Woman's Auxiliary is growing longer and longer. Also, there are several optional sightseeing tours and events. Time is yours to discover all the reasons why Hawaii is often called Paradise Found.

The AMA will make arrangements for all your air, travel and hotel needs.

Pre- and Post-Convention Tours.

You have a marvelous selection! The neighboring Hawaiian Islands . . . the Orient . . . the South Pacific . . . even a 31 day trip around the world. At least one will fit into your time schedule.

Flight arrangements to Hawaii.

The AMA Control Center will help you take advantage of the lowest airfares possible. There is no service charge . . . not even for special arrangements.

Write or call the AMA Control Center Today!

Send for a Hawaii '75 booklet. It previews the scientific program and should answer many of your questions on the travel portion of the Convention. For those questions it doesn't answer, do call (800) 621-1046. There is no obligation.

SEND ME A FREE HAWAII '75 BOOKLET TODAY!

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JU 8-1889

University Place
Village Shopping Center
40th and Bridgeport
LO 4-2494

DELINQUENT DUES

MEMO TO: COUNTY MEDICAL SOCIETY SECRETARIES
AND EXECUTIVE SECRETARIES

FROM: J. WALFRED WALLEN, M.D.
WSMA SECRETARY-TREASURER

SUBJECT: DELINQUENT 1975 DUES

On May 1st, all unpaid 1975 WSMA dues become delinquent, and those members whose dues are in arrears shall "ipso facto stand suspended" until their dues have been received in this office, as prescribed in Chapter 11, Section 3 of the Association's By-laws, page 15.

On May 18th a total membership count will be submitted to the Board of Trustees, and will include the number of members in good standing, and unpaid members in each County Society.

THE DEADLINE FOR PREPARATION OF THIS REPORT IS MAY 12TH IN THIS OFFICE

A special effort should therefore be made to collect and remit all payments presently outstanding, and to forward State and AMA dues now on hand in your treasury. (AMA dues become delinquent on **June 1st**, if not received by AMA on that date.)

Members who may become delinquent should be informed of the effect of such delinquencies on their professional liability insurance. Physicians insured under the WSMA/Aetna Professional Liability Program will be dropped from the program unless dues are received in the WSMA office prior to the expiration date of the insurance policy.

Your cooperation in collecting and forwarding the unpaid 1975 dues will be appreciated.



Chicks Scratch Docs 32-31

A basketball game between women employees of Good Samaritan Hospital and the Medical Staff was held on March 27th at Rogers High School in Puyallup, Washington. Proceeds from the game went to the Puyallup Food Bank.

There were nineteen women on the "Broad Squad" team. They began practicing in February. The Physicians better known as the "Crippled Chronics", had fourteen members and were well organized by game time. Some of the clever names the Broad Squad team members

picked were: Hooker Harris, Pickles Gerkin, Leaping Leppell and Ready Eddy. The "Crippled Chronics" had some good nicknames also that included: "Eyeballs" Lindblad, "Beercan Bill" Knittel, "Big Bad John" Kanda, and "Carefree Carl" Granquist, just to mention a few.

The halftime entertainment included a skit by Dr. K. Sturdevant showing how a native witch doctor might cure a headache with Dr. J. P. Duffy acting as the patient. A dance group called the Hokey Hoboes and a wheelchair race using employees of the hospital whose names were called out just prior to the race ended the program.

How Much Do You Know About the Kidneys?

The Tacoma Academy of Internal Medicine will hold its annual meeting on May 8-9, 1975. The program, entitled "Two Days of Nephrology," will feature Doctor Ralph E. Cutler, Doctor Gary E. Striker and Doctor Joseph W. Eschbach, members of the faculty of the University of Washington Medical School. The meetings will be held in the Snack Bar at St. Joseph Hospital and will include formal presentations in the areas of Fluid and Electrolyte Balance, Hypertension, Glomerulonephritis and other Renal Diseases, as well as informal case discussions with question and answer periods. There will be a luncheon Friday noon. If you have any puzzling or interesting cases that you would like to present, please contact the Program Chairman, Doctor John A. Kennedy. All interested physicians are invited to attend. Registration and further information can be obtained from Doctor Kennedy.



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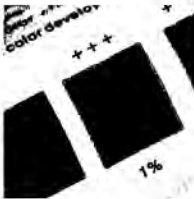
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BULK RATE

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The



PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

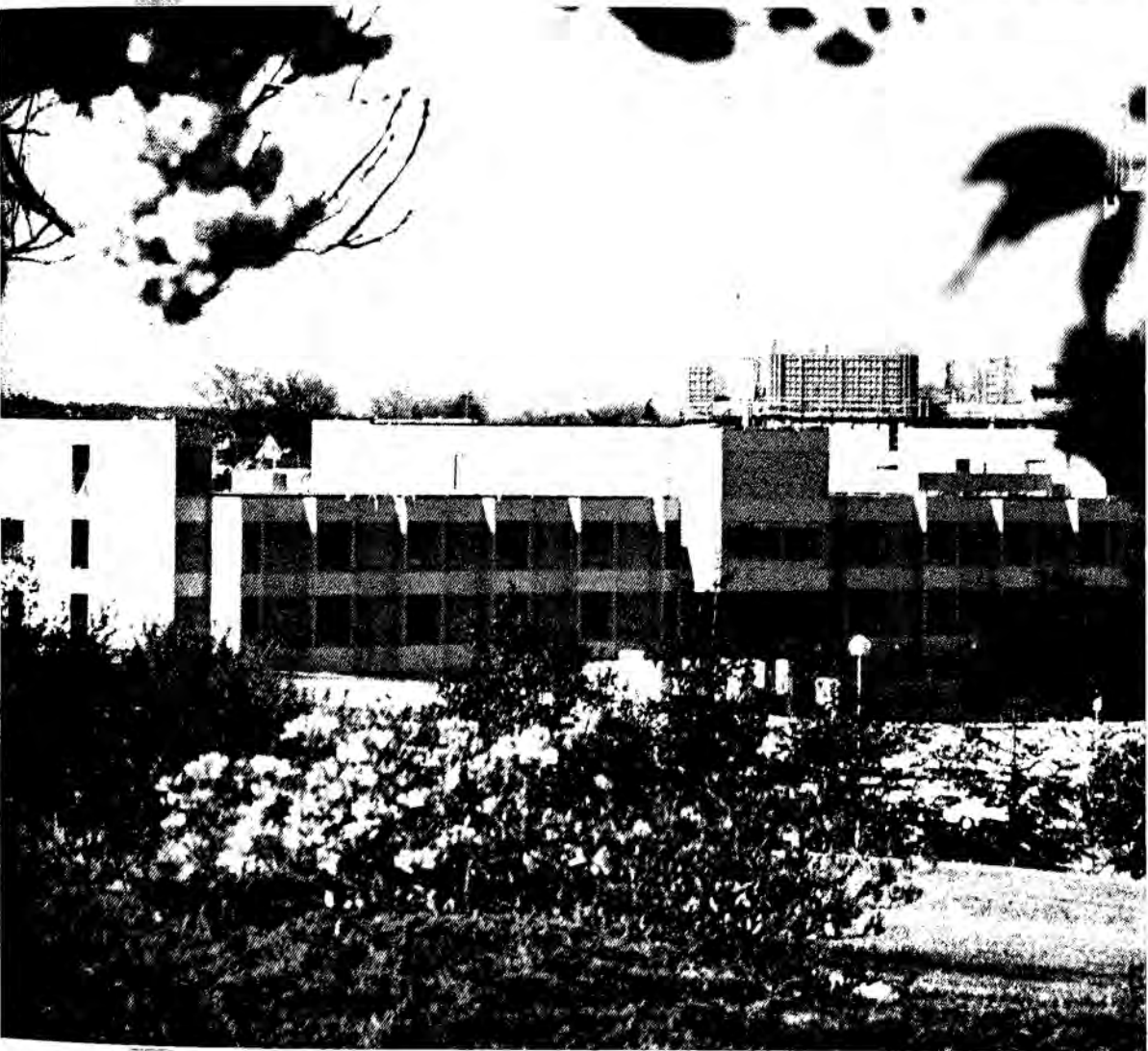
VOL. XLVI, NO. 6

TACOMA, WASHINGTON

JUNE, 1975

DEDICATION SET FOR NEW
ALLENMORE HOSPITAL BUILDING

See story on page 15



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING JUNE,
JULY OR AUGUST**

Pierce County Medical Society

1975

OFFICERS

- President JAMES F. EARLY
- President-Elect DAVID S. HOPKINS
- Vice-President STANLEY A. MUELLER
- Secretary-Treasurer DAVID L. BeMILLER
- Executive Director DALE C. SHIRK

TRUSTEES

- | | |
|------------------|-----------------|
| W. Ben Blackett | Edmund A. Kanar |
| Lawrence Brigham | Herbert Kennedy |
| Thomas Clark | John Nagle |
| Royce Hansen | William Ritchie |

DELEGATES

- | | |
|--------------------|-----------------|
| James F. Early | W. Ben Blackett |
| David S. Hopkins | Thomas Clark |
| Stanley A. Mueller | Edmund A. Kanar |
| David L. BeMiller | Herbert Kennedy |

ALTERNATE DELEGATES

- | | |
|------------------|-----------------|
| K. Royce Hansen | John Nagle |
| Lawrence Brigham | William Ritchie |

Credentials

- K. Royce Hansen, Chairman
- Lloyd Elmer
- Edwin J. Fairbourn
- David Gimlett
- John Hilger
- Louis P. Hoyer, Jr.
- Darwin Marlatt
- Donald F. McKay
- Bryce Bettridge

Editorial

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

Ethics

- James F. Early, Chairman

Grievance

- W. Ben Blackett, Chairman
- L. S. Baskin
- John Kanda

Health Manpower

- Roy H. Virak, Chairman

Legislative

- Robert W. Florence, Chairman

Library

- Robert A. Kallsen, Chairman

Medical Education

- Marcel Malden, Chairman

Program & Entertainment

- Stanley A. Mueller, Chairman

Public Health & School Health

- Raymond J McGroarty
- Harlan P. McNutt
- Co-chairmen

Public Relations

- David S. Hopkins
- Robert O'Connell
- Co-chairmen



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President's Page

An Invitation

As president of the Pierce County Medical Society, I would like to extend a twofold invitation to the membership at large.

As most of you are currently aware, the Society offices have been moved to a new location on 813 South K Street, Suite 200. These new offices, I feel will serve the Society much better than the former offices and location. This move to the new location transpired smoothly under the direction of Mr. Shirk. In this more spacious environment, as well, a display will be arranged under the guidance of Archivist, Mavis Kallsen, with attention to the Society's past history. I would like to invite any of the membership to stop in and visit the new offices and Mr. Shirk and his staff, and communicate with him regarding your problems which you feel may be appropriately Society business. Various members have approached me requesting information relative to the meeting place in the future for the usual monthly meetings. As was mentioned in last month's *Bulletin*, the Board is open to suggestions regarding this matter; however, the possibility of an optional dinner in conjunction with the meeting is currently being entertained.

In addition to inviting you to visit the offices, I would like to invite the mem-



James F. Early, M.D.

bership to communicate with the various Board members their personal concepts of how they feel the Society can be improved. In the latter part of May, the Board undertook a weekend retreat with the office staff. The purposes of this were primarily to establish goals and objectives for the Society in the future. This rewarding experience has helped the Board to crystalize its ideas as to current status, possible future courses of action, and reasonable goals for future activity.

During the leisure of the summer months, I would like to ask all the membership to give some thought as to how the Society realistically could be of better service to them. I would appreciate your communication to me or the Executive staff of the Society any worthwhile ideas you may have.

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Experience with over 17,000 patients has proven the success and safety of this therapy when used under proper medical supervision. (Shadel therapy should **not** be confused with other techniques using medication that may cause serious reactions to the patient should he later take alcohol, even inadvertently.)

The Medical Staff has made many contributions to basic research and improved treatment techniques. Staff works with and supports public and university scientific projects on alcohol.

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Editorially Speaking

IT'S TIME TO ACT



If you think your malpractice premiums have gone too high — and don't we all? — Stand by for action! Every doctor in the state, including you is in this crisis.

We don't know exactly what the action plan is yet, but it's now being formulated by the Task Force on Professional Liability appointed by President Arch Logan and approved by the Board of Trustees of the Washington State Medical Association.

The newly formulated Task Force consists of three doctors from Seattle,

three from Tacoma, and one from Spokane, and will get input as needed from representatives from the Hospital Association, the Bar Association, and other involved groups.

As long as malpractice judgments served to gain proper redress against physicians who had been negligent or delinquent in management of their patients, we had no cause to interfere with appropriate censure of those doctors through the courts. But when the well-trained, conscientious physician must order multiple unnecessary tests and even withhold recommended, though risky, treatments for serious illnesses, because of the fear of a multi-million dollar suit if the results should not be perfect, then it's time to act.

Other states have accomplished, by united action, solutions to these problems. Washington State can do likewise, if everyone of us will unite for action. If you are in practice, you are already involved, so when the Task Force needs your support—personally, morally, time-wise or financially—**DO YOUR PART!**

S.W.T.

Doctor, Is Your Assistant Starting Her Vacation?

A pool of Medical Assistants is being established and will be available on June 1st.

They have academic preparation and can competently perform as receptionists, medical secretaries or medical assistants. You will find them suitable for private or group practicing physicians, Public Health agencies, hospitals, medical schools, laboratories, industrial plants, volunteer organizations, insurance companies, private clinics, research

institutions, medical reference libraries, and various governmental agencies.

Local physicians have approved this program. You will be pleased to have students in your office, as part of their last phase of education who are willing to work, able to perform, friendly, courteous and vitally concerned to maintain high ethical standards.

Physicians and medical firms interested should direct inquiries to The Pierce County Medical Society, telephone: 572-3666.

A man you and your money should get to know.

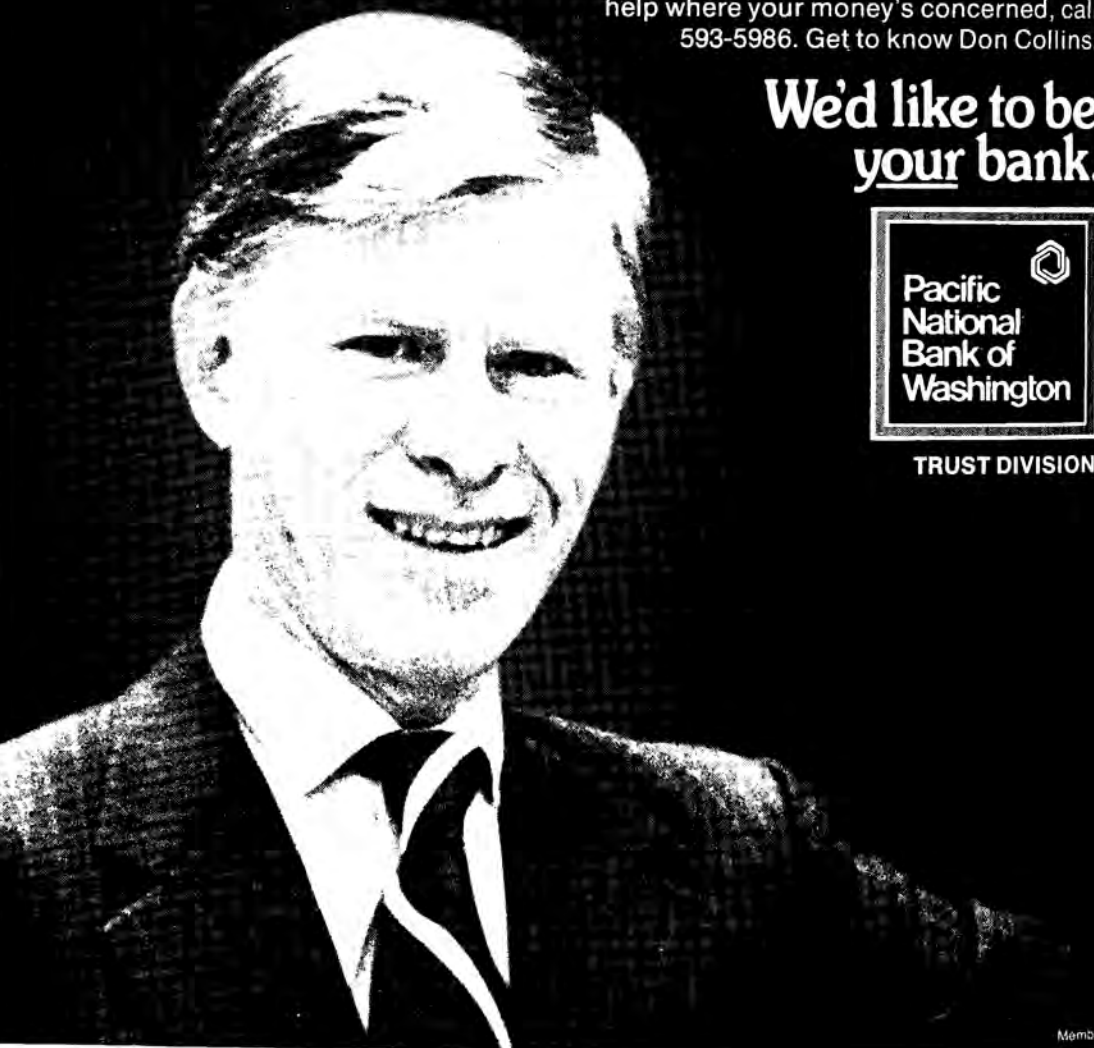
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TRUST DIVISION



ALCOHOL RECEIVING CENTERS — AN OVERVIEW

Doctors Hospital and Puget Sound Hospital have formed a non-profit Corporation, Shared Health Services. The first service of this new venture to become operational is Community Alcohol Receiving and Treatment Service (CARTS) which has contracted with Pierce County to provide Alcohol detoxification services for this area.

The unit, consisting of 24 resident beds, operates in the former Doctors Hospital building and occupies the third floor. Clients are received from law enforcement agencies, hospital emergency rooms, and various Community sources such as physicians, Alcoholics Anonymous, family members and self referrals.

The treatment modality provides a supportive environment in a non-hospital, medically supervised setting. Medication is used as necessary to manage Alcohol withdrawal symptoms and em-

phasis is placed on nourishment with a high protein diet. Clients exhibiting any acute conditions are transferred immediately to St. Joseph's Hospital for care.

While this service came into being to provide for the needs of the public inebriates as a result of the decriminalization of drunkenness, the majority of admissions are individuals from the community at large.

The immediate objective is to provide supervised care for the Alcohol Abuser through the early withdrawal period (the average length of stay is 2-3 days). The major goal is to get a constructive direction established in dealing with the individual's Core problem, Alcoholism (detox treatment is directed only at one of the symptoms of Alcoholism).

The unit is presently screening approximately 250 clients per month from throughout Pierce, Thurston and Mason counties.

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The following three part message on the malpractice dilemma was offered by Lloyd Cooney, President of KIRO in his editorial presentations on April 23rd, 24th and 25th, 1975.

MALPRACTICE INSURANCE: THE SCOPE (PART I)

If you're like most of us, we doubt if you've spent much time worrying about the rates doctors pay for their malpractice insurance. But with the devastating increases in charges for health care, we're going to have to be interested in all costs that determine those charges. And the rate for malpractice insurance paid by both doctors and hospitals is one of the most rapidly increasing of those costs. Consider this: in 1960, the medical profession and the nation's hospitals spent \$61 million for malpractice insurance. In 1974, they paid \$500 million for their insurance. With these large premiums there still wasn't enough money to cover the settlements resulting from malpractice suits which rose by 70% in just one year between 1973 and 1974.

Here are some figures from our area. Malpractice insurance for some Washington hospitals just rose 43%. A hospital near Seattle had been paying \$25,000 per year and now is looking at a cost of over \$100,000 per year. Another hos-

pital, in Tacoma, was paying \$80,000 a year and that has now jumped to \$340,000 per year. And these costs, of course, must be passed on to the patients.

And hospitals aren't alone; doctors are in the same boat. As of the first of April, many doctors throughout the state lost what coverage they had. They were told by the insurance companies who had been writing their coverage that they didn't want the physicians' business no matter what the rate was. Well, the doctors weren't completely left out in the cold. Another firm agreed to pick up most of them. And while those they *did* decide to cover ended up paying more for their coverage, at least they were covered. The thing to remember is that every time a hospital or a doctor's insurance rate goes up, it's costing you money in higher office charges and higher hospital room rates.

Tomorrow we'll look at even more reasons for the ever-increasing rate for malpractice insurance.

MALPRACTICE INSURANCE: MORE REASON: (PART II)

Yesterday we talked about the escalating cost of malpractice insurance and the effect on the costs we pay for health care. These increases are due to the size of the settlements being awarded in malpractice suits. Where we're getting hurt is the fact that the rates the insurance companies can charge in Washington State are not based solely on malpractice suits filed in the state.

To come up with the rates, figures from throughout the nation are being used. Here are some examples of malpractice awards from across the coun-

try. These are single suit settlements: over \$3 million awarded in California, over \$4 million in another California case, \$2 million for an infant in New York, and \$5 million for a settlement in Connecticut. We haven't experienced these large settlements in Washington State, at least not yet. However, one of the largest settlement thus far was a recent Spokane County award of \$400,000 for the loss of a leg.

Naturally, large settlements are going to have a bearing on the rates an insurance company is going to charge. The

one major question is: is it fair for hospitals and doctors in Washington State to be paying extremely high rates (which are passed on to the public) because of problems incurred by other doctors and hospitals around the nation. Well, the doctors don't think so; the hospitals don't think so; and neither do we. How-

ever, the insurance companies do. The field of companies that write malpractice insurance is so limited that they can say, "Hey, fellas, either pay our prices or forget it." And some doctors are being forced to say forget it. We'll have a look at a possible solution on tomorrow's editorial.

MALPRACTICE . . . ANY SOLUTIONS? (PART III)

In prior editorials, we talked about the increasing costs of malpractice insurance resulting from huge settlements of malpractice suits and the effect on health care costs. Today we're going to look at some possible solutions.

One of the more prominent ideas being thrown around is that of a no-fault system similar to the type being used in some states for automobile insurance and the workmen's compensation plan. There are those who feel this approach could cool the legal profession's ardor for the present lucrative malpractice suits because of the limitation on settlements and therefore their potential earnings. At the present time, most malpractice suits are taken on a contingency basis. This means if the attorney doesn't win the case, he doesn't get anything. However, if he wins he gets a good piece of the action.

Bob Day, president-elect of the Washington State Bar Association, responded to the limitation as might be expected. He said he didn't think they should be regulating attorney fees any more than they should be regulating the price of TV or radio time. Attorney Day went on to say that malpractice insurance premiums should be figured only on Washington losses and not those around the nation. And we couldn't agree more. However, that doesn't appear likely since all the insurance companies writing malpractice insurance figure their rates in about the same manner. And one state obviously doesn't have the clout to force

these insurance companies to change.

Another approach to solving the problem is an insurance program similar to flight insurance. When you go in for surgery, you buy insurance for the occasion. This approach really hasn't gotten off the ground since the insurance companies don't seem too interested.

There's another solution, if that's what you want to call it. We can just keep on paying the bill. Each time the malpractice rate goes up, we'll just pay larger rates for doctors' office calls and hospital room rates. It really comes down to how much we're willing to pay. Somewhere, somehow, somebody must make a decision, and you can bet that decision is going to affect your pocketbook — and maybe even the quality of your health care.

Medical Genetic Clinic Participant

The Medical Genetic Clinic at Mary Bridge Children's Health Center has as a component of a grant from the March of Dimes, a provision to fund a physician participant-trainee for three to six hours a month. Appointments will be for three to six months depending on the interests of the physician. The clinic operates from 1 p.m. to 4 p.m. on Thursday afternoons at Mary Bridge Children's Health Center.

Please contact the Medical Director, Robert G. Scherz, M.D. for further details. (272-1281)

“For when was honey ever made with one bee in the hive”

Thomas Hood, *The Last Man*



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Like the doctors who are already involved in these programs, we feel that what is good for the medical profession is also good for the individual doctor. And Aetna will work with you to make it happen.



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Two PCMS Members Honored by Community

David T. Hellyer, M.D., a retired Tacoma Pediatrician and Medical Society member, was honored at a recent meeting of the Municipal League of Tacoma-Pierce County by being named its Outstanding Citizen for 1975.

Recognizing Dr. Hellyer's contribution to the residents of Pierce County through the donation of the five hundred thirty-five acre wild life sanctuary near Eatonville, the League cited Dr. Hellyer for having "enriched the lives of thousands of people in his daily activities."

Dr. Hellyer and his wife were also guests of the annual meeting of the Pierce County Medical Society and Pierce County Medical Auxiliary during which time Dr. Hellyer gave a slide presenta-

tion and sneak preview of Northwest Trek which is scheduled to open in July.

Also commended for outstanding contributions to the Tacoma-Pierce County residents was James G. Billingsley, M.D., who is the current Medical Director of St. Joseph's Hospital.

Dr. Billingsley has been involved in the fund-raising for construction of the new St. Joseph's Hospital. He is also Chairman of the fund drive to raise monies to send the Tacoma Youth Symphony to the International Festival of Orchestras this coming August in Scotland. Incidentally, the Tacoma Youth Symphony is the only Youth Symphony in the United States that has been invited to the International Festival.

FIELD DAY RESULTS

Golf:

Division 0-9 John Harbottle, D.D.S. — \$25

10-15 Walt Soba, M.D. — \$25

16-up Attorneys Jim Furber and Bob Reynolds — \$20 each

Callaway Division — Attorney Dick Turner — \$25

Tennis:

Lawyers won the overall competition.

Physician co-winners: Drs. Colen, Stern, and Tanbara

Dentist: Dr. Tom Edwards

Attorney co-winners: Henry Haas and Nick Markovich

Bridge:

Duplicate Bridge: Attorney Lester Seinfeld

Dr. Leon Diamond

Pairs Tournament: Drs. Diamond and Bernard R. Rowen

Attorneys Robert Reynolds and Frank Cathersal

10th Northwest Healing Conference

Members of the Pierce County Medical Society are invited to meet the members of the Pierce County Associated Ministries, the speakers and delegates of the Annual Conference on the Churches' Ministry of Healing, for tea. The tea will be held at 4 p.m., Sunday, June 15 at the Annie Wright School, 827 North Tacoma Avenue, Tacoma, Washington.

Conference leaders include the Reverend Roy Hendricks, Rector of St. Stephen's Church, Philadelphia, the Reverend Charles Farr, Vice-Warden of the International Order of St. Luke the Physician, the Reverend Edward Winckley (of Tacoma), Associate Warden of the Order of St. Luke the Physician, Dr. Marcel Maldon (Tacoma), and Dr. Donald Tanner (Seattle).

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Allenmore Dedicates New Facilities June 1, 1975

Dedication services for the public on June 1 will climax five days of tours and activities at the new building of Allenmore Hospital at South 19th and Union.

Special programs were scheduled for employes on May 28, for medical office staff members on May 29 and for physicians and hospital administrators on May 30 and 31.

Completion of Allenmore Hospital's first expansion phase increases bed capacity from 50 to 156. The two-story structure now offers enlarged inpatient and outpatient services and a modernized ancillary facility.

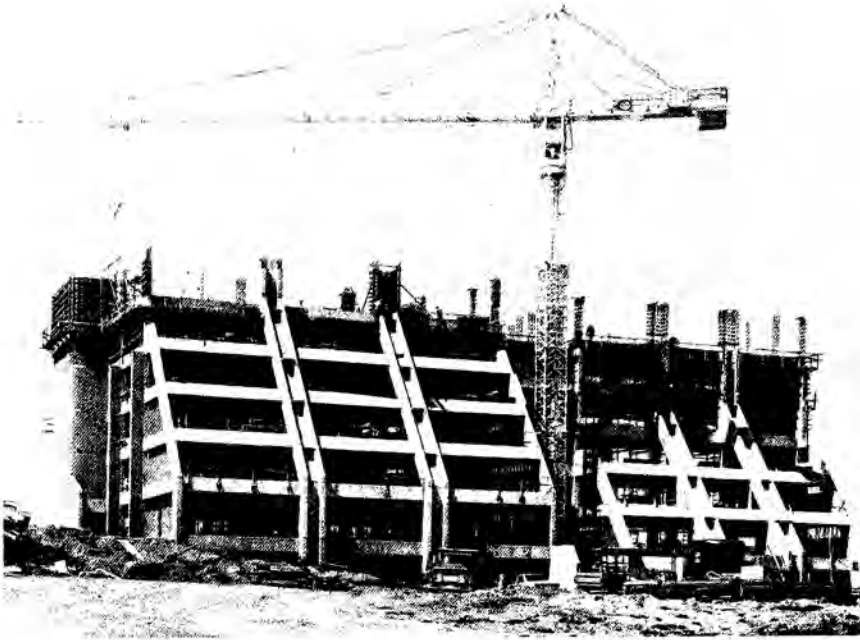
Included in the new building are x-ray, laboratory, pharmacy and dietary departments. The creation of a fully equipped 10-bed intensive care/critical care unit and a 16-bed definitive observation unit will provide patients with highly specialized care.

The color scheme is cheerful, and special effort has been made to offer library and desk facilities for physicians.

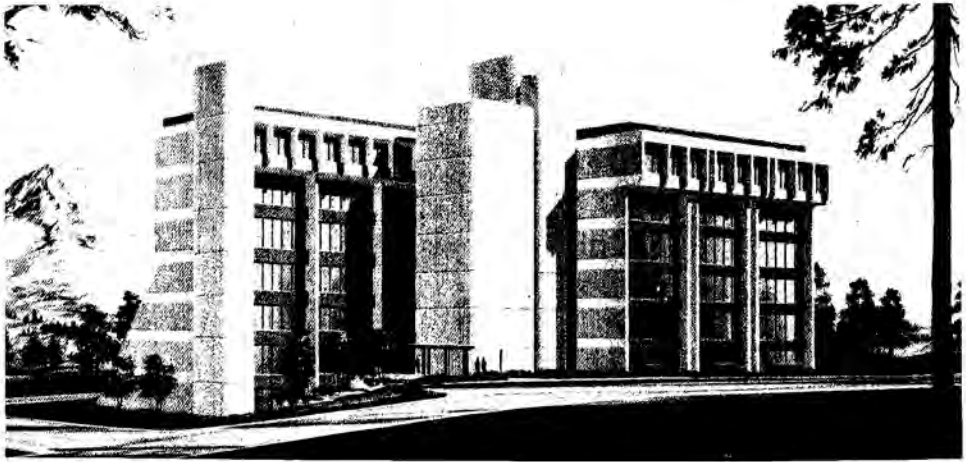
Allenmore Hospital, which has been serving the Tacoma area since 1925, is managed by American Medicorp, Inc., a nationwide owner, developer and manager of 41 hospitals in 12 states. Administrator is Owen Shaffner.



**In Case You Haven't Noticed Our Progress -
ALLENMORE MEDICAL CENTER'S new
medical/dental office building**



will be available for occupancy in October.



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- ✓ Superior office facilities designed exclusively for physicians, dentists and related health-care professionals.
- ✓ Outstanding location with plenty of free parking.
- ✓ Extensive supporting services to assist you in the effective management of your practice.
- ✓ Adjacent to the expanded services of Allenmore Hospital.
- ✓ Ownership opportunities are also available.



**allenmore
medical
center**

Our facilities and services have been designed to provide the greatest degree of flexibility and value to meet your individual requirements.

We would appreciate the opportunity of discussing with you in confidence the potential for satisfying your practice needs at Allenmore Medical Center.

For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

759-7806

The following article is reprinted through the courtesies of the Orange County (California) Medical Association Bulletin and the author, Arthur D. Silk, M.D. Doctor Silk practices general internal medicine and gastroenterology in Garden Grove, Calif.

TAMING THE PAPER TIGER

I sit here balefully regarding what I am convinced must be the largest mountain of unread medical literature in the county.

Membership in the AMA and the CMA insures delivery of four JAMA's per month plus one specialty journal, in my case the *Archives of Internal Medicine*, plus the *Western Journal of Medicine*. Membership in the American College of Physicians brings two more journals and affiliation with some cardiac societies another two journals. So far that makes ten thick, meaty journals a month and that's not counting journals like the *Medical Clinics of North America* which blessedly arrives only every other month, or the *New England Journal of Medicine* which my unrelenting conscience has forced me to acquire since I have purported to be an internist. Now add in, Prism, the *AMA News*, and the estimable magazine in which you are reading these pristine words, and you have so far 15 magazines a month (I think).

In preparation for this lamentation, I saved the unsolicited, so-called "throw-aways" (which is a misnomer because I can't bring myself to throw them away—at least no for several months), like *Modern Medicine*, *Medical Economics*, *Emergency Medicine*, *Hospital Medicine*, *Human Sexuality* (which I get late because the office girls read it first and my wife reads it second) and of course the medical newspapers, i.e., *Medical Tribune*, *Urologic News*, *Cardiac News*, *Chronic Disease*, etc., and the total becomes ridiculous! It is my guestimate as I sit here trying to push back the barricade far enough to write, that we must all average close to 100 medical periodicals a month. This avalanche of material

is grossly too great to be assimilated and too potentially important to be summarily discarded. It is not a problem to be slightly regarded. After all the shouting and the tumult attendant upon the collection of Class A credits by attendance at "live" meetings is over, we will recall that we medical students have been programmed over the years to absorb 80 percent of our information from the printed page. So our principal resource for keeping up will probably always be a journal. But how do we tame the paper tiger which roars in on us every month, and we *must* tame it because the sheer volume is counterproductive. Psychologists have frequently demonstrated that when a task exceeds our limitations we are more likely to chuck the whole thing than to attempt to do a portion of it.

I have heard some simplistic answers. One physician tells me he avoids temptation by having his nurse throw away all advertising "freebies" before he ever sees them. However, some of the better free journals are far more topical than the official journals. In the recent controversy about Reserpine and breast cancer, the free medical newspapers carried a prompt review of both sides of the coin much more quickly than the conventional journals and since my phone began to ring as soon as the story appeared in the papers, this prompt review was appreciated. The same thing happened when the safety of the oral diabetic agents was again questioned in the public print.

The answer I think lies in the same areas as do all the problems of post-graduate medical education. In a nutshell, the people doing the teaching and most of the writing amount to fewer than 10 percent of physicians; they do their thing

in ivory research towers and they lose touch with what the other 90 percent of us who spend our days in the trenches really need and want to know.

For example, some representative articles in the January 1975 issue of the *Archives of Internal Medicine* include "Correlation of Abnormal Immunoglobulin with Clinical Features of Multiple Myeloma," and "Cellular-Kinetics in Multiple Myeloma." Compare those with the practicality of "Office Bacteriology," "Diuretic-Induced Hypocalcemia," and "Genital Herpes" which appeared in a single issue of a throw-away journal for the same month.

The somewhat more pragmatic *Annals of Internal Medicine* offers on its January, 1975 menu such useful items as "Placental Proteins and Their Sub-units as Tumor Markers," and "Sewage Irrigation: Health benefit or Hazard," as compared with the January, 1975 fare offered by another free journal, "Urinary Tract Infections—Practical Management Suggestions" and "Sexual Problems — Help for your Patient and Yourself."

Since I have more than 100 magazines in front of me, I could make this comparison a yard long, but I think the point is clear.

Now you may say, "Why all the fuss, just read the gold and skip the dross." But it isn't that simple. Like all of you I have limited reading time. I cannot afford to spend so much time reading the menu that I haven't the time or the energy to eat the meal. The sheer volume requires so much of my time in sorting and saving that I frequently do not get around to actually reading the article.

The reason the explosion of throw-aways is that their editors have discovered what the practicing doctor needs and wants to know and have succeeded in presenting that knowledge in succinct and readable form. The unwritten law that a medical article must be written by a physician rather than a professional journal-

ist is also not sacrosanct. With proper guidance and accurate editing a staff of professional journalists could probably turn out a far more readable product than a similar staff of physicians.

If further illustration of the chasm between orthodox medical editors and their readers were needed, let me offer the proposal to eliminate advertising from the pages of the AMA and raise the price \$80.00 a year. Sometimes the only practical information in a whole journal is the advertisement for a new drug or a new piece of equipment. Where else, for example, would you learn that Dopamine is now commercially available and how to use it; or that Nitroprusside is now offered in commercial form? I wonder if the need to assess the members of the AMA the additional \$60.00 per year could have been avoided by eliminating the research-oriented specialty magazines that may appeal to less than ten percent of the membership.

I propose a revolutionary reappraisal of the paper pollution that crosses our desks each day.

(Continued on Page 21)

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Additional information available to the profession on request.

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(Continued from Page 19)

Doctors who *do* research certainly need to *know* what their colleagues are doing, but do their experimental and tentative results have to be circulated at tremendous expense to the medical community at large.

We are polled on a score of other subjects but we are never asked what kinds of cases we spend our time treating and what we want to know more about. There should be no real editorial problem in separating research material of lim-

ited medical interest and publishing it separately. Most other scientific disciplines have managed to do this with relative ease.

By eliminating the exotic, the experimental and the esoteric from the mass medical media, by insisting on crisper writing perhaps by employing professional journalists and by tighter editing it is possible to reduce the journalistic whirlwind from 100 per month which gather dust to 12 per month which gather readers.



"HOW DOES NEXT MONDAY SOUND FOR THE BABY? THE DOCTOR IS AWAY AT A MEDICAL CONVENTION!!"

Courtesy Medical Society Magazine Group

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WOMEN'S AUXILIARY PAGE

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Cookbook	Nancy Kennedy
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Dinner-Dance	Alice Hilger
Blood Pressure Day	
Medical Directory	Betty Bahn
Health Education	Marge Ritche
Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

Spring Luncheon

The schedule of events for 1974-75 closed with an enjoyable luncheon and fashion show at the Shoreline Restaurant in Gig Harbor. It was a particularly relaxing day for those Board members who were sitting back with a sigh of relief as the installation of the new Board took place.

Changing of the Guard

The year has gone quickly and it's time for the new officers to take over. But first, our thanks to retiring President, Nancy Spangler. Whether the task was big or small, important or trivial, she was always ready to help. Nancy's willingness to work, plus her enthusiasm and organized approach guided the Pierce County Medical Auxiliary through a busy and productive year. Nancy, we appreciate your leadership and extend our thanks for a job very well done!

Student Recognition Awards

This year's Student Recognition Committee found it impossible to pick one boy and one girl to win the awards given to the children of physicians in private practice in Pierce County. The awards are based on scholarship and this year there were a number of excellent scholars. So five awards are being given to the boys and girls determined to be the best of a fine group of graduating seniors. They are Mary Ann Apa, Lynn Arthur, Amy Ferguson, Michael Alger, and Steve Houghlum.

Pictures and full information will be in next month's bulletin. Congratulations to all these students!

120 Attend Medical Assistants Convention

By Dee Lunstrum, President

Pierce County Chapter, American Association of Medical Assistants

May 16, 17 and 18. A beautiful spring week-end in Seattle and one hundred twenty women from all over the state chose to spend this time at the Edgewater Inn searching for better ways to perform their daily tasks.

This was the state convention of the American Association of Medical Assistants (AAMA), a group of women who make the offices of the doctors in our various counties run smoothly.

Transactional analysis, CPT five digit coding, stroke prevention and detection, the place of osteopathy in medicine, all were vital topics which were well received by the delegates and members.

Principal speaker at the Saturday luncheon was Dr. Arch Logan of Spokane, President of the Washington State Medical Association. His discourse on the problems of malpractice insurance in our state made us realize again that this

immediate impending problem will affect our employers' ability to continue practicing and the basic concept of health care on a one-to-one basis. We became aware of the immediacy of the problem and the effect it could have on our present method of medical care and indeed the future of individual physicians' offices.

Once again we became intensely aware that what affects the physicians for whom we work directly affects our jobs and we as a group renewed our pledge to work for continued cooperation and education between all allied personnel in the medical field.

For information regarding the AAMA in Pierce County please contact Mrs. Dee Lunstrum, 383-5351 or 565-3669. This association presents continuing education and up to date information for all medical assistants and employees of physicians in Pierce County.

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Village Shopping Center
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LO 4-2494

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: *Edema*—That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome, steroid-induced and idiopathic edema, edema resistant to other diuretic therapy. *Mild to moderate hypertension*—Usefulness of the triamterene component is limited to its potassium-sparing effect.

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. 'Dyazide' interferes with fluorescent measurement of quinidine.

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. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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The Puyallup Tribe of Indians is seeking donations of unneeded medical equipment to help furnish their Indian Health Services Clinic.

Especially desired items are exam table, oto-scope, ophthalmoscope, stethoscope, goose neck lamps and an adult scale.

If you have equipment to donate, contact Sol Peck at the Tribal office 572-6425.

JUNE BIRTHDAYS

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



"ALL CLEAR GRACE, YOUR DOCTOR
JUST LEFT!"

Courtesy Medical Society Magazine Group

Pierce County Medical Librarian Invited to Address National Group

Health care issues are very prominent today and new methods are being sought to correct some of the problems of Quality Care for all. There has been an explosion of knowledge that has to be disseminated to all health care professions. Logically the Medical Library network is the instrument that is developing systems with ready access to a comprehensive store of recorded knowledge for these professions.



Marion Von Bruck

The Medical Library Association's 74th Annual Meeting will be held in Cleveland from May 31 through June 5 at the Sheraton-Cleveland Hotel. More than 900 medical librarians are expected to attend this meeting which has the theme of "Operational Library Dynamics: Technology '75." The program topics to be discussed will have great influence on libraries.

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Marion Von Bruck, Medical Librarian at Pierce County Medical Library, will be presenting a paper entitled, "Consortia", at this meeting.

STATUS OF CURRENT LEGISLATION:

The following bills have been passed by both Houses of the State Legislature, and are either awaiting the Governor's signature or awaiting concurrence with House or Senate amendments.

County Ambulance Service . . . SHB 62, Awaiting Governor's signature. Authorizes counties to establish emergency medical service system for which they may collect fees to cover the cost of existing system is not adequate. *WSMA supports.*

Employee Health Insurance Benefits . . . SHB 239, Awaiting Governor's signature. Permits employee to pay health insurance premium if same would be terminated because of labor disputes. *WSMA no position.*

Family Practice Training Act (WAMI) . . . SB 2619, Awaiting Governor's signature. Establishes statewide medical education system to train resident phy-

sician in family practice. *WSMA supports. University of Washington Medical School supports.*

Health Care Contractors . . . SHB 536/SHB 198, Awaiting concurrence on Senator Day's amendment and others. Senator Day's amendment to SHB 198 was the substance of SHB 536, mandating insurance coverage for chiropractic, nursing, podiatrists, psychologists, and optometrists. SHB 198 now awaits concurrence by the House of Representatives. *WSMA opposed.*

HMO . . . ESHB 40, Awaiting concurrence by House to Senate amendments. Establishes a new section within the Washington State Insurance Code that provides for the licensure and regulation of Health Maintenance Organizations: *amendment by Senate removed dual choice option that would have required the employers to provide HMO alternative. WSMA no position.*

FAMILY CLINIC — APRIL 1975 (627-9182)**Monday through Friday 10 to 5:30 1815 South J Street 98402**

Coordinator: Aaron Miller

PATIENT SERVICES	April 1975	Total 1975	Total Since Sept. 1973
Referred to Physicians	112	387	1665
Laboratory Services	122	536	1404
X-ray Services	6	19	153
Prescription Services	54	261	640
Referred to Emergency Rooms	11	24	104
Hospitalized	1	1	7
Referred to Community Agencies	45	123	180
Seen by Physicians in Clinic	27	159	573
ETHNIC & DEMOGRAPHICAL DISTRIBUTION			
Black	21	94	354
Caucasian	166	528	1693
Asian-American	0	7	41
Native-American	5	32	88
Mexican-American	2	16	57
Model City Residents	26	160	822
Other Areas	168	547	1722
PARTICIPATING PHYSICIANS			
On Referral Basis			
to private physicians (Outside Clinic)	33	35	96
*Friday Evening Clinic Services	3	5	8
*Dr. H. Boyd			104
*Dr. T. Smith			118
*Dr. S. Whaley			65
*Dr. A. North			56
*Dr. G. Tanbara			42
*Dr. T. McDonnell			25
*Dr. G. Drucker			42
*Dr. D. Wilhyde			39

EASTSIDE CLINIC — FEBRUARY 1975 (593-4792)**Monday through Friday 1720 East 44th Street**

Coordinator: Edith Wood

	April	Total 1975	Total To Date (1972)
Referred to Priv. MD	34	132	*N/A
Lab. work done	87	351	N/A
Prescriptions filled	174	596	N/A
Number seen on Clinic			
night (Wed.) A.	173	574	3468
Ped.	124	356	2975
DPA	64	230	N/A
EPSDT	14	67	N/A
Phone Info. and Referral	166	772	N/A

*Until this year, the number of patients actually seen by an MD is the only information available.

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ACCIDENTAL INGESTION OF PRESCRIPTION MEDICATIONS & ASA BY CHILDREN UNDER 5 YEARS OF AGE

APRIL 1, 1975 TO APRIL 30, 1975

	No.	Oral Liquids	Oral Solids	Total		No.	Oral Liquids	Oral Solids	Total
4:00 Antihistamine Drugs		2		2	56:00 Gastrointestinal Drugs		1		1
Dimetapp Syrup	1				Elix Belap	1			
Novahistine D.H.	1				68:00 Hormone Synthetics & Substitutes				
8:00 Anti-Infective Agents		3	1	4	Birth Control Pills	3		4	4
Ampicillin	1				Hormone pill	1			
Ilosone Syrup	1				84:00 Skin & Mucous Membrane Preparations		2		2
Tetracycline Caps	1				Mycolog Cream	1			
Penicillin Susp	1				Valisone Cream	1			
20:00 Blood Formation & Coagulation			8	8	86:00 Spasmolytics			1	1
Multiple Vits. with Iron	8				Marax	1			
24:00 Cardiovascular Drugs			8	8	88:00 Vitamins			3	3
Diutensen	1				Multiple Vits.	3			
Rauwolfia	1				92:00 Unclassified Therapeutic Agents		2	4	6
28:00 Central Nervous System Drugs			8	8	Round red Rx. pill	1			
Dilantin	1				Sod. Fluoride 1.9 mg	1			
Emp. #3	1				1.0 mg	1			
Meprobamate	1				Tri-Vi-Flor	2			
Nembutal	2				Unknown pill	2			
Phenobarbital	1				Vidaylin with Fluoride	1			
Ritalin	1				TOTALS	43	11	32	43
Sinaquin	1				ASPIRIN				
40:00 Electrolyte Caloric & Water Balance			1	1	ASA Gr. 1½	3			
Lasix	1				ASA gr. 5	2			
48:00 Expectorants & Cough Preparations		1		1	Anacin	1			
Rx. cough Med. with codeine	1				Bufferin	1			
					Congesprin	1			
					Tylenol gttts	1			
					Total	9			

Drug Ingestion Details in Sub-Teenage Group

No.	Age	Sex	Drug	Amount
1	8 yr	F	Camellia	one
1	8 yr	F	Narcissus	2 bites
1	5 yr	F	Phenergan-VC	2-3 oz.
1	5 yr	M	Poly-Vi-Flor tabs.	10-15
1	6 yr	M	ASA fr. 1½	6
1	8 yr	M	Morning Glory Seeds	9

Drug Ingestion Details in Teenage Group

No.	Age	Sex	Drug	Amount
1	teenager	M	Angel Dust/arsenic	?Smoked
1	13 yr	M	Coricidin D	3-4
1	16 yr	F	Excedrin	15 or more
1	18 yr	F	Sominex	20
1	17 yr	M	Thorazine	400mg
1	teenager	M	Mellaril 150mg	15
1	15 yr	F	ASA gr. 5	21
1	17 yr	M	Dimetapp Tabs	6
1	17 yr	M	Unknown Hallucenogen baked into bread	1 slice
1	12 yr	M	ASA Gr. 5	12 or more
1	15 yr	F	Dormarex (?)	5
2	12 yr	M	Niacin	Handful



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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The

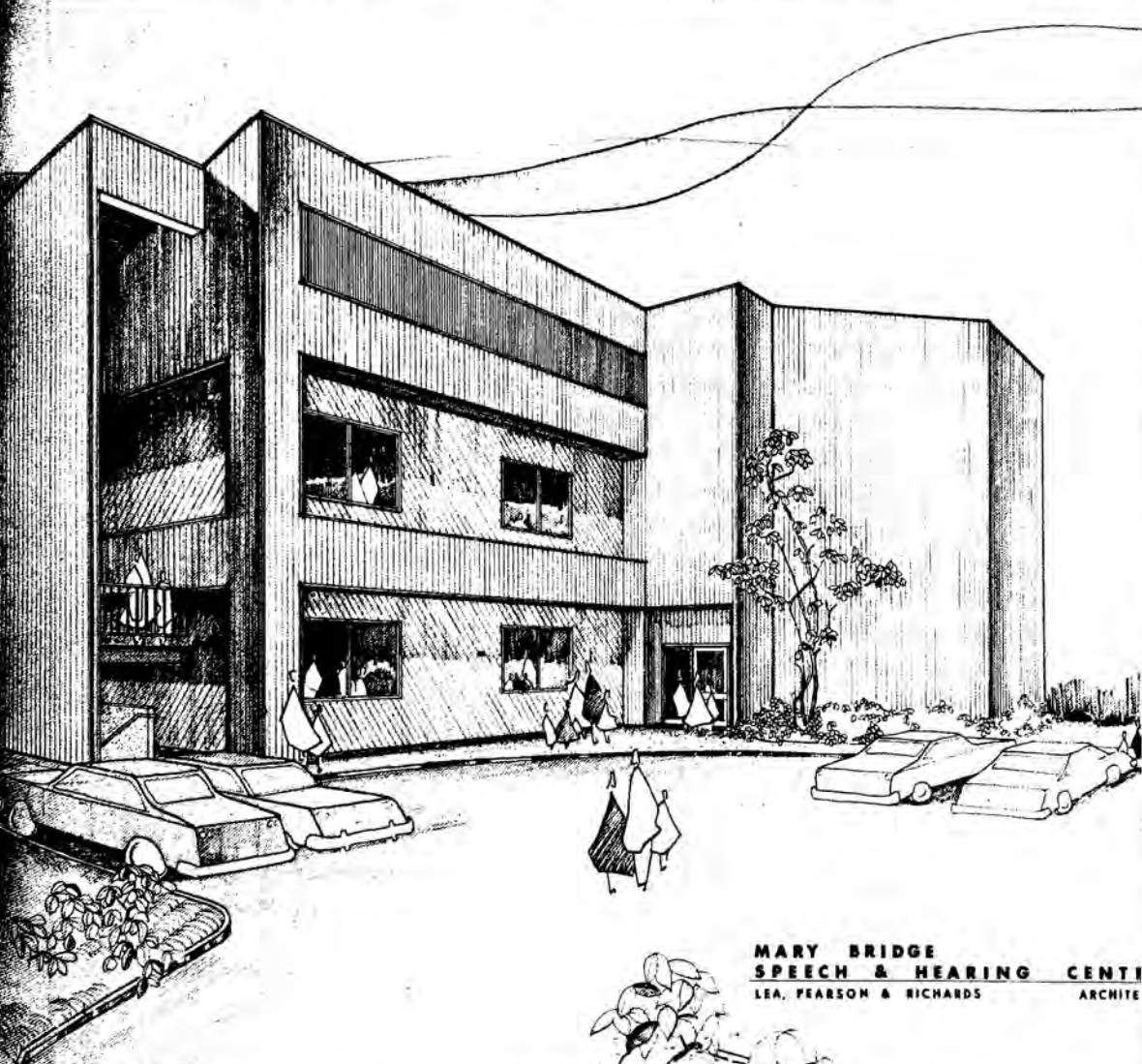
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

VOL. XLVI, NO. 7

TACOMA, WASHINGTON

JULY, 1975



MARY BRIDGE
 SPEECH & HEARING CENTER
 LEA, FEARSON & RICHARDS ARCHITECTS

CONSTRUCTION STARTS JULY, 1975



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING
 JULY OR AUGUST**

Pierce County Medical Society

1975

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 Executive Director DALE C. SHIRK

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President's Page

BICENTENNIAL CELEBRATION



James F. Early, M.D.

At this time as we recognize the Bicentennial Celebration of our Country, it is only fitting that we as physicians give consideration to the origins of both our government and its relationship to the pursuit of our endeavors. Our founders relished the experience of taming the unknown. They were free thinking and practical men.

As a citizen two hundred years later, one wonders how closely our current government, in its basic concepts, compares

with years past. The most successful of the early leadership were primarily practical people and to me as a naive observer of the current scene, apparently practical people are in short supply. Medicine is no exception. It would appear that "Organized Medicine," believes the end to the central bureaucracy is its own bureaucracy. As physicians we still retain the ability on a one to one basis to influence those about us. For some reason the leadership required to "pull things together" is lacking presently.

Being reactionary, as we are labeled to be, is better than being apathetic. At this time of national import shouldn't we study the past more thoroughly, re-evaluate our current status in light of this, discard the impractical, and re-evaluate our goals? It may be the "pause that refreshes."

As Benjamin Franklin said: "Those who will give up essential liberty to purchase a little temporary safety deserve neither liberty nor safety."

TWO TACOMANS GAIN FELLOWSHIP

The American College of Physicians (ASP) has announced that Carroll M. Martin, Jr., M.D. and James W. Reed, M.D. of Tacoma have been made Fellows of the 59-year-old international society which represents specialists in internal medicine and related fields. The 337 new Fellows were elected at the College's 56th Annual Session held in San Francisco last month.

Robert G. Petersdorf, M.D., F.A.C.P., Seattle, Wash., President of the American College of Physicians and Professor and Chairman of the Department of Medicine at the University of Washington School of Medicine, said the new Fellows

have earned the medical specialty society honor through scientific accomplishments and by acceptance as leaders in their specialty as determined by fellow practitioners.

The 31,000-member American College of Physicians dedicated itself to upgrading medical care, teaching and research through stringent membership requirements and programs of continuing education. It was the first medical specialty society to offer periodic self-assessment examinations to physicians, enabling practitioners to judge their competence in specific areas and their need for post-graduate educational programs.

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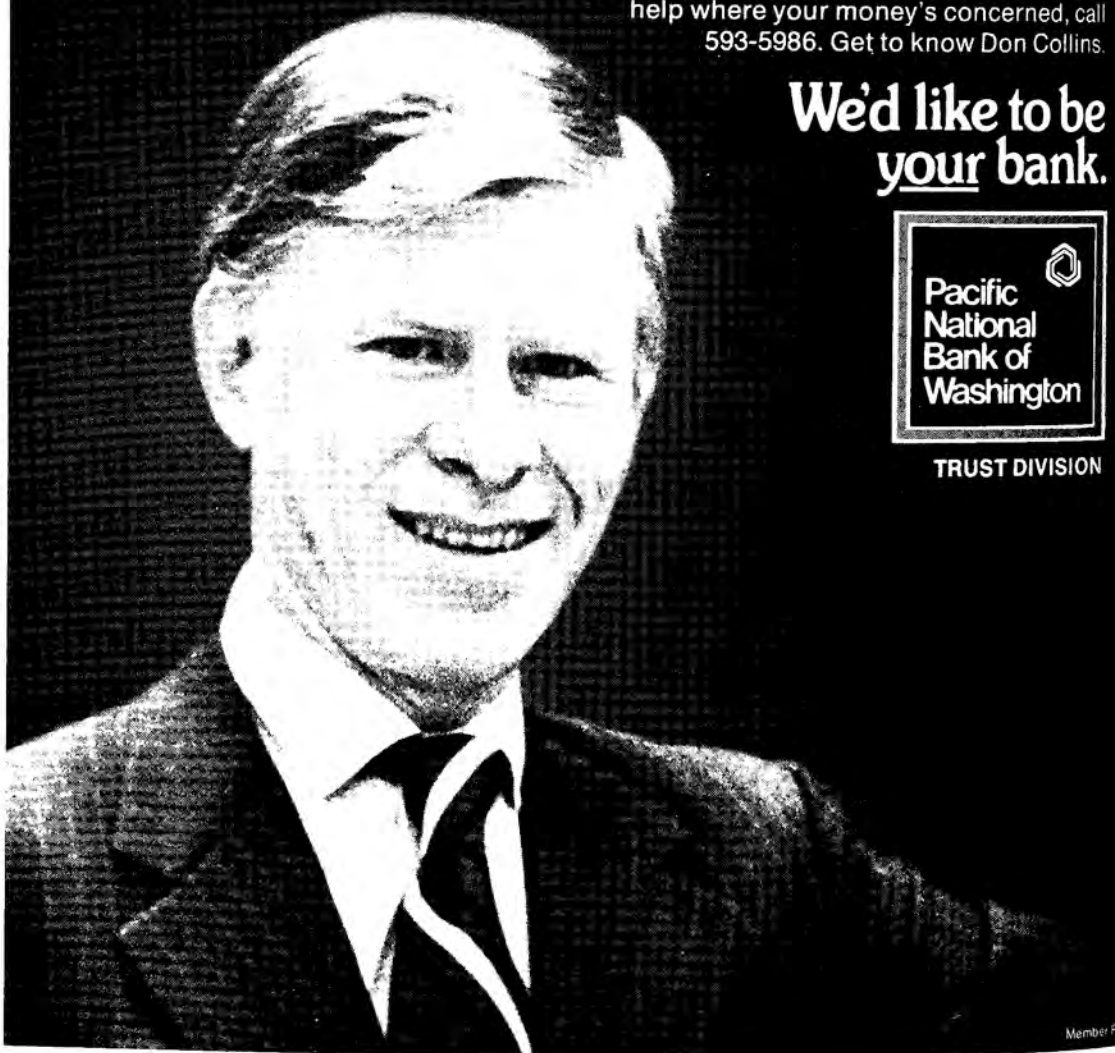
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Editorially Speaking



We recently talked with a patient whose mother had died in a hospital in Europe. The mother had suffered a pulmonary embolus as a complication of a deep vein phlebitis. The patient was very bitter and depressed over the medical care her mother had received under the nationalized health program of the country. She spoke of her mother's feelings of isolation and abandonment while in the hospital. The physician who passed for her family doctor under the system was not allowed to follow her in the hospital. The food was poor, the care was sporadic and the family had to contribute much of the care we take for granted in this country. The patient expressed

relief to be back in the U.S. with its fee-for-service type of medicine and was quite disturbed when we expressed the opinion that this country was rapidly heading in the direction in nationalized health.

The same situation was apparent on a recent trip to England where the private sector of medicine is gradually increasing despite the pressure of the National Health Service to suppress it by denying beds to private patients in National Health Service Hospitals. It is said that the health care should be a political and governmental football and that we cannot learn from the experiences of these other countries. Organized medicine has such a poor track record that, instead of being looked to for guidance, its suggestions and predictions are ignored as being self-seeking and money oriented. The tide in the affairs of men, about which Shakespeare writes, which if taken at the flood leads on to fortune, has past us by and we can no longer take the current when it serves and must, necessarily then, lose our ventures.

David S. Hopkins, M.D.

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SPORTS MEDICINE WORKSHOP

AUGUST 11-12, 1975

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

PROGRAM**COACHES SESSIONS****JOINT SESSIONS****Monday, August 11, 1975 — A.M.**

- 8:30 Registration — T 435 Health Sciences Building
- 9:00 Introduction and Welcome — Drs. Kearney and Lein
- 9:20 Recognition and Sideline Management of Head and Neck Injuries — Dr. Reifel
- 9:50 Immediate Recognition of Knee Injuries — Dr. Garrick
- 10:20 INTERMISSION
- 10:35 The Female Athlete — A Special Problem — Dr. Garrick
- 11:00 The Coach, Athletes and the Law — Mr. Geisness
- 12:00 LUNCH BREAK

SIDELINE RECOGNITION AND MANAGEMENT**Tuesday, August 12, 1975 — A.M.**

- 8:30 First Aid and Management — General Considerations — Dr. Garrick
- 9:00 Shoulder Injuries — Dr. Matsen
- 9:30 Hip, Pointers, Charleyhorses and other Soft Tissue Injuries — Dr. Thieme
- 10:00 Hand and Wrist Injuries — Dr. Melcher
- 10:20 INTERMISSION
- 10:35 Foot Problems and Injuries — Dr. Hansen
- 11:00 Ankle Injuries — Dr. Toomey
- 11:30 "Pulls", Strains and Musculotendinous Injuries — Dr. Greenlee
- 12:00 LUNCH BREAK

Monday, August 11, 1975 — P.M.**OFF-SEASON/PRE-SEASON TRAINING AND CONDITIONING**

- 1:30 The Coaches' View — Coach James General Considerations — Mr. Derscheid
Dangers — Mr. Andersen
Women's Sports — Ms. Kosek
Contact Sports — Mr. Derscheid
- 3:30 INTERMISSION (Open forum for individual problems)
- 4:00 Taping Workshop — Demonstration and Practice of Ankle Taping
- 5:00 Adjourn

Tuesday, August 12, 1975 — P.M.

- 1:30 Taping Workshop—Demonstration and Practice of Upper Extremity and Special Taping Techniques
- 2:15 Supervised Individual Practice
- 2:45 Intermission
- 3:00 **Coaches may choose either option for the last two hours:**
Option 1. Supervised Practice of Taping Techniques — OR —
Option 2. Protective Equipment: Choosing, Fitting and Maintenance
The Helmet—General Considerations and Fitting Demonstrations
Shoulder Pads — Choosing the Proper Pad, Fitting Demonstrations
- 5:00 Adjourn

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 Theodore K. Greenlee, Jr., M.D. Associate Professor, Orthopaedics
 Sigvard T. Hansen, Jr., M.D., Associate Professor, Orthopaedics; Acting Chairman, Orthopaedics
 Don James, Head Football Coach, Sports Programs
 Joseph Kearney, Ed D., Director, Sports Programs
 Sherry Kosek, R.P.T., Trainer, Sports Programs
 John N. Lein, M.D., Associate Dean, School of Medicine
 Frederick A. Matsen, M.D., Assistant Professor, Orthopaedics
 Peter T. Melcher, M.D., Senior Resident, Orthopaedics
 Edward Reifel, M.D., Neurosurgery, Virginia Mason Clinic, Seattle, Wn.
 Dan M. Spengler, M.D., Assistant Professor, Orthopaedics
 William T. Thieme, M.D., Orthopaedic Surgeon, Seattle, Wn.
 Hugh E. Toomey, M.D., Private Practice, Seattle, Wn.
 Harry Yalacki, Equipment Manager, Sports Programs

PHYSICIANS SESSIONS

Monday, August 11, 1975 — P.M.

- 1:30 The Athletes' Ankle: from Inversion Sprain to Degenerative Joint Diseases — Diagnosis and Surgical Intervention — Dr. Garrick
 2:15 Lower Extremity Rotational Problems and Athletic Performance — Dr. Hansen
 3:00 INTERMISSION
 3:15 A Short Course in the Use and Abuse of Protective Equipment in Sports — Discussion and Demonstration — Dr. Garrick, Messrs. Collins and Yalacki
 4:30 Adjourn

Tuesday, August 12, 1975 — P.M.

- 1:30 The Dislocating Shoulder: When to Operate, What Procedure? Dr. Matsen
 2:00 The Patella: Dislocations, Subluxations and Chondromalacia: Mechanism of Injury, Operative and Non-Operative Treatment, and Rehabilitation — Drs. Garrick, Thieme, Toomey and Ms. Kosek
 3:30 INTERMISSION
 3:45 Tendons: Why They Rupture and How They Heal — Dr. Greenlee
 4:30 Spondylolysis, Spondylolisthesis and the Athlete — Dr. Spengler
 5:00 Adjourn

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WSMA APPEALS TO HEW

Mr. Caspar Weinberger, Secretary
Department of Health, Education and
Welfare

Room 5246, HEW North Building
330 Independence S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

We are frustrated. Our efforts to cooperate with the federal government to improve the delivery of high quality medical services and contain their costs are thwarted repeatedly by contradictory statements, rules, regulations and interim policies which emanate from a host of HEW bureaus, services, programs, administrations, and offices.

For example: Professional Standards Review Organizations (PSRO) and the Utilization Review Regulations.

As you doubtless know, the leadership of the Washington State Medical Association has invested a sizeable quantity of time and a large amount of membership dues money to educate and inform the doctors in our State regarding the PSRO law, its intents, purposes, probable structure, and eventual operational characteristics. These efforts have been successful and a cooperative attitude towards PSRO was developed. A major factor in obtaining a cooperative stance towards PSRO was the concept inherent in the PSRO law that "doctors would review doctors," "develop criteria," and generally work toward efficient and effective mechanisms for assuring the appropriateness, quality, and reasonable cost of care, with financial support and oversight from the federal government.

Then came the Utilization Review Regulations, now to become implemented on July 1, 1975. Mr. Secretary, you wouldn't believe how many contradictory statements, suggestions, policies, and guidelines we have heard since the regulations were first published on November 29, 1974. Everybody seems to want to get into the act: The Social Security Administration, Bureau of Health Insur-

ance; the Social and Rehabilitation Service, the State agency for Title XIX and the State agency for conditions of participation for hospitals under the Title XVIII program; the Part A intermediaries; the Office of Professional Standards Review; the Bureau of Quality Assurance; the National Professional Standards Review Council; project officers, contract officers; and the local PSRO for the state of Washington.

This bewildering babel of pronouncements, policies and guidelines must have set back the programs of all concerned. Surely there must be a better way to do it. It is an almost impossible task when we who wish to cooperate receive this wide variety of contradictory guidelines, criteria, objectives, policies and interim policies. How can you expect us and our colleagues to cooperate when it is not at all certain the government is capable of defining the areas of cooperation.

The notification of rule making on the US regs weakens our hard-won cooperative stance on PSRO. The chaos surrounding the regulations and our efforts to comply would lead any reasonable person to conclude that the doctor-responsibility inherent in the PSRO law is no longer a viable concept.

Another instance disruptive to our health care efforts lies in the disorder of accrediting institutions. For many years the Joint Commission on Accreditation of Hospitals (JCAH) has been the accepted authority, has presented criteria for performance, and when satisfied, the institution was "accredited" and approved for payment under a variety of intermediary programs including Medicare and Medicaid.

Now there appears a challenge for this authority by HEW. There appear site visit teams within already JCAH approved institutions, using different criteria, and haughtily disapproving the already approved institutions. The State agency responsible for distributing fed-

eral health care funds learns only by accident this team is to appear and tags along at its own request being only tolerated by the site visit team.

The institutions and the State are confused and frustrated by different criteria, by approval by one and disapproval by the other.

If you have a contest up there, better to settle it your level. Please don't come into our, and other, states to joust and completely disrupt the honest efforts of us who are trying honestly to comply with the laws.

We would cite similar situations with regard to other government health and medical care programs. In the final analysis, consideration must be given to finding some other way to operate personal health services programs than by regulations, proclamations, and by divided and competitive administrative authority. In this setting, the cooperation of dedicated health professionals is weakened or lost.

We must do something about this before a national health insurance program is enacted.

It may be we are dealing with a process that needs a thorough re-thinking, a development that Dr. Alice M. Rivlin, a former HEW Assistant Secretary for Planning and Evaluation, has called "a new realism about the capacity of a central government to manage social action programs effectively." Doctor Rivlin has described the evolution of her thinking in these terms:

"I, for one, once thought that the effectiveness of a program like Headstart of Title I of the Elementary and Secondary Education Act could be increased by tighter management from Washington. Something was known about 'good practices,' or effective ways of reaching poor children; more could be learned and transmitted to the local level through federal guidelines and regulations and technical assistance. As knowl-

edge accumulated the guidelines could be tightened up, and programs would become more effective.

"This view now seems to be naive and unrealistic. The country is too big and too diverse, and social action is too complicated. There are over 25,000 school districts, and their needs, problems, and capacities differ drastically. Universal rules are likely to do more harm than good. Nor, given the numbers of people involved, is it possible simply to rely on the judgment or discretion of federal representatives in the field."

(The above statement, excerpted from *Systematic Thinking for Social Action*, by Alice M. Rivlin, Washington, D.C.: The Brookings Institution, 1971, pp. 123-24.)

Mr. Secretary: In our case, it is the patient who suffers through confused and restrictive regulations and their application.

We want to cooperate. What can you do to help us?

Sincerely,
Arch H. Logan, Jr., M.D.
President

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Thomas Hood, *The Last Man*



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In Memoriam HAROLD D. LUEKEN, M.D.



Hal Lueken won't be with us now. He passed away May 20, 1975 after a long, tough battle with cancer of the pancreas. We'll miss Hal. He has been a pillar in the obstetric community for the past twenty-three years. During this time his dedication has been to careful, conservative patient management. He was not swayed by the winds and cross-currents of medical whims, but stayed on course with steady advice and a true concern for his patients.

Hal was born in Vancouver, B.C. on June 10, 1917 and grew up in Vancouver and Bellingham, Washington. He developed many interests before his acceptance into University of Michigan Medical School. These interests continued as he specialized and he enjoyed such things as water and snow skiing, flying, motorcycle riding, hypnotism, building, playing guitar and banjo, painting pictures and fashioning lighting fixtures. He was a strong and diverse man who once built a home by himself just to satisfy a challenge that was within him.

Perhaps the one characteristic that is most noteworthy about Hal was his indomitable selfwill. He looked on rainy or sunny days equally as a pleasurable opportunity to live and serve. Each day he felt he was better in some way and even with the weakening of his body his spirit refused to yield and he worked without complaint in his office until a few days before his death. There was no compromise until his last breath.

Our medical community joins with his family in missing the presence of Hal Lueken.

R. E. Huish, M.D.

Marion Von Bruck Plugs Tacoma at National Meeting

Pierce County's new Medical library received national recognition last month in a paper presented by Ms. Marion Von



Marion Von Bruck

Bruck at the 74th annual meeting of the Medical Library Association in Cleveland, Ohio. More than 900 medical librarians from throughout the nation heard how Tacoma solved its problem of having

too many medical libraries inefficiently scattered around the area by uniting their efforts and forming a single central library — the Pierce County Medical Library — and having library reading rooms established at the various hospitals throughout the county.

Though a last minute case of severe laryngitis prevented Ms. Von Bruck from reading the paper herself (a fellow librarian from Seattle read it for her), the paper explained Tacoma's problem, and told how the Pierce County Medical Society and Hospital Administrators worked through the Hospital Council to establish the central resource facility on Jan. 1, 1974. The advantages and disadvantages of such a consortium were explained, along with a description of the budget and methods of funding. An original slide presentation depicted how local physicians now have access through the consortium to the national network of bio-federal communication.

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HMO LIBERALIZATION PROPOSED

Legislation has been introduced in House (HR. 7847) and the Senate (S. 1926) amending the Health Maintenance Organization Act (PL 93-222) to lower the present requirements for an HMO to qualify for Federal support. Introduced in the House by Rep. Hastings (R-NY) and Rep. Rogers (D-Fla), an identical bill was introduced by Senators Schweiker (R-Pa), Javits (R-NW) and Mondale (D-Minn) in the Senate. In introducing MR. 7847, Hastings commented that "Progress in developing and expanding health maintenance organizations under the HMO law has been disappointing. Because of major problems with the HMO law, the Administration has experienced great difficulty in developing regulations . . . In addition, only 3 HMO's have been federally qualified since the passage of the Oct."

The principal provisions of the legislation include: 1. Making the offering of supplemental health services by an HMO optional. The new proposal would eliminate the requirement in present law that an HMO must offer, in order to qualify for federal support, such services as: Facilities for intermediate and long term care; vision care, dental services, and mental health services not included as a basic health service; long term physical medicine and rehabilitative services (including physical therapy; and prescription drugs. 2. Elimination of the present requirement that HMO's offer annual "open enrollment" periods for individual memberships. 3. Reclassification of medical treatment and referral services for the abuse or addiction to alcohol or drugs, and home health services by making the availability of such services optional on the part of an HMO. 4. Redefining preventive services to include immunizations, well child care, periodic health evaluations for adults, voluntary family planning services, infertility services, and children's eye examinations. 5. Delaying for a period of five years after an HMO

has become qualified, the requirement of establishing a prepayment program with premium fixed under a community rating system. 6. Eliminating the requirement that planning and development loans be given only to HMO's serving a medically underserved population. 7. Extending the funding authority for HMO's through fiscal year 1980.

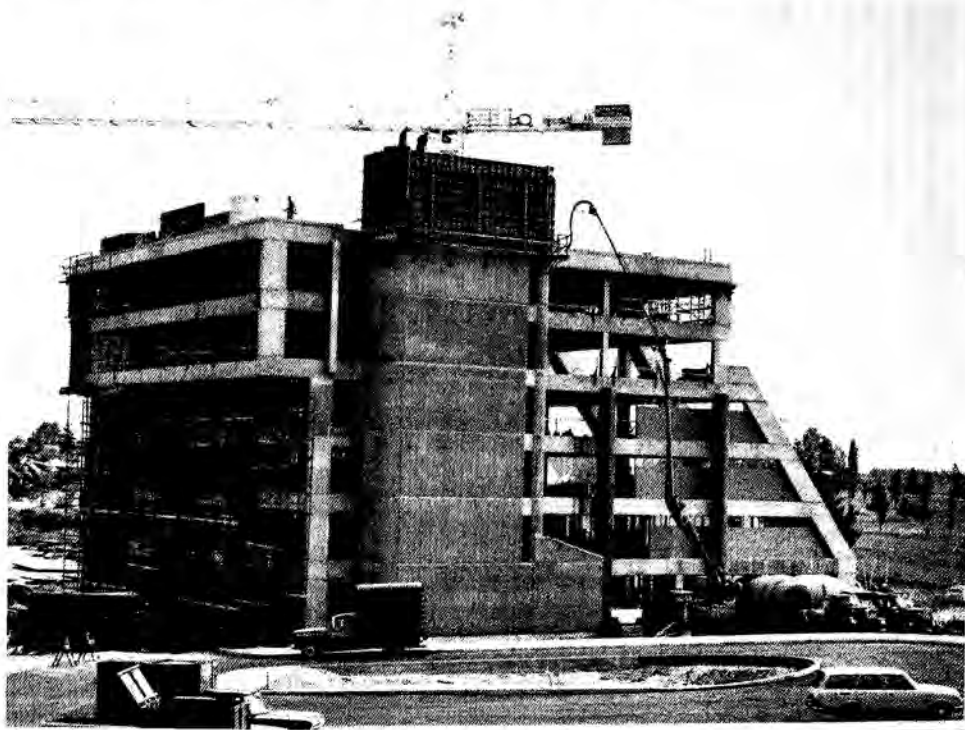
In a statement accompanying his introduction of S.1926, Senator Schweiker observed that "event though federal certification as an HMO under the existing law could greatly expand their potential market, HMO's are approaching the prospect slowly because of the stringent requirements in the law as the price of such certification and eligibility for assistance. Simply stated, the legislation introduced today seeks to remove several of these stringent requirements."

Rep. Rogers anticipates early hearings by his Subcommittee on Public Health and Environment. However, no action is anticipated until after the Independence Day recess and until House action is completed on health manpower. In addition, the Subcommittee still has under consideration extensive amendments to the Clean Air Act as well as a medical device bill.

10 Doctors Jog In Sound-to-Narrows Annual Marathon

Scattered in amongst the 1700-plus persevering joggers who ran in the 3rd annual Sound-to-Narrows marathon on Saturday, June 7, were 10 local physicians. Though the exact timing of the contestants left some doubt as to accuracy, Jack Nagle apparently had the shortest elapsed time for the physicians. Others who ran the race were Cordell Bahn, Jim Davidson, Charlie Galbraith, Bob Klein, Al North, Ken Pim, George Race, John Sack, and Bob Whitney.

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The Ark Speaks

*Mavis Kallsen, Curator, P.C.M.S.
Archives*

Documenting American cultures has become such a lively indoor sport in recent years a new breed of cat has taken center stage in the field of history . . . the archivist.

The archivist is somewhat of a junker, learns his trade by developing an affinity for things outside our monolithic society, the 'things' being objects of historical significance and in numbers they constitute 'collections.' Soon or later the archivist must learn to discard, else he disappears within the volume of his own collections. Discriminating discard, cataloguing and conservation of the materials collected convert a Collection into an Archives.

The A.M.A. is now soliciting information on sources of bio-bibliographical data and archival collections with the hope of issuing a guide to the history of State and County Medical Societies for the Bicentennial years.

In Washington State there is only one County Society already into archival science, and that's us.

The archivist dreams of coming upon a virgin collection somewhere in an attic or basement, in a pile of trash untouched for generations, with all the records and documents significant to some facet of our cultural past intact.

Your writer, jaded by years of fretting out documentation of logging history in bits and pieces, was invited

to view such a pristine collection of P.C.M.S. records, found in the trash of the Medical Arts Building offices by the new bold and fearless Director. Dale had suspected there were skeletons in all those basement closets and had the cough to realize the value of the find. Your writer immediately took possession of the collection, flashing a membership in the Society of American Archivists and fifty years experience in the field of junking.

The P.C.M.S. Archives is fairly complete, beginning with the first meeting and lacking records for only three years from 1888 to the present. This could develop to be a most significant continuous record of history in Pierce County, since the P.C.M.S. pre-dates almost everything but the public school system.

The P.C.M.S. started with a gathering of eight friends, at the invitation of a Doctor James Wintermute, who was appraised of the fact that a similar gathering was about to take place in King County the same evening.

In the year 1888 Tacoma had survived the great depression of 1883 and was in a period of booming expansion. The population rose from 735 in 1883 to about 17,000 five years later. The early settlers had come here to farm and raise stock but discovered that clearing their lands of timber was more profitable than using the land, with Tacoma the handiest shipping point on the Sound.

In 1888 in Washington Territory the physician had a lot of competition in

the practice of medicine from the pharmacists and other 'doctors' who did surgery and dispensed drugs in the twilight zone of Territorial licensure. Many of Pierce County's busiest doctors never even bothered to register with the County authorities. There was probably a lot of political graft in licensure then anyway. This really galled Doctor James Wintermute.

Doctor Wintermute may have inherited a terrible temper. When he was seventeen years old his father gained fame as the murderer of General McCook, Secretary of Dakota Territory. Doctor Wintermute's father was a small man of high intellect, a famous railroad engineer who had gone into banking in Yankton, S.D., and prospered there. In a dispute over railroad lines in Yankton in 1872, Wintermute's father shot Gen. McCook in a courtroom scene. The General then picked up the slight Wintermute and, thrashing him against the furniture, turning over the stove, attempted to throw him out the window when friends intervened and rescued Wintermute as he lay halfway across the window sill. Gen. McCook then went back to his hotel and died of the gunshot wounds.

Doctor Wintermute, seventeen years old at the time of this frontier-type action, probably learned then that men aren't what they pretend to be. In his practice of medicine he must have observed this ethic closely, as he was most concerned at the time of the P.C.M.S. invention that the physicians practicing in Pierce County should have the proper training.

Doctor Wintermute introduced at the first meeting of the P.C.M.S. a complaint against a Doctor McLennan, who was apparently very successfully practicing medicine in Tacoma without credentials. At the next three meetings he pressed the same topic. The problem must have been resolved then, and the P.C.M.S. didn't meet for the following six months due to a lack of quorum.

Doctor Wintermute maintained his stance on credentials and was part of the group who wrote the licensure laws when the State constitution was written in 1889. He later helped develop the Public Health Service and the health codes for the city of Tacoma.

In November, 1896, Doctor Wintermute was shot and killed on Pacific avenue by an irate patient who claimed that the doctor's prescribed medicine had actually made him sicker.

James Wintermute is one of many interesting people who have come to life again in the P.C.M.S. Archives.

The P.C.M.S. Archives is taking form at the new offices of the Society on K street. We're scouring attics and basements to furnish the Archives, particularly for an old wood filing cabinet; and we're searching for photographs to accompany our collection of records and documents.

Members of the P.C.M.S. and of the Auxiliary are invited to visit the Archives, to assist us in our search and to enjoy this view into our interesting past.

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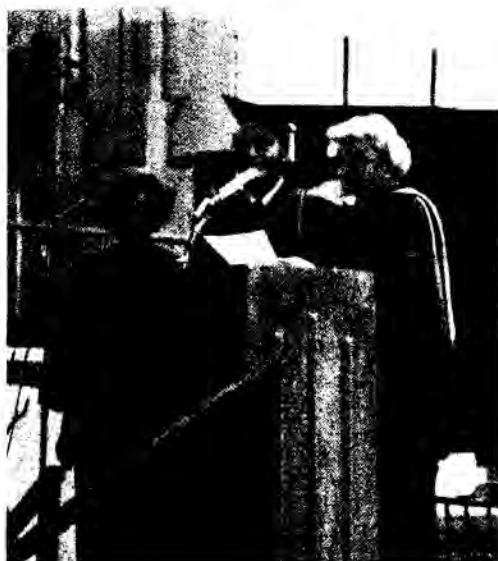
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LES AND PEARLE BASKIN HONORED BY U.P.S.



Lester S. Baskin, M.D. and his wife Pearl were each awarded the Honorary degree of Doctors of Arts for their contribution to the growth and development of the arts in Tacoma. Dr. Baskin is a long time member of the Tacoma-Pierce County Civics Arts Commission and the Tacoma Art Museum, and has served as President of both organizations. During the presentation ceremony, Ester Wagner of the University of Puget Sound cited Dr. Baskin as deserving the degree

“for having practiced so many arts—the art of healing, the art of friendship, the art of connoisseurship in beautiful things, and, finally, the art of enriching his chosen community with many labors of instructed and constructing love.” Of Pearl Baskin, Dr. Wagner said: “It is of particular pride and pleasure, in this day of careful examination of women’s roles in the National life, to see her in this place. She has practiced a most difficult art—she has had a distinguished husband and stood at his side without ever standing in his shadow. Without ever standing in his light; she has moved through life with him, but never striding before him nor pattering after him.”

President Phibbs bestowed the Doctorate Degrees on the Baskins.

Dr. Baskin also received last month one of the six 1975 Governor’s Arts Awards from Gov. Daniel Evans in ceremonies in Seattle. Again cited for his contributions to the development of the arts in Tacoma, Dr. Baskin received a certificate of accomplishment signed by the Governor and a specially commissioned, limited edition of work by a Washington artist.

Congratulations to a well deserving couple.

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WOMEN'S AUXILIARY PAGE

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Student Awards

Each year, an award based on scholarship is given to the most outstanding graduating son and daughter of physicians in private practice in Pierce County. This year the Student Recognition Committee picked five students to receive awards because there were so many excellent students.

Mary Ann Apa, a graduate of Washington High School, is the daughter of Dr. and Mrs. Theodore Apa. She is planning on attending Seattle University, with the goal of becoming a pediatrician.

Lynn Arthur, the daughter of Dr. and Mrs. Walter Arthur, is a graduate of Puyallup High School. Lynn plans on attending Cottey College in Nevada, Missouri with ecology being her major field of interest.

Amy Ferguson, the daughter of Dr. and Mrs. Robert Ferguson, is a graduate of Stadium High School. She is planning to go to Northwestern University and major in music.

Michael Alger, a graduate of Charles Wright Academy, is the son of Dr. and Mrs. John Alger. He plans on attending Williams College in Massachusetts, majoring in pre-med.

Steve Houglum, the son of Dr. and Mrs. Oris Houglum, is a graduate of Curtis High School. Steve intends to go to Pacific Lutheran University with his major fields of interest being music and electronic engineering.

Mary Ann Apa



Lynn Arthur



Amy Ferguson



Michael Alger



Steve Houglum



AMA House of Delegates Action

AMA's House called for establishment of a reinsurance company for professional liability, to provide a backup mechanism to cover excess losses for those state medical societies that have established their own medical liability insurance firms. Meeting in Atlantic City, AMA's House of Delegates directed that as a condition of participation, states with captive carriers would have to effect changes in their tort systems to insure long-range improvements in the underwriting climate. It is expected to cost about \$20,000 to begin filing for a corporation. A minimum of \$1.5-million will be needed in reserve, and a minimum of five states will have to participate, with at least \$12-million provided in annual premiums. To enroll, states must have three-to five thousand physicians participating. Passing the proposal with little

opposition, the House asked for a progress report at the clinical convention in November. Another professional liability action was the House's declaration — with strong support from the California and New York delegations — that "The AMA recognizes that physicians are entitled to use all available legal means, without jeopardizing the medical care of their patients, to protest when intolerable and unwarranted burdens are placed upon their patients, the association or its members."

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This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: This combination drug finds its usefulness primarily in the treatment of edema. Any usefulness of triamterene when used with a thiazide in hypertension will derive from its potassium-sparing effect. Either its main diuretic effect or potassium-sparing effect when used with a thiazide drug should be determined by individual titration. (See box warning.)

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. 'Dyazide' interferes with fluorescent measurement of quinidine.

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. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

Third or fourth Tuesday of Jan., March, May, Sept., Nov.

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

**WSMA Annual Meeting
September 19-22, 1975
Olympic Hotel, Seattle**

See Page 9



H. C. BOSTWICK, M.D.
PIERCE COUNTY MEDICAL SOCIETY'S
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See Page 18

**SOCIETY MEETING
SEPTEMBER 9**

**VOL. XLVI, NO. 8
TACOMA, WASHINGTON
SEPTEMBER, 1975**

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The BULLETIN

of the
 Pierce County Medical Society
 Volume XLVI, No. 8
 September 1975

Editor David S. Hopkins, M.D.
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CONTENTS

Editorial	5
Meeting Announcement	7
WSMA Meeting in Seattle	9
Help for Smokers	11
Library Service Starts	11
Physician's Finances	13
P. S. Hospital Improvements	15
Symposium in Mexico	15
The Ark Speaks	18
Continuing Medical Education	20
Auxiliary Page	21
Sickle Cell Program	22
Legislative Recommendations	22
Library Hot Line	23
Family Clinic	25
Index to Advertisers	26

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Editorially Speaking



there is a legitimate reason why their billings should be honored by the medical bureaus and other health care contractors.

Hopefully, in the near future, these health care contractors will include nurse practitioners to the greatest extent possible, and it is gratifying to know that PCMB is taking the lead in negotiations toward this end. If these efforts are successful, then perhaps next time, when a friend such as Dan Evans may not be in the Governor's chair, this bill will not make it through the legislature.

Theodore R. Haley, M.D.
Guest Editorialist

Once again the Governor has proven that he is a good friend of physicians and their patients in the private practice of medicine. He has vetoed House Bill 536. This is the bill that would mandate inclusion of essentially all practitioners of health care (unaffiliated physicians, chiropractors, nurse practitioners, etc.) into all contracts between private health care providers such as Pierce County Medical Bureau and the groups they cover.

This bill has passed both houses of the legislature and been vetoed by Governor Dan Evans twice before. He vetoes this measure because he doesn't approve of government unnecessarily interfering with legal arrangements between non-governmental entities. It is regrettable that the majority of legislators who pass this bill do not agree with him; they are not at all bothered by the idea of tampering with such legal rights of contract between private parties.

One of the reasons this bill passed both houses so handily, in spite of strong efforts to stop it, was due to the vigorous lobbying efforts of the nurses association. They were working in behalf of nurse practitioners in Darrington, Vashon Island, and other places in the state where no physicians are practicing, and where

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Pierce County Medical Society Meeting

Tuesday, September 9

DINNER — SHERWOOD INN

Topic: Organizational Status

Cocktails 6:45 Dinner 7:30 Program: 8:00

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_____ Please reserve _____ dinner(s) for me at \$5.50 each (includes tax and gratuity). Enclosed is my check in the amount of _____.

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WSMA ANNUAL MEETING SET FOR SEATTLE, SEPTMBER 19-22

An important issue at the 1975 Annual Meeting of the Washington State Medical Association will be professional liability. A special program on The Professional Liability Problem will be offered between 9:00 and 11:30 a.m. on opening day, September 19. The program, originally planned for Monday, September 22, was rescheduled to provide background information prior to the time the Reference Committee considers recommendations from the WSMA Task Force on Professional Liability. This Reference Committee will convene at 2:00 p.m. on the afternoon of the same day. All WSMA members are encouraged to attend both sessions. The Convention Registration Desk opens at 8:00 a.m. on Friday, September 19, in the Grand Ballroom of the Olympic Hotel, Seattle.

THE BOARD OF MEDICAL EXAMINERS meets in special session 9:00 a.m., Sunday morning, September 21 at downtown Hilton, Seattle, to hear comments and recommendations from physicians on 1975 amendments to medical practice act that authorizes the Board to establish rules governing mandatory CME requirements. *Plan to attend.*

Another important session on National Health Insurance, originally scheduled for Saturday afternoon, September 20, has been moved to Monday afternoon, September 22. This program includes such outstanding speakers as Walter McClure, Ph.D., Senior Policy Analyst and Associate Director, Health Policy Group, InterStudy, Minneapolis, Minn.; Paul B. Beeson, M.D., Distinguished Physician of the Veterans Administration, and Professor of Medicine, University of Washington, Seattle, Washington; and James S. Todd, M.D., member and participant in the National Speakers Bureau, American Medical Association, Ridgewood, New Jersey. Dr. McClure will discuss "Objectives for National Health Insur-

ance" while Dr. Beeson will review "The English System" and Dr. Todd will report on "The AMA Perspective on Current Bills in Congress." This program was rescheduled to allow WSMA members and delegates to attend the session without conflicting with other business matters.

The House of Delegates has been extended to three sessions to allow more time for deliberations during the 1975 Annual Meeting. The House will meet Friday morning, September 19; Sunday afternoon, September 21; and again on Monday morning, September 22. Reference Committees will consider Association business and committee reports on Friday afternoon and again on Saturday until the business is completed. All members are encouraged to express their opinions during meetings of Reference Committees.

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Saffola



HELP FOR SMOKERS

I. INTRODUCTION

As more and more people become aware of the dangers of smoking, many find they wish to quit smoking but are unable to do so without help. To fill that need several agencies in the Pierce County Area have formulated programs. In the past, most of these programs were independent of each other, and sometimes coincided with each other. Some were experimental, changing and growing as the co-ordinators evaluated the results.

A. The following agencies have formed a smoking coalition:

1. Pierce County Health Department
2. American Cancer Society
3. Washington Lung Association
4. Seventh-Day Adventist Church
5. Fort Lewis Smoking Control
6. Clover Park Vocational School
7. Tacoma Community College
8. Sound Health Assoc.

B. Purpose of the Smoking Coalition:

1. Co-ordinate the different smoking control programs in order to refer persons to the various programs.
2. Inform the public of the availability and type of programs produced by the coalition members—use of one common phone number.
3. Maintain the quality of community programs through shared research, methodology, techniques and evaluation.

II. THESIS

Different personalities require different approaches to smoking cessation. Each agency has its own program which

utilizes different techniques.

The American Cancer Society approach — withdrawal program offers cigarette smokers the opportunity to discover why they smoke, helps them identify ways to quit and provides motivation as well as group support.

III. CONCLUSION

Emphasize that there are many approaches to quitting smoking. If a smoker really wants to quit, there is help available.

Library Service Starts August 18

Under sponsorship of WSMA's Continuing Medical Education Committee, a one-year study of library information services for members of the Association begins August 18. Located at the University of Washington Health Sciences Library, Kay Denfeld, the Association's Librarian, will provide free reference, computerized literature searches (including MEDLINE and SDILINE), books on loan, and photocopies of articles.

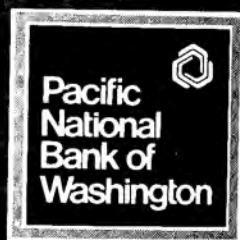
Telephone access is via toll-free MEDCON (1-800-562-7700) from 8:00-5:00 Monday through Friday. Ask for "WSMA Library Service." Mail should be addressed to Kay Denfeld, WSMA Library Service, Health Sciences Library, University of Washington, SB-55, Seattle, Washington 98195. A description of the service with complete instructions on how to use it is available from the WSMA Central Office.

A man you and your money should get to know.

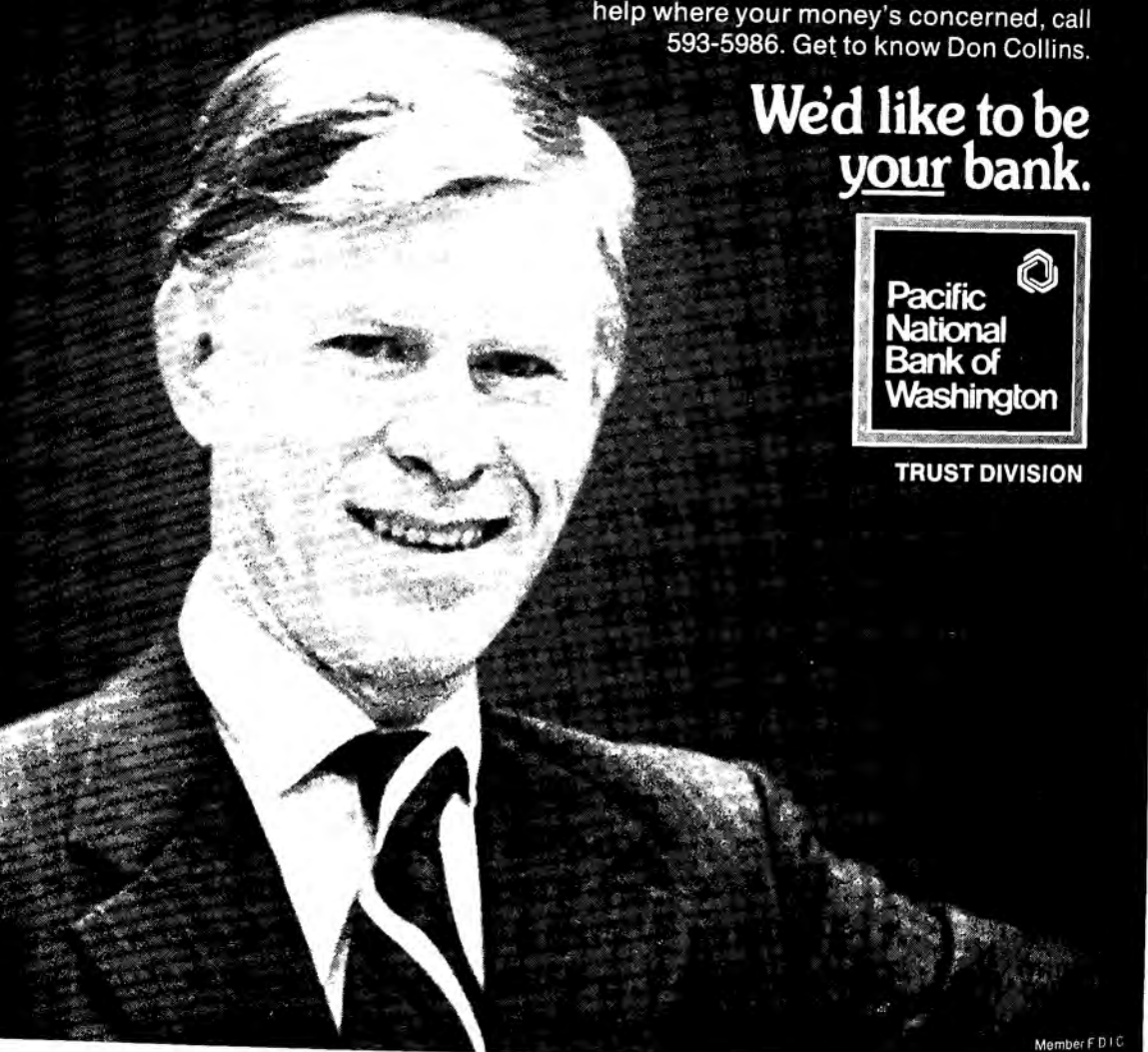
He's Don Collins, trust officer. His job? Helping you make the most of your financial assets. Backed by our team of specialists, he's ready to discuss investments, taxes, insurance, financial planning. He'll help you manage your affairs today and work with you and your attorney on a sound financial plan for tomorrow.

If you could use some objective, professional help where your money's concerned, call 593-5986. Get to know Don Collins.

We'd like to be
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TRUST DIVISION



Member F.D.I.C.

College of Medical Education Offers Basic Personal Finance for Physicians



THURSDAY EVENINGS University of Puget Sound
Thompson Hall of Science
Room 326 —7:30 to 9:30 p.m.

1. *October 2, 1975*
TAX PLANNING AND INVESTMENT SHELTERS
How to choose and why:
Real estate, investment partnerships,
municipal bonds.
Douglas B. Nichols
Director
Financial Services
The Bache Co., Seattle
2. *October 9*
SHOULD I INCORPORATE OR FORM A PARTNERSHIP
Tax advantages.
George A. Klawitter
Attorney, Seattle
3. *October 16*
RETIREMENT PLANNING
Setting aside current income and assets
during peak years for more favorable tax
treatment.
Douglas B. Nichols
INSURANCE AWARENESS
Estate planning, key man insurance, split
dollar.
4. *October 23*
INVESTMENT MANAGERS
Why? What kind?
Corporation or individual?
Robert A. Lorentz
Trust Officer
Seafirst Investment Advisors
5. *October 30*
ESTATE PLANNING
Conserving and transferring your estate.
Creating shelters for current income.
Gifting, trusts and donations.
Barry E. Smith
Assistant to President, UPS
Arleigh T. Jones
Vice President, Seattle First
National Bank, Tacoma

Registration fee — \$60.00

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Register me for: Sessions 1 2 3 4 5 All (circle)

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Mail to: COLLEGE OF MEDICAL EDUCATION
University of Puget Sound
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"Plastic Surgery" on P. S. Hospital

The sounds of hammers, saws and drills and the sight of plaster dust, carpet layers and painters have almost become a way of life for some of the staff members at Puget Sound Hospital. Through dedication and effort the staff has kept the hospital functioning and maintained quality health care while working under these conditions.

It will come as welcome news to staff members that the current remodeling projects are drawing to a close and by the end of summer or early fall, things will be somewhat back to normal and better than before the projects started.

Projects to be completed in this phase include: laboratory, second floor, third floor, food distribution system, emergency room, x-ray and special care unit.

When these projects are completed, the next phase of the remodeling program will be work on the fourth floor and improvements in the surgical area.

As you can tell, a great amount of

work will be completed in the coming weeks. It is anticipated that these changes will continue to improve the high quality patient care program at Puget Sound Hospital.

Inter-American Symposium on Internal Medicine

Sponsored by the Department of Medicine, The University of Oklahoma in association with the National Academy of Medicine of Mexico. To be held at the Centro Medico Nacional of the Instituto Mexicano Del Seguro Social in Mexico City, Mexico, January 12-15, 1976.

For further details, contact:

James F. Hammarsten, M.D.
The University of Oklahoma
Health Sciences Center
Department of Medicine
Post Office Box 26901
Oklahoma City, Oklahoma 73190

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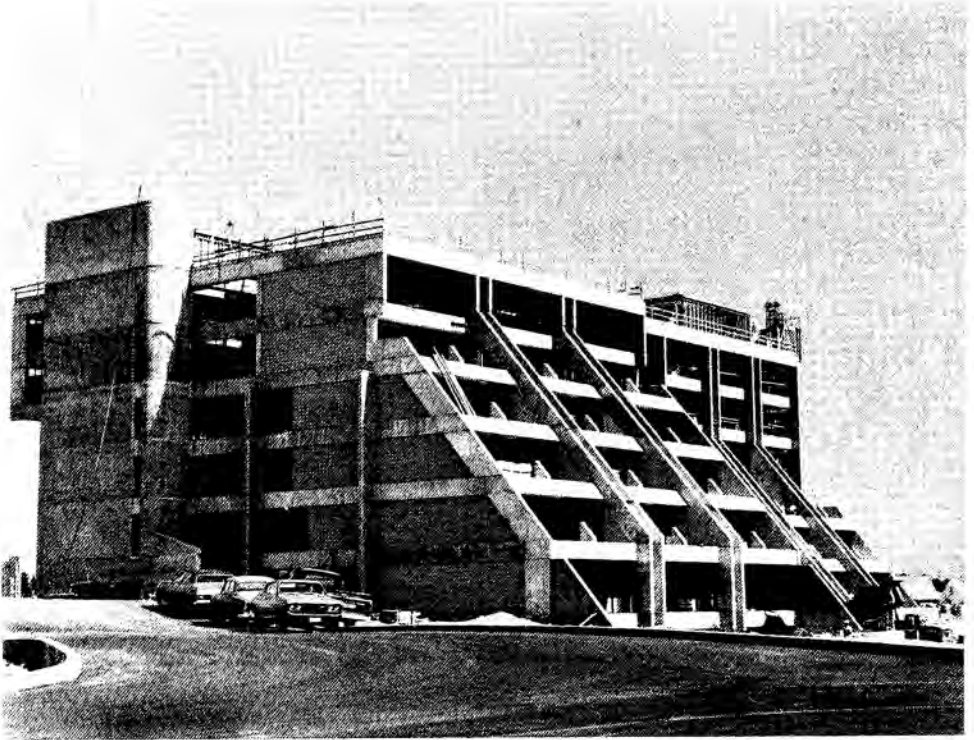
B Brookside Mortuary

9212 Chambers Creek Road West
By New Tacoma Cemetery

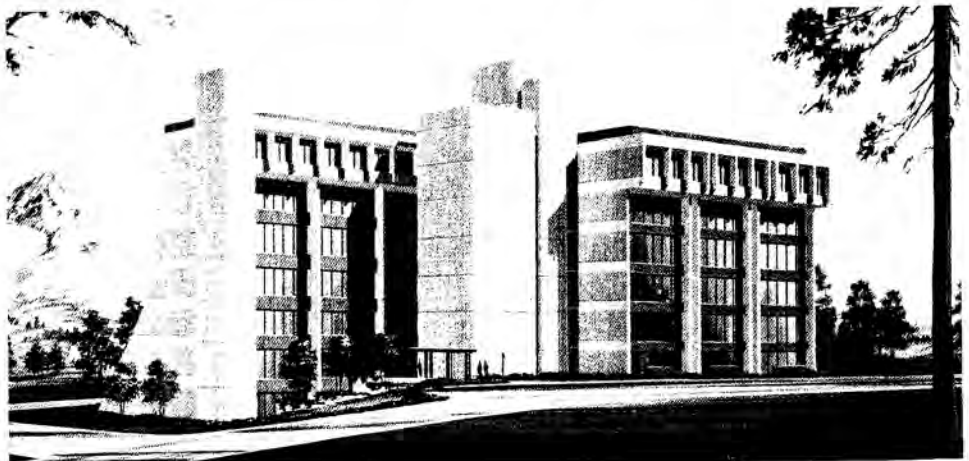
Phone 564-1311

"At the Gates to the New Tacoma Cemetery"

**In Case You Haven't Noticed Our Progress -
ALLENMORE MEDICAL CENTER'S new
medical/dental office building**



will be available for occupancy in October.



If you are considering a change of environment for your practice, we invite you to investigate the many unique advantages which Allenmore Medical Center offers . . .

- ✓ An established record of performance in supporting the needs of medical dental professionals.
- ✓ Superior office facilities designed exclusively for physicians, dentists and related health-care professionals.
- ✓ Outstanding location with plenty of free parking.
- ✓ Extensive supporting services to assist you in the effective management of your practice.
- ✓ Adjacent to the expanded services of Allenmore Hospital.
- ✓ Ownership opportunities are also available.



**allenmore
medical
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Our facilities and services have been designed to provide the greatest degree of flexibility and value to meet your individual requirements.

We would appreciate the opportunity of discussing with you in confidence the potential for satisfying your practice needs at Allenmore Medical Center.

For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

759-7806

THE ARK

Speaks

ANOTHER OF OUR FOUNDING FATHERS . . .

It was by invitation from James Wintermute that the eight doctors met in Wintermute's office to launch the Pierce County Medical Society 87 years ago, but on the ballot for president Doctor Wintermute got only one vote. The man who got seven votes on that ballot was a different kind of doctor. While Wintermute strived for the betterment of life here on the frontier, giving much of his time and energies toward developing the schools and hospitals, Doctor H. C. Bostwick, who won on the ballot, maintained the profile of a man more interested in money.

Early in 1874 Henry Clay Bostwick arrived in New Tacoma, Washington Territory, and established one of the town's first businesses, a drugstore at the corner of 7th and Pacific. Doctor Bostwick also engaged in the practice of medicine.

In the summer of 1880 Doctor Bostwick invited his old friend from Kansas City, A. J. Baker, to come look at the town with the view of starting a bank here. The result of Baker's visit was a partnership with Doctor Bostwick and W. B. Blackwell to establish Tacoma's first bank.

They bought a lot at the corner of 10th and Pacific and erected a frame building containing a vault said to be the best in the Territory. The bank was opened for business in October, 1880, under the name of the Bank of New Tacoma, capital \$50,000, President H. C. Bostwick. Within the first year deposits were reported to have reached a total of \$300,000, real estate values had stead-

ily advanced and building construction reached boom proportions.

Doctor Bostwick is thought to have been the first physician in practice in Tacoma, although R. Lansdale was located in Tacoma from 1869 to 1873, and Doctor Spinning of Puyallup had first located in Tacoma years before. One thing is certain . . . Doctor Bostwick was Tacoma's first bank president.

In 1881 smallpox was reported from so many localities throughout the U. S. as to cause widespread apprehension and an appropriation was made by Congress of \$100,000 for relief. Early in October of that year it appeared in New Tacoma, took hold with violence and quickly spread in all directions. This was at the peak of the building boom, with a large amount of the Bank of New Tacoma's capital out in loans. The scare of verified rumors approached panic. Construction work slowed . . . the building boom threatened collapse.

The first cases of smallpox were found in the family of a waiter in the Halstead Hotel whose father-in-law had died and whose four children were sick with the disease. By that time New Tacoma had four physicians, all of whom had examined these cases. Three of them, Doctors Bostwick, Miles and Ballard, pronounced the malady to be chickenpox and the fourth, Doctor F. B. H. Wing, declared it to be smallpox, expressing alarm on account of the contrary opinion.

First mention of the matter in the Tacoma Ledger was on October 14, 1881, about ten days after the first rumors of smallpox were heard on the street.

"There are several cases of chickenpox in town. The disease is

of a virulent type, and the doctors agree that those suffering therefrom should be isolated in order to prevent its spreading. It is proper to state that several deaths have occurred from this disease."

Two weeks later, October 28, appeared the next mention in the Ledger, being an advertisement by two of the physicians under the heading "NO CAUSE FOR ALARM."

"It having been circulated abroad and in the surrounding country that there has been and is now smallpox in New Tacoma, the undersigned physicians of New Tacoma, for the purpose of placing the public at ease, and correcting false reports, desire to say that there is not nor has there been any smallpox in this town this season. There are some cases of chickenpox; two grown persons and one child, all Norwegians, who had the chickenpox, died, and those cases were complicated, one having capillary bronchitis and the other two typhoid complications. There has been no other death or anyone having the disease."

(Signed) H. C. Bostwick, M.D.
A. M. Ballard, M.D.

In the Ledger of November 1 appeared the following dissolution notice: "The co-partnership heretofore existing between Drs. H. C. Bostwick and F. B. H. Wing, of this place, is this day dissolved by mutual consent. Payment of bills may be made to either of the above named, or to Mr. W. C. Davis at the Drugstore, New Tacoma."

The New Tacoma Board of Town Trustees at their meeting of November 2, appointed Doctor Wing as Health Officer and empowered him to remove to the pest house all persons affected with contagious and deadly diseases.

As days and weeks passed, though people continued to die of the supposed

chickenpox, the three doctors who stood in favor of the chickenpox theory were not ready to admit their error. Doctor Wing labored alone in attending these patients.

The town of New Tacoma was shut off completely. Trains ran through with windows closed. Puyallup and Steilacoom organized shotgun quarantines by constructing barricades across all roads from Tacoma. Behind the barricades were armed men. Weeks passed with no money in circulation.

November 14 Mayor Lister summoned Dr. E. L. Smith, health officer of Seattle, who, after seeing 15 cases, pronounced them all smallpox in a written report to the Territorial Legislature. The Legislature then hurriedly passed "An act to prevent the spreading of contagious diseases in any town or city in Washington Territory."

Doctor Wing worked day and night in his efforts to stamp out the scourge. Doctors Bostwick, Ballard and Miles probably never attended a smallpox patient and there is no record of their having made this diagnosis during the epidemic. Of the town's population of 1,000, Doctor Wing treated over 70 cases of smallpox, 12 of whom died.

On December 10 Doctor Wing stated that during the past 17 days there had not developed a new case of smallpox. A week later quarantine against New Tacoma was lifted by Olympia and Seattle, and it was generally assumed New Tacoma had reached the end of this miserable experience.

Doctor Wing, exhausted by the prolonged anxiety and continuous vigil he had maintained over those stricken by the disease, registered in the office of the Pierce County Auditor on January 13, 1882, in obedience to an act of the Legislature requiring such registration by all those practicing medicine in Washington Territory after January 1. The following day, January 14, 1882, Doctor Wing

dropped dead in his office.

Doctor Bostwick and the Bank of New Tacoma survived the smallpox epidemic. Whether out of ignorance or in greed he had ignored his medical training at a time when he could have been most useful can only be conjecture. But the Doctor hadn't been idle during the epidemic . . . he had called 20 friends together to organize Tacoma's first commercial organization . . . the New Tacoma Board of Trade. Three years later this organization's name was changed to the Tacoma Chamber of Commerce.

Doctor H. C. Bostwick was the first president of the Pierce County Medical Society.

We wish to thank the Tacoma Library's Northwest Room, the Washington State Historical Society Reference Library and the Pierce County Auditor's Office of Records for use of their collections to supplement documents in our Pierce County Medical Society Archives.

—Mrs. Robert Kallsen, Curator
P.C.M.S. Archives

September Continuing Medical Education

"A Review of Basic Obstetrics and Gynecology," September 26-27, Virginia Mason Medical Center.

Western Conference of the American Lung Association, September 3-5, Olympic Hotel, Seattle, contact Washington Lung Association.

"Topics in Clinical Microbiology" September 8-10, University of Washington.

"Recent Advances in Infectious Diseases," September 10-12, University of Washington.

American College of Physicians Regional and Washington State Society of Internal Medicine, September 12-13, Olympic Hotel, Seattle.

North Pacific Pediatric Society Annual, September 14-17, Rosario Resort, Orcas Island.

"Liver and Cancer," September 15-16, University of Washington.



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WOMEN'S AUXILIARY PAGE

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Cookbook	Nancy Kennedy
Student Recognition	Florence Dean Carol Hazelrigg
Dinner-Dance	Alice Hilger
Blood Pressure Day	
Medical Directory	Betty Bahn
Health Education	Marge Ritche
Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

September Coffee

All members are invited to the home of Marie Henry on Friday, September 19 at 10 a.m. to welcome the new members. Come have coffee and refreshments and share your summer activities with new and old friends alike. It's a good way to get started with our Auxiliary activities. Marie's address is 7612 John Dower Rd. so she will have a sign out on the road telling you where to turn. Be looking for the sign and we hope to see you there!

New Arrivals?

If you know of any new physician families in the county, please give their names to Barbara Wong, our membership chairman so she can invite them to our September gathering. We don't want to miss anyone! Barbara's phone number is 564-2737.

Address Changes

Please give any address changes to Donna Prewitt so that the Auxiliary mailings can come to you. Her number is 564-9545.

**REMEMBER
THE BLOOD BANK**

**WASHINGTON STATE SICKLE CELL PROGRAM
TACOMA BRANCH 593-2896**

454 St. Helens Ave. Monday through Friday 8-5 p.m.

Coordinator: Mrs. Charmaine Archibald

HEMOGLOBINS	July 1975	Total 1975	Total since '72
AA (Normal)	253	2001	8551
Peculiar Findings	0	0	1
Persistence Fetal Hb.	0	0	4
TRAITS			
AS	18	66	
Blacks	18	66	348 345
Caucasians	0	0	3
AC	9	23	78
AG	0	0	1
AD	0	0	3
AE	2	2	2
Lapore	0	0	1
Beta-Thalassemia	3	6	24
Alpha-Thalassemia	0	1	1
DISEASES			
Sickle C	0	1	4
Sickle-Beta-Thalassemia	0	1	2
SS	0	1	1
TOTAL	285	2102	9020

Physicians who are participating in the Sickle Cell Program:

- | | |
|----------------------------|-----------------------------|
| 1.) George Tanbara, M.D. | 7.) Frederick Schwind, M.D. |
| 2.) Myron Bass, M.D. | 8.) George Kunz, M.D. |
| 3.) Charles Curl, M.D. | 9.) Gerhart Drucker, M.D. |
| 4.) David Sparling, M.D. | 10.) Richard Herd, M.D. |
| 5.) Ronald Gallucci, M.D. | 11.) Robert Munson, D.D.S. |
| 6.) Maurice Origenes, M.D. | 12.) Paul Elsberry, D.D.S. |

LEGISLATIVE AND NON-LEGISLATIVE RECOMMENDATIONS FOR SOLUTIONS TO THE GROWING PROFESSIONAL LIABILITY LITIGATION CRISIS are now being formulated by the WSMA Task Force on Professional Liability for presentation to the WSMA Board of Trustees, House of Delegates and special meeting on "The Professional Liability Problem" during the 1975 Annual WSMA Meeting, September 19-22, in Seattle.

The Task Force meets for a 7th time August 19, and will meet again September 8 and finalize its recommendations at a special weekend session September 13 and 14. The Task Force continues to meet with various individuals and organizations. Meetings are being scheduled with Blue Cross, organized labor, state insurance commissioner, Governor, Attorney General and consumer groups.

Over 3,000 physicians returned the recent WSMA malpractice questionnaire and the results of this survey are now being compiled and readied for the Task Force.

from the **Library Hot Line**



Marion Von Bruck, Librarian

For a medical librarian, after a while, medical terms tend to spill over into all kinds of observations. When driving a car, the panel instruments all of a sudden register as "vital signs"; everything that can possibly be construed as such becomes a "lesion"; and, considering age versus the collected points of life stress events, one is "functional."

Having finished an advanced class in Anatomy & Physiology, (whoever thought one would be dissecting a dead piglet etc.), the similarity of the conduction system of the heart and library services comes to mind. The stimulus *has* to come from the outside (the user). Once the impulse is initiated, the course over the AV node (Pacific Northwest Regional Health Sciences Library), to the Bundle of His (National Library of Medicine), through the purkinje fibers to the periphery (British Lending Library Division), becomes automatic. A proper working sequence rules out obstruction.

On the other side of this heart action is the human element — the librarians. What makes them tick? — A mixture of devotion to the field of medicine, compassion with the unseen entity — the sick patient — delight in working with such highly knowledgeable patrons, curiosity in what is around the corner.

The combination of efforts by these different components and unprejudiced library services to wherever the need is, makes for comments like the one by Dr. Liles, surveyor of the Joint Commission on Hospital Accreditation: "In all my

travels, I have only seen one library that could even come close to what you have at the Pierce County Medical Library, and that was in Nevada."

An article on the Pierce County Medical Library Consortium has been accepted for publication and will appear in the journal "Hospitals" in the near future. Librarians from California, Colorado, Illinois, Maryland, New Jersey, New York, Oklahoma, Texas, Washington, D.C., have requested reprints to use the information in forming consortia in their areas, and an invitation has been received to show the slide presentation depicting the national library network and this consortium in particular at the Pacific Northwest Regional Group meeting of the Medical Library Association in Victoria, B.C., come October.

Topping the news is the selection of the Pierce County Medical Library as one of three county libraries to receive special back-up services through the Health Sciences Library of the University of Washington in Seattle, funded by the Washington State Medical Society for its membership. This not only means quicker response to requests, but also free access to MEDLINE (Medlars-on-Line) literature searches by computers for one year, starting with August 18, 1975, thus avoiding the usual charge of \$15.00

In view of these triumphs, may we hand each of you that have steadfastly and enthusiastically supported our efforts from the nitty gritty to the heights of satisfaction, a rose out of this bouquet.

Pierce County Medical Library

Librarian: Ms. Marion von Bruck, Telephone: 572-5340
315 South K Street Tacoma, Washington 98405

STAFFED: Monday through Friday, 8:00 a.m. - 5:30 p.m.
(At other times available by request)

10 minutes ago everyone drank to Harry's health.



**Then gave him black coffee
so he could drive home.**

They thought it would sober him up. It's one of the myths about drinking and driving that most people live by—and some people die by. Like the myths that just a couple of drinks, a few beers or a little wine won't affect driving. That a cold shower will help.

Most people aren't alcoholics or problem drinkers. And they know better than to drive while drunk. Yet they *don't* know that safe driving ability is gone long before signs of intoxication appear.

Unfortunately, they often won't listen to family or friends, who may not have the facts in any case.

But they will listen to you—the health care professional. They respect you, your knowledge, your motives. You have the facts that can save lives. Information, not medication, will reduce the leading cause of death among high school students—traffic crashes. Information will equip adults who frequently are in situations where drinking is followed by driving, to help themselves and each other. But the information has to come from someone they'll believe—from you.

You can help educate the public you care for. We'll help you. For new literature on alcohol abuse and driving, write to: Drunk Driver, Dept. M.D., Box 2345, Rockville, MD 20852.

They'll listen to a pro.

U.S. DEPARTMENT OF TRANSPORTATION - NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION



FAMILY CLINIC— July 1975 (627-9182)
Monday Through Friday 10 to 5:30 1815 South J Street 98405
 Coordinator: Aaron Miller

	July 1975	Total 1975	Total Since Sept. 1973
PATIENT SERVICES			
Referred to Physicians	102	867	1961
Laboratory Services	255	1020	1888
X-ray Services	6	37	171
Prescription Services	80	449	828
Referred to Emergency Rooms	11	57	137
Hospitalized	0	1	7
Referred to Community Agencies	20	200	257
Seen by Physicians in Clinic	29	261	675
ETHNIC AND DEMOGRAPHICAL DISTRIBUTION			
Black	30	175	435
Caucasian	200	1022	2187
Asian-American	4	18	52
Native-American	5	42	98
Mexican-American	0	23	64
Model Cities Residents	46	273	935
Other	201	1072	2247
PARTICIPATING PHYSICIANS			
On Referral Basis to private			
physicians (Outside Clinic)	34	38	99
*Friday Evening Clinic Services	3	6	9
*Dr. H. Boyd			138
*Dr. T. Smith			155
*Dr. S. Whaley			88
*Dr. A. North			91
*Dr. G. Tanbara			35
*Dr. T. McDonnell			32
*Dr. G. Drucker			42
*Dr. D. Wilhyde			75
*Dr. A. Tsoi			6

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Brookside Mortuary	15
Allenmore Medical Center	16, 17
Mountain View	20
Alcohol Abuse	24
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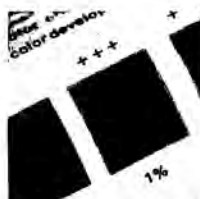
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Is your test really *handy* to handle?

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Can your test be used anywhere, anytime, without mess or mishaps?

Diastix can.



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Diastix is.



Can your test pass all these tests?

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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

Third Tuesday of each month

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 except June, July and August.

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month — 6:00 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

Fourth 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, Sept., Dec. — 7:30 p.m. Dinner—6:30 p.m.

TACOMA OB-GYN SOCIETY

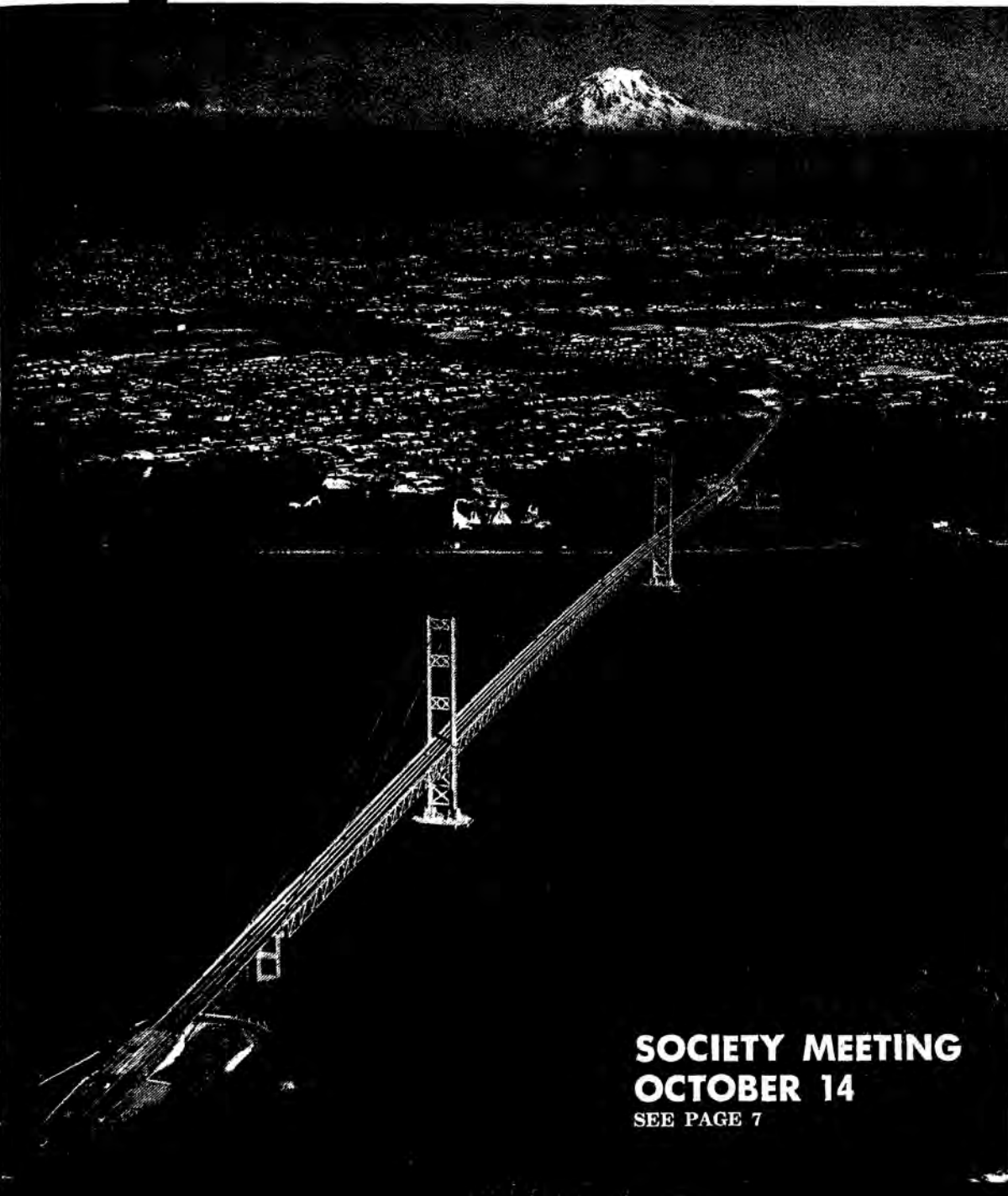
Third or fourth Tuesday of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN



**SOCIETY MEETING
OCTOBER 14**

SEE PAGE 7

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Pierce County Medical Society

1975

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The BULLETIN

of the
Pierce County Medical Society

Editor David S. Hopkins, M.D.
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Editorial Board W. Ben Blackett, M.D.
Stanley W. Tuell, M.D.

CONTENTS

President's Page	5
Meeting Announcement	7
WSMA Session	9
AAMA Meeting	9
Course for Medical Assistants	11
Physicians' Finances	13
WSMA Library	14
How to Use Library Service	14
Medical Assistant Certified	15
AAMA Insurance Seminar	15
The Ark Speaks	18
Women's Auxiliary	21
Volunteers Needed	22
Virgin Islands Conference	22
Orthopaedic Workshop	22
Eastside Health Clinic	24
In Memoriam	25
Allenmore Staff News	26
Freedom Train	26
Index to Advertisers	27

Front cover photograph courtesy of Washington State Highway Department.

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President's Page



James F. Early, M.D.

Having just returned from the House of Delegates' meetings of the Washington State Medical Society, certain observations would appear to be in order. Pierce County membership should feel confident that they were well represented with a full complement of delegates at all sessions, with alternates to spare.

This delegate was impressed with the availability of the democratic process to all those members and delegates who desired to utilize it. Pierce County should be especially proud of the performance of Dr. Stan Tuell, as Speaker of the House. Only those who have attended such sessions can appreciate his depth of knowledge of legislative process, his temperance and fairness in its delivery and the color and finality of his action. We are pleased that Stan received unanimous support and was reelected to his position for another term as Speaker of the House.

The reference committees, "where the work is done," were well attended and, as usual, a forum for debate.

The Malpractice Problem was foremost on the minds of most of those who attended. The Task Force Committee recommendations were accepted. As well, a special monetary assessment to the general membership at large will follow as a result of these actions. (See page 9 for details.)

Dr. Rheba deTornay, the Dean of School of Nursing of the University of

Washington, spoke briefly on her goals and her new position; having recently arrived from California to assume her duties. A great stimulus for her enthusiasm appeared to be the fact that the State Legislature had enacted one of the most liberal Nurse Practitioner Acts in the nation. Dr. J. Sammons, Executive Vice President of the AMA, encouraged unity among the physicians at this time.

Changes in by-laws and readings relative to changes in the constitution followed. These in essence represented in a collective sense a streamlining of legislative procedures, to be followed in the future; hopefully giving the association an increased responsibility to its needs and members. Professional Standards Review Organizations were again attacked in concept but survived to be continued in Washington in its current format of WSPRO.

The Joint Commission On Accreditation of Hospitals was in fact given a vote of confidence by the members. The opinion was expressed that if JCAH were to default in its performance, at least two other groups at the present time are very interested in performing its tenets; specifically, HEW and private insurance carriers.

The "Problem Doctor" received considerable discussion in reference committee, and monies were voted to finance further study of this problem in a non-punitive rehabilitative frame of reference.

A recommendation to allow optometrists the use of "pharmaceutical agents" for diagnostic purposes could not be resolved by the delegates and was referred to Executive Committee for study and recommendation. This latter debate illustrated two things to your President, which I felt were important. The first of these was the fact that no matter what the recommendation of the House of Delegates was regarding this matter, the

(continued on page 27)

**Bank
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Puget Sound National Bank
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Pierce County Medical Society Meeting

Tuesday, October 14

DINNER - TOP OF THE OCEAN

Topic:
1976 Elections Nominating Committee
1976 Medical Library Funding
By-Laws Amendments

Cocktails 6:30 Dinner 7:00 Program 8:00

DETACH AND RETURN FOR REGISTRATION

_____ Please reserve _____ dinner(s) for me. (Pay at door.)

_____ I regret I am unable to attend the dinner portion of the meeting
but will attend the program only at 8:00 p.m.

Please Print Name

“For when was honey ever made with one bee in the hive”

Thomas Hood, *The Last Man*



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doctors. We will continue to update you on the climate related to claims. We hope that every doctor will benefit from this information and that even more of you will discuss mutual problems with your local and state organizations.

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HIGHLIGHTS OF THE WSMA SESSION ON PROFESSIONAL LIABILITY

The House of Delegates adopted a 14-point legislative program on the professional liability problem. Over 500 physicians participated in the WSMA session on the professional liability problem the opening day of the WSMA Annual Meeting September 19 in Seattle. The Task Force, chaired by Alvin Thompson, M.D., of Seattle, included Pierce County representatives Drs. Ben Blackett, Robert Florence and Stan Tuell.

Task Force Legislative Recommendations adopted by the House of Delegates Monday morning included:

1. Establish by law, mandatory screening panels to review all cases of alleged physician negligence, followed, if necessary, by binding arbitration.

2. Set the statute of limitations for adults at two years from date of the alleged act; and minors two years from age six; exceptions in suits regarding foreign objects, fraud or concealment.

3. The doctrine of informed consent be measured by the standard of practice within the profession, and that the plaintiff have the burden of proof that such standard was violated.

4. The collateral source rule be altered so that in all lawsuits involving health professional negligence the plaintiff's public reimbursements shall be admissible as evidence to the jury.

5. Enact a sliding contingency fee system.

6. Compensation for medical injuries be structured under court supervision, especially in cases of permanent disability.

7. The doctrine of *res ipsa loquitur* be clarified.

8. In any suit involving negligence of a health professional and/or institution, the maximum limit of recovery be an aggregate of \$300,000.

9. The elimination of the *ad damnum* clause.

10. Hospitals, their administrative staffs and governing boards, be provided immunity from lawsuit when acting in good faith on recommended remedial actions of their peer review committees.

11. Insurance companies be required to report annually their professional liability insurance experience in a standardized, detailed manner to the Insurance Commissioner.

12. Advance payments made by health professionals, institutions, and/or insurance companies to an insured party not be an admission of guilt.

13. WSMA pursue adequate funding and staffing for the new Medical Disciplinary Board and Board of Medical Examiners Law.

14. No liability shall be imposed upon any provider of medical care on the basis of an alleged breach of any guarantee. The "ten point" non-legislative recommendations will be published in the next Medical Memo . . . Complete WSMA Task Force on Professional Liability report as adopted available to members upon request.

The Board of Trustees authorized an assessment of up to \$200 for implementation of legislative and non-legislative programs to solve the professional liability problem. A first phase billing of \$100 will be sent to all WSMA active members this month. The second phase billing will be later.

AAMA Meeting October 13, 1975

Pierce County Humane Society, Center and Cedar Streets.

Social: 7:00 p.m. Meeting: 7:15 p.m. - 8:15 p.m.

Maurice L. Origenes, M.D., will present his lecture on "Leukemia — progress and prognosis."

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Pierce County - King County Societies To Offer Course for Medical Assistants

One of the major problems in the physician's office today is the improper handling of telephone calls. For most patients the first contact with the medical practice is through the telephone. The medical assistant answering the call represents the practice.

The AMA has developed a telephone training program, "You, the Telephone Manager." Our Board of Trustees realized the value of this seminar and made arrangements with King County Medical Society to co-sponsor a presentation. It is hoped you will find this a valuable asset for your office staff and will send one or all to attend this workshop.

The course will be held at Sea-Tac Motor Inn.

"You, the Telephone Manager" workshop brings to the local medical assistant vital information concerning the "how to's" of telephone communication. Sessions include instruction on appointment scheduling; handling the irate patient;

collection techniques; emergency situations and other helpful hints for increasing the efficiency and effectiveness of telephone communications. The three-hour workshop for medical assistants will focus on telephone techniques and office management skills utilizing video tape and role playing case studies. The teaching sessions are moderated by AMA's communications specialist, Karen Zupko.

There will be a special guest speaker, who will discuss the malpractice situation and how it effects the medical assistant.

A choice of workshop sessions is available: Wednesday, October 22nd, 8:30 am to 1 pm or 12 pm to 4:30 pm. Also Thursday, October 23rd, 8:30 am to 1 pm or 12 pm to 4:30 pm. Both workshop sessions will meet together for lunch at 12 noon to 1 pm.

The number of participants is limited, therefore reservations will be accepted on the first come, first serve basis. Please fill out the registration form and mail to this office at your earliest convenience.

Registration Form

REGISTRATION FEE — \$15.00
(includes lunch and workshop materials)

The course will be held at Sea-Tac Motor Inn

Wednesday, October 22

Thursday, October 23

8:30 am - 1:00 pm _____

8:30 am - 1:00 pm _____

12:00 pm - 4:30 pm _____

12:00 pm - 4:30 pm _____

Physician Employer _____

Please make checks payable to Pierce County Medical Society

A man you and your money should get to know.

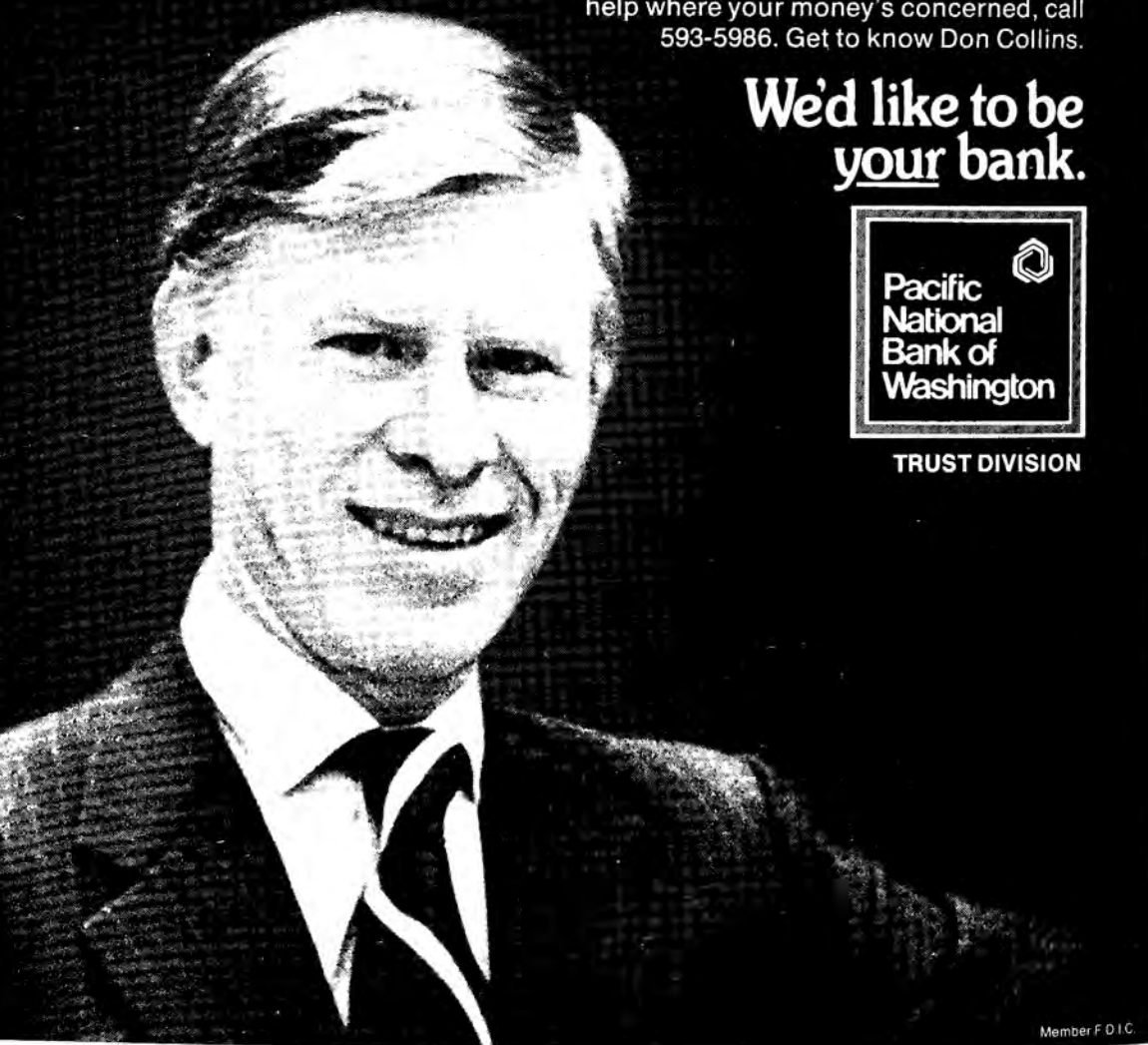
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financial plan for tomorrow.

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THURSDAY EVENINGS University of Puget Sound
Thompson Hall of Science
Room 326 —7:30 to 9:30 p.m.



1. *October 2, 1975*
TAX PLANNING AND INVESTMENT SHELTERS
How to choose and why:
Real estate, investment partnerships,
municipal bonds.
Douglas B. Nichols
Director
Financial Services
The Bache Co., Seattle
2. *October 9*
SHOULD I INCORPORATE OR FORM A PARTNERSHIP
Tax advantages.
George A. Klawitter
Attorney, Seattle
3. *October 16*
RETIREMENT PLANNING
Setting aside current income and assets
during peak years for more favorable tax
treatment.
Douglas B. Nichols

INSURANCE AWARENESS
Estate planning, key man insurance, split
dollar.
4. *October 23*
INVESTMENT MANAGERS
Why? What kind?
Corporation or individual?
Robert A. Lorentz
Trust Officer
Seafirst Investment Advisors
5. *October 30*
ESTATE PLANNING
Conserving and transferring your estate.
Creating shelters for current income.
Gifting, trusts and donations.
Barry E. Smith
Assistant to President, UPS
Arleigh T. Jones
Vice President, Seattle First
National Bank, Tacoma

*Physicians' spouses are welcome to register.

Registration fee — **\$60.00**

Pre-registration required

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Executive Director
756-3152

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Address _____

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University of Puget Sound
1500 North Warner
Tacoma, Washington 98416

WSMA Library Service

Full services of a large medical school library are now available to WSMA members under the terms of a one-year study sponsored by the WSMA's Continuing Medical Education Committee. Designed to serve all WSMA members regardless of location and to provide faster and more comprehensive service than has been available through the federally-funded back-up service of the Pacific Northwest Regional Health Sciences Library, the program started August 18, 1975.

The service will be evaluated by the

WSMA's Continuing Medical Education Committee throughout and at the conclusion of the first year. The objective of the study is to increase the total information resources readily available to the entire Association membership and to minimize isolation, delay and costs as barriers to medical information. Study recommendations will consider the relationship that should exist between various county society library services and the WSMA Library Service, and to what extent all WSMA members want to fund future Library Service through membership dues.

HOW TO USE THE WSMA LIBRARY SERVICE

The Association's medical librarian, Kay Denfeld, is located at the University of Washington Health Sciences Library. She can be reached by WSMA members by telephone via the toll free MEDCON phone line (1-800-562-7700) and by requesting the "WSMA Library Service." Hours are 8 to 5 Monday through Friday. Letters may be used as well by addressing Kay Denfeld, WSMA Library Service, Health Sciences Library, University of Washington, SB 55, Seattle, Washington 98195.

The following WSMA library services are quickly available without charge:

Answers to reference questions:

1. Manual literature searches and compilation of bibliographies and reading lists on biomedical subjects.

2. Computerized biomedical literature searches such as MEDLINE, which is a data base of approximately 2,000 biomedical journals of the last two years.

3. Searches of other data bases as needed; for example, TOXLINE (toxicity), CANCERLINE, and CATLINE (catalog).

When requesting clinical reference information, please furnish as much of the following as applicable:

1. Specific name of disease, organ, system, tissue, drug, etc.

2. The aspect(s) of the subject which

interest you (e.g. etiology, complications).

3. Age-range of subjects or patients.

4. A cut-off date for published literature (e.g. last two years).

5. Foreign languages in which articles will be acceptable, if any.

6. Any other limitations.

Whenever requesting any information, be as specific as possible.

Provision of photocopies articles identified in manual and computerized searches or specifically requested by citing author, title of article, journal title, volume number, paging and date, and where reference was found. An example of an article request is as follows:

Limas CJ, Freis WD: Minoxidil in severe hypertension with renal failure. *American Journal of Cardiology* 31:355-361, 1973.

Reference seen in *JAMA* 233:252, 1975

Specific book titles may also be requested by citing author, title, edition, publisher, year of publication and source. An example would be as follows:

Scherf D and Cohen J: The atrioventricular node. New York, Grune and Stratton, 1964.

Quoted in *Diseases of the Chest* 56: 356, 1969

Pages from books may be photocopied or the entire book may be mailed.

Monthly updating service to keep

abreast of the latest articles on one or more authors or subjects. SDILINE (Selective Dissemination of Information) is a monthly, continuing notification service, tailored to individual specifications, in which the latest MEDLINE indexing is automatically searched for the new items of individual interest. To utilize the service, a "profile" is worked out with the librarian using the same kind of information required for a reference or MEDLINE request.

Quick information is available for dates of conferences and meetings, professional society addresses, AMA Directory information, and other ready reference answers.

Before requesting services, or if in doubt about how to use the MEDLINE service, contact your PCMS Medical Librarian, Marion von Bruck (572-5340) for clarification.

Medical Assistant Certified Nationally

The Pierce County Medical Society congratulates Mrs. Jean Graves, Medical Secretarial Instructor/Coordinator at Fort Steilacoom Community College, who has achieved recognition as one of the first Certified Medical Assistants in Pierce County.

Nationally, once a year, the American Association of Medical Assistants offers a certification examination and specialty examinations for medical assistants. Mrs. Graves successfully passed the Certification and Administrative Specialty examinations this year.

Jean heads the two-year medical-secretarial curriculum at Fort Steilacoom Community College which prepares the student for a career as an Administrative Medical Assistant.

AAMA INSURANCE SEMINAR, OCT. 25, 1975

SHERWOOD INN

Do you ever have that sinking feeling when it comes time to fill out those D.L. & I. forms, the welfare forms that are fast approaching the 60-day limit, and still no coupon has arrived? Medicare-Medicare/PCMB billings, and just those different PCMB contracts?

FLASH! HELP IS ON THE WAY!

When: October 25, 1975, 8:00 to 5:00.

Where: Sherwood Inn, Guild Hall.

The American Association of Medical Assistants is sponsoring an Insurance Seminar that will include representatives of Pierce County Medical Bureau, the Department of Labor and Industries, the Department of Public Assistance, the Medicare Program and various private insurance companies. Watch for the registration forms that will be included with your PCMB billing for the month of October. Registration will be \$10.00 for the day, including your lunch, and since registration must be limited to 200 applications, be sure to be prompt.

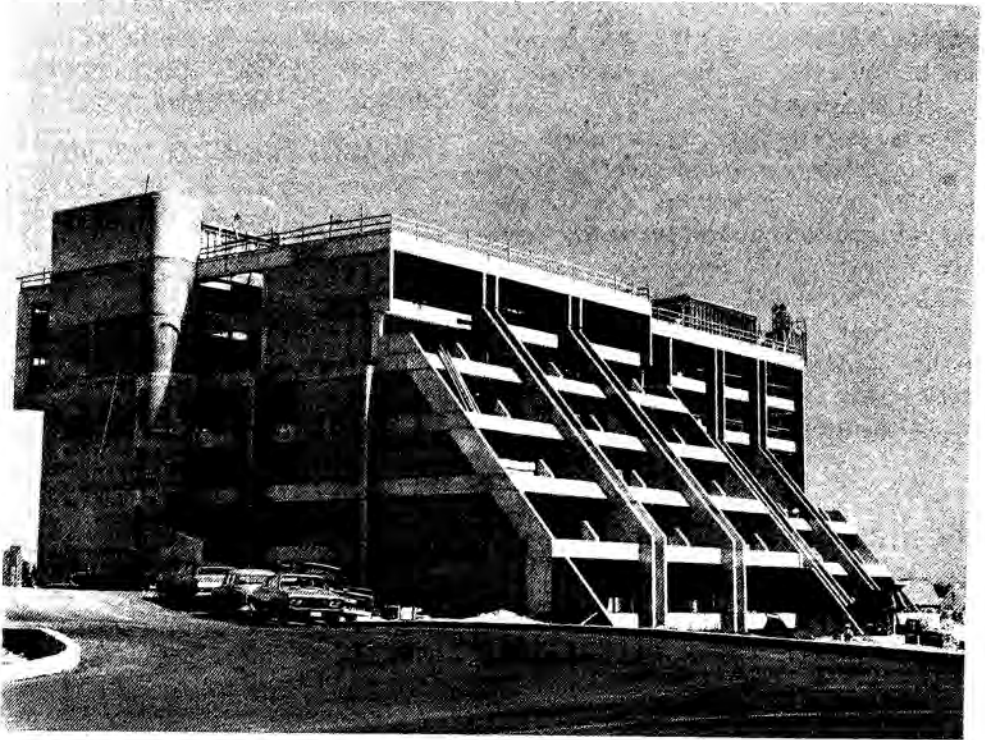
The morning session will present each of the public or group insurance representatives for an informative talk, then an hour and a half of panel plus moderator to answer all your questions — COME PREPARED. The afternoon will be devoted to examination of the many displays from the medical-technical distributors in this area, plus another session with the private insurance representatives — again question and answer. A door prize drawing will also be included in the afternoon. For those who have not preregistered, registration may be done from 8:00 to 9:00 AM. Do come!

Pierce County Medical Library

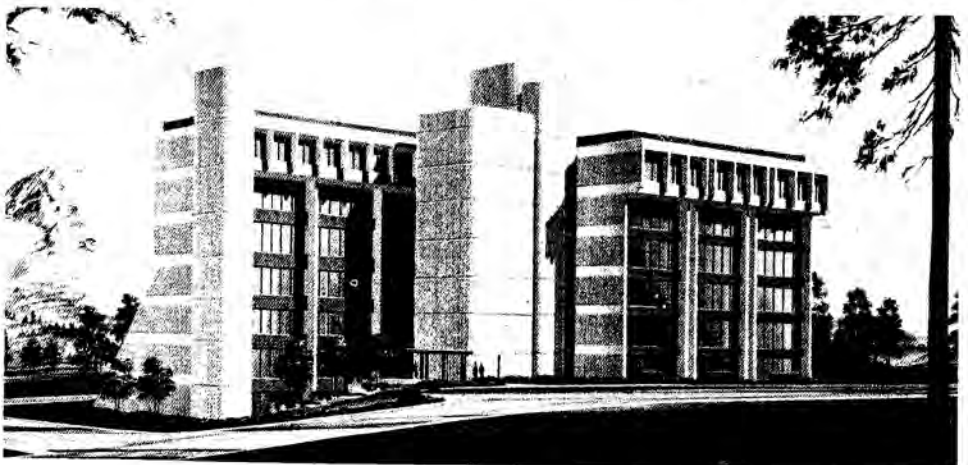
Librarian: Ms. Marion von Bruck, Telephone: 572-5340
315 South K Street Tacoma, Washington 98405

STAFFED: Monday through Friday, 8:00 a.m. - 5:30 p.m.
(At other times available by request)

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We would appreciate the opportunity of discussing with you in confidence the potential for satisfying your practice needs at Allenmore Medical Center.

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JOHN WOLFE, EXECUTIVE DIRECTOR
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759-7806

THE ARK

Speaks

THE MEDICINE MAN



C. H. SPINNING

Commencing January, 1882, it was required by law that all those practicing medicine in Washington Territory must register with the County authorities. The first physician to register in Pierce County was Doctor Charles Hadley Spinning, the legendary canoe and saddle doctor. He was never a member of the P.C.M.S., but his influence predicated the concept of the Society . . . to best serve the health needs of the County . . . for three decades prior to the Society's inception.

The life of C. H. Spinning typifies the winning-of-the-west style pioneer. He was born on the frontier, in Indiana, in 1821. He attended the common schools of that day, then went to the State University at Bloomington. He taught school for five years. When his young wife died in childbirth, the Hoosier schoolmaster

turned to the study of medicine and enrolled at the Cincinnati Eclectic Medical College.

In March of 1851 C. H. Spinning signed on with his brother Ben to captain a wagon train heading for Oregon Territory. They arrived at Oregon City in September 1851. There Spinning was married to a girl who had travelled west with them. He worked in a sawmill in Portland that first winter and when summer arrived he and his brother went north to settle on donation claims in the Chehalis valley. Each January the Chehalis river overflowed its banks, destroying the improvements they'd made on their land. During the Indian uprisings of 1855-56 the Spinnings joined the other settlers in the area in building Fort Claquato, and they all lived there until the uprisings were over. When peace was restored the Spinnings had had enough of hostile Indians and high water, and decided to locate elsewhere. In 1858 they settled in Pierce County and in 1860 Spinning filed on a pre-emption claim of 160 acres which is now part of Fern Hill in the city of Tacoma.

In 1853 when Isaac Stevens had arrived to assume his duties as first governor of Washington Territory, C. H. Spinning had been among the delegation of settlers to greet him. Spinning then served the first two terms in the new Territorial Legislature as a representative from Lewis County.

In 1862 the Puyallup Indian Agency was established to carry out the provisions of the Medicine Creek Treaties and Spinning was appointed the first physician to serve the Puyallup Agency. He continued in that capacity for ten years. Three reservations were included in this

Agency: the Puyallup, the Nisqually and the Squaxin. The Spinning family lived on the Puyallup Reservation just about where the Satiacum Smokeshop is located now. From here Doctor Spinning made his rounds attending the medical needs of the widely scattered population by horseback, canoe and rowboat.

At that time there was only one other physician in Pierce County . . . Doctor Wirtz at Fort Steilacoom, who limited his care to surgery within the confines of the Fort. Doctor Spinning was physician to the whole civilian population, Indians and settlers, of Pierce County, except for a few itinerant practioners passing through, for that decade.

Spinning spoke Chinook jargon fluently, the common language of the Northwest Indians, and contributed a great deal toward the acceptance on the part of the Indians of their reservation status. He incorporated many of the traditional

Indian medicines into his prescriptions, cultivating the wild herbs and roots on his farm and drying them in his attic.

His visits to the Squaxin Reservation on Squaxin Island, eight miles offshore from the Nisqually Reservation, he made year-round in any kind of weather by rowboat. For several years he was the only non-Indian to visit the Island.

One day in 1864 Doctor Spinning found a man out on the tideflats who was apparently in trouble. He was Jobb Carr, and he was ill with pneumonia. Doctor Spinning took him to his home on the Puyallup Reservation and nursed him back to health. After he had recovered, Carr told him that he was looking for a site for a sawmill. Spinning was familiar with all of the region and knew of just the place. They set out by canoe for the bay which the Indians called Ogeboulip, where the hills sloped down to the shore in a semi-circle ringed by huge stands of timber. The site suited



THE SPINNING FAMILY, TACOMA 1885

Carr perfectly . . . he took the claim and built the first house in what is now Tacoma.

In 1868 General McCarver came from Portland for the purpose of 'establishing a city on Puget's Sound.' His first stop was at the Agency headquarters on the Puyallup Reservation where he spent the night at Spinning's home. The following day Doctor Spinning took McCarver by canoe to the same shore and the General bought Carr's claim, platted it and built his city there.

In 1872 Doctor Spinning left the Reservation and devoted his time to the several farms he had acquired in the County. He continued to practice medicine and to farm, while moving from one locality to another in Pierce County, until his eighty-ninth year. In 1911, at the age of ninety, Doctor Spinning died at the home of his daughter in Prosser.

Only twice did the lure of the city cause Spinning to leave the open space behind. In 1874 he bought Judge White's mansion in Old Tacoma and they lived there three years. Again in 1885, when the Annie Wright Seminary opened in Tacoma the Spinnings returned to town so that their two daughters could attend this fine school. While here, one of the daughters became ill with appendicitis and, in spite of the Doctor's loving and anxious care with his herbs and poultices, she died.

Doctor Spinning was not a surgeon, and was opposed to the letting of blood, as practiced by the allopathic physicians of that day. He practiced a kind of naturopathy, using natural remedies and herbs. In fact he was a doctor by political appointment only, having left with the wagon train for Oregon four months short of graduation from Cincinnati Eclectic Medical College.

Early in 1890 the Legislature of the State of Washington enacted a law requiring all those practicing medicine in the State to be licensed by the State Medical Examining Board. Doctor Spinning, now in his seventies, continued to

deliver babies and prescribe medicine undaunted, without submitting to examination by the State Board. He was an Institution by then, much loved by the community and honored . . . even by many of the doctors.

As frontier doctor his training and his inclinations were well suited to the profession. He practiced the healing arts as adapted to the lives of the settlers and Indians he cared for, long before the hospital structures appeared and before the structure of the Medical Society. As the frontier disappeared he continued to tend his garden of herbs, drying them in his attic — and, crossing the countryside by horse and buggy now, ministered his healing art.

The P.C.M.S., in a gallant gesture of professional courtesy, overlooked Doctor Spinning's activities as they scoured Pierce County searching out and prosecuting all those 'irregular and illegal' practitioners within the area.

In November 1889 Doctor Wintermute, watchful chairman of the P.C.M.S. Board of Censors, had harshly rebuked Doctor Charles McCutcheon for his 'unprofessional conduct in consulting with a person notoriously unqualified for the practice of medicine'. The genial Doctor McCutcheon, superintendent of Fannie Paddock Hospital, had probably deferred to Doctor Spinning out of kindness and out for respect for the old gentleman's heroic past. Wintermute didn't press his charges at the following meetings, but it was noted by the secretary-treasurer that the former president, H. C. Bostwick, was in arrears, never having paid his initiation fee to the P.C.M.S. nor any of the amount of dues owed by him during his membership. — Mavis Kallsen, Curator, P.C.M.S. Archives

We wish to thank Charles Hadley Gloyd, grandson of Doctor Spinning, for the personal history of C. H. Spinning, and the Historical Society library for access to microfilmed documents of the Bureau of Indian Affairs.

WOMEN'S AUXILIARY PAGE

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Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

Newsletter

By now you should have received your first Auxiliary Newsletter. Once again this letter will be sent to all wives of Pierce County Medical Society members until the end of this year, but beginning in January, it will only be sent to Auxiliary members who have paid their dues. If you didn't get one, or if there is an address correction needed, please notify Donna Prewitt.

Bulletin — October, 1975

Dues

Once again it's time to send in your dues. Mail a check for \$15 to Mrs. W. Ben Blackett, 4366 No. Lexington, Tacoma, 98407 or bring your money to the October meeting. Membership books will be mailed to you or can be picked up at the October meeting when the dues are paid.

October Luncheon Meeting

The first luncheon of our '75-'76 year will be held at the home of Mrs. Clarence Anderson on Friday, October 17th at 11:30 a.m., the time of all our luncheon meetings. The address of the Andersons is 52 Jackson Street in Steilacoom and directions can be obtained from the telephone committee when they take your reservation. The speaker at this meeting will be Joseph Quilic from the City Planning Department who will speak on the subject of "The Future Urban Planning Role for Tacoma."

AMA - ERF

It is again time for the Pierce County Auxiliary members to seek your support of our Christmas card project which provides funds for the American Medical Association Education and Research Foundation. AMA - ERF provides financial aid to medical students and also supports scientific and medical research for improved public health.

Each year, with the approval of the Pierce County Medical Society, the Women's Auxiliary prepares and mails a Christmas card to each physician in Pierce County. This is done in lieu of sending individual Christmas cards to your physician friends and colleagues, while aiding AMA - ERF with your contribution. Your full contribution goes to AMA - ERF; all expenses are paid by

the Pierce County Auxiliary.

If you desire your contribution be given to a specific school, you may indicate that on your check. Records of contributions are kept only for accounting purposes and are strictly confidential. Your contribution is needed before November 15th to insure a complete list of donors on the card.

So we ask you to please make your tax deductible check to AMA-ERF, Pierce County Women's Auxiliary and mail before November 15th to: Mrs. G. L. Roller, 4623 No. Frace, Tacoma, WA. 98407.

New Arrivals

The thirty-five new auxiliary wives in Pierce County were invited to the welcoming coffee party at the home of Mrs. Melvin Henry. There was a large turnout of new and "old" people and we hope to continue to have so many come to our activities. It makes them more fun and worthwhile when we have big gatherings so let's show our new people that the Pierce County Auxiliary is an active, friendly group.

Volunteers Needed!

The Handicapped Swim Program can use your help every Monday when school is in session. Can you spare two hours? 9:30 to 11:30 or 12-2. A free babysitter is available, parking is free, and there is on-the-job training. Call Helen Whitney for details.

Virgin Islands Clinical Conference

The First Mid-Winter Virgin Islands Clinical Conference will be held in St. Thomas, January 29, 30, 31, 1976 by the U.S. Virgin Islands Medical Society in association with the Faculty of the University of Pennsylvania School of Medicine.

This program is acceptable for 14 credit hours in Category 1 for the Physician's Recognition Award of the A.M.A., and will include lectures and seminars of interest to the physician in General Practice, Internal Medicine, General Surgery and OB-Gyn.

For further information, write AIR-MAIL to: Harold A. Hanno, M.D., F.A.C.P., Secretary, U.S. Virgin Islands Medical Society, Box 1442, St. Thomas, Virgin Islands 00801.

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Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Indications: *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema, edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect.

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. 'Dyazide' interferes with fluorescent measurement of quinidine.

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. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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In Memoriam



WALLACE PERLE HOYT, M.D.
1917 - 1975



Wallace Perle Hoyt (Bud) was born in New Brunswick, Canada on August 6, 1917. He was brought to the Puyallup Valley as a child, where he spent the remainder of his life. Educated in local schools, he was active in sports. He attended Whitman College, Washington State University, eventually attaining his medical degree in 1943 at the University of Oregon Medical School. His internship at King County Hospital in Seattle was completed in time to enter the U.S. Army in World War II. A battalion surgeon with an infantry division, he was awarded the Silver Star.

After the war he returned to enter the large general practice of Dr. Charles Aylen. Upon the latter's retirement, he soon had the heavy burdens of a small town medical practice.

Many of his patients were his long-time friends and he gave freely of himself, often depriving his own family of his presence. Bud was not one to attend many medical meetings but his interest remained and his good judgment and easy grasp of medical matters prevailed.

Illness made the last years difficult; however, Bud continued the practice of medicine and did his work well.

Bud Hoyt's patients, friends, and fellow practitioners will miss him.

Hospital Staff News

ALLENMORE

Specialists from Los Angeles, Seattle and Tacoma will lecture at Allenmore Hospital's first annual symposium on Oct. 31 and Nov. 1.

Dr. Lloyd Elmer, chief of staff, and Owen Shaffner, administrator, have announced plans for a continuing medical education program, which will begin with the fall symposium. Lectures will be held at Sherwood Inn.

"Expansion of our hospital facilities enables us to offer this new program," said Mr. Shaffner. "We have designed the symposium to benefit the local medical community, and we welcome your participation."

Dr. Howard Bierman, director of the Institute for Cancer and Blood Research at Beverly Hills, will discuss predictive oncology. A second lecture will discuss carcinoma of the lung with reference to heavy metals. Dr. Bierman is chief consultant in hematology and oncology at White Memorial Hospital in Los Angeles.

Another Los Angeles specialist, Dr. John Byron Field, will discuss management of advanced breast cancer and chemotherapy in inoperable carcinoma as related to gastroenterology. Dr. Field is director of the Western Foundation for Cancer Research at Los Angeles.

Participants from Seattle will include Dr. Richard F. Jones, Dr. L. Frederick Fenster and Dr. Glenn Warner. All are members of the University of Washington Medical School faculty.

Dr. Jones will discuss surgical approaches to melanoma and modern concepts in management of cutaneous malignancies. Dr. Warner's topic is "Is There a Place for Immunotherapy in Treatment of Malignant Diseases?" Dr. Fenster will discuss clinical spectrum of viral hepa-

titis and drugs and liver diseases.

Dr. Warner is staff physician of the biliary disorders at the Virginia Mason tumor institute at Swedish Hospital in Seattle. Dr. Fenster is head of hepato-Clinic.

Dr. Joseph Gale Katterhagen of Allenmore Medical Center will discuss adjuvant therapy in carcinoma of the breast. Dr. Vernon O. Larson, therapeutic radiologist at Allenmore Hospital, will outline the past, present and future of radiation therapy.

Pre-registration forms for the clinic will be mailed to physicians in south King County, Pierce, Thurston, Grays Harbor and Kitsap counties. Chairman of Allenmore Hospital's program for continuing medical education is Dr. Richard Baerg.

On Freedom Train

Two selections loaned from the AMA's Nathaniel Chapman Museum are aboard the American Freedom Train during its 28-month bicentennial tour around the United States. An 1890s physician's office surgical kit containing instruments used by an MD in simple office or house call procedures, and a modern Apollo Command Module medical kit containing medications and supplies that might be needed on a space flight are the two selections. The AMA items, which were selected by the American Freedom Train Foundation, are in car six.

**REMEMBER THE
BLOOD BANK**

President Page (cont.)

final action as to whether such agents would or would not be allowed, would in fact be resolved in the Washington State Legislature, so the Washington State Medical Association recommendation is essential to any final action. The second observation relevant to this debate, was that the issue at hand was debated primarily between primary care provider and ophthalmologist. There appeared to be considerable disagreement, expressed between these two groups.

Finally, it should be noted that representation to the AMA from the State of Washington was altered by election of delegates to that organization. In essence, Spokane acquired a delegate, Dr. J. Thomas Rulon, as did the Vancouver area, with Dr. H. Paul Dygert. In an extremely close vote, the Bremerton area lost its able leader's services as a delegate to the AMA, when Dr. Charles D. Muller was defeated. Dr. Alvin Thompson (Seattle) withdrew his nomination prior to vote.

Subsequent to well-earned commendations being expressed to Dr. Logan, retiring President, and Dr. Wallen, retiring Secretary-Treasurer, the latter for years of dedicated service; Dr. William O. Robertson of Seattle assumed his office of Presidency for a term which would appear to have geometric progression of problems ahead.

LIST OF ADVERTISERS

Aetna	8
Allenmore Medical Center	16, 17
Brookside Mortuary	2
Buckley-King Mortuary	2
Dyazide	2
Lilly and Company	24
Mountain View	17
Pacific National Bank	12
Prescription Optical	2
Puget Sound Collections	9
Puget Sound National Bank	6
Total Communications	4
Saffola	10
Yellow Ambulance	28



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PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

VOL. XLVI, NO. 10 TACOMA, WASHINGTON NOVEMBER, 1975



**SOCIETY MEETING
NOVEMBER 11**

SEE PAGE 7

**NEW ARTICLES OF
INCORPORATION**

SEE PAGE-9

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1975

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The BULLETIN

of the
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CONTENTS

	Page
President's Page	5
Meeting Announcement	7
Ski School for Amputees	5
New Articles of Incorporation	9-16
(Removable section)	
Immigration Level	17
Sickle Cell Report	17
The Ark Speaks	20-22
Women's Auxiliary	25
How To Use Library Service	26
Family Clinic Report	30
AMA Reinsurance	31
List of Advertisers	31

The cover photo — "Doctor Charles McCutcheon entertains members of the Washington State Medical Association and their wives at his home in Steilacoom, September, 1897."

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President's Page



James F. Early, M.D.

I am sure that all of us are aware that the Tacoma YMCA is on the brink of development of a new site and physical facility to better serve the needs of Pierce County.

I recently had the good fortune of meeting with John Morgan, General Director of the Tacoma YMCA relative to the medical aspects of the YMCA Program locally. In our discussion it became apparent that the medical community at large may not be aware of the services which the YMCA currently provides; both to the medical community and its patients. There are many physicians who currently use "The Y" for personal development, primarily of a physical fitness nature. The Indian Guide and Princess programs without doubt have been a personal benefit to many physicians' families. Camp Seymour, with its forested setting on Puget Sound, has been the site of pleasant experiences for many of our children, contributing to their growth and development, and as well a respite for some of us physicians, from the daily duties of our medical practices. Although these benefits to us are personal, in a much wider sense, "The Y" contributes in the medical area to the benefit of the community. The physical, industrial, and occupational, rehabilitation programs to the handicapped provide an immense service to our patients. The cardiopulmonary rehabilitation exercise program, with

physician in attendance, and the physical rehabilitation services, supervised by local physicians, are utilized extensively.

The medical community of Pierce County should be justly proud of its volunteer participation in the Y Program. Those volunteers who have experienced the physical fatigue of carrying crippled children with various handicaps and who have patiently dressed and undressed them in preparation for their pool treatments, will be thrilled to see the plans of the future "Y". Ground level access to pool will facilitate this matter greatly. It is of great interest to note as well that the future plans include space, for better physician participation in the program. At present this includes primarily space for a psychiatrist, and for the physicians who attend the cardiopulmonary exercise activities.

The YMCA deserves the continued interest and support of the medical community. It is in fact, truly a "multi-service human care delivery system."

Jaycee's Offer Ski School for Amputees

The Jaycee Seattle Community Ski School is one of the most successful continuing ski instruction programs in the Northwest. Organized by the Seattle Junior Chamber of Commerce in 1965, it continues under the professional supervision of Jim Webb and his skilled team of instructors and coordinators. The 11th annual edition for 1975-76, promises more fun, thrills and values than ever before. Two 6-week sessions are offered this year.

Special instruction is available at no extra charge for one-legged skiers. Basic and advanced classes, plus required special equipment arranged.

For further information, have your patients call (Tacoma) 383-1644.

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Pierce County Medical Society Meeting

Tuesday, November 11

DINNER—SHERWOOD INN

Topic:

**1976 Nominating Committee Report
Proposed Articles of Incorporation**

Cocktails 6:30 Dinner 7:00 Program 8:00

DETACH AND RETURN FOR REGISTRATION

_____ Please reserve _____ dinner(s) for me @ \$5.50 each
(Includes Tax & Gratuity)

Enclosed is my check in the amount of \$_____
(Make checks payable to the Pierce County Medical Society)

_____ I regret I am unable to attend the dinner portion of the meeting
but will attend the program only at 8:00 p.m.

Please Print Name

“For when was honey ever made with one bee in the hive”

Thomas Hood, *The Last Man*



Cooperation has been the success ingredient in Aetna Life & Casualty's relationship with your medical association.

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Like the doctors who are already involved in these programs, we feel that what is good for the medical profession is also good for the individual doctor. And Aetna will work with you to make it happen.



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The following proposed Articles of Incorporation have been prepared by legal counsel and approved by the Society Executive Committee. During the meeting of the general membership on Tuesday, November 11, 1975 at the Sherwood Inn, these Articles will be discussed and voted upon. Any member wishing to express an opinion concerning these Articles should plan to be present during the discussion.

ARTICLES OF INCORPORATION OF THE PIERCE COUNTY MEDICAL SOCIETY

KNOW ALL MEN BY THESE PRESENTS: That _____

_____ and _____,
being over the age of majority, and for the purpose of forming a corporation under the Washington Nonprofit Corporation Act, hereby certify and adopt, in triplicate, the following Articles of Incorporation:

ARTICLE I NAME

The name of this corporation shall be THE PIERCE COUNTY MEDICAL SOCIETY.

ARTICLE II DURATION

The duration of the corporation shall be perpetual.

ARTICLE III OBJECTS

The purposes and objects of this corporation are as follows:

1. To promote art, science and delivery of medicine and the betterment of health and medical welfare.
2. To unite with the other County Medical Societies of the State of Washington to form the Washington State Medical Association and to function as a component unit thereof.
3. To secure the enactment of just legislation pertaining to medicine.

In furtherance of its objects, the Society shall have the right and power:

1. To own and hold real and personal property and to lease, purchase, receive or in any way acquire such property or any interest therein.
2. To sell, mortgage, lease, hypothecate or transfer any interest in said property.
3. To have a Corporate Seal and to alter or change same.
4. To publish a magazine and/or newsletter for information and continuing education of the membership.
5. To do any lawful act permitted by the laws regulating the formation and conduct of such a Society.

ARTICLE IV
REGISTERED AGENT

The location and post office address of the registered office of the corporation in this State shall be 813 South K Street, Suite 200, Tacoma, WA 98405.

The registered agent of the corporation shall be _____,
_____, whose business address is _____

ARTICLE V
TRUSTEES

1. The number of trustees of the corporation shall be fixed as provided in the Bylaws, and may be changed from time to time by amending the Bylaws as therein provided, but the number of trustees shall be not less than three (3).

2. In furtherance of and not in limitation of the powers conferred by the laws of the State of Washington, the Board of Trustees is expressly authorized to make, alter and repeal the Bylaws of the corporation, subject to the power of the members of the corporation to change or repeal such Bylaws.

3. The corporation may enter into contracts and otherwise transact business as vendor, purchaser, or otherwise, with its trustees, officers and members and with corporations, associations, firms and entities in which they are or may be or become interested as directors, officers, members or otherwise, as freely as though such adverse interests did not exist, even though the vote, action or presence of such trustee, officer or member may be necessary to obligate the corporation upon such contracts or transactions; and, in the absence of fraud, no such contract or transaction shall be avoided and no such trustee, officer or member shall be held liable to account to the corporation by reason of such adverse interests or by reason of any fiduciary relationship to the corporation arising out of such office or membership for any profit or benefit realized by him through any such contract or transaction; provided, that in the case of trustees and officers of the corporation (but not in the case of members who are not trustees or officers) the nature of the interest of such director or officer, though not necessarily the details or extent thereof, be disclosed or known to the Board of Trustees of the corporation, at the meeting thereof at which such contract or transaction is authorized or confirmed. A general notice that a trustee or officer of the corporation is interested in any corporation, association, firm or entity shall be sufficient disclosure as to such trustee or officer with respect to all contracts and transactions with that corporation, association, firm or entity.

4. The trustees shall not loan the corporations's money to any trustee or member.

5. Any contract, transaction or act of the corporation or of the trustees or of any of the corporation which shall be ratified by a majority of a quorum of the members of the corporation at any annual meeting or any special meeting called for such purpose, shall, insofar as permitted by law, be as valid and as binding as though ratified by every member of the corporation.

6. The first trustees of this corporation shall be _____ in number and their post office addresses are as follows:

The term of the first trustees shall be until the first annual meeting of the members of the company to be held on the _____ day of _____, _____, and until their successors are elected and have qualified.

ARTICLE VI INCORPORATORS

The names and addresses of the incorporators are as follows:

ARTICLE VII MEMBERSHIP

Membership in The Pierce County Medical Society shall consist of physicians as hereinafter defined and be composed of the following categories: active, provisional, associate, honorary and inactive.

Active Membership. A physician to be eligible for or continue in the category of active membership must:

1. Be a citizen of the United States or have filed a declaration of intent;
2. Possess the degree of Doctor of Medicine or Doctor of Osteopathic Medicine from a teaching institution approved by the American Medical Association;
3. Be of good moral character and abide by the Principles of Ethics of the American Medical Association;
4. Maintain membership in the Washington State Medical Association;
5. Hold a current valid license to practice medicine and surgery or osteopathic medicine and surgery issued by the State of Washington;
6. Maintain a practice in Pierce County or in a contiguous or neighboring county if it be more convenient to attend the meetings of the Pierce County Medical Society and if the Society in whose jurisdiction he may be consents to an affiliation with the Pierce County Medical Society, or be an accredited transfer from another component county medical society of the Washington State Medical Association;
7. Not support, practice, or claim to practice sectarian medicine.

Provisional Membership. All newly elected members of the society, or those transferring from other component county medical societies, shall remain in provisional status for a period of one (1) year, at the end of which time, at the discretion of the Board of Trustees of the society, they shall be transferred to active membership, provided that the criteria for active membership are satisfied. Provisional membership shall not remain in effect for more than one year without due and full explanation for such continuance to the member. Provisional membership does not entitle the member to vote or hold office, but does require payment of dues and assessments as prescribed for active members.

Associate Membership. An associate member is a physician who: possesses all qualification for active membership except for 4, 5 and 6 above, as stated under active membership. Associate membership is intended primar-

ily for those physicians in the community in the Armed Forces, Veterans Administration, teaching institutions, administration, or otherwise not engaged in private practice. Associate members shall not have the right to vote or hold office but shall be entitled to all other benefits of active or provisional membership. The dues for associate members shall be on a prorated or reduced basis; the amount of which shall be established annually by the Board of Trustees.

Honorary Membership. To be eligible as an honorary member one must have been an active member of one or more constituent societies of the American Medical Association for five (5) or more years, and has retired from active practice for cause approved by the Pierce County Medical Society. For the purposes of this section, active practice means any medical practice for which financial remuneration is received. Honorary status under this section shall revert to active status if such member thereafter returns to active practice.

Inactive Membership. A previously active member in good standing in the society who leaves the community temporarily for reasons of military service, bona fide residency training of at least six (6) months or more, practice in a remote locality, or for any other reason approved by the society, may be granted inactive membership. No dues shall be required of inactive members, nor shall they have the right to vote or hold office. Reinstatement of an inactive member to active status shall be accomplished by written petition to the Board of Trustees of the society, and shall be granted provided that the member still fulfills all criteria for active membership.

Duties and Rights of Members. It is mandatory that the members of the Pierce County Medical Society, other than associate members, maintain membership in the Washington State Medical Association. The right to vote or to hold office shall be limited to active and honorary members.

Standards of Qualification. The Society shall be the sole judge of the moral, ethical and professional qualifications requisite to, or continuation in, any class of membership in the society.

Definition of Terms:

1. Physician: one who holds an acceptable degree of Doctor of Medicine or Doctor of Osteopathy.
2. Practice: for the purposes of these Articles the term "practice" shall not be limited to the practice of medicine as defined by law, but shall be interpreted broadly to include physicians in medical residency or in such means of livelihood as Industrial Medicine, Public Health, Medical Teaching or Research, Medical Administration or medical duties in a public institution.

ARTICLE VIII OFFICERS AND DELEGATES

Officers. The officers of this Society shall be the President, President-Elect, Vice-President, Secretary-Treasurer, Immediate Past-President and seven Trustees.

Election and Tenure. The voting members of the society at the annual meeting of the society shall elect, by such methods or procedures as the Bylaws may provide, the following officers to serve a one-year term: President-Elect, Vice-President, and Secretary-Treasurer. Each of these officers shall assume office at the close of the annual meeting at which they were elected, and shall hold office until the corresponding period one year hence, or until his successor assumes office.

The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office, at which time he shall

automatically become President, and shall serve as President until the corresponding period one year later, or until his successor assumes office.

The society shall also elect seven Trustees, each of whom shall serve a two-year term. Four Trustees shall be elected alternate years, and three the other years.

Delegates. The President, Vice-President, President-Elect, Secretary-Treasurer, Immediate Past President and the appropriate number of Trustees starting with those with the highest number of votes electing them to office, shall also serve as Delegates from this society to the Annual Meeting of the Washington State Medical Association.

The remainder of the Trustees shall be Alternate Delegates, with any necessary additional alternates to be appointed from the active or honorary membership by the Board of Trustees.

Vacancies — How Filled. If before the expiration of the term for which he was elected the President or President-Elect dies, resigns, is removed, or becomes disabled or disqualified, the Vice-President shall succeed to the office vacated, with all prerogatives and duties pertaining to that office as though he had been elected President-Elect in the first instance.

Vacancies created by the death, illness, resignation, removal or disqualification of other officers, and vacancies in contingencies not herein provided for, shall be filled, if the Board of Trustees deems it advisable, by appointment by the Board of Trustees until the next regular meeting of the society, at which time in any event, the voting members of the society shall elect one of its active or honorary members for the unexpired portion of the term.

Qualifications of Officers. Only such persons as have been active or honorary members in good standing for at least five years immediately preceding the election are eligible for election to office in this society.

ARTICLE IX LEGISLATIVE POWERS

Subject only to the paramount authority of the Washington State Medical Association and the laws of the State of Washington all legislative powers of the society, including the power to alter, amend or repeal these Articles of Incorporation, are vested in, and shall reside in, the voting members of this society, who alone shall have the power and authority to determine the policies of the Society except as provided in Article X—General Powers of the Board of Trustees.

ARTICLE X BOARD OF TRUSTEES

Composition. The Board of Trustees shall consist of the President, President-Elect, Vice-President, Immediate Past President, Secretary-Treasurer, and seven Trustees.

General Powers. The Board of Trustees shall carry out the mandates and policies of the society as determined by the voting members or by the Washington State Medical Association.

Subject only to (1) the provisions of these Articles of Incorporation and Bylaws, (2) all resolutions and enactments of the voting members, and (3) the paramount authority of the Washington State Medical Association. The Board of Trustees has full and complete power and authority to perform all acts and to transact business for or on behalf of the society and

to manage and conduct all the property, affairs, work and activities of the society.

It shall have supervision and control of the finances of the society and investment of its funds and shall perform such other duties and exercise such other rights as may be set forth in the Bylaws or as are prescribed by the laws of the State of Washington relating to the directors of such organizations.

Subject to the approval of the society as to selection, the Board of Trustees shall have the power to employ an executive director, whose duties shall be to assist the officers of the society in their official duties, and otherwise as may be directed by the Board of Trustees.

The Trustees shall employ an auditor who shall make a careful examination of the society's finances, and make a report annually.

Meeting. The Board of Trustees shall meet at least nine (9) times each calendar year at a time and place as may be designated by the president. During the months of June, July, and August, depending upon the business commitments of the society, the Board may choose not to meet, but shall be subject to the call of the president if he deems a general meeting necessary for the conduct of the society's affairs.

The President shall call a meeting of the Trustees upon the written request of four or more members of the Board of Trustees, and in the event of his failure to call such meeting within a reasonable period of time in accordance with the terms of the written request, the four or more members requesting the meeting may themselves call a meeting of the Trustees.

A simple majority of the Board of Trustees shall constitute a quorum for the transaction of business.

ARTICLE XI FINANCES

Raising of Funds. Funds for the conduct of the affairs of the Society may be raised by (1) such annual dues from and such special assessments on members of the society which may from time to time be determined by the Board of Trustees, (2) voluntary contributions, devises, bequests, and other gifts, and (3) any other manner determined by the society or its elected officers.

Appropriations. Society funds may be appropriated only for such purposes as will permit the proper conduct of the activities of the society and will tend toward the attainment of its objectives.

An annual budget shall be prepared by the Secretary-Treasurer or his designate, and be approved by the Board of Trustees at the beginning of the fiscal year.

No money shall be spent that was not budgeted, and the budget may not be exceeded except by a majority vote of the Board of Trustees.

Fiscal Year. The fiscal year of this Society is from January 1st to December 31, inclusive.

ARTICLE XII DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in the Bylaws, a member may be expelled, suspended, admonished, or otherwise disciplined, provided that a copy of the charges preferred against him is served on him.

He will be given at least ten (10) days to prepare his defense, to present witnesses and other evidence on his behalf, and to cross examine witnesses and to rebut evidence presented to sustain the charges.

A member against whom disciplinary action has been voted by the society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the society shall remain in full force and effect during the pendency of such appeal or appeals.

A member in arrears with respect to dues shall be automatically suspended or expelled under the provisions of the Bylaws. A member shall be considered in arrears with respect to dues if full payment has not been received by the first day of April in each fiscal year.

ARTICLE XIII ETHICS

The principles of Medical Ethics of the American Medical Association in force at the time of the adoption of these Articles of Incorporation, and as they may from time to time thereafter be amended by the American Medical Association, are the Principles of Medical Ethics of this society and are binding upon its members.

ARTICLE XIV FORM OF ORGANIZATION

This society is a corporation not for pecuniary profit incorporated under the laws of the State of Washington and specifically under provisions of RCW 24.03. If in the future the voting members of the society deem the course advisable, the society may have its corporate status dissolved, and may function as an unincorporated association or under such other forms of organization as it deems best. Every member of this society at the time of the adoption of these Articles of Incorporation by retaining membership herein, and every member admitted in the future by applying for such membership, intends that his rights and duties as a member of this society shall be determined and governed by the provisions of these Articles of Incorporation and Bylaws. If this is held to be in conflict with, contrary to, or beyond the powers conferred by the Articles of Incorporation or other integral part of the so-called charter of the corporation, if necessary to attain the end and effectuate the intent expressed in the preceding sentence, the corporate status of this society may be dissolved.

ARTICLE XV AMENDMENTS

These Articles of Incorporation may be amended in whole or in part by mailed written ballot of all voting members provided that (1) two-thirds of the ballots returned to the Secretary-Treasurer favor the amendments and that (2) prior to that time the proposed amendment has been read at the last preceding regular society meeting and that (3) a copy of the proposed amendment is sent by mail to each member not less than fifteen days in advance of the meeting at which action is to be taken. A notice shall be deemed to have been sent if published in the Bulletin of the Pierce County Medical Society, and such notice so published shall be deemed to have been sent on the date following the date of the publication thereof.

ARTICLE XVI
REPEAL OF PREVIOUS CONSTITUTION,
BYLAWS, MOTIONS AND RULES

Upon the adoption of these Articles of Incorporation and the Bylaws the following are repealed:

1. The previous Constitution and Bylaws and amendments thereto, and
2. All previous motions of record and rules and regulations in conflict with these Articles of Incorporation and Bylaws, provided that all officers, delegates, alternate delegates and committeemen shall continue their incumbency until their successors are duly elected as provided in these Articles of Incorporation and Bylaws.

ARTICLE XVII
DISSOLUTION

Should this corporation for any reason be dissolved, all net assets remaining upon dissolution and after satisfying all debts and incumbrances, shall be distributed to any nonprofit corporation or teaching institute whose primary goals and purposes are related to medical education or health care delivery and whose cause is deemed worthy at the time of dissolution by the members of the Board of Trustees.

Immunization Level of 70% Achieved

The intensive immunization program conducted throughout Pierce County in the past two years, has, with cooperation of the schools and assistance given by many private physicians, brought the over-all level of immunization to 70% of the school age population.

During the 1975-76 school term the Health Department expects to survey all new students and all inadequately immunized children from kindergarten through 6th grade. In the 7th through 12th grades only new students will be surveyed.

Some districts will continue with immunization clinics in the schools operated by Health Department staff; some schools will be referring students to Well Child and Adolescent Clinics operated by the Health Department; others may refer students to their private physicians. This last group is a significant number and for this season we request that the doctor fill out the permission slip and

return it to the school so that our statistics may be complete.

The State will make available DT, OPV and MMR vaccines, which may be obtained from the Health Department.

A State survey of two year old children done in 1975 showed that while approximately 90% of children have immunizations begun, only about 35% are adequately immunized upon entering school.

The Health Department nurses will be working with cooperating schools, nursery schools and day care centers to encourage completion of immunizations.

Questions may be directed to Norene Harvey, Public Health Nurse, Coordinator of the Health Department Immunization Program, 593-4160.

The Department wishes to take this opportunity to thank the many physicians who have cooperated in this program.

WASHINGTON STATE SICKLE CELL PROGRAM TACOMA BRANCH 593-2896

454 St. Helens Ave. Monday through Friday 8-5 p.m.

Coordinator: Mrs. Charmaine Archibald

	HEMOGLOBINS		Sept. 1975
AA (Normal)	216	2549	9099
Peculiar Findings		0	1
Persistence Fetal Hb.		2	1
TRAITS			
AS	2	76	358
Blacks	2	76	355
Caucasians	0	0	3
AC	2	29	84
AG	0	0	1
AD	0	0	3
AE	0	2	2
Lapore	0	0	1
Beta-Thalassemia	0	9	27
Alpha-Thalassemia	0	1	1
DISEASES			
Sickle C	0	1	1
Sickle-Beta-Thalassemia	0	1	2
SSSS	0	1	1
TOTAL	220	2671	9590

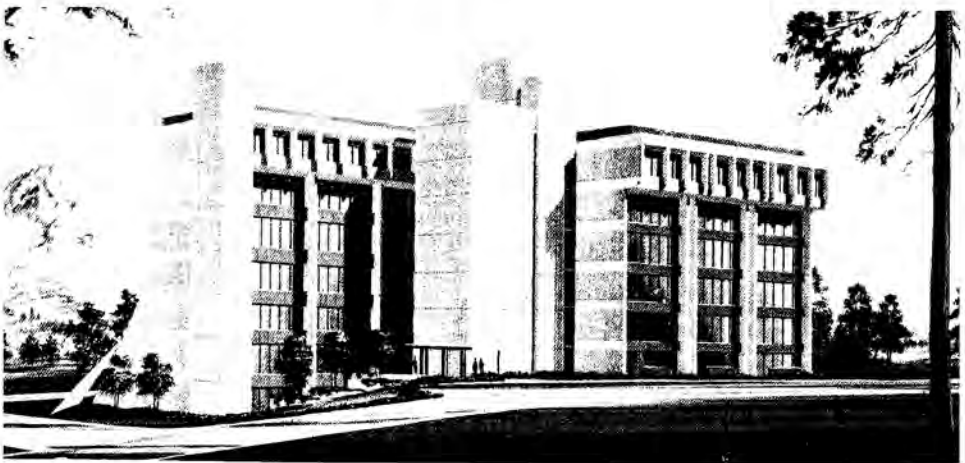
PARTICIPATING PHYSICIANS

George Tanbara, M.D.	Myron Bass, M.D.	Charles Curl, M.D.
David Sparling, M.D.	Ronald Gallucci, M.D.	Maurice Origen, M.D.
Frederick Schwind, M.D.	George Kunz, M.D.	Gerhart Drucker, M.D.
Richard Herd, M.D.	Robert Munson, D.D.S.	Paul Elsberry, D.D.S.

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JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.
759-7806

Register of Physicians and Accoucheurs

NAME.	POST-OFFICE ADDRESS.	Age last birthday.	Color.	Sex.	Nativity.
<i>Hindermute Jas S.</i>	<i>Fidelity Bldg. Tac</i>	<i>31</i>	<i>Green</i>	<i>Male</i>	<i>Am Ame</i>
<i>McCutcheon, Chas</i>	<i>Tacoma</i>	<i>30</i>	<i>White</i>	<i>"</i>	<i>Irelan</i>
<i>Williams Herbert J.</i>	<i>P.O. Box 1543. Tac</i>	<i>33</i>	<i>"</i>	<i>"</i>	<i>Michig</i>
<i>Chas. Elijah Case</i>	<i>Tacoma Wash</i>	<i>39</i>	<i>"</i>	<i>"</i>	<i>Californ</i>
<i>Max Arterwood</i>	<i>" "</i>	<i>41</i>	<i>"</i>	<i>"</i>	<i>Russ</i>

THE ARK

Speaks

SECTS IN MEDICINE THE EARLY X-RATED

There is no direct reference to Medical Sectarianism in the early annals of the P.C.M.S. The requirements for membership in the P.C.M.S. were the 'acquirement of a regular medical education and six months residence in the County.' Membership in the P.C.M.S. was necessary to join the State Medical Association formed a year later, a most prestigious group, which offered ease of relocation for the many itinerant physicians of that day and a wider range of acquaintance for all its members. We can assume membership in the P.C.M.S. was not disdained but rather was sought after by all the practitioners.

On what basis, then, were so many physicians in Pierce County excluded from membership in the P.C.M.S.?

The Medical Register of Pierce County recorded all those persons practicing medicine here between January 1882 through the year 1890 when the State

Board of Medical Examiners assumed the responsibility of medical licensure. In this ledger 166 practitioners stated their qualifications and were supposed to produce diplomas to substantiate their statements. Many claimed to have diplomas 'in with the household goods, which are aboard ship and have not arrived.' Some elaborately described accreditation from 'recognized authorities' other than medical schools. There were surgeons distinguished by service in the war between the states, without credentials at all, and there were some who had the medical schooling but didn't quite fulfill the requirements for a diploma . . . as Doctor Spinning. Of the 166 registrants, about half actually produced diplomas from medical colleges, or about eighty-five bonafide Doctors of Medicine.

Of these eighty-five, there were only forty-one who were accepted as members of the P.C.M.S. from its organization in 1888 through January, 1891.

Compounding the mystery of this elitism, many of the genuine M.D.s in the Register had emigrated from two cities . . . Chicago and Ann Arbor. There seemed a certain clannishness to the fact that all of the graduates from Rush Medical College, Chicago, were admitted to the P.C.M.S. while the graduates of Bennet and Hahnemann, both Chicago medical colleges, were not. All of the emigrants

County, Washington.

Physician or soucheur—which?	What school of practice.	Graduated from what College.	Date of Graduation.	REMARKS.
Phy.	Radical Regular Episcopalian	Rush Med Col Chic.	1863	
"	Reg.	" " " "	1886	
"	"	Univ. of Michigan	1881	June Mch 5 Feb. 23
"	Eclectic	Cal. Med. College (Eclectic)	1880	
"	Allopathic Reg.	Col. of Phy. & Surg. of Chicago	1886	
"	Reg.	St. Phil. Str. of Penn & San Francisco Cal Minnesota State Univ	1874 1881	

from Ann Arbor were graduates of the U. of Michigan, yet only half of these were invited to join the P.C.M.S.

On a return trip to the backrooms of the County-City Building, your writer found another early Medical Register. This one was kept after the State Board of Medical Examiners had assumed the responsibility of medical licensure in 1891. This Record is reproduced in part here in our Sect-sy centerfold. The column for 'School of Practice' apparently delineates the M.D.s by Sects. (Accouchers, from the French, were the midwifery of that period).

Doctor Wintermute appears as a humorless, often angry man in our other archival documents, but here he makes fun of the register while the jocular Charles McCutcheon filed quite seriously. They both list their 'School of Practice' as being 'Regular.' Doctor Case registered 'Eclectic and allopathic' but advertised in the Tacoma City Directory of 1888 as being a 'Regular' too. He was not a member of the P.C.M.S.

Without direct reference to medical sects in their journals, the early P.C.M.S. made it clear that only the 'regular practitioners of medicine' need apply and frequently referred to themselves as being the 'regular physicians of the community.'

Consultation with the current P.C.

M.S. Library Chairman, an expert on just about every topic and especially Sects, led us to the first authority on Sectarianism in Medicine, Abraham Flexner. It wasn't until the publication of the Flexner Report, a study of medical education in the U.S. and Canada in 1910, that medical sectarianism was fully described. The Flexner Report, commissioned by the Carnegie Foundation for the Advancement of Teaching, rated the medical schools of the day and described them in detail, sometimes cruelly. It generated massive reforms in medical education and led finally to the standardization of requirements for the M.D. degree. Abraham Flexner used the term 'modern' where the term 'regular' is used in our old records. He described sects in medicine this way . . .

'The modern (regular) point of view may be restated as follows; medicine is a discipline, in which effort is made to use knowledge . . . in order to effect certain practical ends. With abstract general propositions it has nothing to do, for it has learned from the previous history of human thought that men possessed of vague preconceived ideas are strongly disposed to force facts to fit, defend or explain them. Modern medicine has therefore as little sympathy for allopathy as for homeopathy. It simply denies outright

the relevancy or value of either doctrine. It countenances no presupposition that is not common to it with all the natural sciences, with all logical thinking.'

Described by the Flexner Report, the entrance requirements, the teaching facilities, staffs and instruction of the sectarian medical schools were still primitive then in 1910. Research and investigative clinical work were still minimal or non-existent and were precluded by the dogma of the sect. Allopathy practiced blood-letting and purging for almost every ailment. Homeopathy dealt with opposites to allopathy, prescribing medicines in minute amounts. The eclectics relied almost totally upon drugs and poultices for their cures.

In Chicago . . . Bennet, an eclectic school, and Hahnemann, a homeopathic school, simply didn't provide the education in medicine nor the clinical experience that Rush Medical College did then. The U. of Michigan had two separate medical colleges, one regular and one homeopathic, with the graduates of both schools earning the same degrees in medicine even though the homeopathic course of study was much abbreviated and substituted the dogma for laboratory work. Flexner urged then, in 1910, that these discrepancies in the issuance of M.D. degrees be eliminated.

A generation earlier, the P.C.M.S. had already eliminated these poorly trained sectarians from its membership by requiring a 'regular medical education' for all applicants . . . giving sects in medicine a double X-rating by also making it impossible for the sectarians to join the State Medical Association. In this way the standard of health care here was improved and the progress of medicine as a science was allowed to advance.

At a meeting of the Society on September 27, 1890, it was moved by Doctor Charles McCutcheon that . . . 'the President of this Society challenge the Homeopathic Medical Society to a game of baseball.' At the next meeting, October

C. E. CASE, M. D.

(Formerly Professor of Surgical Anatomy in California Medical College)

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SURGEON and GYNECOLOGIST.

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WE MAKE THE BEST.

TACOMA (take-oms-a) SAMPLE FOR TRIAL.

8, 1890 . . . 'it was moved by Doctor Galway that all reference to Baseball be stricken from the minutes of the previous meeting, seconded by Doctor Beebe and carried.'

Doctor McCutcheon had goofed again . . . but was his offense the mention of Baseball? . . . or was it his indelicate reference to the existence of Sects?

Our thanks again to P.C. auditors office of records.

— Mavis Kallsen,
Curator, P.C.M.S. Archives

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WOMEN'S AUXILIARY PAGE

AUXILIARY OFFICERS 1975-1976

President	Anne Katterhagen
President-Elect	Marie Henry
1st V.P. & Program	Georgia McPhee
2nd V.P. & Membership	Judy Brachvogel
3rd V.P. & Historian & By-Laws	Marian Doherty
4th V.P. & Social	Lona La Tona
Recording Secretary	Helen Whitney
Corresponding Secretary	Reta Bergstrom
Treasurer	Betty Johnson
Dues Treasurer	Glenna Blackett

COMMITTEE CHAIRMEN

AMA-ERF	Jo Roller
AMA-ERF Merchandise	Maryln Baer
Communications	Lee Jackson
Bulletin	Donna Prewitt
Newspaper	Cindy Anderson
Telephone	Gail Alenick Nicole Crowley
Speakers Bureau	Judy Baerg
Finance	Julia Mueller
Project Bank	Martia Ohme
Cookbook	Nancy Kennedy
Student Recognition	Florence Dean Carol Hazelrigg
Dinner-Dance	Alice Hilger
Blood Pressure Day	
Medical Directory	Betty Bahn
Health Education	Marge Ritche
Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

Large Turnout

Over 60 women attended the first luncheon on the Auxiliary schedule for the year. We met at the home of Mrs. Clarence Anderson in Steilacoom and were treated to an excellent luncheon, an informative meeting and an interesting discussion of the role of urban planning for Tacoma. We hope the good attendance continues at our future meetings!

November Luncheon

Friday, November 21st is the date for our next luncheon meeting, to be held

This is the final call for your contribution to the November luncheon at Madrona Way. An interesting program is scheduled, with Marlo Thompson and Margaret Martin discussing interior design. Try to be there—11:30 a.m.

AMA-ERF

This is the final call for your contributions to the AMA-ERF fund. The money is used for the purpose of providing financial aid to medical schools, students, and improved public health through scientific and medical research. When you send in your contribution, you may indicate the school you want it to go to.

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 in time for the Christmas mailing.

Please make your tax-deductible check to AMA-ERF Pierce County Women's Auxiliary and mail to:

Mrs. G. L. Roller
4623 No. Frace
Tacoma, WA 98407

Volunteers Needed

Carol Hopkins has recently taken on the job of Chairman of the Public Education aspect for the American Cancer Society. It is a big task and she is welcoming anyone who wants to volunteer some time for this worthy cause. Please call her at 927-0818 and she will let you know how you can help.

Cookbooks

The new Pierce County Medical Auxiliary Cookbook is now available! It is an attractive, two-volume edition selling for \$4. Anyone who would like to obtain some books may call Nancy Kennedy, 564-3255.

HOW TO USE THE WSMA LIBRARY SERVICE

Before requesting services, or if in doubt about how to use the MEDLINE service, contact your PCMS Medical Librarian, Marion von Bruck (572-5340) for clarification.

The Association's medical librarian, Kay Denfeld, is located at the University of Washington Health Sciences Library. She can be reached by WSMA members by telephone via the toll free MEDCON phone line (1-800-562-7700) and by requesting the "WSMA Library Service." Hours are 8 to 5 Monday through Friday. Letters may be used as well by addressing Kay Denfeld, WSMA Library Service, Health Sciences Library, University of Washington, SB 55, Seattle, Washington 98195.

The following WSMA library services are quickly available without charge:

Answers to reference questions:

1. Manual literature searches and compilation of bibliographies and reading lists on biomedical subjects.

2. Computerized biomedical literature searches such as MEDLINE, which is a data base of approximately 2,000 biomedical journals of the last two years.

3. Searches of other data bases as needed; for example, TOXLINE (toxicity), CANCERLINE, and CATLINE (catalog).

When requesting clinical reference information, please furnish as much of the following as applicable:

1. Specific name of disease, organ, system, tissue, drug, etc.

2. The aspect(s) of the subject which interest you (e.g. etiology, complications).

3. Age-range of subjects or patients.

4. A cut-off date for published literature (e.g. last two years).

5. Foreign languages in which articles

will be acceptable, if any.

6. Any other limitations.

Whenever requesting any information, be as specific as possible.

Provision of photocopies articles identified in manual and computerized searches or specifically requested by citing author, title of article, journal title, volume number, paging and date, and where reference was found. An example of an article request is as follows:

Limas CJ, Freis WD: Minoxidil in severe hypertension with renal failure. *American Journal of Cardiology* 31:355-361, 1973.

Reference seen in *JAMA* 233:252, 1975

Specific book titles may also be requested by citing author, title, edition, publisher, year of publication and source. An example would be as follows:

Scherf D and Cohen J: The atrioventricular node. New York, Grune and Stratton, 1964.

Quoted in *Diseases of the Chest* 56: 356, 1969

Pages from books may be photocopied or the entire book may be mailed.

Monthly updating service to keep abreast of the latest articles on one or more authors or subjects. SDILINE (Selective Dissemination of Information) is a monthly, continuing notification service, tailored to individual specifications, in which the latest MEDLINE indexing is automatically searched for the new items of individual interest. To utilize the service, a "profile" is worked out with the librarian using the same kind of information required for a reference or MEDLINE request.

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Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

WARNING

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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. 'Dyazide' interferes with fluorescent measurement of quinidine.

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. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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	Sept. 1975	Total 1975	Total Since Sept. 1973
PATIENT SERVICES			
Referred to Physicians	99	1055	2149
Laboratory Services	191	1466	2234
X-ray Services	5	47	181
Prescription Services	79	604	983
Referred to Emergency Rooms	8	77	157
Hospitalized	0	1	7
Referred to Community Agencies	32	253	747
Seen by Physicians in Clinic	44	345	759
ETHNIC AND DEMOGRAPHICAL DISTRIBUTION			
Black	44	258	518
Caucasian	213	1458	2623
Asian-American	44	27	61
Native-American	4	58	114
Mexican-American	5	29	70
Model Cities Residents	39	343	1005
Other	235	1556	2731
PARTICIPATING PHYSICIANS			
On Referral Basis to private			
*Dr. H. Boyd			138
*Dr. T. Smith			155
*Dr. S. Whaley			88
*Dr. A. North			91
*Dr. G. Tanbara			35
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*Dr. G. Drucker			42
*Dr. D. Wilhyde			75
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Incorporation of an AMA professional liability reinsurance company was recently authorized by the Board of Trustees. The facility will be known as the American Medical Assurance Co. Before the company can become operational, \$1 million in capital and \$1 million in surplus will be required as funding, and arrangements must be completed with state medical societies participating in the program. The purpose of the AMA company will be to provide increased capacity, added capital, and technical assistance to local society insurers writing primary professional liability insurance directly to physicians.

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VOL. XLVI NO. 11 TACOMA, WASHINGTON DECEMBER, 1975



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The BULLETIN

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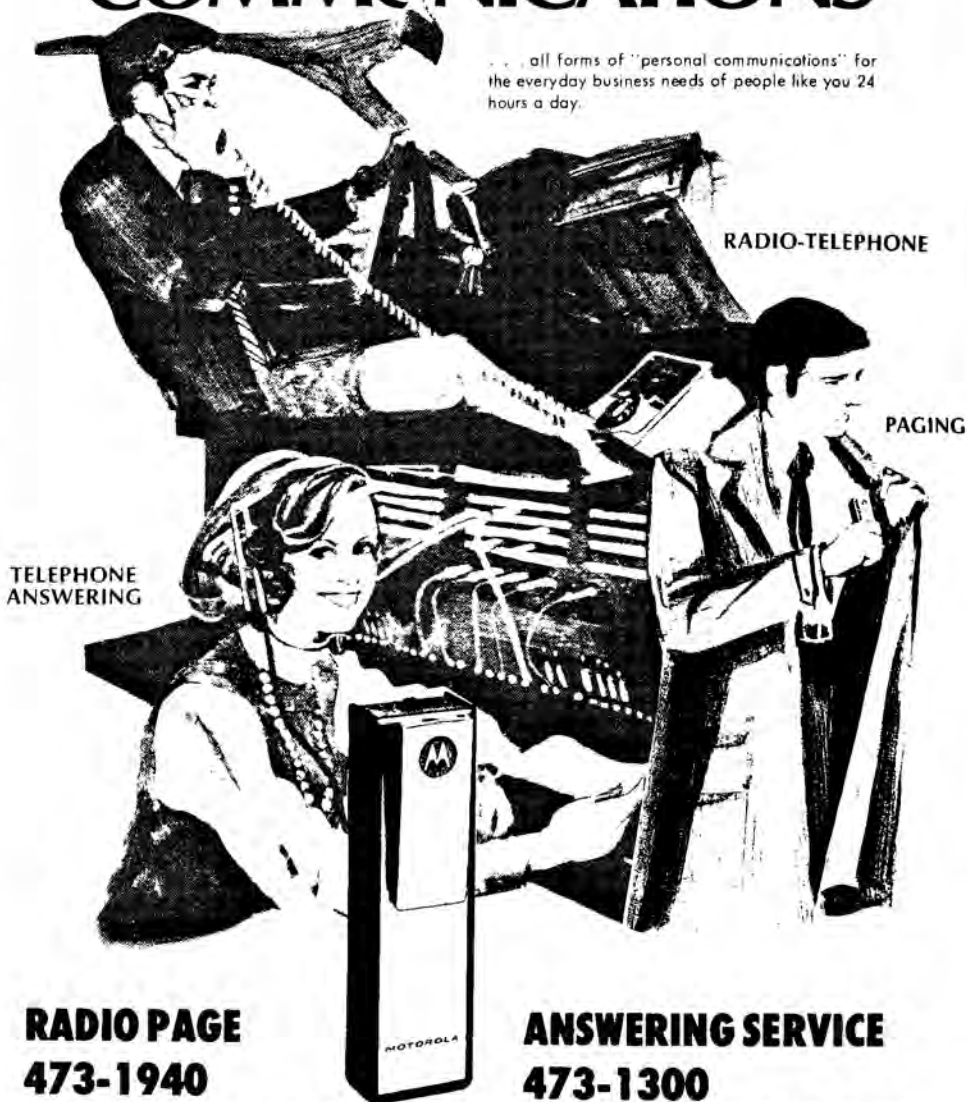
CONTENTS

	Page
President's Page	5
Meeting Announcement	7
Editorial	9
Nominating Committee Report	9
Helpful Hints	10
The Ark Speaks	12
Letters to Editor	16
List of Advertisers	18
Women's Auxiliary	21
Question of the Month	24
Articles of Incorporation as adopted	25

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President's Page



James F. Early, M.D.

As most of us are involved in the joyous holiday season, we nonetheless anticipate the changes which each New Year bring.

At this conclusion of the administrative year of the PCMS, I would like to express my gratitude to all those members who have spent many hours in helping to make this past year a success. The Board of Trustees and members of Committees deserve special mention for their hours of involvement and applied interest.

Retrospectively, the past year in the Pierce County Medical Society has been one administratively of internal organization. Future goals have been discussed at executive level and, hopefully, they will come to realization. Basic administrative structure has been streamlined, in hopes that future activity will demonstrate a facility at solving problems.

The future years will present many

challenges to the Pierce County Medical Society and its members. Although we each have our own special interests in the medical community, it is most important that each of us realize that the Medical Society collectively is the representative of most physicians in the community. The County Society as well is the most accepted mode of input into the very capable Washington State Medical Association. The results, good or bad, relative to the future challenges will no doubt be in direct proportion to the success, or lack of it, of the PCMS. This success depends upon **your involvement**.

After the New Year begins, many of us will be asked by a very capable incoming President, David Hopkins, M.D., to involve ourselves in the business at hand of the Society. More than ever your future depends upon your willingness to serve. If you have special interests whereby you may be of assistance to the Society, I am sure that Dr. Hopkins will be interested to hear of them.

I would like to express my gratitude for having had this opportunity to serve as your President. I wish you and your families a Very Merry Christmas, and Joyous New Year.

Ed. Note: In the November, 1975 President's Page, a typographical error altered the context of the President's message concerning the YMCA. "Projected facilities will include space for a *physiatrist*" not a *psychiatrist*, as was reported.

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Thomas Hood, *The Last Man*



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Editorially Speaking



Anyone driving through the Brown's Point area last month would have noted the Community Reader Board which flashed the message "Welcome Back Dr. Jim." This was the community's response to the return of Dr. James Hazelrigg to practice after several months of illness.

Reflecting on this sign, one comes to the realization that there really are

Marcus Welbys among us. In this time of cynicism and materialism we frequently tend to be amused by the TV portrayal of Dr. Welby with his total involvement in his patients' lives to the extent that the pure logistics of the situation would only allow him to see two patients a day. Anyone who has cared for Dr. Jim's patients during his absence has found that he does indeed have just this type of total involvement with his patients. He has become an intricate part of their lives and they miss him as they would an old friend.

These are unique men, these Welbys among us, and obviously we can't all achieve their level of empathy, but they can serve to constantly remind us of our commitment to our patients and the constant need to practice the *art* of medicine.

David S. Hopkins, M.D.

Nominating Committee Report

Before the general membership on Tuesday, November 11, 1975, the nominating committee placed in nomination the following physicians for 1976 Pierce County Medical Society offices:

President-Elect	Ted Baer, M.D.
Vice President	Larry Brigham, M.D.
Secretary-Treasurer	David BeMiller, M.D.
Trustees (2 year terms)	Donald McKay, M.D.
	Terrance Tisdale, M.D.
	Galen Hoover, M.D.
	Lloyd Elmer, M.D.
Trustee (one year term)	Clinton Piper, M.D.

Further nominations were called from the floor. Hearing none, a motion to close nominations was seconded and carried unanimously.

Helpful Hints From a Colleague

Dear Mr. Shirk:

Enclosed is a letter, preprinted, for transmittal to insurance carriers when they request release of medical information. Most of it is self-explanatory.

Note that this pretty well takes care of the informed consent aspects, it requires them to ask specific questions and it also requires that they prepay with the understanding that the report is sent to the patient, not to them. This letter was cleared by legal counsel.

The letter has stopped a great many inquiries being returned by the insurance carrier. Also, it is very interesting to note the type of patient responses, from complete indifference to "that's none of their business" sort of approach.

This letter has cut down on our workload and it has increased the collection ratio for this type of service. This sort of thing may be of interest to other physicians in the county and I would like your opinion after you have read it. Maybe it should be put in the Bulletin for the Society.

Sincerely,
James D. Krueger, M.D.

TO: All Insurance Carriers

SUBJECT: Release of Medical Information

- (a) All requests for Information must be accompanied by the original signature of the person about which the information pertains.
- (b) The Release of Medical Information signature by the "patient" should be under or following the specific questions or series of questions which are to be answered.
2. The request for information must be specific, precise, single subject questions, related to a specific time; i.e., office visit by date or hospitalization by date. General or "fishing expedition" type of questions can not be answered.
3. The request for information must be accompanied by a check for \$15.00.
4. The questionnaire and answers will be returned to the "PATIENT" so that the "PATIENT" may read what has been asked and said about him. The "PATIENT" must be responsible for forwarding the information to the Insurance Carrier.

James D. Krueger, M.D.

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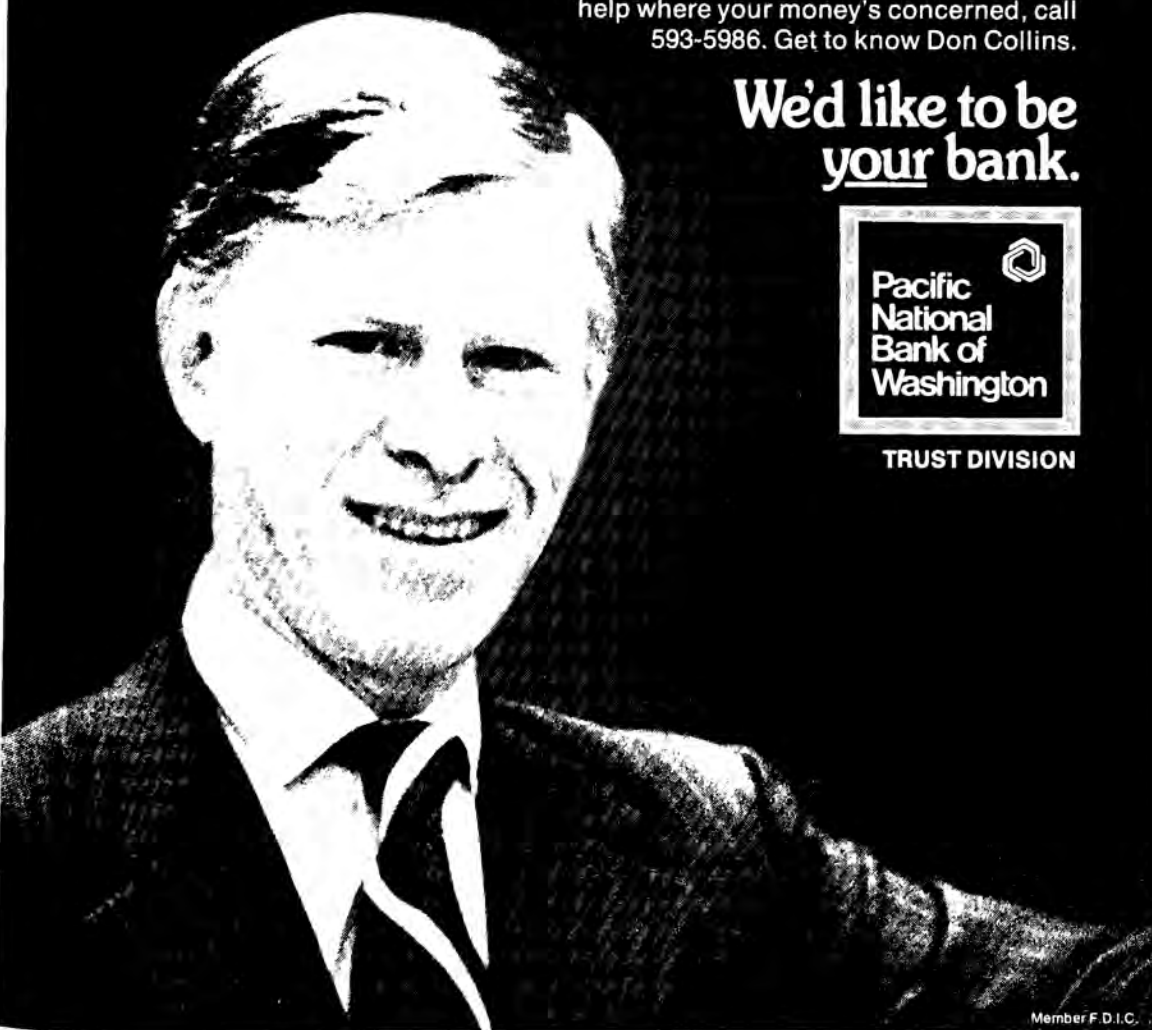
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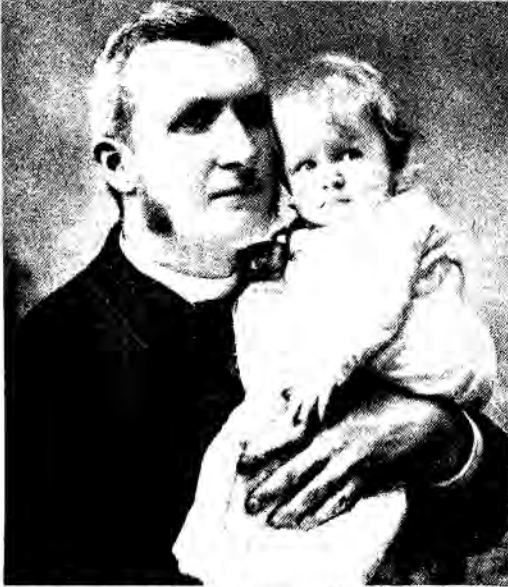
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THE ARK

Speaks



Charles McCutcheon with his baby daughter

The Easy Rider

The year following the organization of the P.C.M.S. in August, 1888, a great influx of human resources came to Tacoma in what was the biggest social, cultural and economic boom in the city's history. Of the many talented physicians and surgeons who arrived here in that year, 1888-89, probably the one man who did most to influence the course of medical history in Pierce County was the hard-working, hard-playing and totally lovable Charles McCutcheon.

For the years 1891 through 1897, Doctor McCutcheon served as Secretary-treasurer of the P.C.M.S., and we have his complete record of the meetings held by the Society those years . . . handwritten in his sometimes-legible script.

Charles McCutcheon was the first superintendent of the second Fannie Paddock Hospital and remained there as resident physician for the rest of his life. He established the first school of nursing

in the State of Washington in 1895, conducting the classes himself as there wasn't money to hire an instructor. In 1889 his paper on 'State Laws to Regulate The Practise of Medicine' was submitted to the State constitutional convention and was the basis for those statutes. He served as President of the short-lived Tacoma City Medical and Surgical Society, which established the fee bill adopted by the P.C.M.S. in 1891.

At Christmastime he probably played Santa Claus for his nieces and nephews

On the Cover — We see a likely Saint Nick candidate in Dr. McCutcheon as he poses here with wife and cycle.

and the neighborhood children. He would have been perfect for it . . . round and jolly, with prematurely white hair and a twinkle in his eyes.

His own two children had died in infancy, along with his first wife, in a typhoid epidemic in Chicago while he attended Rush Medical College. After graduating from Rush, the young Doctor McCutcheon served four years as ship's doctor on a vessel that carried cargo to the Orient. On several voyages the captain's wife had gone along. On one voyage neither McCutcheon nor the captain's wife were on board and the ship was lost at sea, with all hands lost. The two were then married and together they staffed the Fannie Paddock Hospital . . . he as superintendent and she as head nurse.

She was about ten years older than he, an Englishwoman with a somewhat rigid personality, but she was a great organizer and probably just what the jolly Irishman needed in a wife.

Doctor McCutcheon and his wife occupied an apartment in Fannie Paddock Hospital facing Wright's Park on J street. They also had a large house on the Sound at Steilacoom, pictured on the corner of last month's Bulletin. Commuting between Fannie Paddock and Steilacoom, McCutcheon developed a

style at train-hopping, often sending a nephew to flag the oncoming train, so that he wouldn't waste one minute meeting his busy schedule.

This train-hopping facility came in handy when McCutcheon and some of his friends pulled off the Great Bicycle Race in the summer of 1895.

The Great Bicycle Race was a complicated, hilarious practical joke plotted by Doctors McCutcheon and George Warner, along with A. H. Coleman and J. W. Hickman of Sumner. The joke was played on Doctor D. R. Yokum, a graduate of the Harvard Medical College and a fine athlete, an oarsman who had rowed on the Harvard crew. Yokum fancied himself one of the greatest bicycle riders in these parts.

Doctor McCutcheon was an accomplished biker himself, though quite overweight and appearing to be a most unlikely contender.

For some months Dr. Yokum had been bantering Dr. McCutcheon for a bicycle race to Olympia. McCutcheon finally accepted the challenge, on the condition that he be given a handicap of twenty minutes. Doctors Wagner and Hickman volunteered to join the race if given the same 20-minute handicap. Yokum agreed and the race was set.

Doctor Coleman acted as official starter, and at twenty minutes after eight that summer morning Doctor McCutcheon left Fannie Paddock Hospital, accompanied by Wagner and Hickman. They made straight for the Northern Pacific depot in South Tacoma, and with their bicycles boarded the train just leaving for Olympia.

According to plan, Doctors Wagner and Hickman rode on the train as far as Maxfield, while McCutcheon rode on to Olympia and spent his morning working on the Chief of Police and the presiding Judge there.

Wagner and Hickman waited at Nisqually bridge, and soon there was a whirring of wheels and a scattering of loose gravel and Yokum came down the

hill covered with dust and perspiration. He was informed that McCutcheon was just fifteen minutes ahead, badly winded, and that by hard riding it would be possible to overtake him.

The trio then wheeled for Olympia. In spite of his long run, Yokum set a pace that kept the other two far behind. Yokum was bent on winning the race and, with the true spirit of the racer, he focused his every energy on this last sprint. Like a whirlwind he came down Ayer's Hill, and like a ripe peach he fell into the hands of the law. The Police Chief was lying in wait for him there and arrested Dr. Yokum for riding his bicycle faster than six miles an hour within the City Limits.

In spite of the doctor's expostulations and protests, he was brought before the Judge in Olympia. The other wheelmen arrived in time to be present at his trial, appearing as witnesses against him. Yokum pleaded ignorance of the law and extenuating circumstances, but the judge stated that it was his duty to impose a fine, though he was inclined to make it as light as possible in view of its being the first offense. He then sentenced the culprit to treat the crowd. Cigars and whiskey all around!

Doctor McCutcheon enjoyed his joke hugely . . . just as he seemed to have enjoyed his life. It ended abruptly, when he was just forty-eight years old.

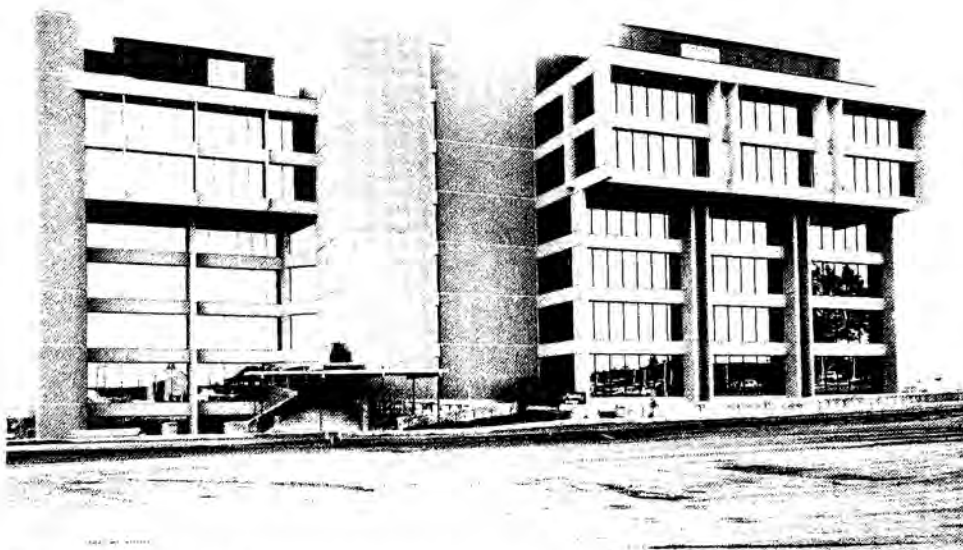
In the November '75 newsletter of the Society of American Archivists is a paragraph about early death certificates, and some of the interesting entries under 'Cause of death.' Two of them . . . 'Died suddenly, nothing serious,' and 'Cause unknown, had never been fatally ill before . . . could have been entered on Charles McCutcheon's certificate of death, had he written his own.

We wish to thank Corydon Wagner, Sr. for providing the old newspaper account of the Great Race, and Katherine McCutcheon for the personal history of her great-uncle. Mavis Kallsen, curator
P.C.M.S. Archives

**ALLENMORE MEDICAL CENTER'S NEW MEDICAL/
DENTAL BUILDING IS TWO FACED . . .**



. . . AND WE'RE PROUD OF IT.



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- ✓ An established record of performance in supporting the needs of medical dental professionals.
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- ✓ Outstanding location with plenty of free parking.
- ✓ Extensive supporting services to assist you in the effective management of your practice.
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- ✓ Ownership opportunities are also available.



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For an appointment or further information, please contact:

JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

383-2201

Letters . . . To the Editor



Dear Dr. Early:

We wish to express our thanks and appreciation to all physicians who provided medical care for the Vietnamese refugees.

The brief stay of families at Camp Murray would often necessitate immediate attention to minor health problems that might have been serious if care was delayed until relocation was complete. The physicians in this community, especially in the Lakewood area, were always willing to assist. Their professional service contributed greatly to the overall success of the refugee placement program.

Sincerely,
Harlan P. McNutt, M.D., M.P.H.
Director of Health
Amanda Schuchmann, P.H.N.

Dear Doctors:

A new law is now in effect relating to negligent homicide cases, and to arrests for driving while intoxicated where there is an accident and an injured person who may die as a result of said accident. This law requires that a test must be made, either by breath or blood, of the amount of alcohol in the suspect driver's bloodstream. This test may be administered with or without the suspect's consent, (RCW 46.20.308; Chapters 56 and 287, Laws of 1975).

The amount of alcohol in the bloodstream of a suspect is probably the most important item of objective evidence in any negligent homicide case. Since alcohol dissipates rapidly, quick action is necessary. Your cooperation in these situations is necessary under the law, and you will be performing an important service for all members of the community.

Your assistance is greatly appreciated by this office and the citizens of this county. If you have any questions regarding this new law, please call Deputy Prosecuting Attorney, Michael Johnson at 593-4227; or the undersigned would be most happy to consult with you, or your attorney personally.

Thank you again for your cooperation.

Very truly yours,
DON HERRON
Prosecuting Attorney
(Pierce County)

The following letters are in response to the President's appeal to members of Congress for opposition to legislation that would prohibit photocopying by

medical libraries of medical journal articles:

Dear Dr. Early:

Thank you for your recent letter concerning S. 22, companion bill to H.R. 2223, the Copyright Reform and Revision Act.

As you know, this legislation passed the Senate in the 93rd Congress; however, no action was taken by the House Judiciary Committee. I voted for the Copyright Reform Bill in 1974. It is expected that the Senate Judiciary Committee will not take up the bill until the House Judiciary Committee and the full house have acted on it or the companion House bill.

I noted your particular concern about the subject of library photocopying. The 1974 Copyright bill did contain a provision on this subject. It is my understanding that organizations representing both authors and librarians have been discussing this issue in an effort to resolve differences in their viewpoints. The Subcommittee on Patents, Copyrights, & Trademarks will be giving additional consideration to the question when S. 22 is taken up in the Subcommittee.

I certainly appreciate being advised of your strong views on the need for legislative resolution of the library photocopying issue. I will have your comments in mind when S. 22 comes before the full Senate for consideration.

With best wishes.

Sincerely yours,
Henry M. Jackson, U.S.S.

Dear Dr. Early:

Your concern, along with that of many of your members, in the copyright issues that face the Congress is most certainly appreciated. It is unlikely that Congress will resolve these questions this year, but the need for overall revision of the general statutes on copyrights will probably result in action sometime next year.

While I do not presume to be an expert in the field of copyright law, I do have an appreciation of the need to provide better ways and means of distributing the findings of biomedical researchers and those involved in health affairs to all interested parties. As you know better than I, too often it takes far too long for the latest discoveries of those in the health field to reach all of those on the front lines of health care delivery, let alone the specialists in farflung centers. For many years, I've been especially concerned about biomed-

ical research — in fact my very first legislative success here involved a measure that I cosponsored with Senator Homer Bone of Tacoma and that established the National Cancer Institute — and over the past decade or so we've invested considerable funds in the development of biomedical communications, on a national as well as regional scale. We've some excellent examples of this out home and if anything we need to expand them, not move backwards.

While I have not been able to follow all of the deliberations of the House and Senate Judiciary Committees, I will look closely into their recommendations. As you may know, I've been in communication with a number of people intimately involved in health affairs out home, including Donal Sparkman who helped sponsor a meeting on this question recently. In just the past few days we helped get the new Secretary of HEW to go on record with the Judiciary Committees, raising some of these questions. I hope that eventually we can find that point where the rights and desires of all authors are adequately protected and at the same time keep moving to-

wards the objectives of spreading the very latest word of those on the frontiers of biomedical research and health affairs to all those in the field. That won't be easy — it might even be impossible — but I will certainly try to see if we can do it.

Although the Williams-Wilkins Case did raise this issue, it did not resolve it and in recent judicial history there is no weight in either direction. In short, it's a standoff! That is certainly one of the reasons the photocopy question is now before the Congress, but it does not make it any easier to resolve. The Senate did pass a general measure on copyrights in the last Session, but not the House. So if action is taken during this two year Session, the House will be debating it for the first time and I'd hope you and others are making your views known to our House members.

Again, I do appreciate your interest and concern and do hope that my efforts will prove helpful. With best regards, I remain

Sincerely,

Warren G. Magnuson, U.S.S.

H.E.W. Explains Privacy Act

The Privacy Act of 1974, which became effective September 27, 1975, has significantly altered the regulations under which Federal Agencies release medical evidence to patients or their authorized representatives.

The following is taken from the claims manual instructions which are utilized by the Social Security Administration.

Physicians consent to disclosure is no longer required, and we will not be able to hold back evidence because the evidence is marked "confidential." To avoid the possibility of the patient coming in contact with a medical report which could disrupt the doctor-patient relationship or interfere with the patient's medical management, the physician's report should include only the actual objective and factual history, clinical facts and an assessment of the ways in which the impairment(s) restricts activities. The physician should avoid statements reflecting on the patient's moral character or reputations or statements which draw conclusions as to whether the claimant is disabled within the meaning of the Social Security Act.

PART I

Disclosure to Individuals and Employers Disclosure to Individuals or their Authorized Representatives

7305. INFORMATION WHICH MUST BE DISCLOSED

(a) General

With certain limitations (see (b)-(e) below), SSA makes available to an individual or the individual's authorized representative all information which is maintained in SSA records on the individual, and which is retrievable by name, SSN, or other identifier (§ 7301.5); § 7307, discusses requests for individual access. In addition, SSA will amend the record at the request of the individual, to the extent that such amendment does not violate existing statute or regulation (§ 7301.7); § 7308-7308.5 discuss requests for amendments of the record.

(b) Claims Information

Information which directly concerns a claimant or prospective claimant for benefits under titles II, XVI, or XVIII of the Social Security Act may be disclosed to him or his authorized representative. However, information concerning other claimants on the same SSN may not be disclosed without their consent, with the exception that the SSN-holder may have access to information concerning the fact of entitlement and benefit amount of other claimants on his record, and other claimants may have access to such information if it affects their entitlement or benefit amount.

(c) Medical Information

Medical information about an individual may be disclosed directly to the individual if it has been determined that direct disclosures

of this information will not be likely to have an adverse effect on him. This determination will be made by a physician in the employ of DHEW if such a medical officer is available in the component which is maintaining the record. If no medical officer is available the responsible SSA official in the component (e.g., the district manager in a DO) will make the determination to the best of his ability, on the basis of the medical evidence (e.g., the medical evidence may indicate a terminal illness of which the individual is unaware, or may reveal a severe mental disorder.) In making the determination in the absence of a medical officer, the responsible official may consult with other officials of DHEW, e.g., by telephone with the Regional Office, DI or HI. If it is determined that the disclosure of medical information to the individual is not likely to have an adverse effect on him, the component which is maintaining the record will make the requested disclosure, and will annotate the record to show that this disclosure was made.

If the medical officer should determine that direct disclosure of the individual's medical information to him would be likely to have an adverse effect on him, or, in the absence of a medical officer, if the responsible SSA official does not believe himself to be qualified to make such a determination or should determine that such disclosure would be likely to have an adverse effect on the individual, the medical information will not be disclosed directly to the individual. The individual will be requested to designate in writing a medical representative through whom the record may be disclosed. Such a representative must be a medical professional (e.g., a licensed medical practitioner or nurse) who would be willing to review the medical information and to discuss it with the individual. On the basis of the individual's signed request, the component maintaining the record will forward copies of the medical information to the designated medical professional, advising him of the individual's request for access to this information, and asking him to review the medical information and to inform the individual of its contents at his discretion. The record will also be documented to show the responsible official's reason for requesting the individual to designate a medical representative in order to access his record, and the manner in which the medical information was disclosed to the representative (e.g., a copy of the correspondence transmitting the information to the medical representative might be retained in the file.) Where the individual refuses to designate a medical professional to perform this service, the designated medical professional refuses to serve in this manner, or the indi-

vidual is unable to afford any necessary fee for this service, the file will be referred to the Regional Representative, DI or HI, as appropriate (i.e., depending on whether the requested material relates to a title II or XVI claim, or a claim under title XVIII.) In this case, the regional office will designate a physician to contact the individual regarding access to his medical record, utilizing medically trained personnel on their staff, or otherwise available (e.g., through the State DDS.)

NOTE: Direct disclosure of medical information must be made to the individual, upon his request, in any case in which he has requested a hearing or review by the Appeals Council.

Medical information about an individual may also be disclosed with the consent of the individual, directly to the individual's physician or to a medical institution which is treating the individual, solely for the purpose of the individual's care and treatment. All medical information disclosed from SSA files in this manner will be stapled to a cover sheet, form SSA-1994, (Exhibit 21, §7399.) before release to indicate the confidential nature of the material being disclosed, and the fact that penalties might attach to unauthorized use. The requester will be informed that the information is being furnished in connection with the treatment of the individual, and that its use must be restricted to that purpose.

The component maintaining the file (DO, DDS, BDI, DIO, or PC) will prepare the response to all requests for title II or XVI medical records; where the request is received in another office, the receiving office will transfer the request to the appropriate component. Forward requests for medical information in connection title XVIII claims to BHI.

(d) Confidential Reports

Effective September 27, 1975, SSA does not accept information from third-parties under a pledge of confidentiality, with the exception of information obtained in connection with investigative and program integrity (fraud) situations (§7300.5).

LIST OF ADVERTISERS

Aetna	8
Allenmore Medical Center	14, 15
Brookside Mortuary	21
Buckley-King Mortuary	5
Johnson-Cox Printing Co.	22
Mountain View	24
Pacific National Bank of Washington	11
Prescription Optical	19
Puget Sound Collections	22
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Tacoma, Washington

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TACOMA BRANCH 593-2896**

454 St. Helens Ave. Monday through Friday 8-5 p.m.

Coordinator: Mrs. Charmaine Archibald

	October 1975	Total 1975	Total Since 1972
HEMOGLOBINS			
AA (Normal)	113	2662	9212
Peculiar Findings	0	0	10
Persistence Fetal Hb.	0	2	60
TRAITS			
AS	8	84	366
Blacks	8	84	363
Caucasians	0	0	3
AC	0	29	84
AG	0	0	1
AD	0	0	3
AE	2	4	4
Lapore	0	0	1
Beta-Thalassemia	2	11	29
Alpha-Thalassemia	0	1	1
DISEASES			
Sickle C	0	1	4
Sickle-Beta-Thalassemia	0	1	2
TOTAL	125	2796	9715

EASTSIDE HEALTH CLINIC

1720 East 44th St.

593-4792

Monday-Friday October, 1975

Coordinator: Edith Woods

	October	Total - 1975	Total to Date (1972)
No. seen in clinic			
Adults	248	1541	5130
Children	121	1182	4151
Lab. Work done	101	900	*N/A
Prescriptions filled	139	1261	N/A
Referred to private MD	19	277	N/A
Phone Info. & referrals	76	794	N/A
DPA	60	554	N/A
ESPDT	13	151	N/A

* Until this year, the number of patients actually seen by an M.D. is the only information available.

WOMEN'S AUXILIARY PAGE

AUXILIARY OFFICERS 1975-1976

President	Anne Katterhagen
President-Elect	Marie Henry
1st V.P. & Program	Georgia McPhee
2nd V.P. & Membership	Judy Brachvogel
3rd V.P. & Historian & By-Laws	Marian Doherty
4th V.P. & Social	Lona La Tona
Recording Secretary	Helen Whitney
Corresponding Secretary	Reta Bergstrom
Treasurer	Betty Johnson
Dues Treasurer	Glenna Blackett

COMMITTEE CHAIRMEN

AMA-ERF	Jo Roller
AMA-ERF Merchandise	Maryln Baer
Communications	Lee Jackson
Bulletin	Donna Prewitt
Newspaper	Cindy Anderson
Telephone	Gail Alenick Nicole Crowley
Speakers Bureau	Judy Baerg
Finance	Julia Mueller
Project Bank	Martia Ohme
Cookbook	Nancy Kennedy
Student Recognition	Florence Dean Carol Hazelrigg
Dinner-Dance	Alice Hilger
Blood Pressure Day	
Medical Directory	Betty Bahn
Health Education	Marge Ritche
Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

Next Meeting

There will be no general meeting in December. The Dinner Dance at the Tacoma Country Club on the 13th is the special event for this month. The next luncheon meeting is February 20th.

Dues

Any who have not yet paid their dues may send \$15 to Mrs. W. Ben Blackett, 4366 Lexington, Tacoma 98407.

Medical Society Asks for Help

The Medical Society would like the Auxiliary to become the county liaison coordinator for the WSMA to "bring the word" to physicians and the public about the malpractice insurance situation. The auxiliary will serve as a communications link between WSMA efforts and allied health personnel, coordinate the efforts of Society members, Auxiliary and health groups, and alert the media to the situation and developments. Lee Jackson will be working on this for the Auxiliary with help from Cindy Anderson.



Brookside Mortuary

9212 Chambers Creek Road West

By New Tacoma Cemetery

Phone 564-1311

"At the Gates to the New Tacoma Cemetery"

MARY BRIDGE CHILDREN'S CENTER

Poison Information Center

Month of October, 1975

TOTAL CALLS	660	INFORMATION CALLS	136
AGE DISTRIBUTION			
Under 18 months	199	POISON CALLS	524
18 mos.-3 years	175	Poison Calls:	
3 and 4 year olds	80	Previous Month	Up
5 and 6 year olds	22	Previous Year	Down
7 through 12 years	19		133
13 through 19 years	24		96
20 years and over	221	POISON CASES SEEN IN E.R.	
TOTAL	660	In Patients	5
		Out Patients	10
		IPECAC IN HOMES	69
		IPECAC NOT IN HOMES	92
TIME CALL RECEIVED		CITY	304
2300-0700	14	COUNTY	284
0700-1100	124	OUT OF COUNTY	24
1100-1500	183	NO ADDRESS	48
1500-1900	175	TOTAL	660
1900-2200	164		
TOTAL	660		



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CLASSIFIED

Classified advertising rates are \$1.50 per line (35 pica spaces). Checks should be made payable to the Pierce County Medical Society. Payment must accompany copy. Closing date: 10th of the month preceding date of issue. All advertising requests received after the closing date will be used at the discretion of the Publisher only.

SHAMPAINE Surgical - A - Matic Operating Table 1968 model, all accessories and service manual included. Call Captain Frank Ruml or Chaplain Calhoun at The Salvation Army. Phone 627-8118.

NEW DELUXE Professional Building in Parkland, will finish interior to suit. Air conditioned, architecturally designed, generous parking. Call Terry Brink at 531-8900.

X-RAY MACHINE (Picker) 100 KVP
Rotating Anode, Table with Buckey Cassetts high speed 5(10x12) wall mounted casset holder plus complete dark room supplies, etc. Tube is brand new—\$5,000. Contact Tom Smeall — (627-1360). Bill Hauser — (272-1678).

Physicians Interested in Practice Opportunities in Pierce County

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society Office. Be sure to include the listing number.

General Internal Medicine:

Young Internist completes residency training at University of Rochester Associated Hospitals. Currently Chief Resident. Interested in solo, small or large group practice in General Internal Medicine. Military obligation met. Available July, 1976. Listing 101

Pediatrician:

28 year old graduate of University of Illinois Medical School, interested in all opportunities in general pediatrics. Interned: Medical College of Wisconsin (Marquette) and Milwaukee Children's Hospital. Straight Pediatrics. 3 year pediatric residency at Marquette and Milwaukee Children's Hospital completed June, 1976. National Boards Com-

pleted. Available August 1976. Listing 102

General Internal Medicine-Endocrinology:

Board eligible Internist wants opportunity for general internal medicine and endocrinology. 35 years old. Military completed. Graduate Indiana University School of Medicine. Interned St. Joseph's Hospital, Phoenix, Arizona. Internal Medicine Residency at Indiana University School of Medicine. Two year Clinical Endocrinology Fellowship, Marion County General Hospital and Eli Lilly Diabetes Center. Published. Available July, 1976. Listing 103

Hematology-Oncology/Internal Medicine:

Young internist training in medical oncology at National Cancer Institute seeks position in clinical practice of Internal Medicine and Hematology-Oncology. Willing to consider all practice opportunities. Available after June 1976. Listing 104

**REMEMBER
THE BLOOD BANK**

?

QUESTION OF THE MONTH . . .

What Do The Cities of Tacoma and Moscow Have In Common???

If you think it is the "Tacoma Aroma" — wrong! We seem to be stuck with that by ourselves. The correct answer is "Hemoglobin Tacoma."

Hb Tacoma was first discovered by Dr. Ernst Baur in 1962. He found this aberrance in a Tacoma female, her infant son, and her sister. It is a rare, in-born abnormality that belongs to the group of unstable hemoglobins. According to Dr. Baur, Hb Tacoma is not associated with clinically overt hemolytic disease. It displays normal oxygen affinity, but diminished heme-heme interaction.

The same type of hemoglobin was recently found in a Russian father and son, residing in Moscow. Thus far, only two families are known to carry this genetic mutation.

By the way, there are now more than two hundred different human hemoglobins known to exist, and new variations are still being reported.

?



**The only one
like it
in Pierce County**

And the *largest* funeral home in Washington with everything in one place and under one management. One hundred beautiful garden acres containing a cemetery, mortuary, 2 chapels, and mausoleum at the same address. Result? Costs are lower and arrangements are easier for you to make.

Mountain View

Funeral Home & Memorial Park

4100 Steilacoom Blvd. ■ JU 4-0252

The following Articles of Incorporation were prepared by legal counsel and approved by the Society Executive Committee. During the meeting of the general membership on Tuesday, November 11, 1975 at the Sherwood Inn, these Articles were approved as amended.

ARTICLES OF INCORPORATION OF THE PIERCE COUNTY MEDICAL SOCIETY

KNOW ALL MEN BY THESE PRESENTS: That _____

_____ and _____,
being over the age of majority, and for the purpose of forming a corporation under the Washington Nonprofit Corporation Act, hereby certify and adopt, in triplicate, the following Articles of Incorporation:

ARTICLE I NAME

The name of this corporation shall be THE PIERCE COUNTY MEDICAL SOCIETY.

ARTICLE II DURATION

The duration of the corporation shall be perpetual.

ARTICLE III OBJECTS

The purposes and objects of this corporation are as follows:

1. To promote art, science and delivery of medicine and the betterment of health and medical welfare.
2. To unite with the other County Medical Societies of the State of Washington to form the Washington State Medical Association and to function as a component unit thereof.
3. To secure the enactment of just legislation pertaining to medicine.

In furtherance of its objects, the Society shall have the right and power:

1. To own and hold real and personal property and to lease, purchase, receive or in any way acquire such property or any interest therein.
2. To sell, mortgage, lease, hypothecate or transfer any interest in said property.
3. To have a Corporate Seal and to alter or change same.
4. To publish a magazine and/or newsletter for information and continuing education of the membership.
5. To do any lawful act permitted by the laws regulating the formation and conduct of such a Society.

ARTICLE IV
REGISTERED AGENT

The location and post office address of the registered office of the corporation in this State shall be 813 South K Street, Suite 200, Tacoma, WA 98405.

The registered agent of the corporation shall be _____,
_____, whose business address is _____

ARTICLE V
TRUSTEES

1. The number of trustees of the corporation shall be fixed as provided in the Bylaws, and may be changed from time to time by amending the Bylaws as therein provided, but the number of trustees shall be not less than three (3).

2. In furtherance of and not in limitation of the powers conferred by the laws of the State of Washington, the Board of Trustees is expressly authorized to make, alter and repeal the Bylaws of the corporation, subject to the power of the members of the corporation to change or repeal such Bylaws.

3. The corporation may enter into contracts and otherwise transact business as vendor, purchaser, or otherwise, with its trustees, officers and members and with corporations, associations, firms and entities in which they are or may be or become interested as directors, officers, members or otherwise, as freely as though such adverse interests did not exist, even though the vote, action or presence of such trustee, officer or member may be necessary to obligate the corporation upon such contracts or transactions; and, in the absence of fraud, no such contract or transaction shall be avoided and no such trustee, officer or member shall be held liable to account to the corporation by reason of such adverse interests or by reason of any fiduciary relationship to the corporation arising out of such office or membership for any profit or benefit realized by him through any such contract or transaction; provided, that in the case of trustees and officers of the corporation (but not in the case of members who are not trustees or officers) the nature of the interest of such director or officer, though not necessarily the details or extent thereof, be disclosed or known to the Board of Trustees of the corporation, at the meeting thereof at which such contract or transaction is authorized or confirmed. A general notice that a trustee or officer of the corporation is interested in any corporation, association, firm or entity shall be sufficient disclosure as to such trustee or officer with respect to all contracts and transactions with that corporation, association, firm or entity.

4. The trustees shall not loan the corporations's money to any trustee or member.

5. Any contract, transaction or act of the corporation or of the trustees or of any of the corporation which shall be ratified by a majority of a quorum of the members of the corporation at any annual meeting or any special meeting called for such purpose, shall, insofar as permitted by law, be as valid and as binding as though ratified by every member of the corporation.

6. The first trustees of this corporation shall be _____ in number and their post office addresses are as follows:

The term of the first trustees shall be until the first annual meeting of the members of the company to be held on the _____ day of _____, _____, and until their successors are elected and have qualified.

ARTICLE VI INCORPORATORS

The names and addresses of the incorporators are as follows:

ARTICLE VII MEMBERSHIP

Membership in The Pierce County Medical Society shall consist of physicians as hereinafter defined and be composed of the following categories: active, provisional, associate, honorary and inactive.

Active Membership. A physician to be eligible for or continue in the category of active membership must:

1. Be a citizen of the United States or have filed a declaration of intent;
2. Possess the degree of Doctor of Medicine or Doctor of Osteopathic Medicine from a teaching institution approved by the American Medical Association;
3. Be of good moral character and abide by the Principles of Ethics of the American Medical Association;
4. Maintain membership in the Washington State Medical Association;
5. Hold a current valid license to practice medicine and surgery or osteopathic medicine and surgery issued by the State of Washington;
6. Maintain a practice in Pierce County or in a contiguous or neighboring county if it be more convenient to attend the meetings of the Pierce County Medical Society and if the Society in whose jurisdiction he may be consents to an affiliation with the Pierce County Medical Society, or be an accredited transfer from another component county medical society of the Washington State Medical Association;
7. Not support, practice, or claim to practice sectarian medicine.

Associate Membership. An associate member is a physician who: possesses all qualification for active membership except for 4, 5 and 6 above, as stated under active membership. Associate membership is intended primarily for those physicians in the community in the Armed Forces, Veterans Administration, teaching institutions, administration, or otherwise not engaged in private practice. Associate members shall not have the right to vote or hold office but shall be entitled to all other benefits of active or provisional membership. The dues for associate members shall be on a pro-rated or reduced basis; the amount of which shall be established annually by the Board of Trustees.

Honorary Membership. To be eligible as an honorary member one must have been an active member of one or more constituent societies of the American Medical Association for five (5) or more years, and has retired from

active practice for cause approved by the Pierce County Medical Society. For the purposes of this section, active practice means any medical practice for which financial remuneration is received. Honorary status under this section shall revert to active status if such member thereafter returns to active practice.

Inactive Membership. A previously active member in good standing in the society who leaves the community temporarily for reasons of military service, bona fide residency training of at least six (6) months or more, practice in a remote locality, or for any other reason approved by the society, may be granted inactive membership. No dues shall be required of inactive members, nor shall they have the right to vote or hold office. Reinstatement of an inactive member to active status shall be accomplished by written petition to the Board of Trustees of the society, and shall be granted provided that the member still fulfills all criteria for active membership.

Duties and Rights of Members. It is mandatory that the members of the Pierce County Medical Society, other than associate members, maintain membership in the Washington State Medical Association. The right to vote or to hold office shall be limited to active and honorary members.

Standards of Qualification. The Society shall be the sole judge of the moral, ethical and professional qualifications requisite to, or continuation in, any class of membership in the society.

Definition of Terms:

1. Physician: one who holds an acceptable degree of Doctor of Medicine or Doctor of Osteopathy.
2. Practice: for the purposes of these Articles the term "practice" shall not be limited to the practice of medicine as defined by law, but shall be interpreted broadly to include physicians in medical residency or in such means of livelihood as Industrial Medicine, Public Health, Medical Teaching or Research, Medical Administration or medical duties in a public institution.

**ARTICLE VIII
OFFICERS AND DELEGATES**

Officers. The officers of this Society shall be the President, President-Elect, Vice-President, Secretary-Treasurer, Immediate Past-President and seven Trustees.

Election and Tenure. The voting members of the society at the annual meeting of the Society shall elect, by such methods or procedures as the Bylaws may provide, the following officers to serve a one-year term: President-Elect, Vice-President, and Secretary-Treasurer. Each of these officers shall assume office at the close of the annual meeting at which they were elected, and shall hold office until the corresponding period one year hence, or until his successor assumes office.

The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office, at which time he shall automatically become President, and shall serve as President until the corresponding period one year later, or until his successor assumes office.

The society shall also elect seven Trustees, each of whom shall serve a two-year term. Four Trustees shall be elected alternate years, and three the other years.

Delegates. The President, Vice-President, President-Elect, Secretary-Treasurer, Immediate Past President and the appropriate number of Trustees starting with those with the highest number of votes electing them to office, shall also serve as Delegates from this society to the Annual Meeting of the Washington State Medical Association.

The remainder of the Trustees shall be Alternate Delegates, with any necessary additional alternates to be appointed from the active or honorary membership by the Board of Trustees.

Vacancies — How Filled. If before the expiration of the term for which he was elected the President or President-Elect dies, resigns, is removed, or becomes disabled or disqualified, the Vice-President shall succeed to the office vacated, with all prerogatives and duties pertaining to that office as though he had been elected President or President-Elect in the first instance.

Vacancies created by the death, illness, resignation, removal or disqualification of other officers, and vacancies in contingencies not herein provided for, shall be filled, if the Board of Trustees deems it advisable, by appointment by the Board of Trustees until the next regular meeting of the society, at which time in any event, the voting members of the society shall elect one of its active or honorary members for the unexpired portion of the term.

Qualifications of Officers. Only such persons as have been active or honorary members in good standing for at least five years immediately preceding the election are eligible for election to office in this society.

ARTICLE IX LEGISLATIVE POWERS

Subject only to the paramount authority of the Washington State Medical Association and the laws of the State of Washington all legislative powers of the society, including the power to alter, amend or repeal these Articles of Incorporation, are vested in, and shall reside in, the voting members of this society, who alone shall have the power and authority to determine the policies of the Society except as provided in Article X — General Powers of the Board of Trustees.

ARTICLE X BOARD OF TRUSTEES

Composition. The Board of Trustees shall consist of the President, President-Elect, Vice-President, Immediate Past President, Secretary-Treasurer, and seven Trustees.

General Powers. The Board of Trustees shall carry out the mandates and policies of the society as determined by the voting members or by the Washington State Medical Association.

Subject only to (1) the provisions of these Articles of Incorporation and Bylaws, (2) all resolutions and enactments of the voting members, and (3) the paramount authority of the Washington State Medical Association. The Board of Trustees has full and complete power and authority to perform all acts and to transact business for or on behalf of the Society and to manage and conduct all the property, affairs, work and activities of the Society.

It shall have supervision and control of the finances of the Society and investment of its funds and shall perform such other duties and exercise such other rights as may be set forth in the Bylaws or as are prescribed by the laws of the State of Washington relating to the directors of such organizations.

Subject to the approval of the Society as to selection, the Board of Trustees shall have the power to employ an executive director, whose duties shall be to assist the officers of the Society in their official duties, and otherwise as may be directed by the Board of Trustees.

The Trustees shall employ an auditor who shall make a careful examination of the Society's finances, and make a report annually.

Meeting. The Board of Trustees shall meet at least nine (9) times each calendar year at a time and place as may be designated by the president. During the months of June, July, and August, depending upon the

business commitments of the Society, the Board may choose not to meet, but shall be subject to the call of the president if he deems a general meeting necessary for the conduct of the Society's affairs.

The President shall call a meeting of the Trustees upon the written request of four or more members of the Board of Trustees, and in the event of his failure to call such meeting within a reasonable period of time in accordance with the terms of the written request, the four or more members requesting the meeting may themselves call a meeting of the Trustees.

A majority of the Board of Trustees shall constitute a quorum for the transaction of business.

ARTICLE XI FINANCES

Raising of Funds. Funds for the conduct of the affairs of the Society may be raised by (1) such annual dues from and such special assessments on members of the society which may from time to time be determined by the Board of Trustees, (2) voluntary contributions, devises, bequests, and other gifts, and (3) any other manner determined by the Society or its elected officers.

Appropriations. Society funds may be appropriated only for such purposes as will permit the proper conduct of the activities of the Society and will tend toward the attainment of its objectives.

An annual budget shall be prepared by the Secretary-Treasurer or his designate, and be approved by the Board of Trustees at the beginning of the fiscal year.

No money shall be spent that was not budgeted, and the budget may not be exceeded except by a majority vote of the Board of Trustees.

Fiscal Year. The fiscal year of this Society is from January 1st to December 31, inclusive.

ARTICLE XII DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in the Bylaws, a member may be expelled, suspended, admonished, or otherwise disciplined, provided that a copy of the charges preferred against him is served on him. He will be given at least ten (10) days to prepare his defense, to present witnesses and other evidence on his behalf, and to cross examine witnesses and to rebut evidence presented to sustain the charges.

A member against whom disciplinary action has been voted by the Society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall be suspended during the pendency of such appeal or appeals.

A member in arrears with respect to dues shall be automatically suspended or expelled under the provisions of the Bylaws. A member shall be considered in arrears with respect to dues if full payment has not been received by the first day of April in each fiscal year.

ARTICLE XIII ETHICS

The principles of Medical Ethics of the American Medical Association in force at the time of the adoption of these Articles of Incorporation, and

as they may from time to time thereafter be amended by the American Medical Association, are the Principles of Medical Ethics of this Society and are binding upon its members.

ARTICLE XIV FORM OF ORGANIZATION

This Society is a corporation not for pecuniary profit incorporated under the laws of the State of Washington and specifically under provisions of RCW 2.03. If in the future the voting members of the Society deem the course advisable, the Society may have its corporate status dissolved, and may function as an unincorporated association or under such other forms of organization as it deems best. Every member of this society at the time of the adoption of these Articles of Incorporation by retaining membership herein, and every member admitted in the future by applying for such membership, intends that his rights and duties as a member of this Society shall be determined and governed by the provisions of these Articles of Incorporation and Bylaws. If this is held to be in conflict with, contrary to, or beyond the powers conferred by the Articles of Incorporation or other integral part of the so-called charter of the corporation, if necessary to attain the end and effectuate the intent expressed in the preceding sentence, the corporate status of this Society may be dissolved.

ARTICLE XV AMENDMENTS

These Articles of Incorporation may be amended in whole or in part by mailed written ballot of all voting members provided that (1) two-thirds of the ballots returned to the Secretary-Treasurer favor the amendments and that (2) prior to that time the proposed amendment has been read at the last preceding regular society meeting and that (3) a copy of the proposed amendment is sent by mail to each member not less than fifteen days in advance of the meeting at which action is to be taken. A notice shall be deemed to have been sent if published in the Bulletin of the Pierce County Medical Society, and such notice so published shall be deemed to have been sent on the date following the date of the publication thereof.

ARTICLE XVI REPEAL OF PREVIOUS CONSTITUTION, BYLAWS, MOTIONS AND RULES

Upon the adoption of these Articles of Incorporation and the Bylaws the following are repealed:

1. The previous Constitution and Bylaws and amendments thereto, and
2. All previous motions of record and rules and regulations in conflict with these Articles of Incorporation and Bylaws, provided that all officers, delegates, alternate delegates and committeemen shall continue their incumbency until their successors are duly elected as provided in these Articles of Incorporation and Bylaws.

ARTICLE XVII DISSOLUTION

Should this corporation for any reason be dissolved, all net assets remaining upon dissolution and after satisfying all debts and incumbrances, shall be distributed to any nonprofit corporation or teaching institute whose primary goals and purposes are related to medical education or health care delivery and whose cause is deemed worthy at the time of dissolution by the members of the Board of Trustees.

Pierce County Medical Society

813 South K Street
Suite 200
Tacoma, Washington 98405

Address Correction Requested

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