

**PIERCE COUNTY MEDICAL SOCIETY**

# **BULLETIN**

**VOL. XXXIV—No. 1**

**TACOMA WASH.**

**JANUARY - 1963**



# Pierce County Medical Society

1963

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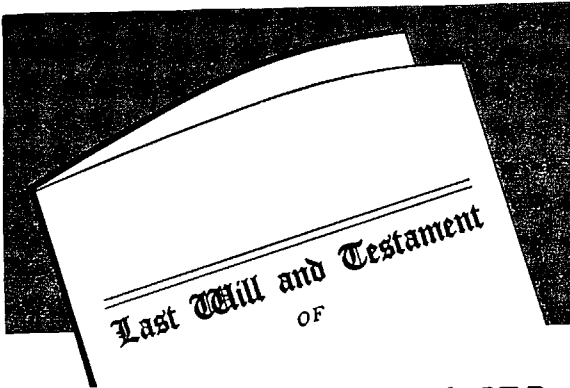
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### JANUARY

- 1 GEORGE G. R. KUNZ
- 2 STEVENS DIMANT  
HILLIS F. GRIFFIN
- 3 BURTON A. BROWN  
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- 16 ROBERT H. GIBSON  
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- 18 R. A. NORTON  
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- 19 TED APA  
RODNEY A. BROWN  
DON F. CUMMINGS
- 20 RALPH A. JOHNSON
- 24 RENE GAY-BALMAZ
- 26 RAYMOND ELLIS
- 27 JOHN M. HAVLINA
- 30 WILLIAM L. SPAULDING
- 31 VIRGINIA LARSEN  
ROBERT B. TRUCKEY

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**Our Cover . . .** Tacoma City Light Mc-Millan Reservoirs and Mount Rainier in the background.



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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, January 8**

Medical Arts Building Auditorium

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

**YMCA FITNESS PROGRAM**

MR. JACK GILL

---

**EXERCISE AND THE HEART**

DONAL R. SPARKMAN, M.D.

State Medical Consultant, Vocational Rehabilitation

\* \* \* \*

Social: 6:00

Dinner: 6:45

Honan's Restaurant

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# January Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1  HAPPY NEW YEAR	2	3  Pierce Co. Ped. Soc.—6:00 p.m.	4  C.P.C. of St. Joseph's—9 a.m.	5  C.P.C.—Mt. View General 8 to 9 a.m.
7	8  Pierce County Medical Society 8:15 p.m.	9	10	11  C.P.C. of St. Joseph's—9 a.m.	12  C.P.C.—Mt. View General 8 to 9 a.m.
14	15  Tacoma Surgical Club—6:30 p.m.  C.P.C. of Mary Bridge—8 a.m.	16	17	18  C.P.C. of St. Joseph's—9 a.m.	19  C.P.C.—Mt. View General 8 to 9 a.m.
21	22  Tacoma Acad. of Internal Medicine—6 p.m.	23	24	25  C.P.C. of St. Joseph's—9 a.m.	26  C.P.C.—Mt. View General 8 to 9 a.m.  Auxiliary Dinner-Dance McChord AFB
28  Pierce County Academy of General Practice 6:30 p.m.	29	30	31		

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

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## *President's Page*



There are 288 members of the Pierce County Medical Society. Twelve of these are elected to the Board of Trustees.

The growing influence and responsibility of the medical profession—whether by choice or by chance—in a multitude of social, economic and political—as well as scientific—issues, accentuates the need for close liaison between the Board and the membership. Any member may express his ideas to the Board, particularly if they are of a constructive nature. To avoid an unwieldy agenda, advance arrangement with the President or the Secretary is essential. During the past year, several Board meetings featured such expressions by members and the December meeting was a good example. As a result of that meeting, the new Board (only five members are actually new) will be alerted to the following inter-related issues:

1. The increased tendency toward local publicity of medical care in other cities, with relative disparagement of Tacoma's modern facilities.
2. The number of Southwest Washington residents who seek care in other centers, even though Tacoma is closer to them.
3. The well-meaning, but sometimes misguided, local organizations which lend support to medical care projects in other areas, apparently oblivious to the advantages of local care.
4. Additional public relations measures which will counteract some of these trends.
5. The policies of the University of Washington Medical School Hospital.
6. The degree of adequacy and convenience of Tacoma's multi-centric emergency room arrangement.

Each Society member must have an awareness of the ever-changing issues we face, if solutions are to be forthcoming.

Though this page may not feature rhetorical excellence, it will make every effort, along with the rest of the Bulletin, to provide a close liaison between the Board and the membership.

STANLEY W. TUELL, M.D.

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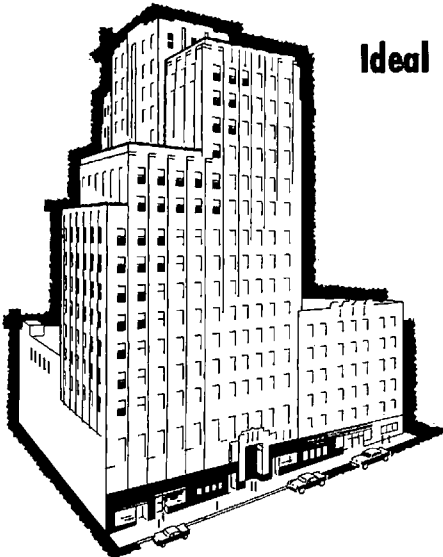
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## *Guest Editorial*

I have been asked to write what I learned from my recent experience and enforced illness. My first reaction is that I learned nothing and my philosophy of life is unchanged. We seem the same throughout our remembered lives, though perhaps polished by experience and study, but basically reacting today as yesterday. Still, some thoughts recur . . .

That I am happy I wear a seat belt. (I wish everyone would.)

That trained assistance at the scene of an accident is appreciated and rewarding.

That a doctor occupies a very special place in the hearts of his patients.

That doctors belong to a true fraternity and respond as brothers in offering very real assistance in times of adversity.

Finally, that for most of us the urgent family needs in a prolonged disability are met reasonably well with the help of savings, insurance and expanded credit. However, these sources may not be adequate to meet the needs of the children attending college. This need might be met by a scholarship fund for sons and daughters of Pierce County physicians, to be distributed according to need and scholarship. I would enjoy contributing to such a fund.

—ROBERT A. KALLSEN, M.D.



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# *Editorially Speaking*

## **"New Year's Resolutions"**

Another year of decision is facing us members of the medical profession. A year that promises more problems and threats to practice, as we know it, than have ever before existed. As we stand toward it, girding our loins to meet its tests, let us thoughtfully re-examine our directions and goals.

Wouldn't it be great if we could improve our public image, render greater service to our fellow man and, at the same time, make the practice of medicine richer and more rewarding in terms of human experience (as it ought to be). It wouldn't hurt us to work a little harder to achieve all this and, to that end, we suggest several New Year's Resolutions. These are just a few that come to mind.

**BE IT RESOLVED THAT WE:**

1. Avoid bad press. Let's keep our group squabbles such as between the American College of Surgeons and the AAGP out of the public press. Let's be careful that nothing happens in our personal lives to scandalize the community or get into the courts of law.

2. Work for passage of a Good Samaritan law in this state so that we may stop at the scene of an accident without fear of being sued.

3. Steer away from over-specialization to the confusion and resentment of the patient. Let us avoid calling in unnecessary consultants, thereby increasing costs. Let us work together to cover emergency rooms adequately regardless of specialty. Let us remember we are doctors first and specialists second.

4. Carefully police our own ranks from within via our established committees lest we become policed from without. Let us, in our committees, make our criticisms purely constructive and not punitive. And in our judgments, let us take into account other accepted ways of doing things.

5. Pressure the medical section of the Department of Labor and Industries to become more efficient and less exasperatingly petty in our dealings with them. Let them pattern their operation along the lines of our medical bureau.

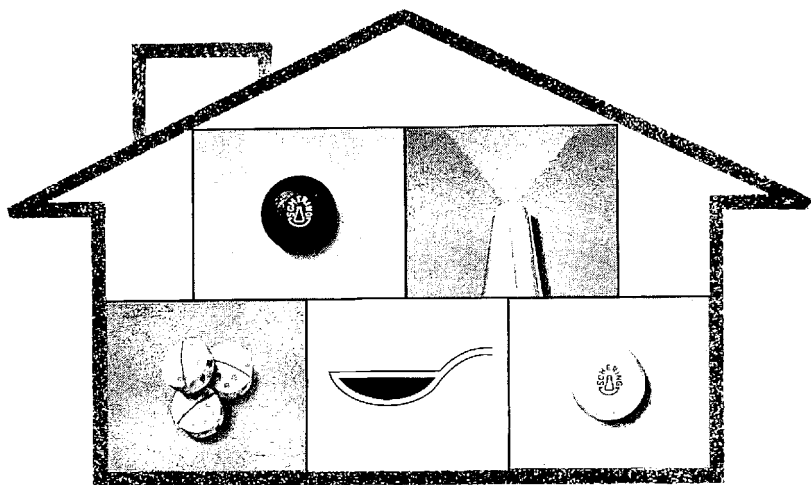
6. Work to introduce local health measures such as fluoridation of the public water supply. Also, let us seek better legislation, such as exists in the State of Oregon, to provide for sterilization of the mentally incompetent.

7. Have more volunteers for overseas work in the field of family planning and medical teaching.

8. Urge private medical groups to unite with insurance companies to offer standardized, comprehensive nation-wide prepaid medi-

(Continued on Page 14)

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(Continued from Page 12)

cal coverage that can realistically compete for public acceptance with anything the government has to offer.

9. Fight to reduce the 1 billion dollars the government proposes to spend on medical research in 1963.

10. Streamline our hospital charts, cut down on our paper work, space out evenly the number of meetings we have to attend, avoid unnecessary duplication of committee work.

11. Become more civic-minded; let each doctor get involved in at least one activity of this sort per year.

12. Take more time off; spend more time with our families; have a medical check-up more often; indulge ourselves in regular physical exercise.

13. Give more support to political organizations such as AMPAC and others that struggle against the trend toward the welfare state.

There are many more. We think these are a few of the important ones that apply especially to the home scene.

Resolutions are a far cry from actions. However, one must first build castles in the air before he can build them on the ground.

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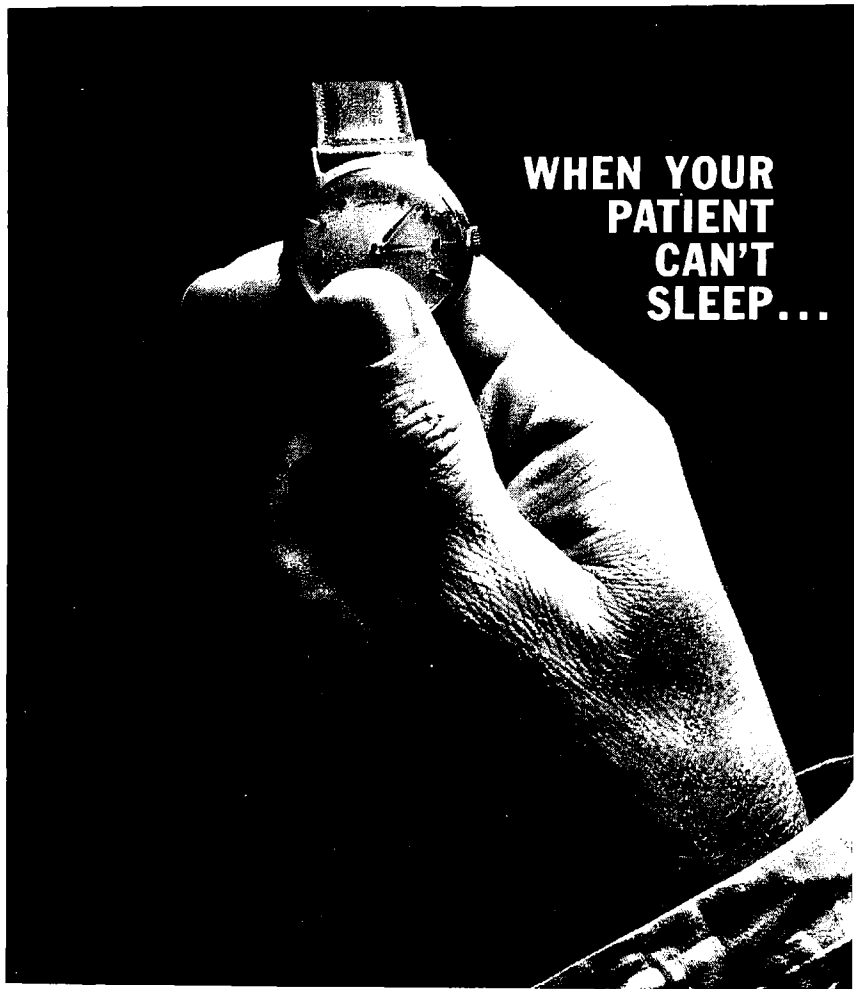
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## Dear Editor . . .

(Note: The Bulletin invites your letters, signed or unsigned, on any subject, to be published in this section monthly—space permitting.)

**CITY OF TACOMA  
WASHINGTON**

Fire Department

December 21, 1962

Pierce County Medical Society

Gentlemen:

Your television program on Sunday evening, December 16, 1962, was very timely and informative for Fire Dept. personnel as we plan to conduct a Refresher First Aid Course starting in January for all members of the Fire Dept. on the very same subject that the panel was discussing. We plan to use a "Resusianna" and also to stress the use of closed chest heart massage and mouth to mouth resuscitation.

It might interest you to know that all of the on-duty personnel of the Fire Dept. were watching the program. We noticed what the subject would be in the T.V. Guide and had the time and subject announced to all stations beforehand. We did not order the men to watch the program, however I was gratified by the 100% response to the announcement.

All of our men are very interested in Resuscitation because a large part of our calls are for the resuscitator. So far this year we have responded to 962 Resuscitator and Emergency Aid calls. In 1961 we responded to 906 calls of the same nature.

I have heard much favorable comment from my men on the program, and I am sure they all benefited from the panel discussion and demonstration. I had hoped that we might be able to use a tape recording of the program to show the men who were off duty on Sunday, but I find that the tapes of the T.V. station are not suitable to use on our projector.

Please extend my appreciation of the program to Drs. Piper, Backup, Tanbara, and Herrmann.

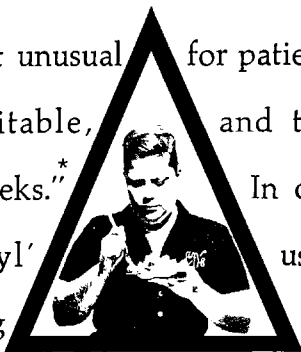
Sincerely,

Orrin H. Anderson, Deputy Chief  
Tacoma Fire Dept.

OHA:im

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\*Matlin, E.: *The Obvious in Obesity*, Clin. Med. 8:1071 (June) 1961.

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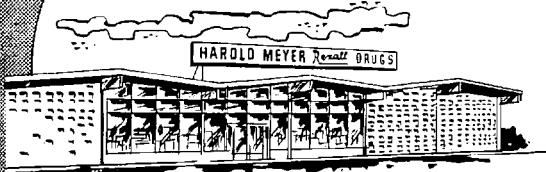
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**SUPPLIED:** Bottles of 50 capsules.

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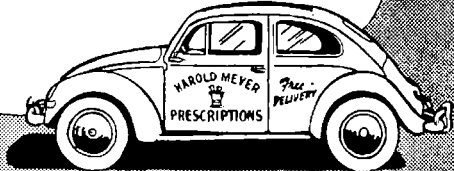
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## One For The Books

In this section a different doctor each month will be asked to write about an unusual experience or case he has had in the practice of medicine. It can be either humorous or serious. It should be brief (600 to 800 words) and not too scientific.

Author of the Month . . .

S. F. HERRMANN, M.D.



Doctors and nurses often develop the most serious surgical problems because of failure to give proper, prompt attention to important symptoms. Resulting complications produce hazards that are difficult to overcome.

A graduate nurse, age 69, telephoned her doctor for advice regarding the care of "intestinal flu". The neighbors had been having gastro-intestinal trouble and so she diagnosed her own case as being of the same nature. She complained of lower abdominal cramping pains, nausea, abdominal distension and failure of the bowels to move. The symptoms had been present for three days. Without seeing her the doctor wisely advised immediate hospitalization. I saw her in consultation on admission. She had a temperature of 99.4, pulse 80 and a markedly distended abdomen. It was tympanic and was quite tender in the right lower quadrant. There was a surgical scar of an ancient appendectomy and cholecystectomy and we also obtained a history that in 1945 radium had been used to treat cancer of the cervix. The leukocyte count was 20,700 with 89% polymorpho-nuclear cells. Hemoglobin, 14, hematocrit 44. In answer to repeated questioning the patient insisted that her bowels had been moving regularly without difficulty until

the onset of the present symptoms. In light of the pathologic findings, this was manifestly impossible. An x-ray film of the abdomen showed a markedly distended colon with multiple fluid levels and gas. Obstruction was apparently present in the sigmoid region. There was very little gas in the small bowel. Our diagnosis was acute and complete obstruction of the sigmoid colon, perhaps remotely connected to the radium treatment for cancer of the cervix. Because of the high leukocyte count and tenderness, we were afraid to try the use of a tube to relieve a possible volvulus. We feared the danger of perforation. Gastric suction removed only normal gastric juice and no gas and made no difference in the distension of the abdomen. Immediate operation was advised. A low midline incision disclosed a tremendously distended colon which was believed to be sigmoid but which later proved to be cecum. There were little longitudinal rents in the bowel which indicated that spontaneous perforation was imminent. It was impossible to explore the abdomen. Another incision was therefore made across the upper left rectus muscle and the transverse colon was delivered with some difficulty because of distension and because of a very thick omentum. A trochar was introduced to remove fluid and gas, decompression however was incomplete and unsatisfactory but this maneuver made it possible to bring out a loop of colon and place a glass rod under it. Attention was then directed to the lower abdomen and it was determined that this dilated colon was actually the cecum. This was decompressed with a trochar and a No. 18 catheter was introduced by the Witzel technique. The cecostomy catheter was brought out through a stab wound in the right lower quadrant. It was now possible to introduce the hand into the left side of the pelvis and to palpate the sigmoid colon. In the mid portion of the sigmoid there was a constricting lesion which was very firm and was believed to be carcinoma. However, the external appearance was that of a string tied tightly around as if this might be a stricture. The small intestine was not distended and appeared to be quite normal. There was evidently a competent, strong

(Continued on Page 21)

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(Continued from Page 19)

ileo-cecal valve so that we were actually dealing with a closed loop obstruction of the colon. When this situation obtains the pressure within the distended colon becomes extreme and perforation may easily happen.

The post operative course was quite satisfactory. The cecostomy loop was opened on the following day with a cauterizer. The cecostomy catheter drained fairly well but the tranverse colostomy was much more effective. Attempts were made to irrigate through the distal loop of the colostomy and also to inject water by enema through the rectum but it was impossible to force fluid through the obstructing lesion.

The second operation was done fifteen days later. The old midline incision was reopened and much to our dismay pus with colon odor gushed out from under the incision. We washed the wound thoroughly and decided to proceed and trust to large doses of antibiotics. It was easy to expose the lesion and to resect a generous length of sigmoid colon. There was a napkin ring type of adenocarcinoma. Examination later showed that there was practically no lumen remaining through the lesion. We found no evidence of metastasis. The pathologist diagnosed adenocarcinoma grade 3, without involvement of regional lymph nodes. The incision was closed with through and through mattress sutures of stainless steel wire. We closed the colostomy at the same time because we had a cecostomy that should suffice to protect this closure as well as the sigmoid anastomosis. Immediate post operative condition was good but twelve hours later I was called, at 2 a.m., because the patient appeared to be in profound shock. The temperature was 104 by rectum, blood pressure 80/60. She was perspiring and appeared to be extremely ill. I believe this shock was secondary to toxic absorption from the abscess which was encountered when the incision was opened. There were no good veins available for intravenous infusion because of many previous punctures. A cut-down was therefore made at the ankle and a catheter introduced into the interior tib-

(Continued on Page 23)

# RANKOS

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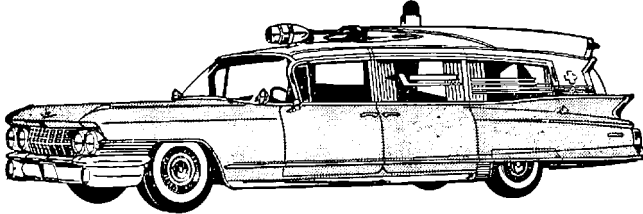
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(Continued from Page 21)

ial vein. A unit of plasma was given, followed by a unit of blood. Ephedrine helped to raise the blood pressure and large doses of penicillin were given in addition to the already administered chloromycetin. Conditions improved rapidly and the patient was apparently out of danger the following day. She developed left diaphragmatic pleurisy which was rather painful and also had some leakage from the closed colostomy, with wound infection, but the cecostomy catheter was removed in a week and she proceeded to recover.

May I add the following questions and observations:

1. How can the bowels move regularly when there is practically no lumen in an obstructing lesion?

2. Why should a R.N. diagnose an obvious complete intestinal obstruction as "intestinal flu"?

3. A competent ileocecal valve leads to severe closed loop complications whenever there is obstruction in the distal colon.

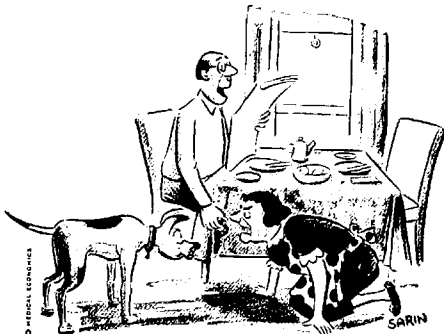
4. Cecostomy alone produces ineffective decompression but it is a useful adjunct to colostomy.

5. Ignoring the danger of sepsis from a wound abscess may result in severe toxic shock.

6. All is well that ends well.

## Cartoon of the Month

The Bulletin invites you to submit your favorite cartoon to be reproduced here. This one rocked Charlie Larson for days.



"How's the diet coming, dear?"

—Courtesy of Medical Economics

## TV Program Saves Life

"Ask Your Doctor" probably saved the life of a Tacoman who fell into a sump pool December 21st. According to a story in the News Tribune, the accident resulted in general confusion at the scene, but one person knew what to do. Mr. F. A. Thompson had been instructed the day before by his wife, who had viewed with great interest the December 16 "Ask Your Doctor" program on which Drs. Backup, Piper and Tanbara discussed various methods of artificial respiration and what to do for a person in shock.

The report goes on to say that the victim wasn't breathing when he was pulled from the sump and he had changed color; he had been floating about two minutes in the water after apparently striking his head on a small protruding motor in a seven-foot fall into the sump.

"No one was doing anything for him," Thompson said. "I thought of what my wife said to do and I did it almost automatically. It went like clockwork. I had never revived anyone before and if it hadn't been for what she told me, I wouldn't have known what to do either." Mouth-to-mouth artificial resuscitation, as described by the "Ask Your Doctor" panel, was performed and eventually the victim began to breathe.

"Of all the presents I might have received at Christmas, this knowledge means more to me than anything else," Thompson said. "I would like the doctors to know that for at least one person, their program was very worthwhile."

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## Pierce County Academy of General Practice To Hold Symposium

The first of what is hoped will be an annual Pierce County Academy of General Practice Symposium was held Saturday, December 8, at the Doric Motel; the subject for this year's meeting was pediatrics.

Program chairmen Robert Ferguson and Robert Crabill presented a varied and interesting group of speakers which included Drs. John Shaw, David Hellyer, Clinton Piper, Robert Freeman, Robert Osborne, Kenneth Gross; all spoke on childhood problems related to their specialties. Guest speakers were Dr. Dean Crystal of Seattle and Dr. William Campbell from the Primate Center in Portland, Oregon.

James Blankenship, president of the local chapter, presided at the evening banquet where Dr. Jerman Rose was the guest speaker; his subject was "Normal and Deviant Personality Development in Children." Registration for the one-day meeting exceeded ninety.

### CHANGE OF ADDRESS

Dr. and Mrs. Philip Grenley and family are now residing at 40 Loch Lane, S.W.; the phone number is JU 4-4421.

## HOSPITALS

### Tacoma General

Since this reporter last sent in news to the Bulletin we have had several new arrivals at the hospital.

On December 1, Mrs. Judy Bass gave birth to a girl, 6 pounds, 6 ounces.

Mrs. Carol Hopkins gave birth to a boy on October 26 which weighed 6 pounds, 15 ounces.

Mrs. Marilyn Hinrichs presented a boy on October 29, weighing 6 pounds, 6 ounces.

On October 7, Mrs. Loek Stutterheim gave birth to a boy, 6 pounds, 7 ounces.

Dr. Schultz was presented with two granddaughters—one born on October 18, weighing 8 pounds, 4 ounces, to his daughter, Mrs. Barbara Mitten, and the other

born on October 31, weighing 7 pounds, 3 ounces, to his daughter-in-law, Mrs. Barbara Schultz.

Mrs. Ruth Rae has been appointed the new Director of Volunteer Service. She replaces Mrs. Irene Collier who has been in charge of the department for the past year.

Mrs. Virginia Elson has been appointed the new Executive Housekeeper. She comes to us from the position of Assistant Housekeeper at the Firland Sanatorium in Seattle.

Mrs. Allie Cobbe has been appointed the new Medical Record Librarian. She comes to us from Madigan Army Hospital and replaces Miss Sally Mount who left last June to join the staff at the University of Texas Medical Center in Galveston.

Recently approved for membership on our Medical Staff were Doctors Robert O. Brettell, Rodney A. Brown, H. Loring Dixon, John W. Pelley, and E. Guenter Star.

## Saint Joseph's Medical Record Dept.

Two of the Medical Record Technician students, Sister Ann Margaret and Patricia Ek, along with their instructor, Sister Mary Emmanuel, attended the Oregon State Convention for Medical Record Librarians in Portland, Oregon. International coding and classification of diseases was the main topic of conversation at this meeting. Although the students have had little experience in coding, they found the discussions very worthwhile and had quite a bit of information to relate to those who were unable to attend.

The students and employees of the department attended the hospital's annual Christmas party. A delicious luncheon was enjoyed by all. Members of the Saint Leo's Glee Club, Dr. and Mrs. Leibrecht, and various employees of the hospital provided the party with Christmas carols which added a gay effect to the event. Door prizes were awarded every hour from 3 p.m. to 5 p.m.

Friday, December 21, the students left for their Christmas vacation. Gail Hallman, from Coos Bay, Oregon, was looking forward to spending Christmas with relatives



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PHYSICIANS' AND HOSPITAL SUPPLIES



(Continued from Page 25)

elected to serve on the Executive Committee for the 1963 term of office were:

Vice President.....Dr. Louis P. Hoyer, Jr.  
Secretary.....Dr. John P. Liewer  
Committeemen . . .

Dr. Robert P. Crabill

Dr. Z. Joseph Vozenilek

The organization of the professional staff for the year 1963 is subdivided as follows:

#### **Surgical Committee**

Dr. Theodore R. Haley, Chairman

Dr. Ralph A. Johnson

Dr. Z. Joseph Vozenilek

Dr. B. N. Ootkin

#### **Obstetrics and Gynecology Committee**

Dr. John P. Liewer, Chairman

Dr. Thomas B. Lawley

Dr. H. Herbert Meier

Dr. Robert D. McGreal

#### **General Practice Committee**

Dr. William C. Brown, Chairman

Dr. Robert H. Bias

Dr. John F. Comfort

Dr. Robert P. Crabill

#### **General Medicine & Pharmacy Committee**

Dr. Lawrence E. Skinner, Chairman

Dr. James F. Early

Dr. Joseph D. Martin

Dr. Sacide S. Morain

Dr. Gerhart A. Drucker

#### **Pediatrics Committee**

Dr. Richard I. Rich, Chairman

Dr. H. Herbert Meier

Dr. Ernest L. Randolph

Dr. David L. Sparling

#### **Anesthesia Committee**

Dr. Leonard G. Morley, Chairman

Dr. Sidney Kase

Dr. Louis P. Hoyer

Dr. Michael Z. Irvin

#### **Ophthalmology & Otolaryngology Committee**

Dr. William L. Spaulding, Chairman

Dr. S. Stefan Thordarson

Dr. Lawrence E. Skinner

#### **Infection Control Committee**

Dr. David L. Sparling, Chairman

Dr. Charles P. Larson

Dr. Joseph B. Harris

Dr. Michael Z. Irvin

#### **Tissue Committee**

Dr. Charles P. Larson, Chairman

Dr. Sidney Kase

Dr. B. N. Ootkin

Dr. Z. Joseph Vozenilek

#### **Medical Record Committee**

Dr. Kenneth E. Gross, Chairman

Dr. Norman E. Magnussen

Dr. Sidney Kase

Dr. James F. Early

#### **Credentials Committee**

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Dr. Theodore R. Haley

Dr. Max Thomas

Dr. Robert R. Burt

Dr. Edward D. Klopping

#### **Library Committee**

Dr. Robert D. McGreal, Chairman

Dr. Jack J. Erickson

Dr. Theodore Smith

Dr. R. W. Gay-Balmaz

We welcome the new committee members and look forward to a happy and successful year of service to our patients, medical staff, and community.

#### **Christmas Tea**

A highly successful Christmas Tea was held in mid-December to honor the office personnel of the active staff members at L.G.H. It was a marvelous opportunity for the hospital staff to become acquainted with nurses, receptionists, and bookkeepers, whom we had previously known by "telephone voice" only.

We say thank you to our doctors who encouraged their office personnel to attend the tea and, in some cases, gave them time off from work. It was our pleasure to welcome them to the house.

#### **Welcome New Staff Members**

It is a pleasure to report the names of doctors most recently appointed to the Professional Staff of L.G.H., and to welcome them to our house:

Dr. Leonard G. Morley

Dr. Kenneth D. Graham

Dr. John W. Williams

Dr. Murray L. Johnson

Dr. John S. May

Dr. Charles E. Kemp

(Continued on Page 28)

(Continued from Page 27)

Dr. George T. Mohler  
 Dr. Otto R. Rombouts  
 Dr. Vernon O. Larson  
 Dr. Thomas G. Hinrichs  
 Dr. Charles O. Evans  
 Dr. C. Russell Perkins  
 Dr. Leif C. Overby  
 Dr. Roland H. Rue  
 Dr. William E. Duncan

These recent appointments bring the total staff membership to 197 including 61 Active Members, 104 Courtesy Members and 32 Dentists.

### New Equipment

The recent purchase of the Emerson Pump and Bird Respirator has proved most advantageous for our medical staff. The Bird Respirator has been used extensively in the treatment of postoperative patients and patients with emphysema and concomitant pneumonias, and the results have been very effective. Another piece of equipment available at the hospital is a Stryker Frame. This too, has been utilized very effectively.

### Stork Tours

Just a reminder—stork tours are being conducted by qualified members of the Delivery Room Staff the first and third Sundays of every month at 2:30 p.m. Prospective parents are welcomed and every effort is made to acquaint them with the hospital facilities. Coffee is served and visitors are given the opportunity to ask questions regarding the services available.

### Dr. Ootkin Touring Europe

Reports from Lakewood General Hospital's Ambassador to Europe, Dr. B. N. Ootkin, indicate that he is thoroughly enjoying his break from routines in and about Lakewood! Dr. Ootkin departed in late November and plans to return home late in February. We are looking forward to hearing accounts of his travels in many countries.

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## Cancer Society To Present Film Showing

The American Cancer Society, Washington Division, is presenting a statewide Film Showing for women, the third week in January.

Two films, "Time and Two Women" and "Breast Self-Examination" will be shown at twelve places in Pierce County.

Doctors are needed to answer questions after the films are shown. Your cooperation will be gratefully accepted. Please call the American Cancer Society, Pierce County Unit, 224 Perkins Building, MA 7-3755, if you are willing to serve.

Richard T. Vimont, M.D.  
 Vice President for Medical Affairs, Pierce County Unit, ACS.

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## To The Pierce County Medical Society

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3rd Vice-President	Mrs. Leo F. Sulkosky
4th Vice-President	Mrs. M. J. Wicks
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National Bulletin	Mrs. Robert A. Kallsen
Civil Defense and Safety	Mrs. Thomas H. Skrinar
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Legislative	Mrs. George C. Gilman and Mrs. Samuel E. Adams
Membership	Mrs. Robert C. Johnson and Mrs. Myron A. Bass
Paramedical Program	Mrs. Leonard Morley
Publicity	Mrs. Joseph B. Harris
Bulletin	Mrs. George A. Race
Revisions	Mrs. Kenneth E. Gross
Speakers Bureau	Mrs. James L. Vadheim
Telephone	Mrs. John J. Bonica
Minute Women	Mrs. Stanley W. Tuell
	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council	Mrs. Elmer W. Wahlberg
Heart	Mrs. H. A. Anderson
Cancer	Mrs. J. Robert Brooke
Finance	Mrs. Kenneth E. Gross
Dance	Mrs. Arnold J. Herrmann and Mrs. William Rademaker
Fashion Show	Mrs. Thomas O. Murphy and Mrs. William W. Mattson, Jr.
Mental Health	Mrs. John M. Havlina
Today's Health	Mrs. Bernard A. Rowen
Cook Book	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell

Now that the fun, excitement and general rush of the holidays is over, it is time to turn over a new leaf: make a firm resolution to attend your Medical Auxiliary meetings and start right by attending this first-of-the-year one. Emma Bonica will be our charming hostess for a noon luncheon, January 18. Luncheon chairmen and their committee are: Mrs. M. Edward Lawrence, Mrs. G. W. Bischoff, Mrs. Glenn Brokaw, Mrs. Kenneth Gross and Mrs. George Tanbara.

Mr. George Roberts will speak. A call to Mr. Roberts in regard to the topic "Economic Fallacies", as listed in our year book, brought forth a thought-provoking subtitle: "Where Do We Stand?" A very fine speaker, he will certainly challenge our thinking and indeed we may know where we do stand!

Delighted to be back in their lovely new home on Brown's Point Boulevard are Kathy and Del Kohler and their children. The October 12 wind storm really hit them.

They lost the roof, full side of windows and the chimney brick went through the dining room floor into the area where the children play. Del also lost a tall tower which is necessary to his ham radio operation. Fortunately, one of the St. Joseph Hospital intern houses was vacant (same one they lived in while Del interned at St. Joe's) and for seven weeks they called it home. Kathy says it really had a good side—during that time the children could walk to St. Leo's school so she had a rest from the daily taxi service. But is it wonderful that they can be home for the Holidays, especially since Grandmother Krava from Minnesota is visiting with them.

Incidentally, the Tuells, who live next door to the Kohlers, were in their coats and ready to leave at a moment's notice during the storm. Lady Luck smiled: no damage.

Now is the time also to mark your calendar for January 26 for the annual Dinner Dance. Eileen Rademaker and her committee have arranged for a fine dinner and evening of dancing at the McChord Officers Club.

How to get there? Take the freeway south to the McChord AFB-Lakewood cutoff. This will take you to the gate. The M.P.'s will have a list of names (get yours on the list early!) and will direct you from there.

Cost of ticket will be \$12 per couple. This will include complimentary cocktails from 7 to 8:30 p.m. Promptly at 8:30 we will be seated and served a dinner that will include: choice of shrimp or crab cocktail, roast prime rib of beef, baked potato with dressings, tossed salad with French or Roquefort dressing, onion rings, coffee, tea, or milk. Dancing from nine to one with a "live" orchestra of about eight members. Instead of door prizes, there will be drawings for the table centerpieces. A big evening? Yes, indeed. Get your group together and call one of the gals for your reservations: Eileen Rademaker, SK 9-3155; Kay Herrmann, SK 9-4632; Betty Johnson, SK 2-8625. Let's have your name by January 19.

## Report on Actions of AMA House of Delegates

Health care for the aged, medical ethics, graduate medical education, expansion of the AMA Board of Trustees and a study of the sections and scientific program of the AMA were among the major subjects acted upon by the House of Delegates at the American Medical Association's Sixteenth Clinical Meeting held November 25-28 in Los Angeles.

In keynoting the Association's attitude toward Social Security health care for the aged, Dr. George M. Fister of Ogden, Utah, AMA president, told the opening session of the House:

"We will not compromise on the fundamental principles in which we believe and for which we have fought in the past with courage and good judgment. We will not jeopardize our position either by indicating a willingness to consider a compromise which would damage our basic principles, or by hasty action which might be misinterpreted."

Dr. Fister urged the entire medical profession to understand the basic issues in this struggle so that they can recognize the difference between compromise and surrender.

"The people will respond to the truth," he said, "and it is imperative that we as individuals and as an organization see that they get the truth."

The House re-affirmed, without compromise or change, the Association's present policy of opposition to the King-Anderson type of legislation and support for the Kerr-Mills program. In so doing, it also approved in principle the following suggested amendments to the Kerr-Mills Law:

1. Remove the requirement that both Old Age Assistance (OAA) and Medical Assistance for the Aged (MAA) programs be administered by the same agency;

2. Provide flexibility in the administration of the income limitations proposed under state law so that a person who experiences a major illness may qualify for benefits if the expense of that illness, in effect, reduces his money income below the maximum provided;

3. Include a provision in the law requiring state administering agencies to seek expert advice from physicians or medical societies through medical advisory committees; and

4. Provide for "free choice" of hospital and doctor under state programs.

At the same time, the House also endorsed in principle four proposed amendments to the Internal Revenue Code, designed to assist in financing the medical and hospital expenses of the aged. These amendments would: liberalize tax deductions for medical expenses of dependents over age 65; remove the 1 per cent drug limitation and include drugs as medical expenses; permit taxpayers over age 65 to receive full tax benefit for medical expenses by use of the carry-forward and carry-back principle, and provide a tax credit for medical expenses paid by the over age 65 taxpayer, proportionate to the relation between his medical expense and taxable income.

The House also approved a status report which concluded with this statement:

"It is our strong conviction that the legislative situation, the expanding health insurance and prepayment coverage, the improving economic status of the aged, and the many other factors cited in this report require that we face the 1963-1964 Congressional campaign without defeatism or complacency and with pride in the progress that has occurred. Finally, it is, above all, essential that our position not be undermined by the adoption of any policies that compromise our basic principles."

In considering seven so-called "pledge" resolutions, involving professional freedom, the House adopted a substitute resolution urging that all physicians be encouraged to support the position taken by the House of Delegates in June, 1961. That policy statement said:

"The House of Delegates invites attention to the fact that the medical profession is the only group which can render medical care under any system and that the medical profession is best qualified to determine how the best medical care can be delivered.

"The House of Delegates believes that the medical profession will see to it that every person receives the best available

medical care regardless of his ability to pay, and it further believes that the profession will render that care according to the system it believes is in the public interest and that it will not be a willing party to implementing any system which is detrimental to the public welfare."

### Medical Ethics

The Judicial Council submitted a report containing new opinions on the medical ethics involved in physician ownership of drug stores, drug repackaging houses and drug companies, dispensing of glasses by ophthalmologists, and advertising practices of medical laboratories. The House decided that the questions of physician ownership of drug stores, drug repackaging houses and drug companies, and the dispensing of glasses by ophthalmologists, should not be acted upon at this time. Those opinions were returned to the Judicial Council for further study and report. The House approved the portion of the report relating to advertising practices of medical laboratories and agreed that the propriety of such practices should be determined at the local level in compliance with the new opinion. The House also approved the rules of procedure adopted by the Judicial Council for disciplinary action in cases where the Association now has original jurisdiction as conferred by the June, 1962, change in the By-Laws.

### Interns and Residents

A special report on the compensation of interns and residents, which was published in the October 27 issue of JAMA, was presented to the House by the Council on Medical Education and Hospitals and the Council on Medical Service. The report was submitted as information only, with a request for further study, comments and suggestions. The House urged that all delegates, hospital staffs and medical societies discuss the report and forward all suggestions to the two Councils in time to influence the form of the report to be presented for action at the June, 1963, meeting.

In another action on graduate medical education, the House approved a report on internships and hospital services in which the Council on Medical Education and Hospitals recommended numerous changes

in the Essentials of an Approved Internship. The House declared that "their acceptance will further strengthen the educational values of the internship and advance American medicine's contribution to worthy goals of international educational exchange."

The House modified one Council recommendation to read as follows:

"In order to maintain high standards of education and better assure the patients' welfare, at least 25% of the total house staff (interns and residents) of a hospital should be graduates of accredited United States or Canadian medical schools. When United States and Canadian graduates represent a lesser portion of the house staff for two successive years, this will warrant that serious consideration be given to disapproving the internship."

The House instructed the Council on Medical Education and Hospitals to exert every possible effort and influence so that all hospitals with approved house officer training programs accept a reasonable number of foreign medical school graduates.

### Board of Trustees

The House, by a vote of 130 to 48, adopted changes in the Constitution and By-Laws which would have implemented the June, 1962, recommendations of the Ad Hoc Committee on the Board of Trustees, including expansion of the Board from 11 to 15 members. However, the Judicial Council later informed the House that the affirmative votes necessary to amend the Constitution should have totalled at least 144, or two-third of the 216 voting delegates registered at the Wednesday session. The House then adopted a motion to vote on the proposed Constitutional amendments, in accord with the changes made in the By-Laws, at the opening session of the June, 1963, meeting.

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of March, June, Sept., Dec.—7:30 p.m.  
Auditorium of Medical Arts Bldg.
- STAFF OF GOOD SAMARITAN  
Second Monday of March, June, Sept., Dec.—6:30 p.m.
- STAFF OF NORTHERN PACIFIC  
Second Monday of each month—noon.
- STAFF OF ST. JOSEPH'S  
Third Monday of March, June, Sept., Dec.—6:15 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS  
First Tuesday of each month—8:30 p.m.  
Board Room of Pierce County Medical Society
- TACOMA ORTHOPEDIC SOCIETY  
First Tuesday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY  
Second Tuesday of the month except June, July and August  
—8:15 p.m.
- STAFF OF TACOMA GENERAL  
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB  
Third Tuesday of each month—6:30 p.m. at Tacoma Club
- TACOMA ACADEMY OF INTERNAL MEDICINE  
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and August—  
6:30 p.m. at Honan's
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each month except June, July and August—  
6:00 p.m.
- STAFF OF MEDICAL ARTS HOSPITAL  
Third Friday of March, June, September, December—7:15 a.m.  
at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL  
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 2

TACOMA, WASH.

FEBRUARY - 1963



# Pierce County Medical Society

1963

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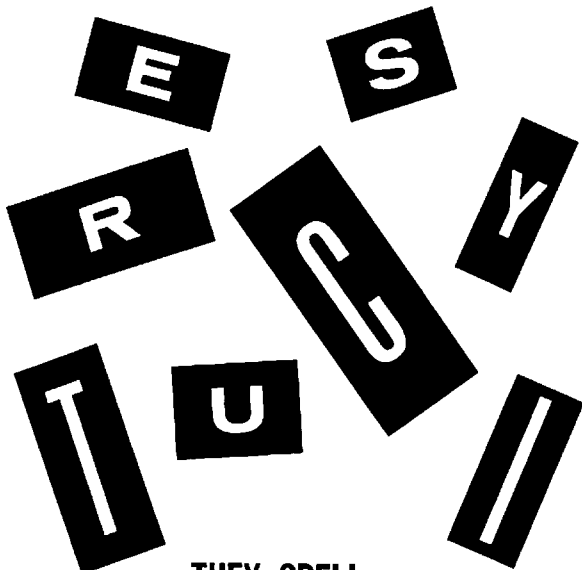
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, February 8**

Medical Arts Building Auditorium

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

**Does Enactment of Self-Employed Individuals  
Tax Retirement Act (H.R. 10) By Congress  
Give Medical Practitioners Income Tax  
Equality with Corporate Employees?**

. . . A discussion of H.R. 10, its advantages and disadvantages  
and some alternatives.

CARL C. CONRAD, *Attorney*  
Income Tax Specialist  
Member, Estate Planning Council  
Internal Revenue Agent for 8 years

\* \* \* \*

Social: 6:00

Dinner: 6:45

Honan's Restaurant

## February Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				<b>1</b>  C.P.C. of St. Joseph's—9 a.m.	<b>2</b>  C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
<b>4</b>	<b>5</b>  Tac. Acad. of Psych. & Neurol. 8:30 p.m.  C.P.C. of Mary Bridge—8 a.m.	<b>6</b>	<b>7</b>  Pierce Co. Ped. Soc.—6:00 p.m.	<b>8</b>  C.P.C. of St. Joseph's—9 a.m.	<b>9</b>  C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
<b>11</b>	<b>12</b>  Pierce County Medical Society 8:15 p.m.  C.P.C. of Mary Bridge—8 a.m.	<b>13</b>	<b>14</b>	<b>15</b>  C.P.C. of St. Joseph's—9 a.m.  P.C.M.B. Board 8 p.m.	<b>16</b>  C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
<b>18</b>	<b>19</b>  Tacoma Surgical Club—6:30 p.m.  C.P.C. of Mary Bridge—8 a.m.	<b>20</b>	<b>21</b>	<b>22</b>  C.P.C. of St. Joseph's—9 a.m.	<b>23</b>  C.P.C. of TGH-MVGH (MVGH Classrm.) 8 a.m.
<b>25</b>  Pierce County Academy of General Practice 6:30 p.m.  Staff of Mountain View Gen. Hosp.	<b>26</b>  Tacoma Acad. of Internal Medicine—6 p.m.  C.P.C. of Mary Bridge—8 a.m.	<b>27</b>	<b>28</b>		

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

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## President's Page



The word "assessment" doesn't evoke a pleasant response, and when a \$5.00 assessment is approved unanimously by the voting members of the Society, it must be for an unusually acceptable cause. The cause in this instance is the organization of a senior citizens' central office so that our citizens over 65 years of age will have a readily available source of information about housing, recreation, welfare, social activities, medical care, or any other problem common to this age group. Such an office would help older Tacomans get properly oriented in the community. It can probably be financed for a period of one year by the combined contributions of the medical, dental and pharmaceutical professions, after which time it will be eligible for UGN support. Others have volunteered time, furniture and legal advice as the project has taken shape. If the venture proves successful, I am sure each physician will sense a degree of satisfaction that will far outweigh the small value of the individual assessment.

At the January meeting, the Board also approved formation of a committee to consider a method of reducing professional fees for older persons of limited means who are not eligible for welfare or marginal care. No doubt many doctors already make such reductions. A central plan under Society sponsorship would make reductions more equitable, and would relieve the physician and his office personnel of the task of trying to evaluate the eligibility of each individual for reduced fees. A similar plan has been in effect in King County since last summer.

—STANLEY W. TUELL, M.D.

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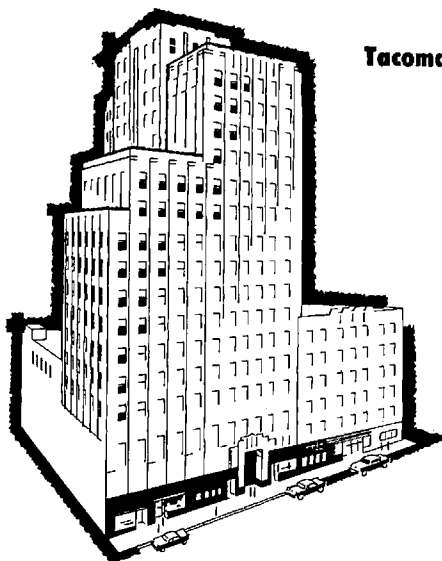
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# Guest Editorial

## Programs and Attendance



In an effort to determine what type of program drew the greatest number of members to Medical Society meetings, and to serve as a guide for the ensuing year, a five-year survey was made tabulating the attendance and noting the program for each meeting.

During the years 1958-1962, the average membership in the Pierce County Medical Society was 270. The attendance averaged 82—or 30%. One of the purposes of this study was to find if any correlation existed between the attendance and the program to be presented. It has generally been felt that there usually was a greater turnout when some non-medical entertainment was provided. The actual figures have been somewhat surprising.

Of the five programs drawing the largest number, four were strictly medical topics; the five which had the poorest attendance were all non-medical in nature. Looking at the figures as a whole, it appears that about the same physicians attend each meeting with only a significant increase noted when some unusual speaker or panel has been obtained. Programs utilizing local talent or drawn from our own membership attracted about the average, whereas out-of-town speakers tended to be above this figures; one noteworthy exception was the Hope Project given by Dr. S. F. Herrmann which was the sixth highest attendance during this five-year period. Oddly enough, Jim Owens drew less than 30%.

The increase in attendance may not be too striking when you consider that the largest turnout in the five years was only 30 members greater than the average; however, it is more impressive when reported as being 45% of the Society.

These statistics do pose some interesting questions. Should the programs be changed? Do we want "name" speakers? Is a grand round program worthwhile? How about Gracie Hansen?

—J. D. LAMBING, M.D.



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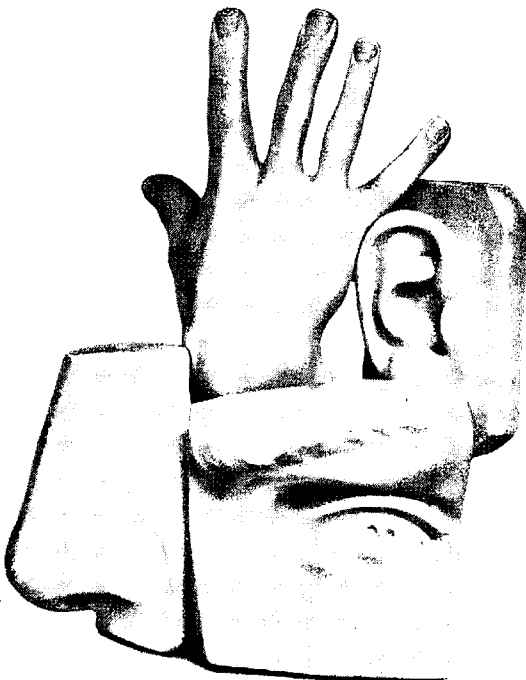
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# *Editorially Speaking*

## **NOW IS THE TIME!**

Close to every doctor's heart is the desire to see good, sound, safe economical and really beneficial public health measures introduced into his community. Over the past decade more and more reliable information has appeared from public health people, university research centers, dentists, cities and towns about the remarkable effectiveness of fluoridation in reducing dental caries. Recently, the American Dental Association told its 100,000 members that now is the time to assert "aggressive leadership" in the fight for fluoridation of water supplies. A special edition of the Journal of the A.D.A. is devoted entirely to this subject and it editorializes that it is "here to stay."

With one-fifth of the country (including such large cities as Cleveland and San Francisco) and our neighboring communities of Fort Lewis and Fircrest now drinking fluoridated water, we say now is the time for Tacoma to adopt this measure.

On advice from members of the city council and administration, the best way to get it would be to petition to have it put on the ballot at the next general election which is in February, 1964. The city clerk says only 4,257 valid signatures would be necessary. The petitions would have to be in by next October in order to have time to check them and prepare the ordinance. That doesn't give much time. Organization should begin now.

A mass meeting should be held, a "Committee for Fluoridation" should be formed, and the petitions should be sent out to P.T.A.'s, clubs and churches, and programs should be given with free movies (the state has several) with doctors or dentists on hand to answer questions.

Chances are, the opponents would fight hard to defeat the measure (unless they're too tired from the tough battles they've put up in Seattle, Fircrest and other places). They would say our pulp and chemical plants would be hurt (this is untrue); they would say it's an invasion of private rights (so is compulsory support of fire and police departments through taxes—in fact, all forms of government involve relinquishment of many private rights for the general good); they would say it's a poison (so is table salt); they would say it's expensive (ten cents per person per year says the U.S. Public Health); they would say we don't know its true effects (more research has gone into this measure than went into polio vaccine); they would say it does very little good (most communities report 60 to 75 per cent reduction in caries); they say the family dental bill would not be reduced much (\$143 would be saved on the average child by the time he was sixteen).

WE say the case FOR fluoridation would overwhelm them IF it were ADEQUATELY PRESENTED. Our Society has endorsed it and so has the dentists'. The job is big, the need for workers is great, and we have only a year to prepare, so . . .

**NOW is the time!**

—T. R. H.

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## New Members

(... and how they came to Tacoma)



**Guus W. Bischoff, M.D.**

Office: 5702 No. 26th

Type of practice:  
General Practice.

"Knoest," born in far east (Padang, Indonesia), kept going further and further west, pausing momentarily to acquire his wife, Wibby.

Then they decided if

they didn't stop here they might get right back where they started from.

**Stevens Dimant, M.D.**

Office: 1106 South 4th

Type of Practice: Neurology and Neurosurgery

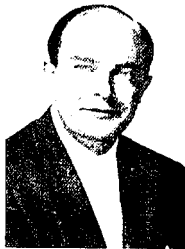
Steve and Sheila were spending their lives commuting between two continents at opposite ends of the earth (Australia and England) so he decided to settle half way between.

**Nicolas A. Godfroy, M.D.**

Office: 6018 Mt. Tacoma Drive, S.W.

Type of Practice:  
Psychiatry

Nic, who is from The Netherlands, was curious about the new world. He planned to visit on this side for a year—then decided he never had it so good, so he stayed.



**Thomas F. Hinrichs, M.D.**

Office: 2711 Locust Avenue

Type of Practice:  
General Practice

Tom and Marilyn, from Nebraska, got hot and tired of the grasslands, came here, got their feet wet, liked it.



**Robert Klein, M.D.**

Office: 1106 South 4th

Type of practice:  
General practice

Bob and Gonya, born in Indonesia, both had the adventurous spirit. They struck out to see the world and liked it here too well to go back.



**Thorvald M. Kristensen, M.D.**

Office: Western State Hospital

Type of practice: General Practice and Psychiatry

Thorvald read about all the States before he came to this country and decided that Washington sounded best.



**Vernon O. Larson, M.D.**

Office: 522 Medical Arts Bldg.

Type of Practice:  
Radiology

Vern and Kit (from Idaho) looked all around the country; had to find out for themselves that this was the best place to live.



**Marcel Malden, M.D.**

Office: 1106 South 4th

Type of practice:  
Neurology

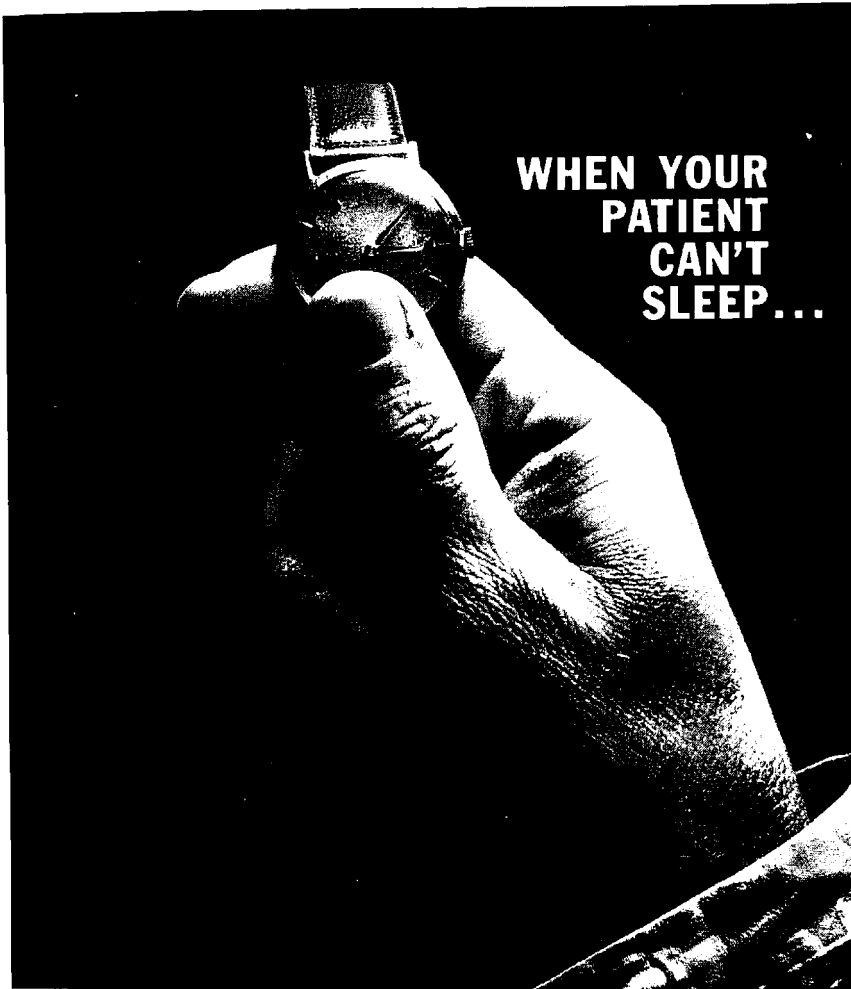
Marcel is indisputedly the peer of our international set (he's lived on four continents—not always voluntarily). He and Jean chose this as



the "mecca of uncluttered freedoms" and the "refuge from husbandly oppression."

(Continued on Page 16)

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## One For The Books

In this section a different doctor each month will be asked to write about an unusual experience or case he has had in the practice of medicine. It can humorous or serious and should not be too scientific.

Author of the month . . .

A. B. HEATON, M.D.

These are two cases of extra uterine pregnancy which were delivered at term or near occurring within a space of nine months and the disposition of each will be taken separately.

Case No. 1.

The mother was in labor for about twenty-four hours with no progress, so that consultation was called in and cesarean section decided upon. On opening the abdomen a large amount of bloody serum was noted with the baby lying free on the intestines. The placenta was attached to the intestines, to the uterus and the appendix. First, the cord was clamped and tied close to the placenta and the abdomen was then closed in the usual manner. Eight days after a bowel obstruction was noted and surgery consultation was again called. The abdomen was opened in the old line and bowel obstruction noted at the site of the appendix. The appendix was removed and an ilio transverseotomy was done to by-pass the obstruction. Some bleeding was noted with gelfoam applied and the drain of fluid through the abdominal incision. Then during the next two weeks some jaundice, considerable edema and still drainage through the incision. The patient then asked to be transferred to Mountain View Hospital, where in time she fully recovered. She has since moved to Ohio and I heard that she became pregnant again.

Description of the second case. The mother has one baby three years old and came to the hospital at eight months on account of bowel obstruction. The baby was lying free in the abdomen with the placenta attached to the uterus and bowel sigmoid. We tied up the cord in the usual manner close to the placenta. In order to stop the bleeding which was fairly profuse it was thought necessary to do a hysterectomy and then the entire pelvis was packed with three

rolls of four inch gauze of which one end was left protruding from the incision. Then a colostomy was done and the incision closed in the usual manner. About two weeks afterward the pack was partially removed and then drainage through the cul de sac of a large amount of placenta, tissue and blood, and after the colostomy was replaced she was sent home. Thus the entire procedure took from March until the latter part of May, but both mothers and babies survived the ordeal.

I would like to herewith acknowledge the invaluable help that was given by Doctors Buttorf, Tuell, Bass, and Galbraith.

(Continued from Page 14)

**Phillip B. Smith, M.D.**

Office: Public Health Bldg., Olympia

Type of practice: Psychiatry and Mental Health consultation

Originally from Wisconsin, Dr. Smith, who has two married daughters in Seattle, says he found just the kind of work he wants in Olympia and just the kind of home he likes in Lakewood.



**Robert B. Voynow, M.D.**

Office: 1102 South Eye

Type of practice: Anesthesiology

Bob and Margaret Ann (Seattle products) leaped at the chance to settle in Tacoma because the weather in Seattle is so awful and it rains all the time.



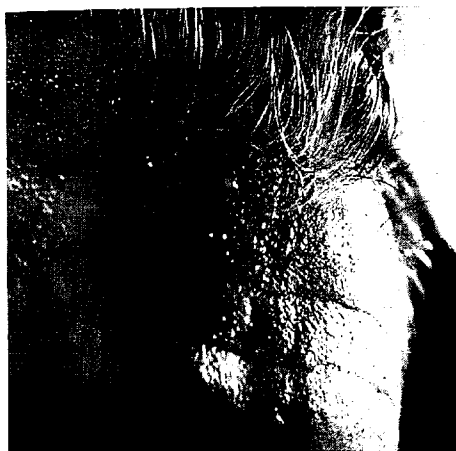
**Rodney A. Brown, M.D.**

Office: 8513 West 41st

Type of practice: Anesthesiology

Rodney and Lois got smart and decided to return to God's country, their native habitat (Tacoma.)





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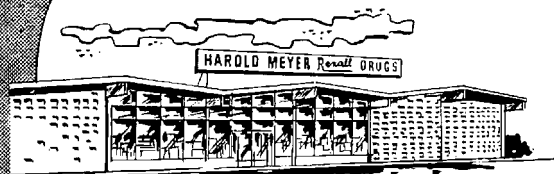
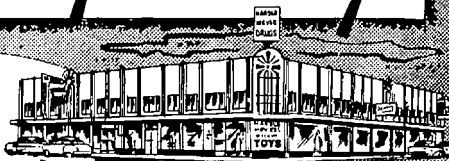
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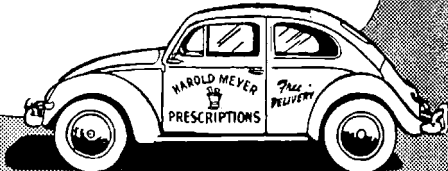
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## Aesculapius Esquire Says

Do physicians have a lien to the extent of 25 per cent of the total settlement on a personal injuries claim for services rendered?

Answer: Qualified Yes.

The Washington Statutes (R.C.W. 60.44.010 through 060) provides as follows:

"LIENS AUTHORIZED. Every operator of a hospital and every duly licensed nurse, practitioner, physician and surgeon rendering service for any person who has received a traumatic injury shall have a lien upon any claim, right of action and/or money to which such person is entitled against any tortfeasor and/or insurer of such tortfeasor for the value of such service, together with costs and such reasonable attorney's fees as the court may allow, incurred in enforcing such lien: provided, however, that nothing in this chapter shall apply to any claim, right or action or money accruing under the workmen's compensation act of the State of Washington, and: **Provided, however,** that all of said liens for said services rendered to any one person as a result of any one accident shall not exceed 25 per cent of the amount of an award, verdict, report, decision, decree, judgment or settlement."

The above statute clearly provides that physicians and hospitals do have a lien against any accident victim's award, verdict or settlement. However, the last proviso in the statute is important and one that is not clearly understood by members of the medical profession. The proviso clearly and unequivocally restricts *all* of the liens to a total of 25 per cent of the amount of the award, verdict or settlement. For example, if *all* medical bills, including hospital and physician's services in a hypothetical case, result in a total amount of \$5,000.00, and liens are filed against the settlement or judgment in this amount and the settlement or judgment results in a \$10,000.00 award, the maximum that can be recovered, under the lien statute, for *all* medical services is 25 per cent of \$10,000.00 or \$2,500.00.

It should be noted, however, that the lien statute in no way restricts the physician or hospital or anyone else entitled to the lien, from proceeding to collect the balance from the patient and from using other legal steps

to enforce collection of said balance. In other words, collection under the lien statute of a portion of a medical bill does not automatically release the patient-claimant from liability for any balance that might exist. It only releases the tortfeasor and/or his insurer.

Under R.C.W. 60.44.020, NOTICE OF LIEN—CONTENTS—FILING, it is required that the lien be filed for record with the county auditor of the county in which the medical services were performed and that this notice of claim or lien must be filed prior to any settlement with the patient by the tortfeasor or insurer of the tortfeasor. This statute also contains information regarding the contents of the formal lien claims.

R.C.W. 60.44.050, SETTLEMENT OF DAMAGES—EFFECT ON LIEN, provides, in effect, that any settlement made by and between the patient and the tortfeasor (or the tortfeasor's insurance company) shall *not* discharge the lien and shall not relieve the tortfeasor and/or his insurance company from liability on the lien, *unless* such settlement provides, for the payment and discharge of the lien or unless a written release or waiver of the lien is signed by the physician or hospital. This statute protects the medical lien and gives the physician a direct cause of action against the tortfeasor or his insurance company in the event of failure to obtain a waiver or failure to pay the lien of record.

R.C.W. 60.44.060, ENFORCEMENT OF LIEN—PAYMENT AS EVIDENCE. This statute provides that the claimant, physician or hospital may enforce his lien by bringing

(Continued on Page 21)

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(Continued from Page 19)

an action against the tortfeasor and/or his insurance company within one year after filing of the lien. Under this statute in the event that the tortfeasor or his insurance company have made payment or settlement on account of such injuries to the patient the fact of such payment is prima facie evidence of negligence on the part of the tortfeasor and the insurance company.

My experience in Pierce County with this medical problem has shown that very few medical liens are filed by Pierce County physicians.

It appears that cooperation between attorneys in the field of personal injury practice and treating physicians exists and that the attorney for the patient has protected the physician by withholding the amount of his bill when settlement is made and remitting to the physician. My experience in King County indicates a serious lack of communication between physicians and attorneys in this area.

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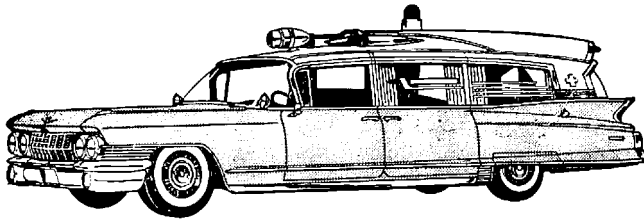
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## To The Pierce County Medical Society

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Membership .....	Mrs. Robert C. Johnson and Mrs. Myron A. Bass
Paramedical .....	Mrs. Leonard Morley
Program .....	Mrs. Joseph B. Harris
Publicity .....	Mrs. Govnor Teats
Bulletin .....	Mrs. George A. Race
Revisions .....	Mrs. Kenneth E. Gross
Social .....	Mrs. James L. Vadheim
Speakers Bureau .....	Mrs. John J. Bonica
Telephone .....	Mrs. Stanley W. Tuell
Minute Women .....	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council .....	Mrs. Elmer W. Wahlberg
Heart .....	Mrs. H. A. Anderson
Cancer .....	Mrs. J. Robert Brooke
Finance .....	Mrs. Kenneth E. Gross
Dance .....	Mrs. Arnold J. Herrmann and Mrs. William Rademaker
Fashion Show .....	Mrs. Thomas O. Murphy and Mrs. William W. Mattson, Jr.
Mental Health .....	Mrs. John M. Havlina
Today's Health .....	Mrs. Bernard A. Rowen
Cook Book .....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell

Sixty members of the Pierce County Medical Auxiliary attended the January meeting at the home of Emma Bonica. Following the luncheon, Mr. George Roberts spoke on "Economic Fallacies." He spoke at length on the responsibility of the individual and what happens if you delegate these responsibilities to a central government. He stressed the point that we should veer neither far right nor far left but should show interest, enthusiasm and intelligence in assisting those who form our governing bodies. An interesting speaker, Mr. Roberts made a very complex subject very understandable.

With Kathleen Skinar as chairman, the Pierce County Medical Auxiliary will present a Medical Self-Help class. Beginning at 10 a.m. Wednesday, January 23, there will be six two-hour sessions on the following Wednesdays. The classes will be held at the Y.W.C.A. This is a Civil Defense course, prepared by the Public Health Service with the assistance of the A.M.A. The

course covers emergency aid to be given in any major disaster, natural as well as nuclear, and is of sufficient depth to handle the patient as long as two days before professional help is available. Assisting Kathleen are these Auxiliary members: Bev Graham, Marcy Peterson, Edna Backup, Becky Banfield and Sherry Johnson. There will be no charge and a nursery will be provided.

We still have cook books! A report by the committee noted that the first thousand dollars of our debt has been paid. Since then almost a thousand dollars has been banked and will be paid to the printing company as soon as possible. That will leave another six hundred dollars still due before we begin to show a profit. Please remember the book when you need a gift item—talk them up, show them to friends; they will sell themselves. Ruth Murphy, Janet O'Connell, and Hazel Whitacre have them. Give the gals a ring!

A lucky little boy has been adopted by JoAnn and Ralph Johnson. The proud parents are calling their first son Tague Allen—an interesting name of Scandinavian origin, and the name of a very dear friend. Congratulations!

While Helen and George Kittredge are vacationing in Hawaii, George's mother, Mrs. Guy Kittredge, is baby-sitting.

Hazel and Marshall Whitacre have left for Phoenix and a medical convention. On the return trip they will stop in Las Vegas for a winter holiday.

Marje Wicks is packing her bags for trips which will include many stops. In February Marje and Jim will attend the board meeting of the American Association of Blood Banks in Miami. Then, in late March, they will leave for London where Dr. Wicks will present a paper at a meeting of a pathology group. From there they'll go to the Continent and tour Europe until time to return to Miami for the Florida State Blood Bank convention. They'll be home in May.

The February meeting is being changed from the Wicks' home to that of Billie Murphy. The address is 2907 North 27th. The

meeting will be a noon luncheon and the committee includes Kay Herrmann, Martha Brigham, Sheila Dimant, Florence Rigos and Nadine Kennedy. Our State president, Mrs. Harry Emmel will attend. Invited as our guests are the past-president, president, and president-elect of the Pierce County Medical Society: Drs. Marshall Whitacre, Stanley Tuell and Frank Rigos. We hope in this way to let them know what we are doing and to give them an opportunity to acquaint us with their plans and projects for the year. Please check the date—February 15, and the place—home of Mrs. T. O. Murphy, and plan to attend. See you there!

indicted at that time so that repeat cardiac catheterization at a later date can usually be eliminated.

The dye dilution curve apparatus will help determine smaller shunts in congenital heart disease as well as insufficiency in acquired heart disease.

Everyone is invited to view the Cardiovascular Laboratory in operation starting 8:00 a.m. on Thursday mornings.

GEORGE A. TANBARA, M.D.  
 Chairman, Cardiovascular  
 Laboratory Committee  
 Mary Bridge Children's Hospital

## HOSPITALS

### Cardiovascular Lab at Mary Bridge

The Mary Bridge Children's Hospital Cardiovascular Laboratory has obtained ear oximeters, cuvettes and apparatus for dye dilution curves. The first two are here now and the latter should be arriving shortly. Everything should be operational within the next month or two.

The oximeters were obtained from Dr. Backup's group. One of the cuvettes was donated by the downtown Lion's Club, and the rest of the funds were obtained from the Sanderson Memorial Fund and the Cardiovascular Fund of the Mary Bridge Children's Hospital.

The adult and infant ear oximeters will measure the oxygen saturation of the patient. The cuvettes will permit direct oxygen saturation measurements at the time of catheterization and will help in determining immediately if other diagnostic studies are

### Tacoma General

On December 14, 1962, the medical and hospital staffs honored Doctor David H. Johnson by giving him a surprise birthday party, and also celebrating his 40 years of service to the OB practice. The party was well attended by many of the doctors and hospital staff.

Newly-elected staff officers and medical staff committee appointments for 1963 were announced recently, as follows:

#### Executive Committee

- Dr. E. E. Banfield ..... President
- Dr. Murray L. Johnson ..... President-Elect
- Dr. Robert C. Johnson .....

#### Vice-President and Program Chairman

- Dr. Robert M. Freeman Secretary-Treasurer
- Dr. Herbert C. Kennedy... Member at Large
- Dr. James D. Lambing .... Member at Large
- Dr. Richard F. Barronian .....

#### Chairman Credentials Committee

- Dr. Philip C. Kyle.....

#### Board of Trustees Member

- Dr. Myron A. Bass.....

#### Chairman, OB-Gynecology Committee

- D. John R. Alger.....

#### Chairman, Surgery Committee

#### Committee Chairmen

- Dr. M. J. Wicks ..... Cancer Committee
- Dr. T. O. Murphy ..... Medical Records
- Dr. E. J. Fairbourn ..... Pharmacy
- Dr. Robert C. Johnson ..... Program
- Dr. A. P. Wickstrom..... Resident and Intern
- Dr. Robert M. Chambers ..... Tissue
- Dr. Frank R. Maddison ..... Diet
- Dr. Dudley W. Houtz ..... Emergency Room
- Dr. Robert C. Johnson ... General Practice
- Dr. Murray L. Johnson .... Joint Conference

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 Dr. Phillip H. Backup ..... Anesthesiology  
 Dr. C. C. Reberger ..... Isotope  
 Dr. C. P. Larson ..... Laboratory  
 Dr. Robert Truckey.....

#### Ophthalmology and Otolaryngology

Dr. George C. Gilman ..... Orthopedics  
 Dr. Robert W. Florence .. Physical Therapy  
 Dr. Frank J. Rigos ..... Radiology  
 Dr. Robert W. Osborne ..... Urology  
 Dr. William P. Hauser ..... Infection

At the annual meeting of the Tacoma General Hospital Auxiliary, Mrs. Ruth Rae, Director of Volunteers, reported that in 1962 there were 6,379 hours given by the volunteers. We have 78 active Candy Strippers, and of these, 12 are working toward their 100-hour pin guard. We also have 12 active senior volunteers, one of whom is Mrs. E. Springer who has recently moved to California. Mrs. Springer, 80 years young, has given 184 hours of service to Tacoma General Hospital.

All of us were very saddened by the loss of Mrs. Hillis (Rose) Griffin. She was a very faithful volunteer who gave 210 hours of work in 1962 to the hospital, and a total of 470 hours in two years. We all miss her very much.

Recently, the hospital has appointed new department heads in five of its departments. Mrs. Allie M. Cobbe, new Medical Records Librarian, has joined us after living in Alaska for a number of years with her husband. He is now retired from army service and they have bought a house in Tacoma.

Mrs. Virginia Elson comes to us from Seattle and heads the Housekeeping Department. Her previous position was Assistant Housekeeper at Firland Sanatorium. Mrs. Ruth Rae is our new Director of Volunteers who lives in Renton with her husband and son Milford and daughter Margaret. Mrs. Rae has been in the WAC during the war and has had experience with the public in general.

Mr. Daniel Feldhaus is our Physical Therapy Department Head who comes to us from the Veterans Administration Hospital in Seattle where, for the past three years, he served as Chief Therapist.

Mr. Don Morgan, Chief Technician in the Radiology Department and in charge of our school for x-ray technicians, comes to us from the San Diego area where he was Chief Technician for a group of radiologists.

New on our Medical Staff are Doctors Robert O. Brettell, Rodney A. Brown, H. Loring Dixon, John W. Pelley and E. Guenter Star.

The hospital recently purchased an Emerson Pump for use in postoperative care. This pump can remove air or fluid more rapidly than other respirators.

#### Temporary Doctors' Lounge

At the beginning of January the Doctors' Lounge was moved to another location to make room for a new passage way which will connect the present building to the newly-constructed area. Mr. Huber, the Administrator, relinquished his office so that it could be used as a temporary Doctors' Lounge.

## Saint Joseph's SCHOOL OF NURSING Pre-Clinical Class

"Violets are blue,

Roses are red,

When I look at homework,

I wish I were dead."

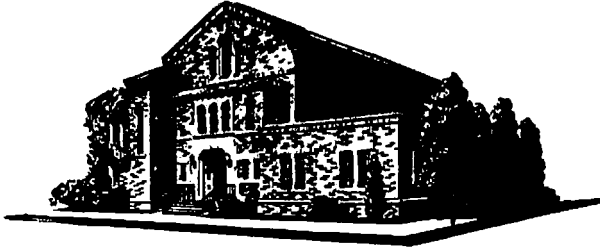
So goes the trend of thoughts in the pre-clinical class. The turn of the new quarter revealed to us how much we have to learn and the tremendous responsibility that is placed on one's shoulders. Although the personnel of the hospital rarely sees the pre-clinical class, except for two days a week on the clinical division, we are a very busy class.

This quarter has presented itself in a very abrupt manner—many classes. Among our studies are Pharmacology I, Nursing Fundamentals I, Integrated Sciences, and Psychology. We are still laying the foundation for our nursing career, so it is vital that we know the information presented to us in class. Although we wish the material would sink in by osmosis or diffusion, it is certainly impossible, and as a result, many hours of concentrated study arises.

However, although we work very hard, we still find time to enjoy the world. There

(Continued on Page 27)

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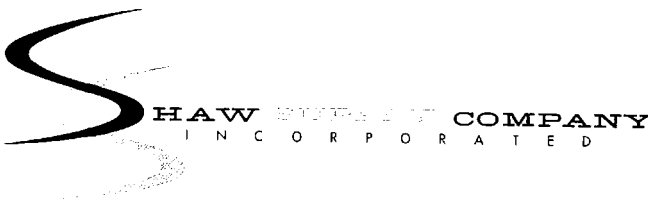
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PHYSICIANS' AND HOSPITAL SUPPLIES



(Continued from Page 25)

are the week-ends. This is our other life. It gives us strength to push through the week and it gives us nourishment for the new week to come.

Besides homework, the pre-clinical class elected three new officers to represent their class. They are: Karen Vickland, SWANS representative; Jeanne Martin, treasurer; and Helen Steer, Secretary. Congratulations, girls.

We are looking forward to the weeks to come which will bring experiences, more responsibility, and, of course, more homework! When it is over, though, we will all look back and remember only the good times, the tiredness will disappear and we, of course, like many students of medicine will say to those who follow, "You think you have it rough? When I was a student . . ."

### Junior Class

The Junior Class is now divided into three groups. Five of the girls are now affiliated at American Lake. Eight students are starting in surgery while the other eight are starting a new program of aspects of community health.

We are also making plans for the Valentine Dance, February 15, which we hope to be a huge success.

### Senior Class

After spending the last month in OB and Peds, we seniors are finally getting to feel quite at home in these areas. We are grateful to the personnel who were so willing to teach us their routine.

Each month our class plans a class function. This month a housewarming party was held for Misses Salreed, Hole, Peat, and Ingram who just recently moved into an apartment.

### MEDICAL RECORD DEPARTMENT

All of us in the Medical Record Department wish to extend our deepest sympathy to Patricia Ek whose uncle recently passed away.

Our Department was hostess to the monthly meeting of the Medical Record Librarians of the Tacoma area this month. In the past, the meetings were all informal. It was decided at this meeting that a program chairman was needed. Sister Mary

Emmanuel was elected to this position. It will be her duty to select educational topics for discussion at our meetings. Mrs. Goldie Crouch of our department was elected secretary.

### CENTRAL SUPPLY

A new face can be seen in our department and her name is Kit Ballard. We hope she will remain a permanent fixture.

We would like to say a final "Thank you" to all those who helped by buying and selling our Christmas cards. We would like to remind you that they will be on sale again next year, so think ahead!

### ADMITTING OFFICE

The Admitting Office is happy to welcome the Hospisettes who come every day from 4:00 to 5:30 and show the patients to their rooms. This saves us older office members a lot of steps. From 12:00 to 2:00 every day, Medical Record Students can be found in the office typing and admitting patients. Each student is here for one month to learn the routine of admitting patients.

Admitting rarely gets its name in the paper so this is its chance to boast of its able and active crew. Our little star athlete in the office is Miss Linda Sather, roller skating champ. Linda has won innumerable prizes in her travels to Portland and other cities where she competes in National Tournaments.

Miss Rose Marie Bilanko is kept very busy with her duties as secretary of the Cardinal Club. Rosy is forever planning activities and making posters for this club of young Catholic men and women. Now she is looking forward to a little sojourn of her own—a trip to Mt. Hood next month. In April she will be leaving us to become an American Airline Stewardess.

Our third office girl is Miss Virginia Rivers, an ardent lover of the ski slopes which she haunts on her days off. God willing, she won't break her leg and have to be replaced in our office.

### CLINICAL LABORATORY

Clinical Laboratory now has a pleasant office, painted pale yellow, very restful and conducive to work after much noise and dust. We like it very much.

Along with our office, we also have a charming new student, Miss Mabina La-

zaro, who is from the Philippines, and is wondering if it is always cold here.

Eli Cakalic, one of our former students, and now working part time in the lab, is being congratulated on passing his Registry. We told Eli he would pass, but the MT after his signature is what convinced him.

There are rumors around the lab that a certain student is contemplating marriage—of course she will finish her training.

### BUSINESS OFFICE

Changes are being made in the Business Office. The office itself has been extended to another room, making more space. The new office will be repainted and a new linoleum floor will also be installed.

The Business Office regrets the loss of Miss Elizabeth Van Senten, who has left us to live in San Francisco. She began work in April, 1961.

### X-RAY DEPARTMENT

The January meeting of the W.S.X.T. (Washington Society of X-Ray Technicians) District No. 2 was held at St. Joseph's Hospital, January 9, 1963. The technicians from this area were very well represented. Dr. Rohner, radiologist here, gave a very interesting and informative lecture. His topic for discussion was, "The Use of Radiation Therapy for Diseases Other Than Cancer." Royal Domingo, counsellor, congratulated the newly registered technicians and encouraged all to belong to the American Society of X-Ray Technicians.

### DIETARY NEWS

We are deeply saddened by the recent death of one of our line girls, Thelma Anderson, who suffered from Leukemia the last few months.

Isable Stanish, our baker, has a new granddaughter. Mrs. Pat Patton is back after a six-week leave of absence to California.

We are happy to welcome Trudy Ahlers, our new line girl. The latest addition to the culinary department is a "Lang Range."

### SURGICAL FLOOR

Mrs. Gene Blalock gave birth to a baby girl, Julie Diane, December 27, 1962. Gene Blalock is an orderly on second floor.

A surprise baby shower was given Monday, January 7, in Mrs. Blalock's honor. The party was thought up and given by the L.P.N.'s and aids on the 7:00 to 3:00 shift.

The Pediatric students exhibited their acting (?) talent at the presentation of Isolation Techniques for their inservice program. Everyone should have some ideas of the do's and don'ts of isolation techniques.

### SURGERY

First in order are congratulations to Mrs. Mary Wetsch, O.R. Head Nurse, on becoming a delegate to the National American Operating Room Nurses' Convention held in Washington, D.C., in mid-February. She will be a worthy representative of our Evergreen district.

Our new students have been orientated to O.R., and are working very hard learning. We certainly appreciate their help, as always.

### INSERVICE EDUCATION

On Thursday, January 17th, the Pediatric Department sponsored the Inservice Program on Isolation Techniques. The Professional Students with the assistance of the Head Nurse, Miss Treasure Hyland, as Moderator and under the direction of their Instructor and Supervisor, Mrs. Florence Riedinger, gave a very fine program by role-playing the correct and incorrect method of caring for an isolated patient with Hepatitis. Thanks to all of you—the job was done well.

## New Diet Books For Heart Patients

The Pierce County Heart Association announces two new publications for patients with heart or circulatory problems whose physicians have recommended special diets.

The booklets are: "Planning Fat Controlled Meals for 1200 to 1800 Calories," and "Planning Fat Controlled Meals for Unrestricted Calories."

Purpose of the two diets is to reduce the amount of cholesterol and other fatty substances in the blood. Supplies of the booklets are available to physicians, or the physician may give the patient a prescription to take to the Heart Office. The Heart Association distributes the booklets to patients only on prescription of the physician.

**HAVE YOU PAID YOUR AMPAC DUES?**

## AMA-ERF Student Loans

In these days of uncertainty, when it is often difficult to make plans far into the future, AMA-Education and Research Foundation is moving ahead with a Student Loan program that has its target set squarely in the long-term future—the future of American medicine. Its objective is to insure the quality of medical care for coming generations.

We know of few programs in which a comparatively small contribution can so dramatically promote the future welfare of so many Americans. A gift of \$100 to the AMA-ERF Student Loan Fund will generate a bank loan of \$1,250—enough to finance a medical student's training for half a year.

And the power of that \$100 donation doesn't end there. When the medical student completes his training, he'll repay his debt and the \$100 will return to the fund, where it can be available to help finance a medical education for another student.

Think of what a contribution of \$1,000 could do if donated now—it could provide the financial aid to produce a new physician in 1970, another in 1977, in 1984, again in 1991, and in 1998. And the \$1,000 would still be in the fund, ready to serve the cause of medicine again and again.

Physicians throughout the nation are being asked to contribute to this fund, which is now committed by loans made last year. Once again, Merck Sharp & Dome has pledged \$100,000 to be matched by individual physicians' donations. We urge you to do your share.

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AUBURN

## Noted Hematologists To Speak

Three noted Hematologists will form the panel of guest speakers at the 1963 annual meeting of the Tacoma Academy of Internal Medicine to be held Saturday, March 9, at Jackson Hall of Tacoma General Hospital. William Dameshek, M.D., Professor of Medicine, Tufts University School of Medicine, Boston; Clement A. Finch, M.D. Professor of Medicine, University of Washington School of Medicine, Seattle; and Robert D. Koler, M.D., Associate Professor of Medicine, University of Oregon Medical School, Portland; will discuss patients and present papers during the day.



Dr. Dameshek obtained his medical degree at Harvard. Through his research, teaching, and publication of approximately 250 articles, books and monographs, he has become an outstanding authority on hematology. His books include: "The Hemorrhagic Disorders"; "Spleen and Hypersplenism"; "Chemotherapy of Leukemia and Leukosarcoma"; "Hemolytic Syndromes"; "Leukopenia and Agranulocytosis"; "Leukemia". He is Senior Physician and Chief of Hematology, Pratt Clinic, New England Center Hospital and Blood Research Laboratory; Hematologist-in-Chief, Boston Floating Hospital and Boston Dispensary. He is Editor-in-Chief and Founder of BLOOD—The Journal of Hematology.



Dr. Finch is a graduate of the University of Rochester Medical School. Much of his training and research was done at the Peter Bent Brigham Hospital in Boston. He came to the University of Washington in 1949 and has been Professor of Medicine since 1955. He has numerous publications on various aspects of Iron Metabolism, Red Cells and Anemia. He has become noted in teaching as well as research.



Dr. Koler is particularly interested in, and doing, research in Medical Genetics and Hematology. He is the Associate Head, Division of Experimental Medicine, University of Oregon Medical School.

All members of the medical profession are invited to attend. The registration fee of \$7.50 includes the banquet. Those wishing additional information are asked to contact the 1963 Meeting Chairman, B. R. Rowen, M.D., 4625 Pacific Ave., Tacoma 8, Washington.

### MORNING SESSION

Jackson Hall—Tacoma General Hospital

9:00—Registration Fee: \$7:50 (includes banquet). Morning Coffee.

PRESENTATION FOR DISCUSSION BY THE GUEST SPEAKERS

MODERATOR: Richard F. Barronian, M.D.

9:30—UNEXPLAINED ANEMIA,  
Rodger S. Dille, M.D.

10:00—SUBLEUKEMIC MONOCYTIC  
LEUKEMIA,  
Max S. Thomas, M.D.

10:30—POLYCYTHEMIA VERA,  
Edwin J. Fairbourn, M.D.

11:00—HODGKINS LYMPHOMA WITH  
COMPLICATION,  
Robert A. Kallsen, M.D.

11:30—MACROGLOBULINEMIA (Wal-  
denstrom's),  
James D. Lambing, M.D.

12:00—VASCULAR HEMOPHILIA,  
Theodore J. H. Smith, M.D.

### AFTERNOON SESSION

MODERATOR: Bernard R. Rowen, M.D.

2:00—GENETIC INFLUENCES IN  
CLINICAL HEMATOLOGY,  
Robert D. Koler, M.D.

2:50—PROBLEMS OF PURPURA,  
William Dameshek, M.D.

3:40—Coffee Break.

3:55—DIAGNOSIS AND TREATMENT  
OF ANEMIAS,  
Clement A. Finch, M.D.

4:45—ROUND TABLE DISCUSSION OF  
SUBMITTED QUESTIONS  
EVENING SESSION

Crystal Ballroom—Winthrop Hotel

6:30—SOCIAL HOUR

7:30—BANQUET,

Joseph B. Harris, M.D., Presiding  
ADDRESS: SOME ASPECTS OF  
LEUKEMIA,  
William Dameshek, M.D.

## Aesculapius Award

The Washington State Medical Association, in cooperation with Mead Johnson Laboratories, will present the Aesculapius Award to the author of the most outstanding scientific exhibit at the 1963 Annual W.S.M.A. Meeting, September 15-18, at the Olympic Hotel, Seattle.

The exhibits will be judged by the W.S.-M.A. Scientific Exhibit Committee and the winner of the Aesculapius Award chosen by them. The winner will be presented with a certificate, suitably inscribed with the title of the exhibit and the author's name, and will receive a \$200 cash prize donated by Mead Johnson Laboratories. Presentation will be made at the Annual Public Relations Luncheon, Wednesday, September 18.

All scientific exhibits accepted for showing will be eligible for judging in this contest. Physicians interested in presenting exhibits should contact Gordon A. Logan, M.D., Chairman, W.S.M.A. Scientific Exhibit Committee, 1309 Seventh Avenue, Seattle 1, Washington, for an official application blank. Deadline for submitting applications for scientific exhibit space is April 15, 1963.

## For Doctors' Memo Pad

Leave old license plates at most convenient Fire Station, Service Station, Car Dealers', Service Department, or Super Market before February 15, 1963.

Benefit: Mary Bridge Children's Hospital Collection by Dr. Edward A. Rich Orthopedic Guild.

Committee: Mrs. Guy Falskow, chairman, Mrs. James Gilchrist, Mrs. R. S. Wainwright.

President: Mrs. Will J. Conner.

## Wednesday Seminars at Western State Hospital

2:00 P. M.

### RESEARCH AMPHITHEATER

February 6—Charles Strothers, Ph.D., Professor of Psychology, U. of W.—“Brain Injured Children.”

February 13—John Hampson, M.D., Chief of Psychiatric Clinic, U. of W. Medical School—“Choice of Role Gender in Sexual Deviates.”

February 20—Raymond Sobel, M.D., Chief of Child Psychiatry, U. of W. School of Medicine — “Psychoanalysis from Jung to the Present.”

## County Societies . . .

### IN THE NEWS

**Broome County, New York**, has for the past two years, been engaged in a notable pioneer effort, their Pilot Smoking Education Project. With the cooperation of the local American Cancer Society unit, the members of the Society present illustrated talks on smoking, primarily in the junior high schools of the country. By drawing attention to several highly reputable scientific sources which show a strong link between cigarette smoking and lung cancer, the doctors hope to stop students smoking before it becomes an established habit or before it begins at all. This project has become a model for many similar programs being started all over the country.

**Fairfield County, Connecticut** Medical Assistants Association recently inaugurated its educational program with a six week course in medical terminology. The course was subsidized by a contribution from the Fairfield County Medical Association through the Public Relations Committee. The course will run for six Wednesday evenings with each meeting lasting two hours.

**Maricopa County, Arizona** physicians cooperating with a local newspaper, recently completed a series of free medical forums. These forums, sponsored by The Phoenix Gazette, were run on four consecutive Tuesday nights and were attended by

thousands of county residents. The panels consisted of talks on such subjects as: Arthritis; Heart; Asthma and Mental Health.

**Travis County, Texas** Second Annual Medical Careers Day was an outstanding success with more than 200 high school students participating in the program conducted at the State Health Department and Brackenridge Hospital. Demonstrations at the Hospital included artificial kidney, heart-lung machine, EKG and general surgery. Occupational health, vaccine preparation and general laboratory procedures were among the demonstrations at the Health Department. Over 400 students—almost twice the number that could be accommodated—applied for the event.

**One Billion Dollars**—in this day of satellites and space travel, government giveaways and deficits are figured in billions so much that they hardly give rise to any comment. However, if you use this formula to measure a billion dollars, it shows just how much it really is: If a business founded at the beginning of the year 1 A.D. had been losing \$1,000. a day since that time, it would not yet have lost one billion dollars. In fact, it would still have nearly three hundred million dollars to go—and would not reach one billion dollar loss for another 750-odd years.

**Quote of Note:** “Freedom is never more than one generation away from extinction—we didn’t pass it on to our children in the bloodstream. It must be fought for, protected and handed on for them to do the same, or one day we will spend our sunset years telling our children, and our children’s children, what it was like in the United States when men were free.”—Ronald Reagan, Film, TV Star.

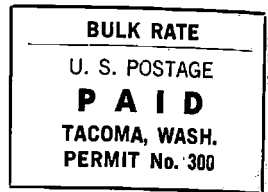
## Pearl of the Month . . .

“In medicine, cimicifuga is fairly efficacious, though for only a short period.”  
Huang Liang.

**HAVE YOU PAID YOUR AMPAC DUES?**

# Pierce County Medical Society

Medical Arts Building  
Tacoma 2, Washington



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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of March, June, Sept., Dec.—7:30 p.m.  
Auditorium of Medical Arts Bldg.
- STAFF OF GOOD SAMARITAN  
Second Monday of March, June, Sept., Dec.—6:30 p.m.
- STAFF OF NORTHERN PACIFIC  
Second Monday of each month—noon.
- STAFF OF ST. JOSEPH'S  
Third Monday of March, June, Sept., Dec.—6:15 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS  
First Tuesday of each month—8:30 p.m.  
Board Room of Pierce County Medical Society
- TACOMA ORTHOPEDIC SOCIETY  
First Tuesday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY  
Second Tuesday of the month except June, July and August  
—8:15 p.m.
- STAFF OF TACOMA GENERAL  
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB  
Third Tuesday of each month—6:30 p.m. at Tacoma Club
- TACOMA ACADEMY OF INTERNAL MEDICINE  
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and August—  
6:30 p.m. at Honan's
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each month except June, July and August—  
6:00 p.m.
- STAFF OF MEDICAL ARTS HOSPITAL  
Third Friday of March, June, September, December—7:15 a.m.  
at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL  
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY



# BULLETIN

VOL. XXXIV—No. 3

TACOMA, WASH.

MARCH - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MARCH 12**

# Pierce County Medical Society

## 1963 OFFICERS

President..... Stanley W. Tuell  
 President-Elect..... Frank J. Rigos  
 Vice-President..... Philip Grenley  
 Secretary-Treasurer..... Arnold J. Herrmann  
 Executive Secretary..... Judy Gordon

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 Warren F. Smith  
 George A. Tanbara  
 Govnor Teats  
 Stanley W. Tuell  
 G. Marshall Whitacre

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Richard F. Barronian  
 Robert M. Ferguson  
 Robert W. Florence  
 Arnold J. Herrmann  
 Frank J. Rigos  
 Stanley W. Tuell

## ALTERNATE DELEGATES

Robert R. Burt  
 Douglas P. Buttorff  
 John F. Comfort  
 Charles J. Calbraith  
 Herman S. Judd  
 John M. Shaw

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 L. M. Rosenblatt, Lester S. Baskin

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 G. Marshall Whitacre, Chairman  
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 James E. McNerthney

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 Raymond C. Ellis, Herbert C. Kennedy

**Civil Disaster**  
 Arthur P. Wickstrom, Chairman  
 Robert R. Burt, Robert D. McGreal  
 E. R. Anderson, T. R. Haley  
 Leo Annest, David T. Hellyer  
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 Richard B. Link, Charles E. Kemp

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 Bryce Betteridge, Robert M. Freeman

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 Wayne W. Zimmerman

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**Schools**  
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 Orvis A. Harrelson, R. A. Norton  
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 Allen Eagelson (Advisory Member)

## Bulletin Staff

Editor..... T. R. Haley  
 Business Manager..... Judy Gordon  
 Auxiliary News Editor..... Mrs. George A. Race



# Happy Birthday

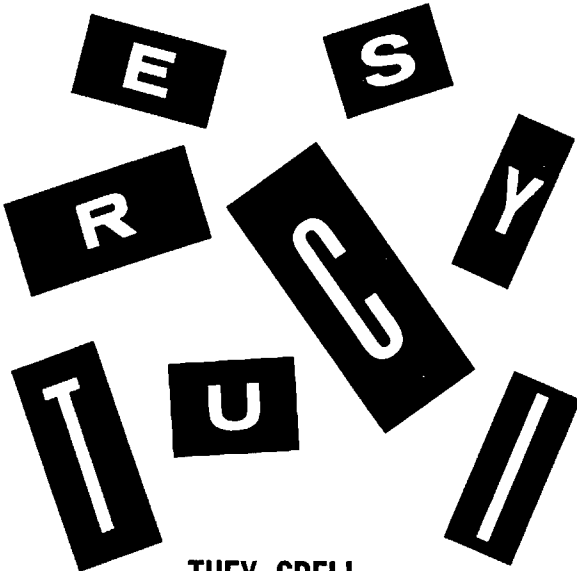
## MARCH

- 2 ERNEST L. RANDOLPH
- 4 LOUIS M. ROSENBLADT  
GOV NOR TEATS
- 5 W. HOWARD PRATT
- 6 EDWARD F. McCABE
- 9 ROSS E. McPHAIL  
PHILLIP B. SMITH  
DOUGLAS A. TAIT
- 11 J. EDMUND DEMING
- 15 BRYCE BETTERIDGE
- 17 RUSSELL COLLEY
- 18 ROBERT A. O'CONNELL
- 20 FRANZ P. HOSKINS  
ALBERT A. SAMES
- 22 ROBERT KLEIN  
JOHN P. LIEWER  
CHARLES E. MARSHALL
- 24 ROBERT P. CRABILL
- 25 ROBERT R. BURT  
GERALD C. KOHL
- 26 ROSS D. WRIGHT
- 31 FREDERIC O. PAINE

NOTE: Does your driver's license expire?  
 Be sure to check and see!!!

**COVER PHOTO** Courtesy Tom Upper . . .  
 A familiar sight to skiers and tourists alike,  
 is the scene on this month's cover showing  
 the Inn at Paradise with "The Castle" and  
 "Pinnacle Peak" in the background.





THEY SPELL

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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, March 12**

PLACE: SEWARD SCHOOL

South 49th and Alaska

DINNER: 6:30 p.m. . . . \$1.50

\* \* \* \*

**PROGRAM**

**Demonstration of the Crippled Children's  
Program of School District No. 10**

DUMONT STAATZ, M.D.

GEORGE C. GILMAN, M.D.

## March Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 C.P.C. of St. Joseph's—9 a.m.	2 C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
4 Tac. Acad. of Psych. & Neurol. 8:00 p.m.	5 Staff of Tacoma General 6:30 p.m. Tacoma Ortho. Society—8 p.m. C.P.C. of Mary Bridge—8 a.m.	6	7 Pierce Co. Ped. Soc.—6:00 p.m.	8 C.P.C. of St. Joseph's—9 a.m.	9 Annual Meeting Tacoma Acad. of Internal Medicine Jackson Hall C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
11 Staff of Doctor's Hosp.—7:30 p.m. Staff of Good Samaritan 6:30 p.m.	12 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge—8 a.m.	13	14	15 Staff of Medical Arts—7:15 a.m. P.C.M.B. Board 8:15 p.m. C.P.C. of St. Joseph's—9 a.m.	16 C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
18 Staff of St. Joseph's 6:15 p.m.	19 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	20	21	22 C.P.C. of St. Joseph's—9 a.m.	23 C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
25 Pierce County Academy of General Practice 6:30 p.m.	26 Tacoma Acad. of Internal Medicine—6 p.m. C.P.C. of Mary Bridge—8 a.m.	27	28	29 C.P.C. of St. Joseph's—9 a.m.	30 C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.

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

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## *President's Page*



The recent apparent incompatibility between policies of the military and civilian physicians in this community actually led to a better feeling of friendliness and cooperation between these two groups. The apparent incompatibility arose when the military physicians, in accordance with orders from a higher echelon, prepared to administer oral poliomyelitis vaccine to military dependents. Since many of the same families have some of their care from local civilian physicians, and since these local physicians have continued a community policy of withholding the oral vaccine, the situation would appear to be one which would confuse the average citizen and shake his confidence in the medical profession.

A round-the-table discussion was most informative, with participants from the Society's public health committee, the school committee, Dr. Fargher, and four physicians from the local military installations. The discussion indicated general agreement on the clinical aspects of the problem, and resulted in a logical explanation. Current knowledge would suggest a very low risk of complications from the oral vaccine. However, the risk of polio in this community appears to be even lower, hence the stand of our Society up to this time. The mobility of military families is such that they may move into higher-risk communities on a few days notice—a polio-risk greater than that associated with the oral vaccine. Thus, they are logical candidates for such a program.

The statement of conclusions of this meeting was sent to every member of the Society and should be thoroughly understood so that patients are not confused by the apparent conflict of policies. Even physicians who do not provide this type of care should be prepared to answer patients' queries on this subject, in the interest of better public relations.

STANLEY W. TUELL, M.D.

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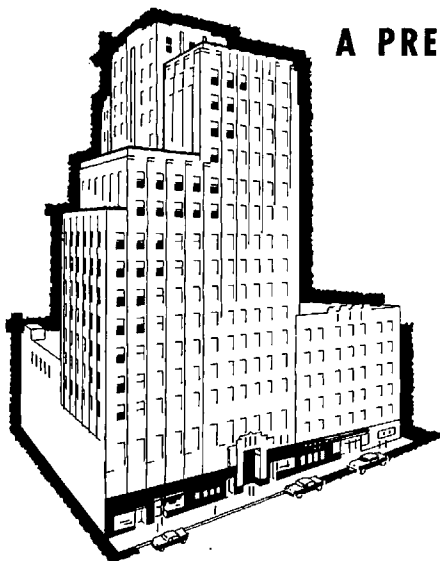
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# Guest Editorial

## A M P A C



The American Medical Political Action Committee needs and merits your support. This can best be demonstrated by paying your 1963 dues of \$20.00 promptly. If you have not joined, do so, since it will probably be your best insurance available at this premium. Money is needed at this time even though no election is in the immediate offing. Preparation for the election of 1964 starts now as well as the political educational programs and courses now being prepared and distributed.

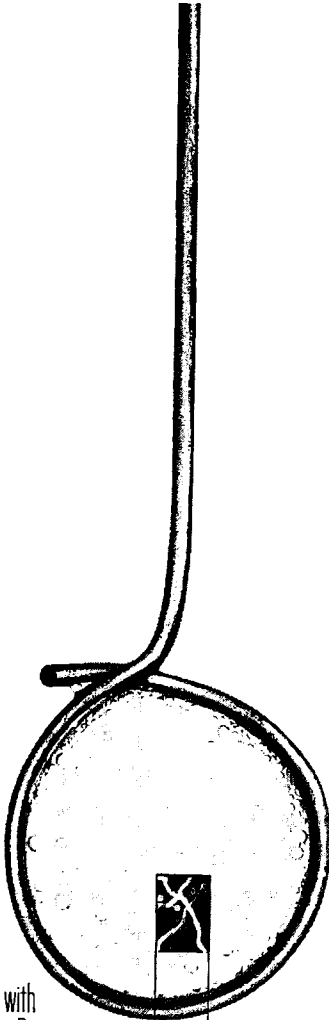
The AFL-CIO committee on political education called COPE says, "Begin now to prepare for the 1964 elections." Certainly, if COPE feels that this is a necessity, we must also. Last fall, COPE prepared a list of 42 incumbent Representatives that they wished to unseat but managed to unseat only 6 of these Representatives. AMPAC entered 30 of these districts against COPE and the AMPAC-supported candidates won 25 out of 30 seats. AMPAC supported 40-some candidates for national office and helped elect well over 70 per cent of these candidates. COPE supported over 300 candidates and is much larger, more powerful and much stronger than AMPAC. The results achieved by AMPAC, therefore, prove that we can be a real, positive influence on a national level if we all support AMPAC financially and politically.

AMPAC, as most of you know, is not affiliated with either party and supports neither party. It supports candidates who believe that the best interests of the American people are not met by compulsory, universal, federally-controlled medicine. This has little to do with party affiliation and over one-third of the candidates that AMPAC supported were Democrats. Representative Mills is a shining example of a Democrat who believes as we do. You may or may not know that many of the doctors who lead AMPAC are Democrats so this is not a political party in any sense. No deals are made with any of the candidates.

President Kennedy has succeeded in packing the rules committee and the King-Anderson Bill is number 2 on his list of "must" legislation—the tax cut and reform bills being number 1. This means another battle. Please remember that we need to lose only one battle and we have lost the war. Do your part . . . NOW!

J. HUGH KALKUS, M.D.





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## *Editorially Speaking*

American doctors are tired of frequently being put on the defensive by friends, individuals and organizations attacking the A.M.A. as "always against everything", "socially retarded" and "still living in the 19th century". A prime example appeared recently in a widely circulated fund-raising letter from the national chairman of the Americans for Democratic Action. It read:

"The trouble is that, too much of the time, the market-place of ideas is pre-empted by the well-heeled hucksters of reaction—the big business groups, the A.M.A., the John Birch Society and their backward-looking like."

In order to counteract talk like this, it's nice to have facts and information proving that the A.M.A. DOES have a positive program for betterment and ISN'T always against progress.

One often overlooked, but nevertheless effective, bit of ammunition we can bring up for our side is about the A.M.A.-sponsored National Congress on Voluntary Health Insurance and Pre-payment. In 1961 and 1962, and again last month, the A.M.A. called together representatives of management, labor, private insurance firms, prepayment plans and medicine to study and plan for the future of voluntary health insurance.

Health insurance has seen remarkable growth in the past few years. There were some 1800 companies and prepayment plans in the U.S. in 1962. Seventy-five per cent of the general population and fifty-five per cent of the non-institutionalized elderly now have some kind of coverage. (By 1970, at least 80% of our elderly who need it or want it, will be covered.)

Because the field is intensely competitive, insurance companies are constantly striving to improve their offerings. Already, there are paid-up-at-65 and non-cancellable policies. In the near future, coverage will likely include such items as mental illness, pregnancy, congenital defects, annual checkups, pre-existing disease, sterilization operations, catastrophic illness, illness while abroad, etc. Cradle-to-grave coverage paid for during wage-earning years will undoubtedly eventually develop. And the sooner private enterprise makes these plans available, the greater is the chance that the people will reject government medicine.

We can be proud of the A.M.A. for sponsoring a forum to promote such a valuable health program for the country. This is one of the many ways in which the A.M.A. is encouraging private enterprise to provide the efficient, competitive, low-cost health insurance that government cannot offer.

And we can raise this as one more point we can be really positive about and not on the defensive.

—T.R.H.

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References: (1) Ernst, E. M.: Current Therap. Res. 3:167, 1961. (2) Starling, R. J.: J.M.A. Georgia 50:442, 1961. (3) Sprogis, G. R.: Current Therap. Res. 3:393, 1961. (4) Coffee, H. L.: Clin. Med. 69:1561, 1962. (5) Matley, W. E.: Indust. Med. 31:33, 1962.

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For complete details concerning Naquival and Naqua, consult Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N. J.

## College of Surgeons Meeting

A respite from the cold could not have been better timed than the trip to Phoenix from Jan. 17 to 26. Driving down presented no problems with an air mattress and sleeping bag in the back of the station wagon and alternating shifts in driving. No snow or other hazards were encountered either coming or going; down via San Francisco and Bakersfield and back via Las Vegas and Reno.

The College of Surgeons' meeting was held at the Westward Ho in Phoenix and the Western States were all very well represented; 800 members were registered and all meetings were well-attended.

Monday morning's session was interesting in the description of correction of undescended testicles. Dr. John C. Long of Denver indicated that division of the epigastric vessels and the use of normal saline solution to help in the dissention of the spermatic vessels from the peritoneum could gain up to 6.5 cm in length of the cord. Where orchietomy was necessary, replacement with a silicon prosthesis measuring 2.5 x 2 x 2 cm was practical.

Dr. Donald Rochlin of Los Angeles spoke of the value of chemotherapy in the systemic infusion or perfusion. Patients with advanced or recurrent disease may be candidates for chemotherapy. The most perplexing problem in the use of these agents is the inability of the M.D. to predict the outcome of the response to the agent. The tumor is greatly changed, but the sensitivity of the tumor to the chemotherapeutic agent is unpredictable. Melanoma and sarcoma are amenable to isolation perfusion. In a group with a single node or single recurrence of 34 cases 24 are free of disease.

Dr. Henry Garland of San Francisco spoke on the contraindications of radiotherapy in palliation of cancer. These included:

1. Metastatic melanoma
2. Prior X-ray to full tolerance
3. Generalized metastasis
4. Already receiving vigorous chemotherapy

He further indicated that the response of tumor to X-ray is only obtained by clinical trial. If X-ray is used, the results depend 60% on the tumor itself, 30% on the skill of the roentgenologist, and 10% in the modality treated.

Short courses of orthovoltage X-ray may be effective in some breast CA with bone metastasis. Superior vena cava syndrome is not necessarily a contraindication to X-ray therapy. Radiation chondritis or osteitis are contraindications for additional X-ray.

Dr. Stanley Fressin of Kansas City stated that in *Palliative* surgery, the patient should be told that malignancy is present. The patient's feeling of hope in palliative surgery is of value. Second-look procedures may result in cure or, in good palliation such as relief of pain, obstruction, etc.

In the question and answer period some of the following points were worth mentioning:

Q. Should thio-tepa be used routinely after stage I carcinoma of the breast?

A. No definite answer can be given.

Q. Best Rx for teratogenous carcinoma of the testicle?

A. 5 F.U.

Q. Drug of choice in metastatic CA of ovarian origin?

A. 5 F.U.

Q. In metastatic melanoma?

A. Phenylalanin mustard or phenylalanim mustard of thio tepa.

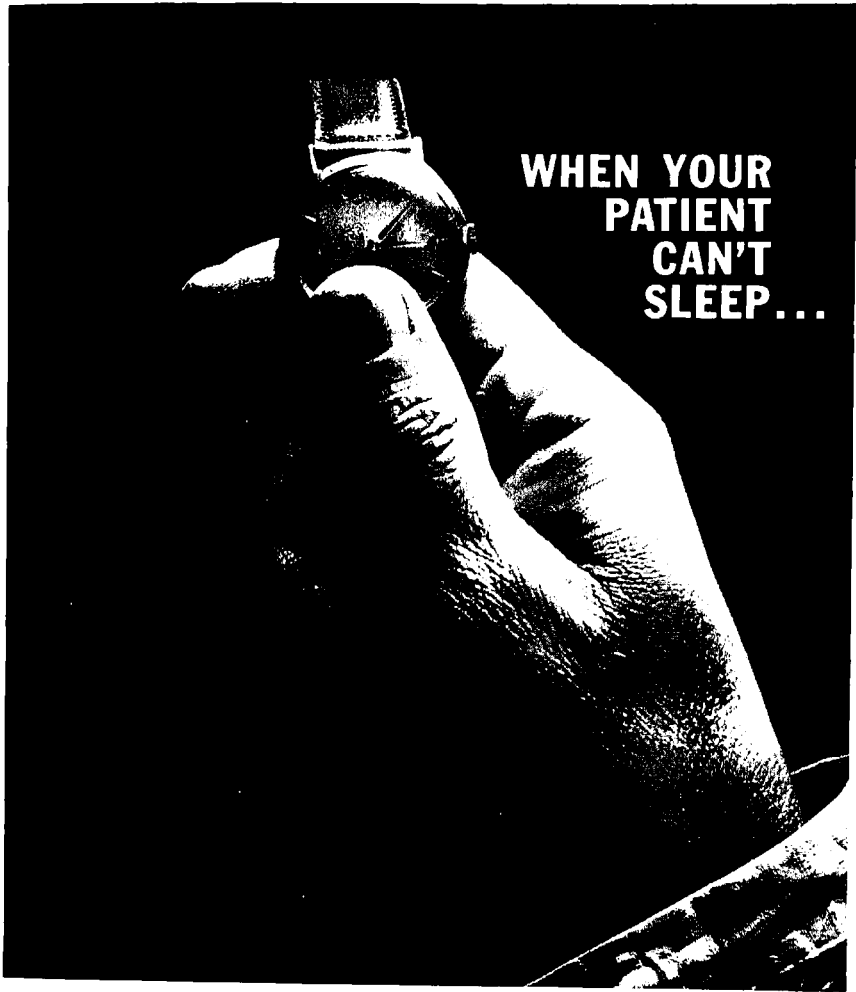
Monday afternoon, the discussion concerned treatment of the patient with multiple injuries. In the general management and consideration of care, Dr. Howard Snyder indicated that the one who assumed responsibility of management of multiple injuries should assume prophylaxis against tetanus and against infection.

Problems as seen by the various specialists attending the meeting:

1. Neurosurgeon John Raaf, Portland—

If the patient is in shock, some other concomitant condition must be suspected. Coma can be produced by blood loss, brain swelling, or a fat embolism, metabolic disturbances, or cerebral anoxia. Of 1919 cases of cranio cerebral trauma, 76% were Rx'd without surgery and 26.8 of these died. 24%

(Continued on Page 16)



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(Continued from Page 14)

were Rx'd with surgery with a mortality rate of 7.6.

Dr. Raaf suggested that gastric suction would be best done by inserting the tube through a stab wound in the lateral side of the neck instead of the usual naso gastric suction. He advocated removal of bone flaps in depressed skull fracture, washing and re-applying in the form of a mosaic.

2. Thoracic surgeon Donald Paulson, Dallas—Closed injuries of the chest are on the increase because of the increase of high-velocity accidents: may produce rupture of the trachea, aorta, diaphragm, lung, or thoracic duct with resultant chylothorax. Tracheostomy is most important in Rx of flail chest since dead space is thus reduced 50-300 cc. Rupture of the trachea or bronchus are becoming more common. The trachea between the carina and the thyroid cartilage is strung like a rubber band and hence in rupture will withdraw beneath the manubrium.

3. General surgeon Walter Burdette, Salt Lake City—Ruptured spleen and lacerated liver comprise the most common injuries in this group. A ruptured viscus will not always show free air under the diaphragm. Abdominal tap does not always show blood in ruptured spleen. In a small series, only two out of six showed free blood in ruptured spleen or abdominal tap. Gunshot and other perforating wounds should be extensively explored. Mesenteric thrombus may be caused by blunt abdominal trauma; may result in venous or arterial obstruction. In stab wounds of the abdomen with any question of whether or not the abdomen has been entered, celiotomy is definitely indicated. Damage to the pancreas may be suspected by high amylase value of aspirated fluid. Long, mid-line incision with adequate exploration or retroperitoneal area including spleen, pancreas and great vessels should be done.

If patient deteriorating in head injury, don't do angiogram. Operate!

In X-ray burns, resection and grafting should be done as practically all will ultimately turn to carcinoma, says James Barrett Brown of St. Louis. He advocates wide pedicle flaps as primary procedure as soon as possible.

Wednesday, January 23

A film on gastric cooling and freezing in peptic ulcer was presented by Dr. Waagensteen. The results of this type of treatment are so relatively new that the long-term efficacy of such treatment can not yet be evaluated.

In short, the technique involves freezing of the stomach with the use of a specially filled alcohol balloon on a tube for an hour at inflow temperature of 20 degrees and outflow temperature of 12 degrees. The tube is left in an additional 10 minutes to thaw and prevent bleeding on withdrawal due to adherence to gastric mucosa. The patient is allowed to eat a general diet in 2 or 3 hours, avoiding alcohol and caffeine. Benefits derived by gastric freezing are:

1. Vagotomy-like effect
2. Formation of microscopic thrombi in mucosal vessels
3. Injury to perietal cells in their secretory activity

Col. Pulaski, M.C., U.S.A., spoke on septic shock. The offending organism is a gram negative rod in 66% of the cases. The general consideration in treatment is: 1. correct hypertension by use of vaso-depressor to keep blood pressure 90 systemic; 2. correct infection—steroids 1 gm in first 24 hours; one large dose and repeat if necessary. Colymycin is chiefly used; kanamycin for proteus, staphycillin I.M. or I.V. or other synthetic penicillin for staph.

Alex Gerber of Alhambra, Calif., spoke on abdominal surgery without the use of gastro-intestinal suction and decried the use of gastrostomy tube; disadvantages of the gastrostomy tube being (1) the possible persistent fistulous tract; (2) exsanguinating hemorrhage, and (3) sub-diaphragmatic abscess. The advantages of no tube are a more comfortable patient, and less nursing care, fewer I.V.'s and less electrolyte problems.

A panel discussion on gastric intestinal bleeding was headed by Dr. Nyhus of Seattle.

Dr. Byrne of Los Angeles felt that the term "massive upper G.I. bleeding" should be abandoned and that the term "exigent bleeding" be used instead. He found in his series with vagotomy and pyloroplasty for

exigent duodenal ulcer bleeding that there was a recurrence rate of 28% re-bleeding. Should bleeding occur within 6 days P.O., it usually stops, whereas, later bleeding usually requires re-operation.

Dr. Allan McKenzie of Vancouver, B.C., feels that a good rule of thumb would be to indicate exigent bleeding in those with a Hbg. of 7.5 gm or less and Hct. 21. In the initial surgery, a BSP, bleeding, clotting, prothrombin time, platelet count and barium swallow should be done. If X-rays are negative, esophogscopy should be considered. Dr. Waddell of Denver stated that while "blind gastrectomy" has been in vogue for the past 15 years, and good results can be expected in approximately 65% of the cases, instead of the usual pylorotomy type of gastrotomy, he advocates making a substantial incision near the lesser curvature of the stomach and by using a sponge on a ringed forceps, the greater curvature can be pushed through the opening and a more exact examination of the greater portion of the stomach can be made to visualize otherwise unseen bleeding points. By so doing, he feels the "blindness" can be taken out of gastrectomy.

In general, the meeting was well worthwhile and the visit to the desert country was indeed a rewarding experience. I would recommend it highly to anyone during the months of January and February. To top it off, a short visit to Las Vegas on the way home completed a very enjoyable trip.

—WILLIAM E. AVERY, M.D.

## Chess, Anyone?

A chess tournament, open to all members of the Pierce County Medical Society as well as interns and residents, is being organized.

Send your name, business address and telephone number, together with one dollar to cover postage, etc., to Dr. D. H. Murray, 1213 South 11th, BR 2-9309. Entries must be in not later than March 15.

"The hottest fires in hell are reserved for those who, in a period of moral crisis, maintain their neutrality."

—DANTE

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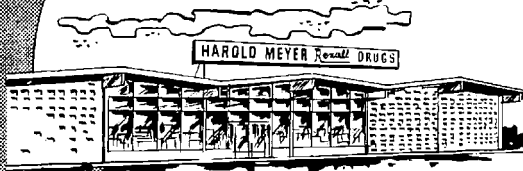
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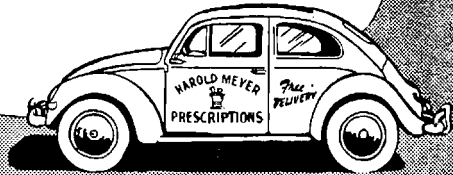
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# Poison Control Center

## POLICY STATEMENT

### Organization

The Poison Control Center is a cooperative effort of the Pierce County Medical Society, through its Poison Control Committee, and the Mountain View General Hospital.

### Purpose

To provide information to physicians and patients in cases of poisoning and suspected poisoning.

### Calls From Physicians

The Center has current information on a rapidly growing list, now numbering over 20,000 items, or hazardous drugs and household products. This data is obtained from the U.S.P.H.S. National Clearing House of Poison Control Centers and from independent sources. In any case of poisoning the physician is encouraged to call the Center for information regarding ingredients, toxic symptoms and dose, and recommended treatment as given by these standard sources.

### Calls From Patients

All calls from patients and parents are checked against the same file. In each case the patient is informed whether the substance involved is (a) not dangerous, (b) probably in need of immediate attention, or (c) an acute emergency. In each case where the patient requires cares, he is told to immediately call his physician. Whenever urgent care is required, the Center assists in arranging for the care. If the patient's physician or his alternate is not available, the call is referred to another physician of the patient's selection or to a member of the Pierce County Medical Society Poison Control Committee.

### Records

Records of each call from physician or patient are kept in a log book at the Center. This record identifies the patient and the suspected poison and indicates the advice given.

### Treatment

Patients requiring emergency room care are directed to the hospital selected by the private physician, or to the nearest emergency room when the matter is urgent. The private physician is given the Center's

recommendation for treatment. Patients, regardless of eligibility, arriving at the emergency room of Mountain View General Hospital are given whatever immediate emergency care is necessary. Such care to private patients is given per instructions of the private physician, provided he can be contacted.

### Summary

This is your Poison Control Center. It was organized primarily to provide information in poisoning emergencies. In cases where emergency treatment is needed and the physician cannot be available, the Center stands ready to assist in arranging this treatment.

Please acquaint your personnel with this policy. If any difficulty is experienced, please contact one of the members of the committee.

### Comments and Suggestions

Your assistance will be appreciated by any member of the committee.

POISON CONTROL COMMITTEE

David L. Sparling, Chairman

Claris Allison

Bernard A. Bader

Rodger S. Dille

Kenneth Graham

Charles Reberger

George Tanbara

Allen Eagelson

(Advisory Member)

## Aesculapius Esquire Says

Quare: What is the law in Washington, pertaining to voluntary sterilization?

Contrary to what apparently is the popular thought, there has been an almost total absence of reported litigation pertaining to voluntary sterilization; that is, vasectomys and tubal ligation. The authors of an article for the *American Bar Association Journal*, March, 1930, "Liability of Physicians for Sterilization Operations" found no reported cases on the issue. The writer in researching to the present day, found only two reported cases. One of these was actually decided upon the issue of the statute of limitations and, accordingly, is of little assistance on the issue of liability. The only other case found<sup>2</sup> was an action on con-

(Continued on Page 21)

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(Continued from Page 19)

tract for the physician's failure to achieve the desired result. There, the trial court dismissed the action without consideration of its merits, on the grounds that such an operation was against public policy and the court would therefore, leave the parties as they stood.

<sup>1</sup>Volume 16, page 158.

<sup>2</sup>*Christensen vs. Thornby*, 192 Minn. 123, 255 N.W. 620 (1934).

On appeal, the action of the trial court was sustained; however, on a different ground. Noting that the operation was advised to protect the health of the plaintiff's wife, the reviewing court specifically concluded that the operation was not against public policy, reserving judgment, however, in the case where no risk to health was involved.\*

\*Note, that the ruling of the court on this issue leaves open the availability of an additional defense to the operating physician.

The appellate court then pointed out that the action was not predicated on a lack of skill or *malpractice*, so that, as the action was *ex contractu* and the wife had survived the new pregnancy, the plaintiff had sustained no damage.

It would appear to the writer that this dearth of authority is the result of certain well established rules of law. Consent has always been deemed an absolute defense. [An unauthorized operation in the parlance of the law, has always been considered an offensive invasion of the body, and hence an assault and battery.] Accordingly, when the physician receives the oral or written authority of the patient to conduct the operation, the patient has no ground of complaint. [The apparent practice of having such patients sign a written authorization, where the purpose of the operation is clearly set out, is to be encouraged.]

Yet, the above is not controlling in that situation where the patient alleges a negligent failure of the desired result.

There would appear to be two possible explanations available here. The first, and primary, of course, is a corresponding rule

of law, of general acceptance, that a physician is not a guarantor of the success of an operation, and that a failure of desired result is not in and of itself evidence of negligence or malpractice; together, with the collateral practice of physicians of cautioning patients that the result cannot be assured until proper tests are later conducted. [Such advice might well be incorporated in the consent originally signed.]

The second and possibly minor consideration, is the probable reluctance of a patient to advertise the fact of such an operation and its apparent failure.

Who need consent? No Washington court has as yet specifically answered this question. There is little reason to doubt that the conclusion would be in accord with general law in the area; that the consent of a competent adult is all that is necessary. Although there is some conflict as pertains to married women, it is generally held that her consent is alone sufficient. This is not to say that a practice of obtaining the consent of both spouses is to be condemned, but in the event of the fraudulent obtainance of a consent by a spouse, one by the other, this additional defense would most likely be available.

The last question, as usual, is what statutory law must be considered. Again, we are faced with a total lack of coverage. The writer was unable to find any legislation on the subject.<sup>3</sup> This leaves the physician in the position of deciding, in his own best judgment, the cases in which he shall utilize such a procedure.

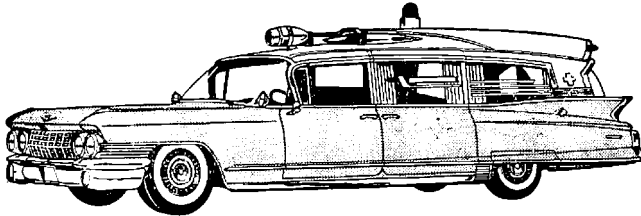
<sup>3</sup>In contrast, the *Christensen* decision indicates that there are at least five states which have declared such an operation illegal unless the health and safety of the patient is involved.

The conclusion which must necessarily be reached, is that so long as the physician obtains the consent of the individual and cautions him that no assurance can be made until tests can establish the success of the procedure, there should be little if any opportunity for a patient to complain as to the execution and result of such an operative procedure.

LAWRENCE M. ROSS

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## To The Pierce County Medical Society

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Fashion Show.....	Mrs. Thomas O. Murphy and Mrs. William W. Mattson, Jr.
Mental Health.....	Mrs. John M. Havlina
Today's Health.....	Mrs. Bernard A. Rowen
Cook Book.....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell

Our guests at the February meeting had a similar message: be aware, keep informed. About fifty Auxiliary members met at Billie Murphy's home for lunch and to welcome Mrs. Harry Emmel, State Auxiliary President, and Drs. Stanley Tuell and Frank Rigos. A possibility for some time in the future is a women's panel on the TV program, "Ask Your Doctor."

Keep the cook books in mind! Hats off to Lorraine Sulkosky who has sold over one hundred and Eileen Rademaker more than seventy-five. Ruth Murphy has gone to the "sun country" for a month, but you may call her house after 3 p.m. for books. Hazel Whitacre and Janet O'Connell will be pleased to help you also.

Representing Tacoma at the mid-year conference of Washington State Medical Auxiliaries in Longview will be Jeanne Judd, Ruth Brooke, Dorothy Meier and Dona Gilman.

Did you see a recent issue of Medical Tribune in which a paragraph from our

own Auxiliary News was re-printed. The column is called *Immateria Medica* and the quantity of reading they must do to come up with their interesting "bits" is staggering. (The paper is published twice each week.) However, there we are in the national news as they picked up the note about Dorothy Grenley and her new Italian greyhound.

Thanks to Kay Herrmann and Eileen Rademaker and their committee for a real fun dance—a huge success, socially and financially.

Thanks, too, to Kathleen Skrinar and her group who have been teaching the Medical Self-Help classe. They have been wonderfully well-received.

So sorry to hear of Kit Larson's bout with pneumonia.

The Judds will be in California to greet son, Hugh, when he returns from Europe. Dr. Judd will attend a conference on "Diabetes of Many Types" while Jeanne and Marjeanne do some sightseeing.

Remember the date for the March meeting, Friday, March 15 at Sherry Johnson's home, 501 No. Tacoma Avenue. The committee will be headed by Ruth Brooke, and assisting her will be Dolores Havlina, Kay Willard, Marion Smith and Stephanie Tuell. We will see a 30-minute movie, "The Wisconsin Story," which shows the former-Self-Help classes. They have been wonder-unions to which all unions must pay dues. Following the movie, Lorraine Adams and Dona Gilman will explain AMPAC and contrast its voluntary nature with that of C.O.P.E.

The nominating committee met recently. The members are: Helen Florence and Marion Doherty from the general membership, and Mavis Kallsen and Ruth Houtz from the Board. Dorothy Grenley, because of an unexpected commitment, has found that she will be unable to act as president next year. Due to this emergency, the executive committee and the nominating committee met and, according to Article 6, Section 4, "C", of our by-laws, have submitted the name of Mrs. Homer Humiston

as president-elect, to be installed as president in May.

The slate of officers of the executive committee to be presented at the March meeting is as follows:

President-elect.....Mrs. Sherman Pinto  
 1st Vice-president....Mrs. Arthur Wickstrom  
 2nd Vice-president.....Mrs. Dale Doherty  
 3rd Vice-president.....Mrs. Axel Lindstrom  
 4th Vice-president.....Mrs. Jack Erickson  
 Recording Secretary....Mrs. Robert Johnson  
 Corresponding Secretary .....

Treasurer.....Mrs. Galen Hoover  
 Asst. Treasurer.....Mrs. Thomas Skrinar  
 Mrs. Glenn Brokaw

See you at the March meeting!

## HOSPITALS

### Tacoma General

#### Hospital Rooms and Floors Renumbered

February 20 marked the day when the new room-numbering system went into effect. Before the new numbering was effective, several staff education sessions were held for all personnel to acquaint them with the new numbers which are very different from the old ones. In addition, the wards have been renamed to more logically fit in with the new areas when complete. A series of tours was begun on Wednesday, February 20, and will continue through February 27, to allow all hospital personnel to tour the new and old areas and become acquainted with the name and numbering plan.

#### New Laboratory Opening

The Laboratory personnel are getting quite excited about the proposed move on March 1. The employees in the department have been moving the equipment, little by little, into the new section. However, if everything goes as planned, Friday afternoon, March 1, and Saturday, March 2, have been designated official moving days for the department. Those who have seen the new quarters are quite pleased with the amount of room and ultra-modern appearance.

#### Health Careers Day

On Friday, February 22, 300 Juniors and Seniors from 13 high schools in the vicinity converged on Tacoma General for our first

Health Careers Day. The program began at 1 p.m. in the Jackson Hall auditorium with a welcome from Mr. W. L. Huber, Administrator, who also emphasized the great need for additional personnel in all the health career fields, both for now and in the future, to fill the expanding need for medical facilities for our growing population.

The students then chose to attend a career conference. There were 12 careers represented, with each conference leader speaking to his group about the opportunities in his field, the education needed, the costs of education and where to go to receive this training. The leader also told about his type of work and how it fits into the hospital industry.

When the career conferences were over, the students had further opportunity to acquaint themselves with other medical careers or the hospital in general through the tours offered and the movies which were shown throughout the afternoon. In the recreation room, each profession had an exhibit with written material for the students, demonstration of equipment and other projects to stimulate the student to consider a health career and also allow him to question the representative about these specific careers.

Throughout the afternoon refreshments were served by the Hospital Auxiliary and Volunteers.

The Board of Trustees members were given a tour of the new area at the end of their monthly executive committee meeting this month.

Mrs. Virginia Elson, Executive Housekeeper, will attend a two-day institute at the University of Washington on March 8 and 9. The institute will deal with housekeeping practices and technics. It is sponsored jointly by the University of Washington and the Puget Sound Chapter of the National Association of Executive Housekeepers.

Spring orientation and reassignment of the Junior Volunteers of Tacoma General Hospital took place on March 2, 1963. Two new job assignments in the X-ray Department and in the Physical Therapy Department has aided in swelling the ranks to eighty Junior Volunteers, an increase of

approximately 25 since their last assignment meeting in September.

Organization of a Junior Volunteer Club, to be both a service and a social club, was discussed at the orientation meeting and met with much enthusiasm in the group.

The student nurses are sponsoring a carnival on March 1 and 2 in Jackson Hall. This is a fund-raising project by the students to carry out class projects.

## Saint Joseph's

We would like to welcome a new girl to the Business office, Miss Helen Muench, who came February 1.

Anyone going by in the hall, may certainly peek in and see our sunny, yellow office. We also have a new 'checking out' window.

We have a new night operator on the switchboard, Mrs. Janet Burt.

A Valentine Party combined with a bi-monthly departmental meeting was held on February 14, in the Medical Record Dept.

Now that a program chairman for the local Medical Record Librarians meeting has been chosen, Anatomy is the subject for study at the monthly meeting. Two Medical Record Technician Students will present a topic in Anatomy to discuss at these meetings. Last month Sandra Bergstrom and Lauretta Schmidt gave a talk on "The Body as a Whole" and "Cells".

Current problems arising in the Medical Record Departments are solved during these meetings.

Dietary Department and all that knew Mrs. Ruth Decker, are saddened by her sudden illness and death. She had worked in the kitchen on the line about four years.

Mrs. Minnie Hartman of the cafeteria was called away from her job, to South Dakota, to attend the funeral of her brother.

Mae Conner, one of the cooks in the kitchen, also has been visited by sadness because of the loss of her sister.

Two former employees of the kitchen have returned to the culinary department. A welcome back to Mrs. Mary Bottiger and Mrs. Thelma Lipera.

The dietary office personnel has been kept busy lately due to the rise in census. With us we are either busy or busier.

Mrs. Peterson has recently heard from her daughter Cheryl, who is in Hollywood, California, and employed with the Prudential Life Insurance Company there.

Do you want to know—"will an apple a day keep the doctor away?"

Answer: A three-year study of Michigan State volunteer apple-eating students, found they made fewer sick calls at the University Health Center than other students. Significantly fewer calls were made for respiratory and tension-induced illnesses. It was conjectured that Vitamin C in the apples accounted for the lesser incidence of normal illness, that some natural tranquilizer substance lessened everyday tension.

Words of sympathy are extended to:

Mrs. Ella Magnussen (Maggie) R.N., head nurse on 3rd South because of the death of her grandson in Alaska.

Mrs. Busko, R.N. on 3rd has also experienced the death of her father recently.

We would like to welcome to our new 3-11 R.N., Mrs. Dora Hennings.

Mrs. Martha Brown, R.N., is leaving us, we will all miss her.

Due to the many comings and goings of our staff members, we decided that a party was in order. The members of the department went to the Top of the Ocean for a final get-together before losing any of the staff members. A wonderful time was enjoyed by all who attended.

Mrs. Turner, a former employee on third, fell at home and broke her leg. We wish her a speedy recovery.

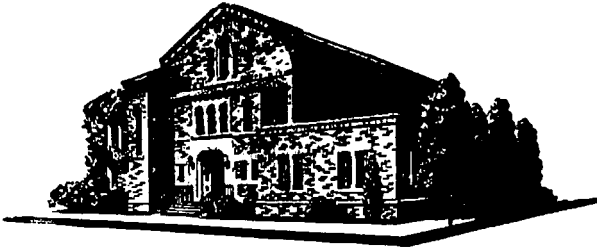
Asian Flu seems to have arrived as judged by the admissions coming to third floor recently.

The X-ray department is now in the process of further renovating. A much needed remodeling job is underway which will enable the technicians to have more filing space, a larger office, and a private office for the radiologists. After a long time of planning, everyone in the department is very happy to see the project getting underway and anxious to see it completed.

---

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PHYSICIANS' AND HOSPITAL SUPPLIES



## Easter Seals Society Offers 25 Scholarships

Twenty-five scholarships in amounts ranging from \$50 to \$750 for specialized training in work with cerebral palsy victims are available under a program co-sponsored by the Easter Seal Society and Alpha Chi Omega sorority. Those eligible for these fellowships include physicians, dentists, therapists, educators and other professional workers associated with those having cerebral palsy. West Coast schools at which winners of these scholarships may study include Stanford University Medical Center, California Rehabilitation Center, the University of Oregon Medical School, and the University of Southern California.

Application for scholarships in either category should be made through William E. Unti, state director, Washington Society for Crippled Children and Adults, the Easter Seal Society, 100 Dexter North, Seattle, Washington.

## Letters to the Editor

To the Editor:

You are to be congratulated for proposing a solution to the problem of fluoridation since the value of depositing fluorine in children's teeth before the age of 10 years is a proven fact. Certain questions do exist as to the most effective method of accomplishing this. Fluoridation of the public water supply is only one way and is the least scientific of all. It is also the one method that always seems to start an argument.

I, personally, don't care whether fluorine is placed in the water or not and I am not afraid of controversy. This, however, is not the time for the Medical Society to become involved with this issue when so many more important things face us now and in 1964.

The initiative that you propose, if battled through to victory in 1964, wouldn't be activated until 1965. Even then, it could be tied up legally for several years more. Meanwhile, back at the ranch, children's teeth would be filling with cavities—or would they?

Surprisingly, the answer is NO. Quite a

few of the general practitioners, pediatricians and obstetricians are using fluorine. One of the school doctors indicated that fluorine was being prescribed in such quantities that, to him, fluoridation of the water was out of date and no longer a vital issue.

If fluorine is a part of the private practice of preventative medicine, akin to vitamins, immunization or vaccination, then it is our responsibility and not the government's. If this is our job, let's do it as doctors and not default to the government. It would be poor strategy to turn to the government for solution of such a minor problem.

The problem might be solved by having the Society send a letter to the general practitioners, pediatricians and obstetricians asking if they are using, or will use, fluorine as indicated. This could include all those in Pierce County rather than Tacoma alone. There is no reason that fluorine couldn't be made available at all prenatal and well-baby clinics in this area. Then, about the only individuals who wouldn't get this are the transients and fluorine in our water wouldn't help them anyway.

If adopted, this would be excellent public relations and something we can use in the newspaper and even on TV. It is for the doctors who do this work to make the decision.

Sincerely,

FRANK J. RIGOS, M.D.

## Lakewood General

The staff of the Lakewood General Hospital received with pleasure the notification that full licensure had been issued to the hospital by The State of Washington Department of Health. Hospital personnel report that the inspection was a most educational experience, the end result of which was very rewarding in that it indicates that the hospital meets the high standards required by the Health Department in all areas.

INTERNIST WANTED—We are an eight man, multi-specialty group and need to add another man in Internal Medicine. We have a new, completely equipped building. Excellent starting salary with early opportunity for full partnership. Contact: Business Manager, The Richland Clinic, Richland, Washington.

## One For The Books

One case that stands out in my memory of twenty-five years of practice in a small community as a general practitioner occurred about fifteen years ago. It was a year when the snow came early and it was cold in October.

The patient, a multipara of thirty-eight, complained of a little watery discharge. The last menstrual period was in doubt but she had felt life in August. Her general condition was good and heart tones were normal. She was advised to go home and stay in bed, which she did not do until she had a bloody discharge the following day. The fetal heart tones remained good and there was no cramping, so bed rest was continued and progesterone I.M. was given.

The next day, the family called and advised me that cramping had occurred during the night and was increasing. I advised immediate hospitalization, but they had no car available. Not wanting to wait for an ambulance, I made the six mile trip and found that the cord and one hand had pro-

lapsed. There was no pulsation in the cord, and I advised the family that the baby was probably dead. I replaced the cord and hand and rapidly delivered a small baby girl.

I attempted cardiac massage and mouth-to-mouth breathing and nearly dropped over when the infant responded with a weak cry. Wrapping the baby in blankets and, with the baby's older sister holding her, we started for Tacoma. The car heater was working fine and the baby was still breathing when we reached St. Joseph's Hospital.

The baby was placed in an incubator and Dr. E. P. Nelson was asked to take over. The first time the baby was weighed, it was a little over one pound. It remained in the hospital for several months where a big problem was keeping the hemoglobin up.

The infant was discharged and was to be given an iron formula which we found later the mother neglected to give. When next seen two months later, the anemia was so severe that in spite of hospitalization and vigorous treatment, the child expired at about six months of age. So, a case I was very proud of, ended in death.

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## Annual Clinic Session of Seattle Surgical Society

The 1963 Annual Clinic Session of Seattle Surgical Society was attended by a contingent from Tacoma represented by Drs. Ted Haley, Bill Mattson, and Sid Kase. Highlights of the day's session were:

Opening address by President Don Hall who cautioned the entire medical profession against lethargy and apathy and urged us to take a more active part in politics.

(a) The scientific program opened with a stimulating bit by Dr. Thomas Payne on "Surgical Management of the Arthritic with Peptic Ulcerations". The chief offender, of course, is "IHA" induced hyper-adrenalism) following prolonged therapy of rheumatoid arthritis with corticosteroids. The rate of ulcer production was 26%, with a 10% mortality, in the series studied.

Treatment of choice is subtotal gastrectomy, after which therapy of the rheumatoid arthritis may be resumed, including use of corticosteroids. For some unknown reason, ulcers do not occur as frequently when using steroids in the treatment of asthmatics.

(b) Dean Crystal and his group were next on the program with "Surgical Treatment of Aortic Aneurysm". He summarized his experience with 90 cases of abdominal aortic aneurysms. Pain was present in 65% of the group, whereas 24% were asymptomatic. From before 1959 to the present, the mortality rate in the "ruptured" group fell from 70% to 50%. In the "elective" group it fell from 37% to 18%. Dr. Crystal's group favors a woven Teflon graft. The main points in their technique are: (1) longitudinal opening of the aneurysm (2) evacuating blood and clots (3) ligating all lumbar arteries (4) endoaneurysmorrhaphy with woven graft.

(c) "Unanticipated Changes in Blood Volume Following Certain Surgical Cases" was presented by Dr. Merendino's group, given by Dr. James Flanagan. Their series was mainly open heart surgery cases. Blood loss is usually underestimated; the difference between calculated loss and actual loss is termed the concealed post-operative blood loss. This averages 40cc/kg. of body

weight and reaches its maximum at 36-48 hours. It is possible to lose 1500-2000cc blood without appreciable clinical signs. Unless it is sought for it will be missed. Their group used Radio-iodinated Serum albumin for blood volume determinations. Losses were replaced in aliquot amounts, occasionally giving 1000cc within a 15 minute period.

(d) Dr. Lester Sauvage of Providence Hospital gave a paper on "Ischemic Ulceration of the Leg and Foot". Excellent anatomical diagrams, radiograms, and colored slides illustrated the thesis. This group routinely uses translumbar aortography to assess the status of the lower extremity vasculature.

For occlusive arterial disease below the inguinal ligament Dr. Sauvage recommends the patients own saphenous vein, with the valves reversed. The end of the vein is "fish-mouthed" to prevent narrowing at the anastomosis. The graft goes from the common femoral artery to the popliteal artery. Endarterectomy is included as part of the procedure, with the intima being tacked down.

Several case histories were presented to illustrate the technique.

(e) Dr. Lewis Litvin presented "A Surgical Method for Removing Advanced Hemorrhoidal Disease."

Dr. Litvin advocated an expanded method of radial excision. Spinal or caudal anesthesia is the best. Use of a "Spoon-type" retractor gives excellent exposure, with the patient in the jackknife position. Attempts are made to conserve a maximum of skin and mucus membrane. The hemorrhoidal veins are dissected off the deep sphincter muscle, the mucous membrane being extensively undermined. It is important not to suture the flaps to the sphincter muscle. Large gaps are left at the anal verge for drainage purposes. External skin tags need not be excised as they cause no functional disturbances. Post-operatively witch hazel dressings and hot sitz baths are used. Mineral oil is given by mouth. The technique was illustrated with slides.

(f) Perhaps the most interesting presentation was by Dr. H. Glenn Bell, professor of Surgery at the University of California. He related five unusually bizarre

and interesting cases. Later in the day he appeared on a panel with Drs. Joel Baker and Willis J. Taylor of the Virginia Mason Clinic and Dr. James Contrell of the University of Washington.

(g) Dr. Taylor, a radiologist, spoke on X-ray Mammography. He pointed out the uses and limitations of this diagnostic technique. It is a useful diagnostic aid but is intended to supplant breast biopsy, not replace it.

(h) Dr. Cantrell spoke on Chemotherapy for late stages of Carcinoma of the breast. Radiation treatment, hormone additive and ablative measures, corticosteroids, and chemotherapy were discussed in detail. The value of hypophysectomy or adrenalectomy was noted. Dr. Cantrell referred to the A.M.A. Joint Commission study which showed both measures to be equally effective.

The moderator of the panel was Dr. Hilding Olson who spoke on "Chemotherapy at the Time of Surgery". His experiences were mainly with ThioTEPA, by means of which it appears the salvage rate can be increased.

Following the presentations, the panel answered questions from the floor. None of the panelists favored the McWhirter method of Simple Mastectomy in combination with radiation therapy. Inflammatory CA of the breast was considered "too hot to handle". When Dr. Bell was asked how he would treat such a patient, he replied he would refer her to a radiotherapist. Dr. Taylor, representing the latter likewise took a dim view of the disease.

The topics and their presentations were all excellent. We all felt the day there had been well spent. SIDNEY KASE, M.D.

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—Huang Liang, Prof. of Suchow University from . . .

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## Letters to the Editor

To the Editor:

After reading "Editorially Speaking, 'New Year's Resolutions';" in the January issue of the Bulletin of the Pierce County Medical Society contact was made with a member of the Bulletin staff to determine the factors practiced by the Department which precipitated the inclusion of resolution number 5. The items mentioned to us as being responsible for the resolution fell into the following categories.

1. Too many medical reports were being requested on cases under treatment.

2. The reopening of claims was too slow.

3. The Department collecting all x-rays on cases is not good practice.

4. The Department policy of paying Fee Schedule rates on third party cases is not equitable.

5. The apportionment of surgical flat fees with out of town physicians is unfair.

6. The Department Fee Schedule needs revision.

Department policies and the reasons therefore, cannot be fully discussed in a communication of this sort, however, an attempt will be made to briefly outline the Department's viewpoint.

1. Reports—Benefits under the Industrial Insurance Act are limited to disability from injuries causally related to work and "disease and infection as arises naturally and proximately out of employment".

Department administration of these benefits are largely based on information obtained from the attending physician. The acceptance or rejection of a claim, the payment of time loss to the claimant, hospital and physician's fees, closure examination and disability awards, reopening of claims, all are dependent upon medical reports.

Rule 26, Medical Reports Department of Labor and Industries Physicians Medical Aid Rules and Maximum Fee Schedules (July 15, 1961 revision) was seriously considered before its inclusion. It was believed at the time of the revision of the rules and schedules to be a realistic approach to reporting. I feel that it still is. Short reports are preferred as long as they portray the status of the case. Department form SF 8538 "Doctors Request for Treatment" was

revised in May, 1961 allowing more space for progress report with the intent of simplifying progress reporting. A copy of this is enclosed.

2. Reopening of Claims—The Department is as anxious as the physician to render prompt and necessary medical care to claimants. The Department is responsible, however, to limit its medical care to conditions causally related to the injury incurred at work and for which the claim was accepted. Applications to reopen claim many times do not contain sufficient information for the Department to make a determination on causal relationship. Aggravation must also have occurred since closure of the claim. This also many times cannot be determined from data submitted on application to reopen claim. Necessary investigation and special examination then delay the reopening. Fully executed applications to reopen claim should expedite reopening procedures.

3. X-rays—Collection of films by the Department is imperative. Many claimants transfer from physician to physician and move from one locality to another. If each physician kept the film taken by him, collection of all films for use at a special, a commission or a closure examination would be a difficult task and impractical from a time standpoint. The Department is willing at all times to forward any or all films in a case to the attending physician for his use in the treatment of the claimant.

4. Third Party Cases—Department policy on paying fee schedule rates in third party cases is a requirement of the law and,

therefore, cannot be altered by the Department.

5. Apportionment of Flat Fees — The Department would be delighted if following surgery the surgeon in each case was able to render all postoperative care and no further apportionment of fees would be necessary. However, out of town surgical cases make this impossible. At present the maximum amount that is deducted from the flat fee for postoperative care by another physician is 50%. In the proposed new fee schedule this amount is less.

6. Fee—Your staff member had numerous notes on fees. These were not discussed because work on a new fee schedule has begun. Conferences have been held with the Industrial Insurance Committee of the Washington State Medical Association. It is hoped that from our combined efforts a fair schedule for the physician and the Department will be attained and aid in better rapport between the physician and the Department.

Very truly yours,

J. F. VAN ACKEREN, M.D.

Chief Medical Consultant

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Tuesday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

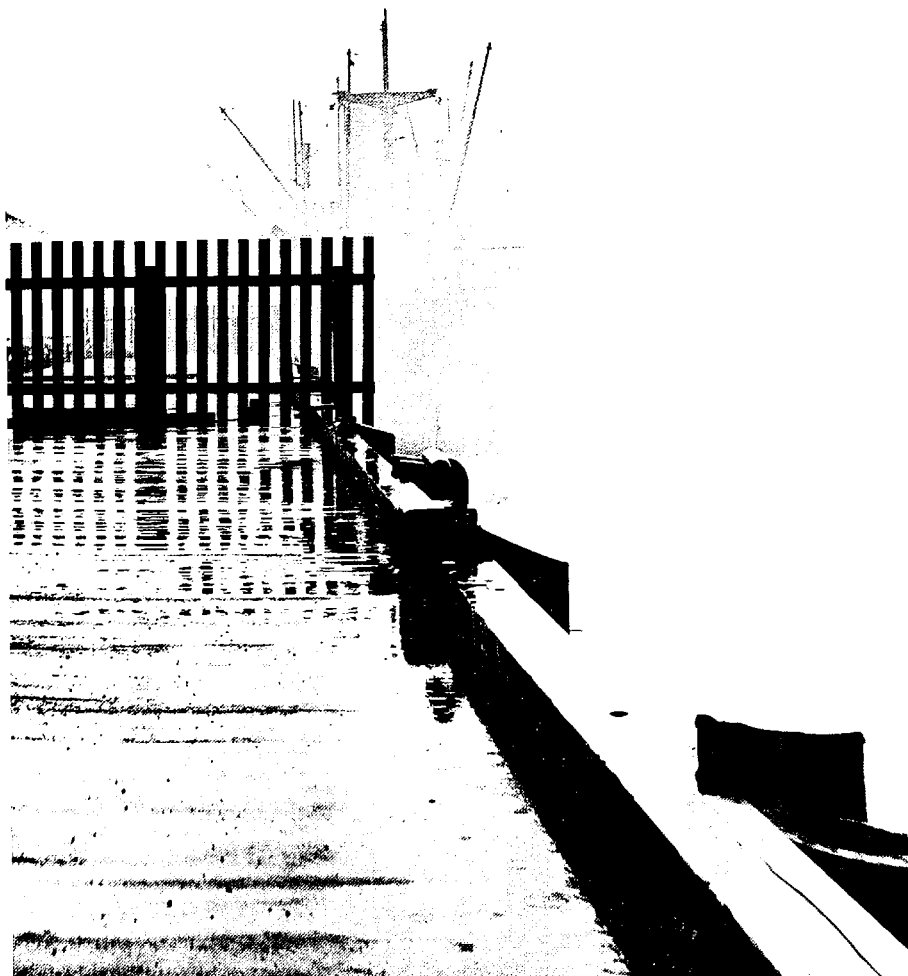


# BULLETIN

VOL. XXXIV—No. 4

TACOMA, WASH.

APRIL - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
APRIL 9**

# Pierce County Medical Society

1963  
OFFICERS

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 President-Elect.....Frank J. Rigos  
 Vice-President.....Philip Grenley  
 Secretary-Treasurer.....Arnold J. Herrmann  
 Executive Secretary.....Judy Gordon

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 Arnold J. Herrmann                 G. Marshall Whitacre

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 Robert M. Ferguson                 Frank J. Rigos  
 Robert W. Florence                 Stanley W. Tuell

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 Douglas P. Buttortff                Herman S. Judd  
 John F. Comfort                     John M. Shaw

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 Auxiliary News Editor.....Mrs. George A. Race



## Happy Birthday

APRIL

- 1 LAWRENCE E. SKINNER
- 2 EDWIN J. FAIRBOURN  
WILLIAM W. MATTSO, JR.
- 4 BERNARD D. HARRINGTON
- 5 CLINTON A. PIPER
- 7 EVERETT P. NELSON
- 10 JAMES M. BLANKENSHIP  
DAVID N. GOODSON
- 11 LAWRENCE BRIGHAM
- 12 CHARLES W. MAY  
Z. JOSEPH VOZENILEK
- 15 LEO J. HUNT  
DOUGLAS A. MURRAY
- 16 ROBERT W. OSBORNE  
CHARLES G. TRIMBLE
- 20 JOHN F. COMFORT
- 21 HAROLD B. JOHNSTON
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RICHARD T. DAVIS
- 24 EUGENE W. HANSON
- 25 RODGER S. DILLE
- 27 JOHN W. GULLIKSON  
LOUIS P. HOYER, JR.  
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- 29 ARCHIBALD W. HOWE
- 30 NICOLAS A. GODFROY  
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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, April 9**

Medical Arts Building Auditorium

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

**THE PROBLEMS OF HYPOTHERMIA**

Generalities — Use in Cardiovascular and Neurosurgery

Critical Analysis of Gastro-hypothermia

CLARENCE C. PEARSON, M.D.

JOHN S. TYTUS, M.D.

RONALD MEAGHER, M.D.

G. HUGH LAWRENCE, M.D.

\* \* \* \*

Social: 6:00

Dinner: 6:45

Honan's Restaurant

## April Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1  Tac. Acad. of Psych. & Neurol. 8:00 p.m.	2  Tacoma Ortho. Society—8 p.m.  C.P.C. of Mary Bridge—8 a.m.	3	4  Pierce Co. Ped. Soc.—6:00 p.m.	5  C.P.C. of St. Joseph's—9 a.m.	6  C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
8	9  Pierce County Medical Society 8:15 p.m.  C.P.C. of Mary Bridge—8 a.m.	10	11	12  C.P.C. of St. Joseph's—9 a.m.	13  C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
15	16  Tacoma Surgical Club—6:30 p.m.  C.P.C. of Mary Bridge—8 a.m.	17	18	19  C.P.C. of St. Joseph's—9 a.m.  P.C.M.B. Board 8:15 p.m.	20  C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
22  Pierce County Academy of General Practice 6:30 p.m.	23  Tacoma Acad. of Internal Medicine—6 p.m.  C.P.C. of Mary Bridge—8 a.m.	24	25	26  C.P.C. of St. Joseph's—9 a.m.	27  C.P.C. of TGH-MVGH (MVGH Classm.) 8 a.m.
29	30  C.P.C. of Mary Bridge—8 a.m.				

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

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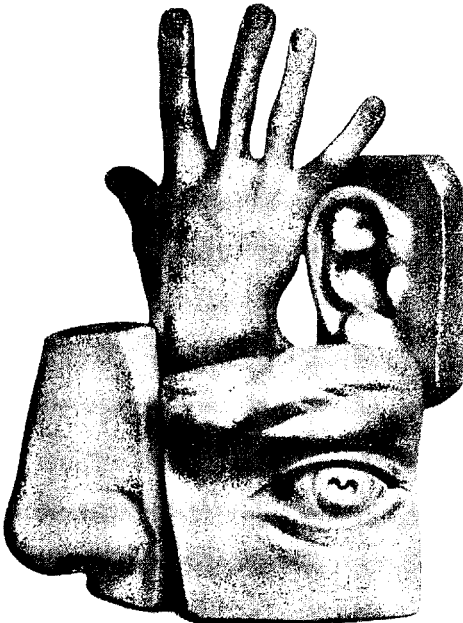
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## *President's Page*



Without exception, to my knowledge, physicians who attended last month's meeting at the Seward School were surprised and enlightened by the interesting demonstration of modern facilities at the school. Those who were absent missed an educational presentation that is of interest to all, regardless of specialty. On behalf of the Society, a letter of gratitude has been forwarded from this office to Mr. Carl Ferguson, administrative assistant in charge of guidance and special services at the Tacoma Public Schools. Thanks, too, to Orv Harrelson for his part in arranging the meeting.

The Board of Trustees has approved a change in administration of the group disability insurance plan for members of the Pierce County Medical Society. Fred Hansen is withdrawing as administrator and shifting the duties to Merle Palmer, C.L.U., who has assisted Mr. Hansen in this role for many years.

The inherent differences in the accepted rules of practice of the medical and legal professions inevitably begets some degree of stress and strain when these two professions overlap in medico-legal problems. As in most disagreements, friendly discussion and arbitration can do much to ease the strain and avoid misunderstanding. To this end, in cooperation with Brooks Johnson, President of the Pierce County Bar Association, I have appointed three members of our Society to a joint Medical-Legal Liaison Committee. The Committee will act in an advisory capacity if arbitration of some disagreement is indicated. It may also, if it sees fit, draw up rules or suggestions to prevent future misunderstandings.

STANLEY W. TUELL, M.D.

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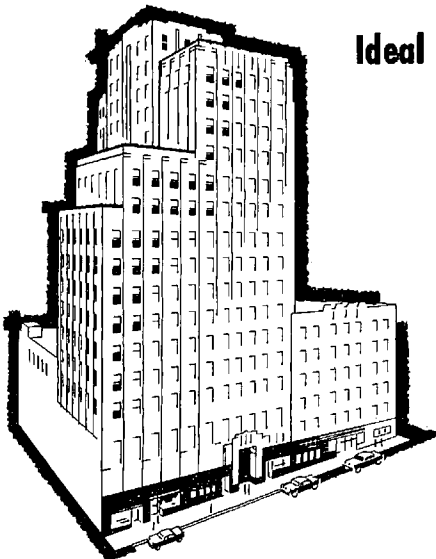
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## *Guest Editorial*

Accurate presentation or results of the current state legislature's activities for the April issue of the Pierce County Medical Society's bulletin is almost impossible, and anyone accepting such an assignment should have his sanity examined.

When we were requested to do such an article, the prospects of attempting such a resumé seemed so remote we were tempted to do a feature article, which if done properly might turn out to be more interesting than if a factual and serious approach were made.

For instance we might consider legislative bills concerning ladybugs, beavers, pigeons and the prospect of proper clothing for animals. (The latter on a national level).

The Ladybug Bill is a protective measure for this pretty little "insect" because it is considered necessary to "maintain a biological balance over insects detrimental to native and domestic plants, or their products." We have been acquainted with ladybugs in one form or another and not once have we witnessed any beneficial activity.

On the other hand, housewives complain about their presence in homes and destroy them at every opportunity. Apparently, they mess up plate glass windows, eat rugs when they can't find aphids or potato bugs and despite their beauty are a nuisance to the non-farming public. These little bugs don't seem to know their way around, and like humans would rather go to the city than to the agricultural fields, where they might be of some help to humanity.

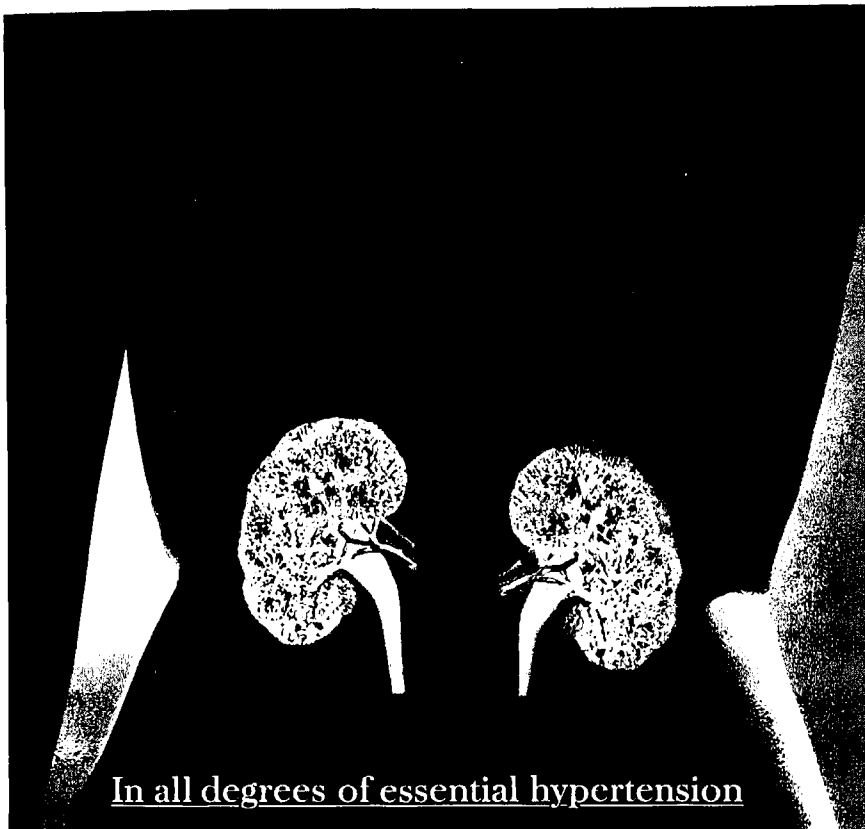
On the other hand, humans, by legislative processes, now are taking out after our little furry friend, the beaver. This is one of the most industrious, admired and self-sufficient individuals in the animal kingdom. With his sharp little teeth, unaided by fluoridation, he cuts down forest trees, fells them in rivers and conducts them to his prospective home without benefit of tugboats: builds himself a castle and stores therein food and warmth (without help from the Public Assistance Department) to last himself and family through what we recognize as the rainy season.

Under a current legislative bill, open season would be declared, under certain circumstances of course, on these little furry examples of how humans should strive to take care of themselves.

Now let's go on to pigeons — there is a legislative protective measure for these proud birds. The bill itself concerns the Antwerp and/or carrier-racing pigeon. We are appreciative of the carrier-pigeon so helpful during war periods. With a message capsule attached to its skinny leg it would soar aloft take a

(Continued on Page 12)





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*Supply: Rautrax-N*—capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride. *Rautrax-N Modified*—capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride. Bottles of 100.

*References:* (1) Moyer, J. H., and Heider, C.: *Am. J. Cardiol.* 9:920 (June) 1962. (2) Brest, A. N., and Moyer, J. H.: *Pennsylvania M. J.* 63:545 (Apr.) 1960. (3) Hutchison, J. C.: *Current Therap. Res.* 4:610 (Dec.) 1962. (4) Berry, R. L., and Bray, H. P.: *J. Am. Geriatrics Soc.* 10:516 (June) 1962. (5) Feldman, L. H.: *North Carolina M. J.* 23:248 (June) 1962.

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(Continued from Page 10)

look at the earth's contour and speed off in the correct direction usually arriving home around the scheduled time. This type of feathered friend has been promoted in the sports field and the current bill is offered to protect these trained birds from the wilful shooting of these beautiful things in flight. Usually, these trained birds streak to such altitudes in flight there is little danger to them except in ascent and descent, and among hunters who can't tell this hybrid from the common variety which dirties up city streets and barn roofs of the farm areas. Pigeon shooters better mind their firing arms, if this bill is enacted.

Then, there is this suggestion nationally which in effect requires the proper attire for animals. We are not entirely familiar with its intent, but we have in mind a friend who prevailed upon her hunting-minded husband to dispose of his very fine hunting dogs, because of their "outside plumbing." Extend your imagination to such requirements for cats, horses, cows, etc., and you have a problem on your hands.

Enough of this foolishness. Let's try to get down to the seriousness of legislative efforts.

The medical profession has been concerned in varying degrees in bills introduced, total of which approaches the 100 mark. In addition, our members have been intensely interested in numerous measures that affect physicians as individual citizens.

It is apropos to state without equivocation, that in the past quarter century there has been no greater interest in political and legislative matters among the medical profession of the State of Washington than has been displayed during the past two years.

Results of these interests and activities may not be immediately discernable or satisfactory — but, there is a considerable tide of understanding piling up, both within the medical profession and among politicians in respect to physician-interest.

AMPAC's activities have greatly increased individual membership interest in affairs, outside the area of the care of the patient, which is foremost in our consideration.

Auxiliary interest has progressed to the degree that it is difficult in some instances to hold it in line, and further educational efforts seem to be in order.

Nevertheless, all these exertions (no matter how small) have contributed recently toward a rather successful political and legislative atmosphere. We should, each of us, contribute further and look forward to more successful accomplishments.

We should view with considerable pride and satisfaction the fact the profession's efforts have been extended on the merits of particular pieces of legislation. Some proposals which we favored, were lost by the roadside of

(Continued on Page 14)

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References: (1) Ernst, E. M.: *Current Therap. Res.* 3:167, 1961. (2) Starling, R. J.: *J.M.A. Georgia* 50:442, 1961. (3) Sprogis, G. R.: *Current Therap. Res.* 3:393, 1961. (4) Coffee, H. L.: *Clin. Med.* 69:1561, 1962. (5) Matthey, W. E.: *Indust. Med.* 31:33, 1962.

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(Continued from Page 12)

legislative processes. Let's not seek the wailing wall over our failures, whether by mistakes or failure of proper preparation. Rather, we should renew our efforts in the faith that we are substantially honest and correct in the health care field and can look forward to further successes.

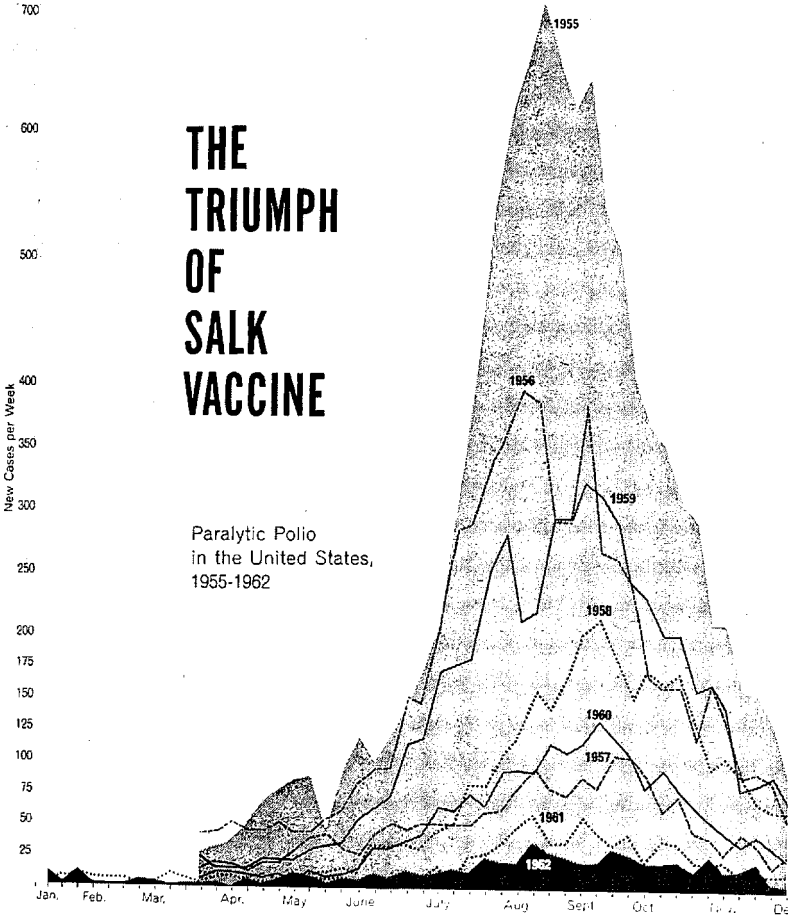
With regard to losses and gains in the current legislative session, a bird's-eye view reveals:

**LOSSES:** Good Samaritan Act (NAACA attorneys in the Senate Judiciary Committee, Senator Petrich, chairman); corporate practice for tax advantages (many of our profession were in favor, but so were many of our members against this approach for fear of subsequent consequences, and other similar organizations opposed this attack of the problem); Osteopathic Amalgamation Measure, (because of divided support and concentrated opposition by members of the Legislature); Medical Coroners' Proposal (for various reasons too numerous to mention at this moment); the Medical Examiners Act, separating the board from the State License Department, (a commendable proposal but introduced too late to generate proper support); and some other commendable measures that were just plainly lost in the shuffle.

**GAINS:** Renewal of the law permitting licensed practical nurses for another two years to administer medications under proper supervision; extension for another two years of the law permitting physicians unlicensed in this state to practice in state institutions until the next examination period.

There are other minor accomplishments that probably will become apparent after the session ends, and which will be reviewed later more completely. Some negative approaches we made toward certain legislation may prove more advantageous to the patient and the medical profession than our obvious accomplishments.

RALPH W. NEILL, Executive Secretary  
Washington State Medical Association



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per L.), sodium edetate (7:20,000), and Merthiolate® (thimerosal, Lilly) (1:20,000).

Side-effects include occasional erythema and tenderness at the site of injection, general malaise, and low-grade fever. Allergic symptoms are uncommon and rarely serious. Neurological reactions have been reported, but they are not well documented.

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Additional information available upon request. Eli Lilly and Company, Indianapolis 6, Indiana. 348003



## Tacoma Surgical Club Annual Meeting



Dr. Joseph H. Boyes, Clinical Professor of Surgery, University of Southern California, will be the principal speaker for the 32nd annual meeting of the Tacoma Surgical Club to be held at Jackson Hall on May 4th. Dr. Boyes, who is well known for his work in the field of hand surgery will speak on "The Intrinsic Muscle Function and Rheumatoid Arthritis of the Hand" at the afternoon session; his subject for the evening session will be "The Primary Care of the Injured Hand."

As is traditional, the morning session will consist of anatomical dissections and demonstrations presented by Surgical Club members. A special feature of the morning program will be "Anatomy of the Hand in Stereoscopic Projection" presented by Dr. David L. Bassett, Professor of Anatomy, University of Washington School of Medicine; showings will be in the main floor amphitheater at 9, 10 and 11 a.m.

A social hour and banquet in the Crystal Ballroom of the Winthrop Hotel will precede the evening meeting.

Each dollar you give to the AMA-ERF Student Loan Fund creates \$12.50 in guaranteed loan power. Help build this Fund by sending your check today to 535 North Dearborn Street, Chicago 10, Illinois.

## One For The Books

Following are a few humorous incidents that I can remember in thirty years of practice in Tacoma.

I attended a lady with a badly swollen left ankle in the Emergency Room of one of our hospitals. She had been brought in by a friend who had become worried about her. It seems she had fallen several days before and injured her ankle.

When the patient was questioned about pain in the left leg, the answer was "No." I manipulated the ankle and heard crepitation, but not a sound out of the patient. An X-ray was ordered and the report confirmed my suspicions: a comminuted fracture of the left lower extremity! The fracture was taken care of and a cast applied. I found out later why the patient had been so stoic — she was a Christian Scientist!

Then there was the time I removed a husband's tonsils and took care of his wife for a lacerated scalp within about an hour of each other. It was one of those cases where the first tonsil comes out clean, then the second one is a mean one and will not stop bleeding. A tonsil pack had to be sewn in the fossa with a string attached and taped to his cheek. I had made arrangements with the hospital to admit him and observe him for twenty-four hours. The wife seemed all right when told that her husband had had some bleeding that was controlled and that I was admitting him to the hospital for overnight. She started out the door to go to the hospital with her husband and blacked out, striking her forehead on the door.

My receptionist took the husband on down, while my nurse and I carried his wife into one of the treatment rooms, cleaned her up and the laceration was sutured.

The next morning, I checked the husband and was all set to take out the tonsil pack when I discovered that it was gone.

The patient had chewed through the string and swallowed the pack during the night.

I had two other tonsillectomies that stand out in my memory. One was a beautiful fourteen-year-old girl who had her tonsils removed under local anesthesia in the office and not a sound out of her. Everything went smoothly.

The other was just the opposite. The patient was a twenty-four-year-old male. He had badly diseased tonsils and was most anxious to have them removed. The day was set and everything was set up to remove his tonsils. The first one was removed and I was getting all set to remove the other when the patient got cold feet. He said that he had had it! No amount of talking would convince him that the worst part was over. He would not change his mind. So far as I know, he still has that one tonsil which has probably grown lopsided by now. I have often wondered what he tells an examining physician when asked what happened to his other tonsil.

SOMERS R. SLEEP, M.D.

Friday, May 10th

will be the date of the annual DOCTOR-LAWYER DINNER. Golf at Allenmore will be followed by a social hour, dinner and entertainment at the University-Union Club. Further details will be available soon. Meanwhile, save the date.

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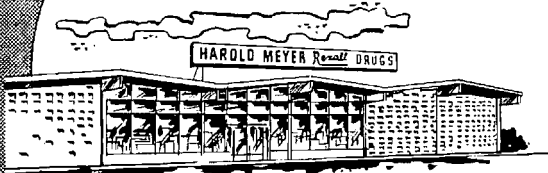
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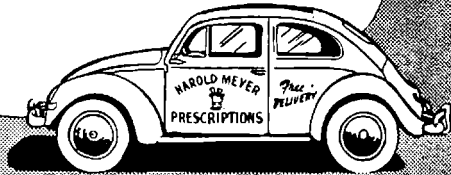
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## Management Conferences

The California College of Medicine will co-sponsor the second in a series of practice management conferences, its dean, Benjamin B. Wells, M.D., announced today.

The two-day event is scheduled April 17-18 at the Riviera Hotel, Las Vegas.

Activities will focus on facets of medical practice collaterally related to patient care and, as Dr. Wells said in his announcement, "are of no lesser importance to successful practice than medical science itself".

Among the expertly guided topics to be covered will be malpractice insurance, maintenance of records, income tax, modern office planning, personnel efficiency, patient communication, control of income and expenditures, investment and estate planning.

Dr. Wells and Dr. W. Ballentine Henley, president of the California College of Medicine, will join other eminent authorities at the event to conduct discussions pertinent to these subjects.

The broad aspects of socioeconomic problems in medical practice will be Dr. Wells' theme, while Dr. Henley will dwell upon fundamentals in law as related to the practitioner.

Among others who will address the more than 1,000 doctors expected are attorney Melvin Belli, international authority on malpractice; Dr. E. M. Gherman, management consultant of wide experience in interpersonal relationships; Congressman Eugene Keough, (NY) author of the Keough bill; Frank N. Qualles, vice-president, Security National Bank; and Dr. Clifton J. Caruth, authority on proper selection and training of medical office personnel.

Dr. Wells pointed out that medical practice is now a multi-billion dollar industry subjected as are all great industries to a complex social, economic, legal and management environment.

He said: "Not only must medical care be properly distributed and exercised, but the doctor must know how to protect himself, his income, his estate, and his reputa-

tion if he is to achieve his primary function as a healer".

Further information including hotel reservations can be had by addressing the Secretary, Committee for Practice Management, California College of Medicine, 1721 Griffin Ave., Los Angeles 31, California.

## Arthritis

The Tacoma-Pierce County Branch of the Arthritis & Rheumatism Foundation wishes to announce that patients receiving Butazolidin may also receive without charge a Hemoglobin Determination and a Icterus Index at the St. Helens Medical Laboratories, either in the Medical Center or the Medical Arts Bldg., by presenting a prescription from their physician. This may be as frequent as the physician feels is necessary.

In addition, patients whom the Visiting Nurses feel should have an examination by a physician, will receive an order for the examination and a separate order for a CBC, Sedrate and Urinalysis. The laboratory request from the visiting nurse shall be co-signed by the physician and then presented to the laboratory. The CBC, Sedrate and Urinalysis shall be good only once per patient and the Arthritis & Rheumatism Foundation will pay for only the first visit or examination by the physician and the cost of this examination is not to exceed \$15.00.

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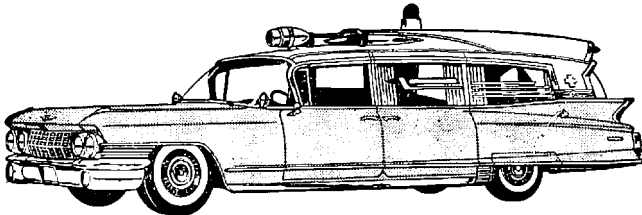
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# WOMAN'S AUXILIARY . . .

## To The Pierce County Medical Society

### AUXILIARY OFFICERS — 1962-1963

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return to morning brunches as well as luncheons. Besides the cost there is also the factor that some members, mothers of young children, simply must be at home at noon but could attend a meeting during the morning. Meanwhile, if you tell your caller that you will be at the next luncheon, make every effort to attend. It's easy to say yes on the phone, then on Friday have a change of mind. The food has been prepared for you and is wasted when you don't come. Not too late—dues money still accepted.

Would the chairmen of special committees please ready their reports and see that Jeanne Judd has them in time for the April meeting. She must have her own year's report ready for the state and national meetings and needs your help.

Anyone planning to attend the national A.M.A. meeting, Atlantic City, June 16-20 with your husbands? Jeanne would appreciate having this information as she needs delegates for the auxiliary convention being held at the same time.

Members of the Pierce County Medical Auxiliary met March 15th at the home of Sherry Johnson. Two guests were introduced; Frances Cooper, Seattle, whose husband is state treasurer for AMPAC, and Loek Stutterheim whose husband will be in Dr. Robert Klein's office while the Klein family visits in Holland. The program was the film, "The Wisconsin Story" which displays the complete coverage given by C.O.P.E. Following the picture, Dona Gilman and Lorraine Adams discussed the need for support of AMPAC.

This year, all meetings have been noon luncheons, and while this is fun and tasty, it's also expensive. Add to this the fact that the membership is down and many have not paid their dues (where are you—doctors' wives who show no interest?!) and we may have to use money from the savings account to finish the year. It is probable that next year there will be a

A new committee has been suggested by the National Auxiliary. To be called International Health Activities, the group asks us to save medical journals and magazines less than four years old. If the journal has your husband's name on it, just leave it there. Then if the man receiving it—anywhere in the world—has a question, he has an individual to whom he can address the question. Locally, there is a group which routinely receives from doctors samples of medicine, used equipment and so on. It is not our plan to usurp their fine work. For now, at least, the saving of printed material is all that is asked.

### April Meeting

The April meeting will be at Lorna Burt's home—surprise program! The committee will be listed in your Year Book. Elizabeth Thomas is chairman, assisted by

Margaret Harris, Marion Doherty, Phyllis Erickson and Betty Johnson. Lorna asked that I give you these directions: From Lakewood Center, proceed on Gravelly Lake Drive past Clover Park High School, left on Nyanza Road for seven-tenths of a mile; at this point you will see a high laurel hedge on your right and the end of it is the entrance to Hilltop Lane. Turn right, proceed straight ahead to the end of the road to 6638 Hilltop Lane. See you there April 19!

## HOSPITALS

### Tacoma General

Mrs. Ruth Rae, Director of Volunteers, attended the first workshop on Leadership Responsibilities for Hospital Auxiliaries. This was an Institute at the Ben Franklin Hotel on March 14-15 for all persons interested in hospital auxiliaries.

Many new ideas and new approaches were brought before a group of some 200 delegates from the eleven Western states.

The workshop was presented by the Association of Western Hospitals.

**First Meeting of Director of Volunteers Association of Southwestern Washington** was attended by Miss Helen Maddex and Mrs. Ruth Rae on February 26, 1963. The Institute was held at St. Joseph Hospital, Aberdeen, Washington. The purpose for the workshop was for directors of volunteers to gain help and new ideas from each other.

**Recognition Tea for Volunteers** will be held March 30, 1963, at Jackson Hall. This tea is planned so that the many hours of volunteer service given to Tacoma General Hospital by the Volunteers can be recognized.

Junior Volunteers with 50 hours served in one year will receive a pin.

Senior Volunteers with 100 hours will receive a pin.

Junior Volunteers with 100 hours will receive a guard.

All Volunteers with 10 hours or more will receive a certificate of appreciation.

Volunteers have given to Tacoma General Hospital:

10-15-60 to 12-31-60.....	1,092 hours
1- 1-61 to 12-31-61.....	7,156 hours
1-11-62 to 12-31-62.....	6,379 hours
1- 1-63 to 2-28-63.....	972 hours
	15,599 hours

As of February 28, 1963, ten Senior Volunteers and 97 Junior Volunteers, better known as Candy Stripers, were giving of their time and energy to Tacoma General. Approximately 100 Juniors have applied and are on the waiting list. They will become "Candy Stripers" as soon as there is a vacancy or the Junior Services to the hospital are expanded.

The invitation has been extended to the Junior Volunteers and their mothers, and to the Senior Volunteers.

Mrs. Virginia Elson, Executive Housekeeper, attended an Institute for Hospital and Hotel Housekeepers on March 8-9 at the University of Washington.

The program covered the following subjects: Sanitation, Selection of Sanitizing Agents, Monitoring Hospitals, Sanitation

Procedures, Preventive Maintenance by proper Purchasing, Interior Design, Budgeting and Records, Economics, Orientation, and Communications.

The Institute was sponsored jointly by the University of Washington, School of Home Economics and the Puget Sound Chapter, National Executive Housekeepers Association.

The Laboratory is now located in their new quarters. The move took place on March 1st.

The Physical Therapy Department moved into their new quarters the following week and have been enjoying their new surroundings very much.

### Hospital Rooms and Floors Renumbered

February 20th marked the day when the new room numbering system went into effect.

Before the new numbering was effective,

several staff education sessions were held for all personnel to acquaint them with the new numbers. In addition, the wards have been re-named to more logically fit in with the new areas when complete. A series of tours were held to allow all hospital personnel to tour the new and old areas and become acquainted with the name and numbering plan.

#### Health Careers Day Held February 22nd

On Friday, February 22nd, 300 Juniors and Seniors from 17 high schools in the vicinity converged on Tacoma General for our first Health Career's Day.

The program began at 1 p.m. in the Jackson Hall auditorium with a welcome from W. L. Huber, who also emphasized the great need for additional practitioners in all the Health Career fields both for now and in the future to fill the expanding need for medical facilities for our growing population.

The students then chose a career conference to attend. There were 12 careers represented with each conference leader speaking to his group about the opportunities in his field, the education needed, the costs of getting educated, and where to go to receive this training. The leader also told about his type of work and how to fit into the hospital industry.

When the career conferences were over, the students had further opportunity to acquaint themselves with other medical careers or the hospital in general through the tours offered and the movies which were shown throughout the afternoon.

In the recreation room, each profession had an exhibit with written material for the student, equipment to demonstrate and other things to stimulate the student to consider a health career and also allow him to question the representative about these specific careers.

Throughout the afternoon, refreshments were served by the Hospital Auxiliary and Volunteers. The 7-Up was supplied through the courtesy of the Glaser Bottling Company.

During the week of March 18 the School of Nursing will be undergoing an inspection for accreditation by the National League for Nursing. This accreditation inspection takes place every six years. Two inspectors will be reviewing records, policies, instructional materials and other information throughout the week. Discussion with the Hospital Nursing Department will also take place.

#### SCHOOL CARNIVAL

The annual School of Nursing carnival was held March 1-2 at 7 p.m. The theme this year was "Showboat" and Barbara Engman and Sharon Calford were Chairmen of this annual event. The variety show was held in the Auditorium and games and amusements followed in the recreation room.

Featured booths included Aunt Jamima and her famous pancakes, Bingo, Cake-Walk, Dime Throw, Dart Throw, and a Fish Pond.

It was an evening of fun and relaxation.

### Saint Joseph's

Mrs. Marian Wetsch, our new AORN president returned to the Northwest with many new ideas after attending the national convention held in Washington, D.C. Her touring time was cut short by the sudden death of her uncle; our prayers and sympathy are with her. We certainly enjoyed her many scenic slides of the Nation's Capital City!

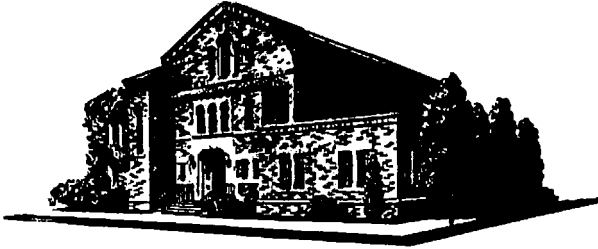
Also, our sincere thanks to Sister Cuni-berta and the many sisters who helped make our recent February Operating Room Nurses dinner meeting such a huge success. Because of their generosity, we always have the largest turnout of nurses here at St. Joseph's!

Welcome back to Mrs. Colleen Kenyon after a short illness. We really missed her in O.R.

Mrs. Helen Stewart, private scrubnurse to Drs. Durkin and Chambers, enjoyed a week of leisure from work — as much

(Continued on Page 27)

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PHYSICIANS' AND HOSPITAL SUPPLIES



(Continued from Page 25)

as you can with a growing family at home—but we certainly were glad to see her return.

Mrs. Joan Rauschert has returned to our surgery department as a full-time employee now. It's nice to hear her singing as she works and find her cheery notes around when we need "cheering".

Mrs. Ruby Burnett, long time employee of our linen room in O.R., recently paced the hall as her youngest son, John, underwent an emergency appendectomy. We are happy to report that he is home now and good as new.

Maintenance department finished painting the Doctors' lounge a beautiful rose; now they are beginning the renovation of surgeries No. 3 and 4. New lights and lowered ceilings will complete the "new look". We really keep them busy up here. It is our opinion that St. Joseph's Hospital is quite fortunate to have such talented men in this department!

Sister Emmanuel, Sister Anne Margaret, Sandra Bergstrom and Sandra Seaman attended an Institute on Medical Records sponsored by Western Hospitals and the WSAMRLS, held in Seattle, March 11-13. Each brought back new ideas in record department procedures. Sister Emmanuel was the proud winner of a beautiful floral arrangement as a door prize.

We would like to welcome back Sandra Bergstrom, who has returned to Medical Record Department after a short stay in the hospital.

A farewell party was given for Mrs. Eleanor Magnusson at our bimonthly meeting.

The second floor nursing personnel held a farewell party at Johnny's Dock in honor of Mrs. Nickelson, R.N., who retired March 1, 1963.

Day shift personnel also had a party and refreshments February 26th for her. She received several nice gifts. We shall miss Mrs. Nickelson very much on 2nd floor, after twenty years of dedicated service as team leader in the Western Clinic Wards.

Esther Dyson, the Nourishment Girl from D.K., was a patient on 2nd floor for several days when she underwent surgery.

Mrs. Calloway, L.P.N. on 11-7 shift, had a baby boy on February 23, 1963. She expects to return to work by June 1.

Mrs. Lillie May Brown's daughter, Ella and son Michael sailed for Germany on March 26, 1963 to rejoin her husband, who is stationed with the Army there. Mrs. Brown is an Aide on 11-7 shift.

Mrs. Virginia Gerrish, L.P.N. on 11-7, is a patient on 2nd floor for minor surgery.

Our star patient, Father Sneeringer, S.J., is recuperating from a fractured femur which he received while serving as Chaplain to skiers on Crystal Mountain. Best wishes Father for a speedy recovery.

Miss Hyland sent word of her skiing episodes from the slopes at Sun Valley, Aspen, and Salt Lake City. By the time this goes to print we hope she is safely home, all in one piece.

Mrs. Helen Fletcher has been with us during Miss Hyland's absence. It was good

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to have her back if only for a short time.

Roberta Shore and the Three D's visited in the pediatric department during their visit in Tacoma. Roberta is a star in the Virginian—a popular T.V. serial.

A new group of professional student nurses have come to the pediatric department. Plans are being made for a hobby show and an Easter party. We hope their stay will be filled with many exciting experiences.

Sister Helen, Nursing Service Director and Sister Martha Joseph, Nursing Education Director, attended an Institute in San Francisco last month sponsored by National League of Nursing Education on the subject of "The Diploma Program in Hospital Schools of Nursing".

Winter's grand finale came on March 11 with an electrical storm which cut some wires in Tacoma, cutting off electricity. Here at the hospital we were left without lights for a few seconds but we are fortunate to have a generator which comes on automatically. All activities here at the hospital went on as usual including three surgeries which were in progress and a pneumoencephlogram in x-ray department.

Private industry has donated more than \$425,000 to the AMA-ERF Student Loan Fund. This support, together with generous contributions from physicians, has made it possible for thousands of medical students, interns and residents to obtain low-interest bank loans to help finance their medical education.

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## Report on Aircade

The United States Chamber of Commerce Aircade, held at the Olympic Hotel in Seattle on Tuesday, February 26th, was most enlightening and informative. The panelists are recruited from the business leaders who serve voluntarily on National Chamber committees which study national problems and recommend positions that lead to Chamber of Commerce policy declaration on principal legislative issues.

The Aircade's purpose was to bring us closer to the session of the 88th Congress and their legislative issues; to show how we can work with our Congressmen and how we can become better citizens to build a better America. They gave factual information on which we may act.

**Reductions in Government Expenditures** — Robert Gray, member of Government Operations and Expenditures Committee of the U.S. Chamber of Commerce, said: "In 1940 income tax per person averaged \$154.00. By 1964 it will be raised to \$1,040.00 per person per year, or up 575% over 1940 if we spend as the present trend is going."

From 1954 through 1961 Defense expenditures were up only 1%. During this same period, non-defense expenditures rose by 65%. Mr. Gray believes all facets of government can be cut. He states in his book, **Eighteen Acres Under Glass**: "There is power in our voices and our pens. You have a potential vote every time the postman goes by your door." An expression of your concern over our national debt—**WHICH EXCEEDS THE COMBINED DEBT OF ALL THE OTHER COUNTRIES IN THE WORLD**—could very well have a two-fold effect:

1. Restraint in raising the debt ceiling, and
2. General resistance to individual spending programs.

The aspect on federal spending that will need constant watching in this session is the practice of obtaining federal funds through the Treasury's "back-door." "Back-

door" spending is a device which permits certain agencies to by-pass the House and Senate Appropriations Committees and enables some programs to continue from year to year without being subjected to the proper committees in the Congress. (Alarmed by the growth of this practice, a bi-partisan Committee Against Back-Door Spending was organized in 1961 by Rep. Thomas M. Pelly of Seattle. Well over 100 members of the House of Representatives from both parties voluntarily joined with Congressman Pelly in opposing back-door spending measures. The bill is H. R. 57.)

The record is impressive. In 1961 Congress approved \$20 billion in "back-door" spending. In the last session, less than \$5 billion was authorized. The last session nearly closed the Treasury's back-door. The mission of Pelly's bi-partisan committee in this session is "to close the door and lock it."

**Federal Subsidies for Education and Training**—Rear Admiral (Ret.) Charles Horne, President of General Dynamics, Pomona, spoke on Federal Subsidies for Education. He believes Adam Clayton Powell's Omnibus Bill H.R. 3000, "is amazing, shocking and misleading." Its highlights are it is made up of six sections, about 50 pages long and contains 18 new programs and 15 expanded programs.

Adm. Horne believes it is more important for local people to care for their schools as they are closer to the children and the situations. In 1940 government helped local schools in the amount of \$3 billion. In 1964 the government wishes to give them \$27 billion. One example as to unnecessary spending is that in some areas there is a 40% increase in enrollment and the government has increased the classrooms by 70%.

Mr. Horne believes aid to education is "like giving yourself a transfusion from one arm to the other and losing one-third on the way." Education is an investment in people, essential not only to a prosperous nation but the maintenance of a free society. Hence, a working partnership be-

tween the professional educator and the business community is mandatory in our way of life.

**Compulsory Health Care Service**—To Henry Smith, Underwriting Vice President of the Equitable Life Assurance Society and member of Health Care Benefits Advisory Committee of the U.S. Chamber of Commerce believes the name Medicare should be changed to Fedicare.

The issue is not whether you are for or against medical care for the aged. The National Chamber believes there is a public responsibility to help everyone, regardless of age, who needs help in paying for required health and medical care. However, a vast new compulsory program for ALL aged is not needed because private enterprise, through voluntary effort, is rapidly meeting these needs.

In 1952, 26% of the aged had adequate voluntary insurance, in 1962 this figure rose to 55%. It is estimated by 1970 between 70 and 80% of those needing insurance will have it. Social Security was \$30 per employer and \$30 per employee when it was first started. If Medicare is passed this figure will be raised to \$330 per employer and \$330 per employee, per year. This is admittedly only a BEGINNING. It would be expanded to complete health and medical care costing billions.

There are a number of federal programs helping people when they need help. Each determines who needs help. Such programs include Public Assistance, Veterans' Pensions, Public Housing, Surplus Foods, Old-Age Assistance and in many states, the Kerr-Mills program.

There are other government plans coming connected with Blue Cross, Blue Shield and Group Insurance. Also, 130 insurance companies are available for many types of programs. We should popularize these thoughts whenever the opportunity arises.

**Agriculture**—W. B. Camp, Board of Directors and Member of Agricultural Committee, U.S. Chamber of Commerce, made a bold statement—"I wish I were intelligent enough to understand what the

program is trying to do or stupid enough not to worry about it."

He believes the government should halt subsidies over a period of a few years and let the market take care of itself. The farmers do not know from year to year what or how much to plant. Mr. Camp believes Agriculture is already socialized and the government wishes to make it more so.

**Labor** — Mr. Charles Brooks, Director of Labor Relations, Texaco, Inc., New York City. Member of the U.S. Chamber Labor Board.

The U.S. Chamber is not against unions but against the monopolistic power they have. "The American public is again confronted by the results of Union monopoly power abuses. The outlook for 1963 is for an increase of strikes over 1962, during which well over 19 million man-days were lost. A principal cause of monopoly power abuse by unions lies in the industry-wide bargaining power of the International Unions. The large unions are allowed to organize a labor monopoly in an entire industry whereas employers run afoul of the law if they similarly try to form a business monopoly."

Organized labor's anti-trust exemption legalizes still other conduct. It can lawfully restrict labor supply, limit production, control prices, force monopolization of the work to be done in an area, or impose feather-bedding practices. It can even effectuate the death of a business enterprise, whether for good or bad reasons, and do so with immunity under the anti-trust laws.

The most comprehensive measure presented to this Congress to deal with the monopoly problem is that presented by Rep. Dave Martin. This bill, H.R. 333, would allow no union to be larger in scope than a single employer. Separate unions would be required to deal with different employers and collusion as to collective bargaining matters would not be allowed either unions or employers.

H.R. 333 covers all unions except transportation. Senator McClellan, for himself and eight others, has introduced legisla-

tion — S 287 — to place the transportation unions under the anti-trust laws.

Public opinion polls show that the public favors curbing monopoly power abuses by labor organizations. If the people are going to influence such legislation, however, they will have to make their views known to their Congressmen.

Another startling procedure taking place which most of us are unaware of is the Master Political Plan of C.O.P.E. to take over all state offices. The master plan, in part only, has set some of its legislative objectives as:

1. To establish a national planning agency to provide a standard for the economy of the country.

2. To establish Health care under Social Security.

3. Government control over space, etc.

The proposed strategy to gain these objectives is to take over the Legislature of each state. The "Program of Progress for Arkansas," published by the Arkansas State AFL-CIO, shows the complete plan to take over the Legislature by 1969. Their strategy is to gain seats in the Legislature — for 1964, to elect a Lt. Governor, the Governor and 17 Senators, to be followed by others in 1966.

The "Wisconsin Story" shows methods in film how the unions are attaining their goal. C.O.P.E. has plans for 11 states to date.

What are we to do?

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## Conference

The Washington State Heart Association will sponsor a two-day conference on the problem of the cardiac patient in industry April 18 and 19 in the University of Washington Health Sciences Auditorium, Seattle.

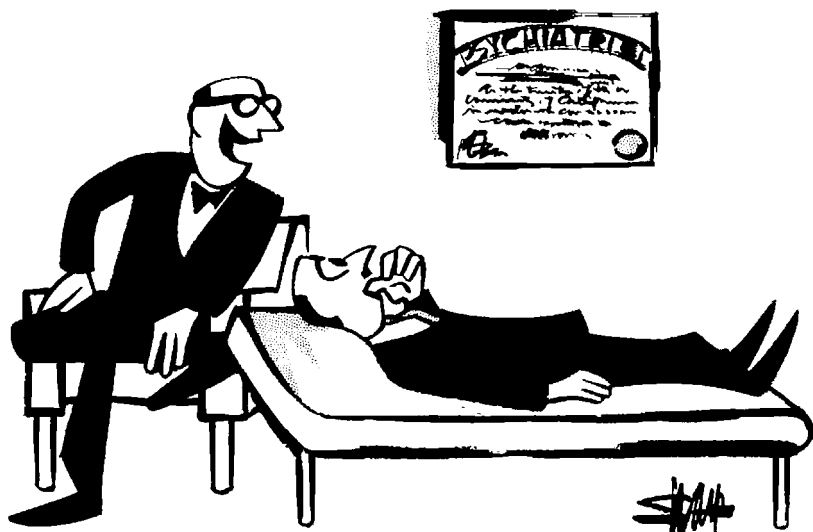
The conference will review the past ten years' experience of cardiac workers in this state in an attempt to prove whether the cardiac employee has become a safe efficient worker or a costly employee.

The session will outline the problems of the cardiac in industry, the psycho-social

aspects of the worker, the viewpoint of the employer, labor unions, industrial physician and state division of vocational rehabilitation. A special session will be conducted Friday on workmen's compensation laws.

There is no charge for the conference and advance registrations are not necessary.

The Heart Association also announces two additional activity dates. The Annual Meeting of the Association, featuring Dr. Howard Sprague as a consultant and speaker, will be May 2 at the Washington Athletic Club. The Annual Symposium this year will be November 8 and 9 with Renal Disease and Arrhythmias as the topics for the 1963 sessions.



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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of March, June, Sept., Dec.—7:30 p.m.  
Auditorium of Medical Arts Bldg.
- STAFF OF GOOD SAMARITAN  
Second Monday of March, June, Sept., Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S  
Third Monday of March, June, Sept., Dec.—6:15 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS  
First Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY  
First Tuesday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY  
Second Tuesday of the month except June, July and August  
—8:15 p.m.
- STAFF OF TACOMA GENERAL  
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB  
Third Tuesday of each month—6:30 p.m. at Tacoma Club
- TACOMA ACADEMY OF INTERNAL MEDICINE  
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and August—  
6:30 p.m. at Honan's
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each month except June, July and August—  
6:00 p.m.
- STAFF OF MEDICAL ARTS HOSPITAL  
Third Friday of March, June, September, December—7:15 a.m.  
at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL  
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- LAKESWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 5

TACOMA, WASH.

MAY - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
MAY 14**

# Pierce County Medical Society

## 1963 OFFICERS

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 President-Elect.....Frank J. Rigos  
 Vice-President.....Philip Grenley  
 Secretary-Treasurer.....Arnold J. Herrmann  
 Executive Secretary.....Judy Gordon

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 John F. Comfort.....Warren F. Smith  
 Robert M. Ferguson.....George A. Tanbara  
 Philip Grenley.....Govnor Teats  
 James E. Hazelrigg.....Stanley W. Tuell  
 Arnold J. Herrmann.....G. Marshall Whitacre

## DELEGATES

Richard F. Barronian.....Arnold J. Herrmann  
 Robert M. Ferguson.....Frank J. Rigos  
 Robert W. Florence.....Stanley W. Tuell

## ALTERNATE DELEGATES

Robert R. Burt.....Charles J. Galbraith  
 Douglas P. Buttorff.....Herman S. Judd  
 John F. Comfort.....John M. Shaw

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 Allen Egelson (Advisory Member)

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 Business Manager.....Judy Gordon  
 Auxiliary News Editor.....Mrs. George A. Race



## May Birthdays

- 3 Bernard A. Bader  
Herman S. Judd  
Wendell G. Peterson
- 4 Charles R. Vaught  
Antone Walloch
- 6 Albert Ehrlich  
Marcus R. Stuen
- 7 Richard F. Barronian
- 8 Orvis A. Harrelson
- 9 S. F. Herrmann  
Joseph Lasby  
Roy H. Virak
- 12 Cecil R. Fargher
- 18 Edwin C. Muir  
John T. Robson
- 19 Douglas P. Buttorff
- 20 Robert M. Chambers  
Kenneth D. Graham, Jr.
- 22 M. J. Wicks
- 28 George C. Gilman
- 31 Hugh A. Larkin  
Joseph D. Martin

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## PIERCE COUNTY MEDICAL SOCIETY MEETING

# Tuesday, May 14

### FORT LEWIS OFFICERS CLUB

Social Hour 6:30 P.M.

Dinner 7:30 P.M.

#### Program

1. Peritoneoscopy — Major H. W. Boyce
2. New Studies in the Diagnosis of Esophageal Disease —  
Captain H. B. Kellogg
3. Presentation of a Case with Pulmonary Function Studies —  
Major J. W. Billingsley
4. Hand Reconstruction — Major B. Butler
5. Fetal Electrocardiography — Captain L. H. Grodsky
6. Tour of the Cardiac Catheterization Laboratory and Radio-  
Isotope Clinic for those who are interested.

## May Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 Pierce Co. Ped. Soc.—6:00 p.m.	3 C.P.C. of St. Joseph's—9 a.m.	4 Tacoma Surgical Club Annual Meeting (Jackson Hall)
6 Tac. Acad. of Psych. & Neurol. 8:00 p.m.	7 Tacoma Ortho. Society—8 p.m. C.P.C. of Mary Bridge—8 a.m.	8	9	10 C.P.C. of St. Joseph's—9 a.m.	11 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
13	14 Pierce County Medical Society (Fort Lewis Officers Club) C.P.C. of Mary Bridge—8 a.m.	15	16	17 C.P.C. of St. Joseph's—9 a.m. P.C.M.B. Board 8:15 p.m.	18 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
20	21 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	22	23	24 C.P.C. of St. Joseph's—9 a.m.	25 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
27 Pierce County Academy of General Practice 6:30 p.m.	28 Tacoma Acad. of Internal Medicine—6 p.m. C.P.C. of Mary Bridge—8 a.m.	29	30	31 C.P.C. of St. Joseph's—9 a.m.	

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

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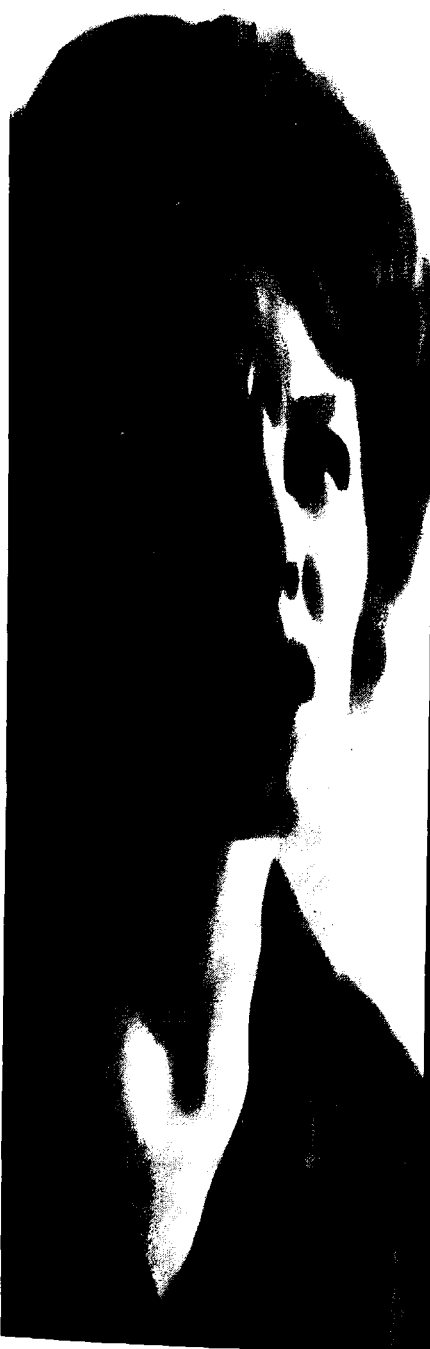
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## *President's Page*



Our active and effective Poison Control committee, chaired by Dave Sparling, reports agreement by the Physicians and Dentists Telephone Exchange to help find the physician of a poison victim on request from the Poison Control Center. This will include physicians **not** listed with the Exchange. The Exchange will do this on a non-profit basis for an undetermined trial period. Remember that the Poison Control Center is a reference center to provide ready information to physicians caring for poison victims, or to give emergency advice to such victims until the physician can be reached. It is not a treatment center and is not a substitute for care by the patient's attending physician.

What happened to the proposed plan for a central information office for the aged? Harold Fisk, chairman of the Senior Citizen's Advisory Council, says that the Council is trying to work out a plan and a place for such an office at a minimum expense. If a plan is presented that meets our approval and will not involve a continuing financial obligation, we will renew our support. The Dental Society has not committed itself as yet and the pharmacists have indicated willingness to provide some financial backing on an individual voluntary basis. In the meantime, the \$5.00 per member assessment authorized by the membership of the Medical Society for this project will not be utilized until or unless a workable and feasible plan is available.

Consideration of a companion plan of fee reduction for needy oldsters excited enough interest from as far away as New York and a long distance phone call from the editorial board of the Medical Tribune. However, the limited utilization of a similar plan in King County has dampened the early enthusiasm for such a plan in this county.

Pending approval of the current budget, the Board has approved a sustaining membership for the Pierce County Medical Society in the Student American Medical Association. The latter is sponsored by the AMA and already has an effective and worthy program to orient medical students, interns and residents relative to the economic, social and political issues which will confront them as physicians.

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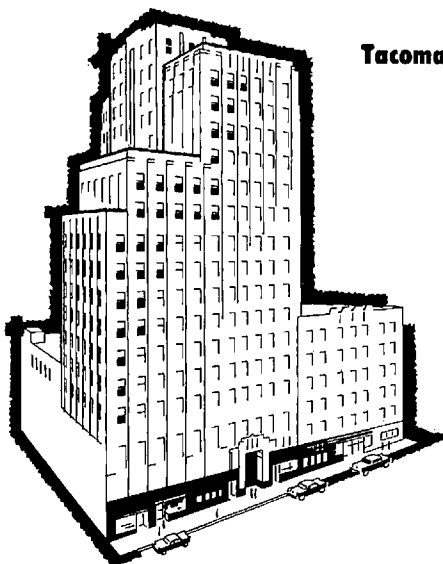
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# *Editorially Speaking*

May 12th to May 18th is National Hospital Week (selected because it is the week of Florence Nightengale's birthday, May 12th!). Therefore, it is only right and fitting that this page be devoted to a salute to the hospitals of this community. This we will do. Not only to our hospitals in general but to one in particular, (Because it is the youngest and has never been saluted. And because it is doing an outstanding job.)

First, to all our hospitals. There are 12 of them in this county! (Totaling some six thousand beds; 800 private, 300 county, the rest state and federal). All are accredited by the national hospital accreditation committee. Which means they are first class and provide excellent care.

Six have training programs for doctors, five have training programs for nurses, six have training programs for technicians. Because of the critical shortage of trained people these programs are very important. They reflect much credit on their sponsoring institutions.

All private hospitals have open staffs. This is very important for the preference of the patient and goodwill among doctors.

All hospitals are making a healthy attempt to be progressive, to keep up to date in equipment and services. (And remodeling).

Yes, we doctors are lucky to be so well taken care of hospitalwise. And we wish them the best in their continuing effort in excellence.

And to Lakewood General Hospital a special salute. Statistics for their first calendar year of operation have been recently reported. Their autopsy rate is by far the best of the private hospitals, (58% of 60 deaths) and all the other statistics look good too (except percent of occupancy which is now approaching 60%, but that's growing steadily).

Their infection rate: .03%, their consultation rate: 12%, their perinatal mortality: 2%, their Caesarian rate: 3.6%. Also, they are the first hospital to establish 24-hour emergency dental service with a dentist on call 'round the clock! (sponsored by Pierce County Dental Society).

What with the other private hospitals being frequently filled up there is a need. And it looks like LGH is doing a good job filling that need. So to them a special salute.

T. R. H.



## The Thresher Disaster

(Written at the request of the editor)

by FRANZ P. HOSKINS, M.D.

The startling news last month of the loss of the U.S. Nuclear Submarine Thresher with 129 men aboard sent a spine-tingling chill through my spinal column and produced that "bottom-dropping-out-from-under" sensation in the pit of my epigastrium. For, having been a submarine officer throughout the entirety of World War II and having experienced half a dozen or so momentarily out-of-control submarine dives during my submarine career, I could imagine somewhat the sudden fright, the terrific suspense, and then the sense of hopelessness experienced by those officers and men during the last one or two minutes as they fought frantically to regain control of their submarine and blow it safely to the surface with high pressure air. Undoubtedly the end came almost immediately for those who were in the compartment or compartments which flooded first, but for those in adjacent compartments there was undoubtedly some time, probably a matter of minutes, before the submarine sank to depths where the external pressure caused inward collapse and eventual destruction of both ship and men. For those officers and men in this last situation, knowing finally that the last hope of surfacing the ship was lost and that they were descending out of control, the end must have been night-marish and horrifying.

Of course the big question to which everyone at this time would like to know the answer is, "What caused the untimely and tragic end to this nuclear submarine?" Due to the fact that there were no survivors and that there were, unfortunately, very limited communications between the submarine and its escort vessel, the exact facts are wanting and the exact cause may never be known. However, from the sketchy data that is available from officers and crewmen on the escort vessel pertaining to last communication exchanges and the sounds heard over the sonar equipment, plus a basic un-

derstanding of the construction and operation of a modern submarine, one may conjecture along three major lines as to the possibility of the cause of this unfortunate peace time disaster. These three primary categories of possible causes are: (1) personnel operational errors—that is, failure of personnel to perform a given task (or tasks) at the right time, or inadvertently to perform a given task (or tasks) at the wrong time; (2) materiel failure—such as structural weakness in the pressure hull, fittings, and appertenances; and (3) combination of personnel operational and materiel failures.

Before discussing each of these groups of potential causes, it might be helpful to explain a few of the principals upon which a submarine is constructed and upon which it operates. Our modern submarines are constructed with four major structural principals in mind, namely: (1) that the submarine can be made light enough to safely cruise on the surface; (2) that the submarine can be made just heavy enough to submerge below the surface; (3) that a set of planing surfaces are provided which can be operated to control the depth of submergence and the angle of submergence; and (4) that a means of propulsion is provided by which the submarine can be propelled through the water. These principles are embodied in the submarine in the following ways. First, the submarine consists primarily of a long cylinder-shaped pressure hull (on the average 300 feet long by 20 feet in diameter) surrounded on the outside by ballast tanks. Naval architects and shipbuilders have designed the submarine such that when all the ballast tanks surrounding the pressure hull are completely flooded the ship will then equal exactly the weight of the water that it displaces. Under these circumstances, the submarine will have what is known as "neutral buoyancy" and will theoretically neither sink nor rise. This is the condition of the submarine when ready for submergence. Second, when these ballast tanks which girdle the pressure hull are blown with high pres-

sure air, water rushes out through flood holes in the bottom of the tanks and is displaced by the air, thereby lightening the entire submarine weight by approximately 500 tons. This means then that the submarine in a fully surfaced condition has a safety factor of around 500 tons of positive buoyancy. Third, a pair of bow planes is installed on either side of the bow (forward part) of the ship, and a pair of stern planes is found installed on either side of the rudder at the stern (back part) of the submarine. These planes are operated remotely by two men in the control room where the diving officer exercises control of the dive. The bow planes control the depth to which the submarine submerges, while the stern planes control the angle of dive of the submarine. Fourth, a power plant, in this case of Thresher a nuclear power plant, is installed in the after part of the ship which furnishes power through twin screw propellor shafts to push the submarine through the water either on the surface or submerged.

The normal diving maneuver is accomplished in the following manner. With the ship running on the surface with a positive buoyancy of some 500 tons (that is, "light" by about 500 tons from the submerged condition), the diving alarm is sounded. At this moment things happen fast: lookouts scurry from lookout perches high along the bridge down through the conning tower hatch and into the control room; the Officer-Of-The-Deck follows close behind, closing the upper conning tower hatch behind him. At the same time in the control room, all other major hull openings are being closed remotely by levers on hydraulic manifold. Enginemen and motormen stop and secure all operating machinery in the after compartments not needed for diving and close any inboard hull valves in their compartments by locally operated hydraulic mechanisms. Again in the Control Room, the Chief Petty Officer at the hydraulic manifold opens all the main ballast tank vents. This allows air to vent out the tops of the ballast tanks, water

floods in through the flood holes in the bottom of these tanks, the submarine "takes on" about 500 tons of extra weight in the form of sea water in 10 to 15 seconds, and is rapidly on her way to submergence! The Diving Officer in the Control Room coordinates and integrates by verbal orders all of the other necessary procedures to bring about a safe dive. This diving maneuver, when performed by a highly trained and efficient submarine crew should take no longer than 30 to 40 seconds to effect the complete change from fully surfaced condition to completely submerged status. The Diving Officer in the Control Room, incidentally, orders the bow and stern planes operators to proceed to such and such a depth at such and such a diving angle. During the entire diving maneuver, the Diving Officer is responsible for the safety of the submarine, and it is up to him to be alert for any emergency that should arise and to act immediately as necessary to correct the diving procedure to the end that the diving maneuver is under control at all times.

From the standpoint of the tragedy on the Thresher being caused by personnel operational errors, it should be recognized that for the most part the greatest possibility of operational errors contributing to the fatal sinking of any submarine is most apt to be during this first minute of diving. For here is when the submarine is most unstable and here it is that a large number of carefully and properly synchronized maneuvers by various personnel throughout the ship must be carried out in the proper manner to effect a well-controlled dive. Although the Diving Officer in the Control Room coordinates and integrates all of these maneuvers by order, for the most part they are done through long training in an almost habitual manner by the twenty-five or so men directly involved throughout the submarine. At the beginning of the dive there are many possible chances for operational errors by personnel which could lead to disaster. These possibilities cover a range

(Continued on Page 14)



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The patient was started on 0.5 gm. FULVICIN-U/F (griseofulvin, ultra-fine) daily. Three weeks later there was distinct improvement with only mild erythema and scaling present. After one additional week, therapy was discontinued and a second culture was negative. The patient was last seen on December 24, approximately three weeks after termination of therapy. At this time the skin was entirely normal in appearance.



**1** Plantar tinea pedis before therapy.

**2** After two weeks of therapy.

**3** Six weeks later, skin essentially normal (two weeks after termination of therapy).

**Clinical considerations:** Although clinical studies with griseofulvin have not revealed evidence of serious toxicity, *side effects*—as with any potent drug or antibiotic—may occur in some patients. An occasional minor decrease in leukocyte count has been observed, which was reversible when medication was discontinued. Occasionally, there may be heartburn, nausea, epigastric discomfort, diarrhea, lethargy, fatigue, psychomotor incoordination and, during the first week of therapy, headache. Studies are in progress to determine the safety of this drug during pregnancy; until the results of these studies are available, griseofulvin is contraindicated during pregnancy. **Caution** should be observed in patients with known penicillin-sensitivity. Should urticaria or drug rash develop, the drug should be withdrawn. **Available** in 125 mg., 250 mg. and 500 mg. scored tablets, bottles of 60 and 250.

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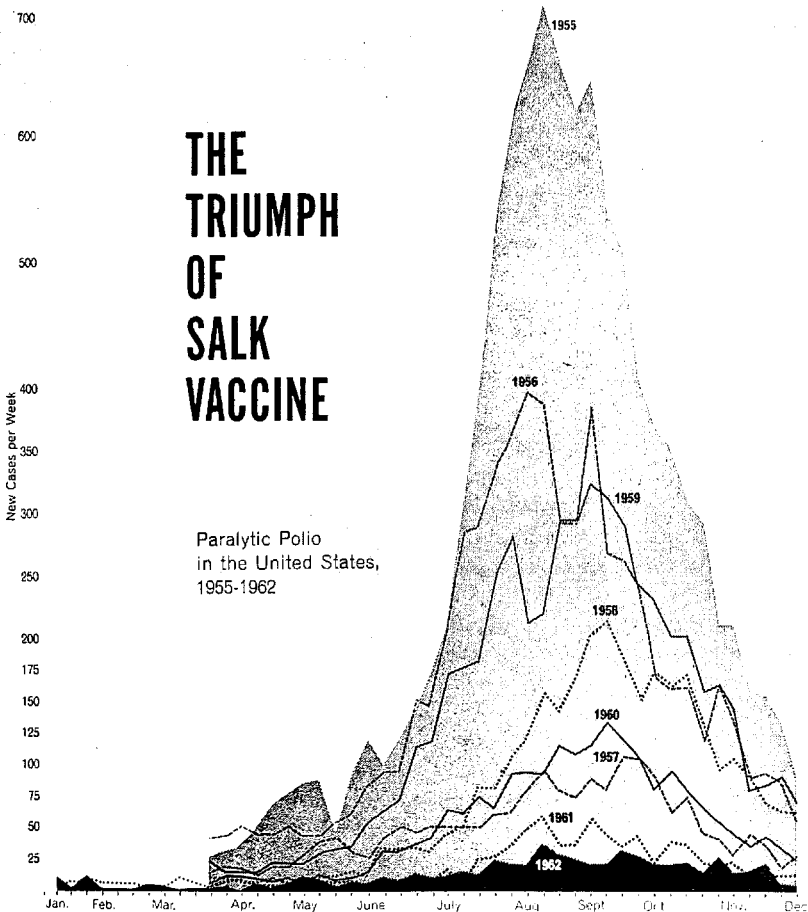
(Continued from Page 12)

from the most obvious to the most seemingly insignificant things. For example, either failure to close a large 32" diameter main engine air induction valve upon diving or once closed to inadvertently re-open this air valve, would allow a 32" stream of water to pour into the engine rooms of the submarine. This is one of the most obvious valves to be closed and kept closed in diving, yet somehow this large valve was either left open or re-opened in the case of the submarine *Squalus* in 1939 when she sank in 200 feet off the coast of New Hampshire on a test dive! The after part of the ship flooded almost immediately, killing half of their crew of 75 men and officers. The forward part of the ship was sealed off and fortunately through diving bell rescue operations the remaining crew members were rescued. This submarine was salvaged, refitted, renamed *Sailfish* and saw action throughout most of WW II. At the other extreme, for example, while I was skipper of the submarine, *Trutta*, late in WW II, we were making a routine dive off the coast of Japan when just as we started under, it was noted that the upper conning tower hatch could not be closed. This is a 22" diameter opening and to dive with it open could spell serious trouble in a hurry. Fortunately, this discrepancy was noted by an alert Diving Officer and the rapid-fire corrective orders given to back emergency, blow all main ballast, etc. so that we stopped our downward descent just as the conning tower was going under and the water started to roll in. Once our descent was checked we shortly bounced back to the surface and a quick investigation was made to uncover the reason for this hatch cover not closing readily. To our surprise, a set of one of the sailor's personal keys was found lodged under the hinge of this large door and prevented it from closing. In the process of "clearing the bridge" while diving, the lookout's keys had been ripped from his belt as he went through the upper conning tower hatch opening and stuck under the hinge of the door! Between the

extremes of the examples given here, there have been literally hundreds of personnel operational errors resulting in near-disastrous submarine accidents. Not only a few times, but many times in our submarines' history has a submarine partially flooded its conning tower or its control room or an engine room. Fortunately, our submarine personnel are highly trained to cope with these emergencies and in most cases the ship has been saved. In the case of the *Thresher*, from available information, she had already submerged and leveled off at 400 feet and was all right after her initial report. Once a submarine is submerged, leveled off and under positive diving control, the chances of personnel errors resulting in a fatal disaster become minimal because there is much more time to think out each move carefully before acting and the submarine is in a relatively stable state. Thus, in the case of the *Thresher*, any operational error due to purely personnel errors seems quite unlikely to me.

Considering the second category of possible causes, namely materiel failures, it should be pointed out that all submarine pressure hulls are made with the best high-grade tensile steel available and are made with a 50% safety factor for diving. That is to say, the submarine built for a test depth of 500 feet should readily be capable of submerging to 750 feet without undue structural difficulty. Consequently, it is difficult for me to visualize in the *Thresher* case any structural hull defect which would have initiated this disaster. Defective operation of nuclear power plants has practically been unheard of. When I went to sea for several days in 1957 aboard the *Nautilus*, our first nuclear submarine, the commanding officer told me that the *Nautilus* had only three minor nuclear power plant problems in her first two years of operation and never had to shut down the plant once due to a materiel casualty. The rupture of a high pressure steam line to one of the steam turbines driving a propeller shaft or the presence of a fire in the nuclear

(Continued on Page 16)



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In summary: Poliomyelitis Vaccine is recommended for immunization against poliomyelitis. The vaccine contains types 1, 2, and 3 poliomyelitis viruses killed with formaldehyde solution (1:4,000). During manufacture, the following materials are used: Medium 199, monkey kidney tissue, phenol red, neomycin sulfate (50 mcg. per ml.), sodium bisulfite (0.434 Gm.

per L.), sodium edetate (7:20,000), and Merthiolate® (thimerosal, Lilly) (1:20,000).

Side-effects include occasional erythema and tenderness at the site of injection, general malaise, and low-grade fever. Allergic symptoms are uncommon and rarely serious. Neurological reactions have been reported, but they are not well documented.

Poliomyelitis Vaccine should not be given during an acute illness or during recovery from conditions which could depress the immune response.

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(Continued from Page 14)

reactor space or the maneuvering room could be serious trouble if all electrical power and/or propulsion were lost.

There are many hull fittings such as water and oil pipes, hydraulic lines, electric cables, etc. entering and exiting through the pressure hull. The Thresher, having just completed a navy yard overhaul, might have had a hull fitting that was not properly replaced or tightened. If this were the case and a leak occurred at deep submergence, the fitting could have carried away either through stress of water pressure or the attempts of the crew to tighten the fitting, and water rush into that compartment under tremendous pressure. Even at 100 feet the pressure of a 2" stream coming into a submarine compartment would be comparable to that of a fire hose turned on full blast. Water at that pressure is capable of knocking a man over, so when one multiplies the force at 100 feet (44 lbs./sq. inch) many times, one readily can see the gravity of the problem at hand. Submarine flooding accidents have shown that an isolated compartment may flood completely within one or two minutes. Men in that compartment would have absolutely no chance to do anything helpful from a damage control standpoint and certainly if the submarine were deeper than 300 feet they would be rendered unconscious in a short time, as this is about the maximum depth a diver can go in a diver's suit with plain air before losing consciousness due to nitrogen poisoning.

Once a compartment in the after part of the submarine were flooded, and particularly if it were the nuclear reactor or maneuvering room where the submarine's electrical power and propulsions are controlled, the submarine would be left immediately without an extremely crucial factor, namely propulsion. Without propulsion the only hope of saving a submarine which is already heavy from flooding is by blowing with high pressure air and praying that the angle of the submarine will not become too steep! There is a critical point for any

given depth where the submarine will become so heavy from excessive flooding that even blowing the tanks will not be able to reverse the negative buoyancy and it will gradually sink out of control. The possibility of the flooding of an after-compartment, for one reason or another, with the additional loss of propulsion at great depth is a real possibility in the case of the Thresher, I feel. Once in this condition, the added weight due to compartmental flooding could place the submarine beyond its critical point of no return for that depth, and the submarine gradually sink out of control.

The third category of possible causes is that of a combination of personnel operation errors and materiel failure of some type. This could be the compound result of any variable combination of faulty equipment and personnel errors. It might be a combination of a structural failure resulting in only minor damage followed by failure of personnel to cope intelligently with the resultant emergency and a chain of compounding events that eventually led to final destruction. Once a submarine has taken on extra weight by flooding of a compartment, even though the submarine may still have propulsion, diving control becomes precarious, and it takes a skillfully trained Diving Officer to bring a ship safely from deep submergence in that condition to the surface. And once again, if propulsion is lost, along with flooding aft, in blowing the ballast tanks, it becomes extremely difficult to prevent the submarine from gradually

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taking an ever-increasing angle. The greater the up-angle, the less the blowing effect on the ballast tanks, as the air is simply flowing out the forward edge of the tilted tanks and not forcing water out of the tanks. As the up-angle increases, the potential reserve positive buoyancy decreases, so that if a submarine, especially without propulsion should reach a critical up-angle where the negative buoyancy factor became greater than the positive buoyancy factor, then the submarine would sink stern first out of control.

Whether the Navy will ever really know the exact cause in the Thresher disaster only time will tell. Possible recovery of more tell-tale debris in the Atlantic will help and, if the Navy's bathyscaph, the Trieste, could reach her on the bottom much might be gleaned to put the pieces of this tragic jig-saw together.

### What Price Gratitude?

Some of our statesmen who are disturbed because the United States is unpopular in some countries we have tried hardest to help ought to take to reading Aristotle. He was one of the wisest men of his time, of our time, too, probably. In his book on ethics, written around 350 B.C., he observed, "Benefactors appear to love in a greater degree those whom they benefit than those who are benefited love their benefactors."

I do not know of an instance in history from Athens to Berchtesgaden where a free people have traded liberty for supposed security and have not in time lost both.

—HAMILTON VREELAND, JR.

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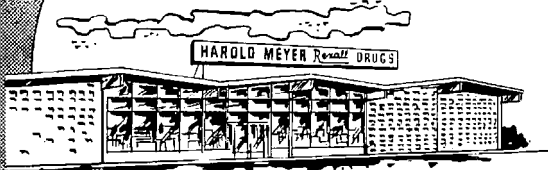
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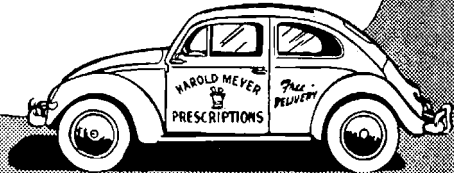
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## Aesculapius Esquire Says

By Allan L. Overland

The jury system is at once the subject of enthusiastic praise and of severe criticism. Its future is not easy to predict. It has not survived on the European continent which experimented with it in the 19th Century. In England, where it may generally be said to have originated, it is in decline and is now almost nonexistent in civil cases. In the United States it flourishes and is generally regarded as one of the most important rights possessed by its citizens—ranking with the freedom of speech, press, assembly and other rights guaranteed by the United States Constitution and the constitutions and the constitutions of the various states.

"The right of trial by jury shall remain inviolate . . ." These are the words of the constitution (Article I, Section 21 of our state constitution) which overshadow all inquiry into possible alternatives. The busy doctor, understandably perturbed at the prospect of a day in court explaining a simple diagnosis in terms twelve housewives and retired railroad workers can understand may well ask "Why isn't there a board of experts with some medical training deciding these things? I can explain everything to them in five minutes." The quick answer is—any law attempting to restrict the right to trial by jury would be declared invalid as being unconstitutional.

The procedure in Workmen's Compensation cases for industrial accidents is sometimes cited as one approach for auto accidents. Decisions and awards by departmental ruling and providing for appeal to a full time board has a ring of efficiency and dispatch which may be appealing to many. The declaration of police power in the 1911 law recites reasons for the abolishing of jurisdiction of the court, ". . . the common law system governing remedy of workman . . . is inconsistent with modern industrial conditions. In practice it proves to be economically unwise and unfair. Its administration has produced the result that

little of the cost of the employer has reached the workman and that little only at large expense to the public. The remedy of the workman has been uncertain, slow and inadequate . . ."

Some of these reasons have been given as justifying the abolishing or restricting the jury trials of automobile injury cases. Very important distinctions must be made, however. For example, the industrial accident victim collects regardless of fault and no determination of fault is ever made. The automobile accident victim must, of course, prove that the defendant was negligent and (in Washington) that he (the plaintiff) was not.

Several reasons were given by our Supreme Court in holding Industrial Insurance procedure constitutional. There is not space here to discuss them, but it is clear that the same or similar procedure applied to auto injuries would not be allowed to stand.

Uninsured motorist clauses, a recent feature offered by automobile insurance companies, suggests a method that may have some merit. Compulsory arbitration before a board is required by the terms of the policy. This is enforceable because the insured and the company contract with each other. The injured motorist is not privileged to select and contract with the other driver in advance of the accident, however. If it were otherwise, there would undoubtedly be a great many more owners of 1963

(Continued on Page 21)

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(Continued from Page 19)

Cadillacs than 1952 Chevrolets involved in the contracting. But a board of experts might be established by statute and maintained by tax money as the courts are, which could be used by **mutual consent** of the parties. Cases of clear or admitted liability would be the most likely candidates—the rear-ender and inevitable “whiplash” for example. The Board could be composed of members with special knowledge and training in both the branches of law and medicine most concerned in such cases. Hearings would be short and to the point. (Appeal to Superior Court being permitted if the board acts capriciously, or unreasonable, etc.)

Any doctor familiar with trials of personal injury cases can think of at least five reasons why such a procedure could not work well, if at all. An attorney can think of twenty. Volumes could and have been written on either side of the argument. The unique de facto power of the jury to temper formal legal rules with equity and common sense is only one of the many reasons why a proper substitute would be difficult to find. It is merely a personal opinion of one lawyer (shared by some perhaps) that the growing pressures of expanding population and greatly increased vehicle traffic may require that the law be flexible enough to consider voluntary alternatives to court and jury trials that will do full justice to the parties. Such alternatives would require careful study to make them attractive to prospective litigants in terms of the saving of time and expense while assuring a fair and unbiased decision.

Criticisms are easy, solutions difficult. A special virtue of the law is its attempt to be predictable as was the “immutable law of the Medes and the Persians”, but it is also a living changing thing—not as progressive as medical science, but still concerned with the future as well as the past. If there is a way that is clearly demonstrated to be better, the law and even the constitution can be changed to adapt to it. It has happened.

## Pearl Of The Month . . .

### Problems of Space Travel

“The events of the past few months have brought home to us the real possibility of space travel and space exploration. This presents an entirely new set of medical problems for us, particularly in trauma. The possibilities of the need for new concepts in trauma care are so numerous that I cannot begin to list them for you. As an example I could cite one very small problem that is well known to space surgeons. If, while in a room in a weightless space, a man is unfortunate enough to pass flatus, the thrust thus produced is enough to hurl him to the ceiling with such force as to fracture his skull! Thus we see that what now is achieved by proper diet and self control to save us social embarrassment, may in the future save our lives!”

PRESTON A. WADE, M.D.

in Surgical Clinics of North America, April 1963

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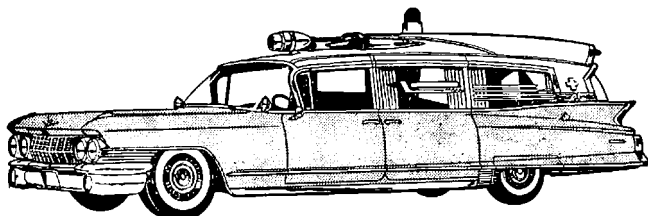


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# WOMAN'S AUXILIARY . . .

## To The Pierce County Medical Society

### AUXILIARY OFFICERS — 1962-1963

President .....	Mrs. Herman S. Judd
President-Elect .....	Mrs. Homer Humiston
1st Vice-President .....	Mrs. Robert W. Osborne
2nd Vice-President .....	Mrs. Dudley W. Houtz
3rd Vice-President .....	Mrs. Leo F. Sulkosky
4th Vice-President .....	Mrs. M. J. Wicks
Recording Secretary .....	Mrs. Robert P. Crabill
Corresponding Secretary .....	Mrs. Jack Mandeville
Treasurer .....	Mrs. Haskel L. Maier
Assistant Treasurer .....	Mrs. Glenn H. Brokaw
American Medical Education Foundation .....	Mrs. Galen H. Hoover
National Bulletin .....	Mrs. Robert A. Kallsen
Civil Defense and Safety .....	Mrs. Thomas H. Skrinar
Historian .....	Mrs. Herbert C. Kennedy
Legislative .....	Mrs. George C. Gilman and Mrs. Samuel E. Adams
Membership .....	Mrs. Robert C. Johnson and Mrs. Myron A. Bass
Paramedical .....	Mrs. Leonard Morley
Program .....	Mrs. Joseph B. Harris
Publicity .....	Mrs. Gvonor Teats
Bulletin .....	Mrs. George A. Race
Revisions .....	Mrs. Kenneth E. Gross
Social .....	Mrs. James L. Vadheim
Speakers Bureau .....	Mrs. John J. Bonica
Telephone .....	Mrs. Stanley W. Tuell
Minute Women .....	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council .....	Mrs. Elmer W. Wahlberg
Heart .....	Mrs. H. A. Anderson
Cancer .....	Mrs. J. Robert Brooke
Finance .....	Mrs. Kenneth E. Gross
Dance .....	Mrs. Arnold J. Herrmann and Mrs. William Rademaker
Fashion Show .....	Mrs. Thomas O. Murphy and Mrs. William W. Mattson, Jr.
Mental Health .....	Mrs. John M. Havlina
Today's Health .....	Mrs. Bernard A. Rowen
Cook Book .....	Mrs. Robert B. Murphy and Mrs. Thomas A. O'Connell

Members of the Pierce County Medical Auxiliary met at Lorna Burt's Gravelly Lake home for the April meeting. About forty women enjoyed the luncheon (shrimp salad, a la Hawaiian), the lake view and Lorna's artistic talents which are reflected in her lovely home. Dr. Glenn Brokaw, with the general title, "Medical Faddism", entertained us with excerpts from the television show, "Ask Your Doctor" and his similar program for the Jason Lee P.T.A.

Several new members were present. Inez Pipe, whose husband works in both King and Pierce counties, has decided to join us since they do live in Tacoma. Fay Goodson has lived here for several years but her husband has only recently joined the Society. The Goodsons are from England. Florence Dean and her family lived here during internship days, practiced a while in California, and now plan to make Ta-

coma their permanent home. So nice to see you, ladies!

Congratulations are in order for Phyllis Erickson. She is the first woman ever elected to the Franklin Pierce School Board. It was a hard-fought campaign for Phyllis had as competitors three men, all experienced in speaking before crowds. This is a new school district with 7000 children and growing pains. Both Phyllis and Jack felt very strongly the need for good board members so, with his blessing, she submitted her name. This is a four-year term so she is facing a big job. Nice going, Phyllis, and much success in your work.

We shall all miss Doris Kunz. Mrs. Kunz, who died recently, was an out-going woman who was ever busy, always ready to take on a new project, a well-known member of the Medical Auxiliary.

Officers for next year were elected at this meeting. Congratulations to Katherine Humiston, Ellen Pinto, Dee Wickstrom, Marion Doherty, Elizabeth Lindstrom, Phyllis Erickson, Betty Johnson, Pat Hoover, Kathleen Skrinar and Elvina Brokaw. These new officers will be installed at the May meeting, Friday, May 17. Jeanne Vadheim is chairman and has arranged a no-host luncheon at Lakewood Terrace. Do come and let these women who will be our leaders know you are enthusiastic and that you wish them well. See you there . . .

NOTE: You will be held for a reservation made and not kept!

The Pierce County Medical Society extends its sincerest sympathy to Dr. and Mrs. Charles Vaught on the recent loss of their son in an auto accident.

**HAVE YOU PAID YOUR AMPAC DUES?**

**PATRONIZE YOUR ADVERTISERS**

# HOSPITALS

## Tacoma General

Miss Helen Maddex, Mr. W. L. Huber and Mr. Hugh R. Owens attended the Mid-Year Meeting of the Washington State Hospital Association in Seattle March 29. The meeting was devoted to a presentation of administrative services and financial information that can be made available to the Administrator.

The afternoon session was devoted primarily to a discussion by Dr. Price of the State Department of Health.

### News From the Laboratory

Merrill J. Wicks, M.D., has been attending the International Forensic Pathologist Convention in London, England. Upon his return to the United States, he attended a meeting of the Florida State Blood Bank Association in Miami.

Lucille Larson and Anne Barlow attended a Parasitology Work Shop on April 18 and 19 at Stadium High School. This meeting was sponsored by the Parasitology Section, Communicable Disease Division, United State Public Health Section, Atlanta, Georgia.

This year the Tacoma Chapter of the American Society of Medical Technologists was host to the convention. Stanley Sams and Joanne Carlson were social chairmen. Elected President of Chapter was Stanley Sams and President Elect was Joanne Carlson.

Two new students have come to the hospital for one year of training. They are Veena Vasishth, from India, who has been studying at P.L.U. and Lois Osisinki, from Tacoma, who did her college work at U.P.S.

Lucille Larson will attend the Oregon State Meeting of Medical Technologists May 3, 4, and 5. This Work Shop will deal with Flame Photometry and will be held at Cottage Grove, Oregon.

### Another Chapter in TG's "Space" Program

The new laboratory is wonderful! We have SPACE. We can take a few steps without bumping a fellow worker. Through

our Christmas cards we introduced you to the floor plan.

On March 1 we exploded into an area about 4 times the size of the old laboratory. We do have a few empty cupboards now, but give us a couple of years and they will be filled.

On a tour through the laboratory, individual tastes are apparent. In the first room on your left hangs a magnificent ancient Chinese painting, **THE EMPEROR**. One little six-year-old patient on viewing it remarked: "He must be over 100 years old." (He is!) A few doors down, we have a contemporary artists—some of Charles Schulz' work.

Contrary to rumor, the entire laboratory is not blue, in fact, there are many colors, all selected by the individuals working in each area, beautifully tied together with the antique white corridors. Furniture for the offices and reception area has not arrived but we'll be settled in a few months. We are grateful, we thank all who helped us move, and all who made the move possible.

Hospital patients see very little of the laboratory, a brief encounter at the bedside with the medical technologist while drawing a specimen is the laboratory to them. This is also true of hospital employees.

The Dietary Department was pleased with the many "thank you" messages received from the patients for the Easter dinner. The messages came down on every form imaginable, diet cards, check blanks, fancy stationery and scraps of paper, but they all say how much they enjoyed the food.

From 1-C— "The patients in room 1166 want you to know how much we appreciate your efforts in our behalf. You made our Easter dinner away from home such a pleasant one with the tasty dinner and the pretty tray."

From 5-B— "Thank you for all your trouble and the well planned meals. Dinner last night was heavenly—I finally got full—and breakfast this morning was the best. Happy Easter."

From 3-C—“That was the most delicious dinner — I really did enjoy it. Happy Easter.”

From 5-B—“I’m just about the happiest mother ever to leave this hospital — I’m sorry I can’t order all of your good food. I’m not always hungry but your menus are so tempting—I’m telling all my friends about your good cooking.”

From 3-B—“Dear People—Thank you for the beautiful and appropriate Easter decorations both at breakfast and noon. I am so impressed by their originality—I just finished the story sent up at breakfast. What a wonderful thing you did.”

#### T.G. Laundry

“Laundry Manager Margaret Robertson teamed with her Administrators of the Tacoma General Hospital to plan their new laundry with the utmost efficiency and high production. This was done by arranging the work on one floor in a straight line work flow pattern.”

The above is an introduction to an article in the national laundry publication, *Institutional Laundry and Linen*, March 1963).

The article tells in detail the plan of the laundry and linen distribution and praises the efficiency of the planning. There are pictures of Mrs. Robertson, Mr. Owens and a view of the Sewing Room with Dorothy Stanley and Miriam Soderberg.

The Laundry, Linen and Sewing Room personnel are very pleased with the national recognition of our fine laundry set-up.

#### It's Banquet Time

The Annual Homecoming Banquet or the Alumnae Association will be held on May 14th at 6 p.m. at the Elks Temple, South 7th and Broadway. The Class of 1963 will be the honored guests. Classes celebrating reunions will be 1913, 1918, 1923, 1928, 1933, 1938, 1943, 1948, 1953 and 1958.

## St. Joseph's Hospital

On March 27th Mrs. Craton attended an institute “Action for Mental Health” held at the YWCA. It was a most informative day, bringing to light new approaches to treatment of the mentally ill and promoting community awareness of what is being done in this field and what can be expected in the near future. The following week, April 2, the annex was visited by five instructors from Western State Hospital headed by Mrs. Julian and Mrs. Curtis. An interesting hour was spent in comparing the private hospital with the state hospital approach to mutual problems. They were very impressed with our facilities and were kind enough to extend an invitation for a reciprocal visit from us.

Wedding bells are ringing on second floor this month. Starting with Miss Jan Durham, LPN, on the 7-7:30 shift, who will become the bride of Mr. Gary Talbert, May 3rd, at the South Tacoma Christian Church at 8:00 P.M. He is a drapery salesman at the People's Store.

Miss Odissa Prater received an engagement ring also. Her lucky guy is George Leroy, an Army Sergeant stationed at Fort Lewis. Congratulations!

Mrs. L. Haglo, R.N., was a patient on 3rd floor for ten days with virus pneumonia. She is now at home slowly recuperating from her illness. She has been sick since March 25th.

Mrs. Calloway, LPN, returned to work April 18th after an absence of several months.

Surgery has a celebrity in their group for all you dog lovers. Janet Rinkel, Aide, has trained her toy poodle in obedience work, and finished the “Companion Dog”, obedience title certificate, requirements of the American Kennel Club, while showing at three shows. Last September at the Tacoma show they took third place; this February they placed fourth in the Seattle showing; and March found them in second

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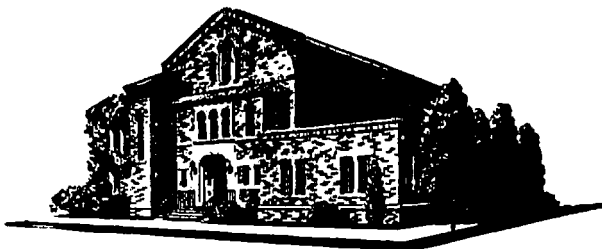
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(Continued on Page 27)

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PHYSICIANS' AND HOSPITAL SUPPLIES



(Continued from Page 25)

place at the Portland showing. Congratulations Jan!

Welcome, to our new surgical resident, Dr. Sanker, who comes to us from India.

Many of the O.R. nurses, along with eight students, recently enjoyed the Regional Institute on Operating Room Nursing held in Seattle, April 5th and 6th. We certainly became acquainted with many new items of interest in our changing times.

From our kitchen personnel we have two travelers. Mrs. Maria Hirbstler is in Chicago to attend her brother's funeral, then also to visit with relatives and especially a daughter. Mr. Alice Walstrom has been visiting in Los Angeles with her daughter. Anna Hollos is back after a few week's rest.

We have a new employee in the kitchen by the name of Marie McGregor. We extend a cordial welcome to her.

The Restaurama, Convention and Exposition for the Pacific Northwest Restaurant Association is being held in Seattle, April 23, 24, 25, 1963. Our Miss Sylvia Thomason from the dietary department is planning to attend two days. On one of the days she will be a breakfast guest at the Top of the Space Needle.

Mrs. Peterson's birthday is being celebrated on Monday, April 22, at the Top of the Ocean. The party is being hosted by Mrs. Middaugh, Miss Thomason, and Miss Brown.

After being back on the job for three weeks, after a visit to California, Mrs. Peterson feels that she will have to return, because she "left her heart in San Francisco".

Miss Middaugh is having the enjoyment of redecorating her home. It will be all pretty for the summer months and visitors that will be stopping in.

**Food Notes:** By Carolyn Brown. Add a teaspoon of instant coffee to brown gravy to impart a better flavor and richer color. Cook cauliflower in half water and half milk to prevent discoloring.

The Tacoma Society of Medical Technologists were hosts to the Washington

Seminar which was held at the Doric Hotel, Saturday, April 20th. A parasitology workshop was given April 18th and 19th at Stadium High School. The instructors for this course were Dr. Mae Melvin and R. K. Carver from the Communicable Disease Center, Atlanta, Georgia. Those registered for the course were from Oregon, Montana, and Washington.

Two new faces have joined the Physical Therapy Dept. They are Michael Enos and Richard Thomas. Mike graduated from Bitburg, Germany, after 3 years in the Army Medical Corps. He attended a school of nursing in Chicago for one year and now has come to visit his parents in Tacoma and join our staff. Richard is a native Washingtonian. He graduated from Puyallup High School in 1961. His ambition is to go to Medical School at Notre Dame and eventually become an anesthesiologist. Welcome to you both!

On June 2nd, 1963, the Medical Record Technician students, along with X-ray and Clinical Laboratory students, will finally come to that all important day of "Graduation". The services will begin at 9:00 A.M. with Mass in the Chapel. Following this, breakfast will be served at the hospital. After breakfast, the diplomas will be given out.

Those graduating will be:

**Medical Records**— Patricia Ek, Sandra Bergstrom, Sandra Seaman, Gail Hallman, Loretta Schmidt, Sister Ann Margaret, Judy Rauch.

**Clinical Lab**— Evelyn Magpali, Carol Costello, Jerry Simurdak.

**X-ray**— Karlene Scott, Barbara Foster, Ruth Baumgartner.

These three groups of students are also working on their first yearbook for their schools. It's called Tri-Tec, representing Medical Records, X-ray, and Laboratory Technicians. Anyone who wishes a copy may purchase one in the Medical Record Dept. for \$1.00.

Mrs. Thyra Arness became a Grandmother for the eighth time when her son and

daughter-in-law were presented with a 6-pound baby boy. "Congratulations".

Eastern vacation found our "wee" group scattered all over. Patricia Ek returned home to Battle Ground, Wash. Judy Rauch, Loretta Schmidt, and Gail Hallman traveled on to Oregon. Judy and Loretta stopped at Eugene while Gail proceeded on to Coos Bay. It was a wonderful vacation enjoyed by all.

On March 17th Mrs. Arness, Loretta Schmidt, Sister An Margaret, and Sister Emmanuel attended a Blue Cross meeting at the Doric Motor Hotel. Everyone learned a great deal about the insurance program offered by Blue Cross.

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## Lakewood General

Boy Scout Troop No. 53 from Lakewood has assumed the responsibility of gardening at LGH as one of its Spring projects. We are looking forward to welcoming these young men on Saturdays.

The second X-ray room is now in the final stages of completion and will soon be available for full-time use.

Mrs. Eva Raymond, newly-elected President of the Lakewood General Hospital Ladies Auxiliary, is currently working with Administration on various projects within the hospital on which the Auxiliary members can be of assistance. The group is already in the process of decorating the main stairway, and a Historian has been appointed from the Auxiliary to maintain the hospital scrapbook. Projects which the Auxiliary will handle in the near future include a gift cart, and supervision of the Staff Library.

Mr. Walter Wilhelm, Assistant Administrator, is attending the Western Hospital Association Convention at the Biltmore Hotel, Los Angeles, California. Mr. Wilhelm expects to combine business with pleasure and will be in the sunny South for about two weeks.

Dr. Kermit Mead, President of the Lakewood General Hospital Dental Staff, recently reported that all Pierce County emergen-

cy dental calls are being handled through the facilities at Lakewood General. A twenty-four hour dental emergency call roster is in effect to provide prompt patient care.

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## AMA Annual Meeting

The 112th annual meeting of the American Medical Association will be held June 16-20 in Atlantic City.

An attendance of 15,000 physicians is anticipated.

AMA President George Fister, M.D., said that with "better transportation facilities to Atlantic City and more up-to-date room accommodations, attendance at the '63 meeting should be high."

"Since we last met there," Dr. Fister said, "more than 4,000 new motel rooms have been provided. The auditorium has been renovated, including new escalators and additional floor space. The convention bureau has arranged for a new type of air-land shuttle service between Philadelphia and Atlantic City."

A new feature of the program will be a session on "Physician and Clergy Meet in Patient Care," in which leading clergymen and physicians will discuss their common problems in working with patients. Milford O. Rouse, M.D., of Dallas, is chairman.

The Multiple Discipline Research Forum will be presented again, in which more than 200 short papers will be presented, reporting on original investigation of fundamental problems in medicine. Chairman is Edwin H. Ellison, M.D., of Milwaukee.

The scientific program will include eight general scientific sessions, dealing with strokes, genetics, cancer, chemotherapy, peptic ulcer, myocardial infarction, backaches, obesity and venereal disease.

The session will mark the 17th time that the AMA has met in Atlantic City since 1900. At the last meeting there, in 1959, the total attendance was 32,882, including 13,143 physicians.

David B. Allman, M.D., who practiced surgery in Atlantic City for 35 years and is a past president of the AMA (1957-58),

is honorary chairman of arrangements. The local chairman is Charles Hyman, M.D.

Scientific sessions of the meeting will be held in the City Auditorium, on the boardwalk facing the Atlantic Ocean. Scientific meeting rooms and industrial exhibit will be on the boardwalk level of the Auditorium. Scientific exhibits will be on the Auditorium's lower level. A few scientific sessions will be held in hotels near the auditorium.

The Traymore Hotel and the new Colony Motel will be joint headquarters for the meeting. House of Delegates sessions will be held at the Traymore. Woman's Auxiliary headquarters will be the Chalfonte-Haddon Hall Hotel.

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## County Society News

Cincinnati Academy of Medicine, Ohio, has established an Information and Referral Service to assist physicians whose patients need related health services. Such services may include those of visiting nurses or public health nurses, nutritionists, homemakers, social workers, physical therapists and others. In addition, information on nursing and philanthropic homes, financial assistance and rehabilitation services will be available. The Service was started because most physicians do not have the time to keep up with current developments in community health and health-related services, which are provided by a wide variety of agencies, with differing policies on admission, fees, area served, etc. This Information and Referral Service will also help to identify gaps in community health services, gaps which must be filled if comprehensive care is to be effective.

Sonoma County, California, Medical Society is instituting a "get acquainted" program for new residents in the County. The new residents will be invited to choose a personal physician prior to need. To assist them in doing this, the society will provide them with an introduction card and a letter explaining why it is important to have a personal physician before he is actually

needed. They are urged to choose one or two physicians in the practice desired and call for a "get acquainted" appointment. As a rule, no charge is made for a "get acquainted" call when no medical services are rendered.

Fresno County, California, Medical Society Women's Auxiliary recently sponsored the second Fresno Health Careers Day. Some 300 students from Fresno County high schools attended the all-day session. These two conferences have been extremely well received and the interest and enthusiasm of the students most gratifying. Fifteen booths representing medicine and its allied fields were ably staffed by professionals who discussed all aspects of their careers with the students.

Riverside County, California, Medical Association is participating in a three-year study on a "Method to Evaluate Physician Care in Individual Private Practice." The objective of the program is "to develop and evaluate a number of possible methods of assessing the quality of medical care, principally out-of-hospital, in a way which would permit . . . medical societies . . . to establish and maintain a continuous form of evaluation of services rendered by physicians in their private practices." The evaluators will not act as a disciplinary body nor will it review charges, but will simply attempt to determine the feasibility of assessing the standards of care in a particular procedure by comparing methods of treatment for that procedure throughout the county.

**Quote of Note**— "Since the general civilization of mankind I believe there are more instances of the abridgement of the freedom of the people by gradual and silent encroachments of those in power than by violent and sudden usurpations."

—James Madison

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Medical students, interns and residents are applying for AMA-ERF guarantee bank loans at the rate of 150 per week. Fewer than 5 per cent of the applicants have been turned down.

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# Pierce County Medical Society

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Tuesday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 6

TACOMA, WASH.

JUNE - 1963



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETINGS  
JUNE - JULY - AUGUST**

# Pierce County Medical Society

1963  
OFFICERS

President..... Stanley W. Tuell  
 President-Elect..... Frank J. Rigos  
 Vice-President..... Philip Grenley  
 Secretary-Treasurer..... Arnold J. Herrmann  
 Executive Secretary..... Judy Gordon

TRUSTEES

Lester S. Baskin  
 John F. Comfort  
 Robert M. Ferguson  
 Philip Grenley  
 James E. Hazelrigg  
 Arnold J. Herrmann

Frank J. Rigos  
 Warren F. Smith  
 George A. Tanbara  
 Govnor Teets  
 Stanley W. Tuell  
 G. Marshall Whitacre

DELEGATES

Richard F. Barronian  
 Robert M. Ferguson  
 Robert W. Florence

Arnold J. Herrmann  
 Frank J. Rigos  
 Stanley W. Tuell

ALTERNATE DELEGATES

Robert R. Burt  
 Douglas P. Buttorff  
 John F. Comfort

Charles J. Galbraith  
 Herman S. Judd  
 John M. Shaw

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**Ethics**  
 Frank R. Maddison, Chairman  
 L. M. Rosenblatt, Lester S. Baskin

**Grievance**  
 G. Marshall Whitacre, Chairman  
 Chris C. Reynolds, C. B. Ritchie

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 Dale D. Doherty, Louis F. Hoyer, Jr.  
 James E. McNeerthey

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 Samuel E. Adams, Robert M. Ferguson  
 Dale D. Doherty, Arnold J. Herrmann  
 L. S. Durkin, George A. Tanbara

**Library**  
 William E. Avery, Chairman  
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 Haskel L. Maier

**Public Health**  
 Robert C. Johnson, Chairman  
 Lawrence Brigham, Robert M. Freeman  
 C. R. Fargher, Orvis A. Harrelson

**George A. Tanbara**  
**House and Attendance**  
 Glenn H. Brokaw, Chairman  
 Raymond C. Ellis, Herbert C. Kennedy

**Civil Disaster**  
 Arthur P. Wickstrom, Chairman  
 Robert R. Burt, Robert D. McGreal  
 E. R. Anderson, T. R. Haley  
 Leo Annest, David T. Hellyer  
 Leo F. Sulkosky, Kenneth D. Graham  
 Richard B. Link, Charles E. Kemp

**Diabetes**  
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**Entertainment**  
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 Arnold W. Johansson, Calvin R. Lantz

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 Douglas P. Buttorff, J. Hugh Kalkus  
 Homer W. Humiston, John M. Shaw  
 Wayne W. Zimmerman

**Medical Education**  
 Clinton A. Piper, Chairman  
 Edmund A. Kanar, Bernard R. Rowen

**Schools**  
 David L. Sparling, Chairman  
 C. R. Fargher, M. E. Lawrence  
 Orvis A. Harrelson, R. A. Norton  
 John M. Kanda, Robert B. Truckey

**Mental Health**  
 Harold B. Johnson, Chairman  
 M. R. Stuen, William H. Todd

**Traffic and Safety**  
 Robert M. Chambers, Chairman  
 Dumont Staatz, Don G. Willard

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## June Birthdays

- 2 Treasy H. Duerfeldt  
William L. Rohner
- 3 M. M. Campbell
- 5 James L. Vadheim
- 7 Joseph B. Harris
- 8 Jack J. Erickson
- 10 Harold D. Lueken
- 11 Jack W. Mandeville
- 13 Erna Guilfoil
- 14 Thomas O. Murphy  
John Stutterheim
- 15 Miles Parrott  
George Tanbara
- 20 George Batey  
Robert Voynow
- 21 Leo Annest  
Jack Lee
- 22 Marcel Malden
- 25 James T. Early
- 28 L. S. Durkin  
M. E. Lawrence  
H. Herbert Meier

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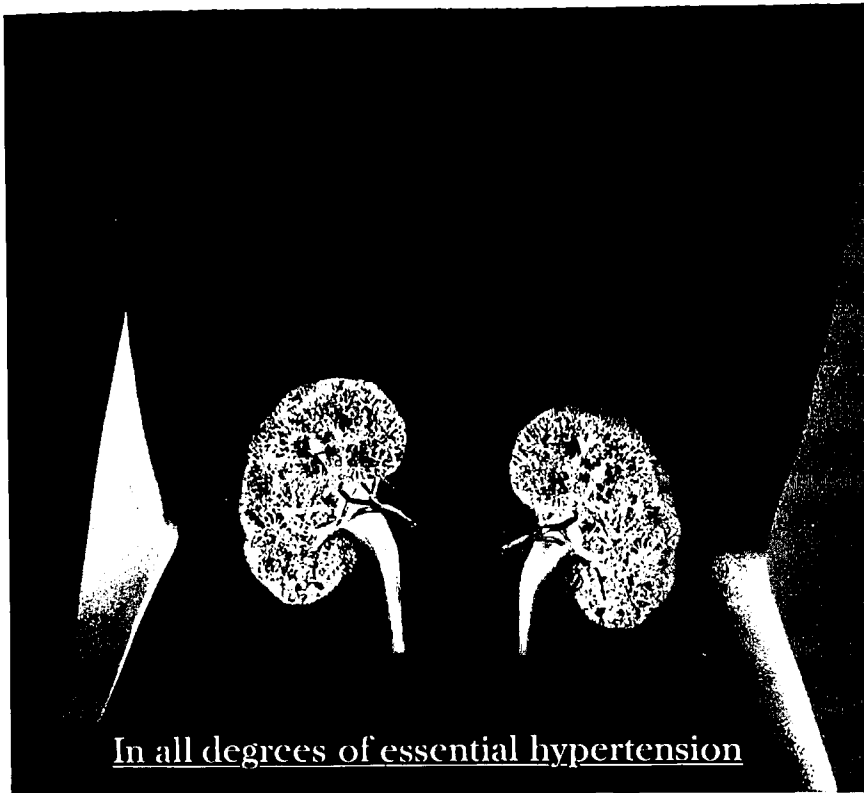
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**References:** (1) Berry, R. L., and Bray, H. P.: J. Am. Geriatrics Soc.

10:516 (June) 1962. (2) Hutchison, J. C.: Current Therap. Res. 4:610

(Dec.) 1962. (3) Feldman, L. H.: North Carolina M. J. 23:248 (June) 1962.

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## Pearl Of The Month . . .

### Office Memo on Expense Accounts

The last meeting heard the following remarks by Ralph Dawkes on the government's ruling that a business man has to substantiate in writing all entertainment expenses over \$25.

"The trouble with those boys in Washington," Ralph said, "is they've got no idea of all the hell some businessmen have to go through to get business. You can tell that from the example they give of how a businessman ought to report his entertainment. The example they sent out reads this way:

'Lunch with Jones, Green, Brown and Smith, trustees of P.Q. Real Estate Investment Board. Discussed architectural plans submitted for proposed Claremont Village apartment building. No other persons entertained.'

"Now that's fine and dandy, if you're entertaining trustees, but if your entertaining the clowns I have to do business with you've got to go into all the sordid details or you don't get the deduct. To demonstrate the point, I am going to read from a carbon copy of an expense account I have just turned in, following the new Washington rules. It says:

'Dinner with Buckman, Dietzel and O'Brien of Ajax Machinery. Discuss re-tooling. Buckman says why don't we have another round, a double this time. More discussing and drinking and Dietzel says why don't we go some place where it's a little livelier.

'Go to Orangutang Club. More discussion and drinks. Buckman says Ajax needs heavier casings. O'Brien says, speaking of casing, he's been casing two broads at corner table and why don't I ask them over.

'Get broads over—Big Red and Roxy. More drinks, discussion. Dietzel starts figuring re-tooling costs on table cloth. No ink, uses ketchup. Waiter objects. Dietzel tells waiter what he can do with table cloth. Manager, eight diners ob-

ject. O'Brien says he and Dietzel will clean out joint if manager, diners not careful. Tip waiter ten bucks not to call police, leave for Big Red's apartment.

'Reach Big Red's apartment, discuss contract date with Dietzel. Big Red tells Buckman to come in off fire escape. Buckman says, him Tarzan, her Jane. Big guy upstairs says Jane better get Tarzan the hell off fire escape or him calling police. O'Brien sick in kitchen sink, tie caught in garbage grinder. Big Red turns on hot water, tries scalding O'Brien. Jerk O'Brien loose, get Buckman off fire escape. Give Big Red 15 bucks for miscellaneous damage, leave for hotel.

'Don't reach hotel. Stop by Club Hotsy for six nightcaps. Listen to Buckman on following items in following order: heavy machinery, politics, religion, sex, Mrs. Buckman's sick joke about Eskimo, religion, how Buckman is going to diddle O'Brien and Dietzel out of Ajax vice-presidency. O'Brien and Dietzel having foot race in parking lot; winner gets bartender's wife. Pull bartender off Dietzel. O'Brien asleep in shrubbery.

'Arrive hotel 4 a.m. O'Brien refreshed by sleep, crawls through lobby baying like dog. Buckman, playing little Eva, knocks over potted plant, bust of Conrad Hilton. Dietzel takes over elevator. 4:32 a.m., catch Dietzel, get them to room. Dietzel starts calling old army buddy in San Francisco. Leave. Cost for evening \$117.23. Return to hotel 11 a.m., wake Buckman et al. Buckman asks what happened. Tell him. Get rush order to re-tool Ajax Machinery.'

"Now that's exactly what happened and I got the bills, 3 waiters, a manager, 8 diners, 2 broads, a bartender's wife, an elevator operator, a house dick and a cold check from Dietzel to prove it. And if Washington thinks I didn't have to entertain them that way to get that order, they don't know Buckman, Dietzel and O'Brien."

## June Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3	4 Staff of Tacoma General 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	5	6	7 C.P.C. of St. Joseph's—9 a.m.	8 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
10 Staff of Doctors Hospital 7:30 p.m. Staff of Good Samaritan 6:30 p.m.	11 C.P.C. of Mary Bridge—8 a.m.	12	13	14 C.P.C. of St. Joseph's—9 a.m.	15 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
17 Staff of St. Joseph's 6:15 p.m.	18 C.P.C. of Mary Bridge—8 a.m.	19 Staff of Lakewood General Hospital 6:30 p.m.	20	21 C.P.C. of St. Joseph's—9 a.m. Staff of Medical Arts Hospital 7:15 a.m.	22 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
24	25 C.P.C. of Mary Bridge—8 a.m.	26	27	28 C.P.C. of St. Joseph's—9 a.m. Staff of Mary Bridge Children's Hospital 12:15 p.m.	29 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
31 Staff of Mt. View General Hospital					

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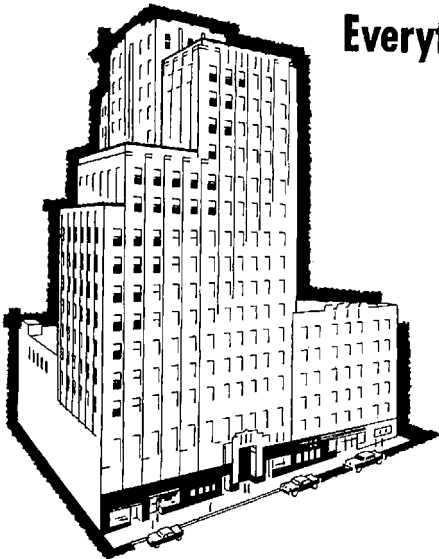
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## *Editorially Speaking*

In this issue the Bulletin is pleased to present reflections on early day medical practice in Tacoma by one of our senior colleagues. His charming story gives a bit of perspective to those of us who are caught up in the mad onward rush of medicine.

Dr. Robertson is 87 years old, still practicing and enjoying it. His office is open every afternoon in the Security Bldg. where he sees enough patients to pay the overhead. He practices alone without the aid of a nurse or receptionist.

He doesn't drive anymore so he takes the bus in almost daily from his home in Federal Way. He has given up OB but he still makes an occasional house call via taxi or public transportation. He makes rounds frequently at Mt. View and other hospitals. He still attends medical society meetings. His contemporaries are all gone now but he keeps interested in other doctors, especially young ones.

It is a treat to talk with him about medical practice of 50 years ago. His mind is clear and he reads a lot, keeping up on the latest things. He says he feels fine but that he expects to have to retire in the not too distant future because of a spreading neoplasm. He could easily have quit decades ago but instead he chose to keep on in spite of a crippling physical handicap. He has brought comfort and healing to probably twice as many patients as most of us will ever see.

How heartwarming it is to see a cheerful, kindly physician continue practicing into the seventies and eighties. Especially if he keeps up to date. It gives us and the whole community an inspiring example of life-long service to humanity. And it is, indeed, in keeping with the best traditions of American medicine.

T. R. H.

## One For The Books

As a man grows older he is prone, more and more, to live in the past. We hope that there are other physicians in Pierce County who enjoy an occasional peep into the past as we look at the medical profession as it was in Tacoma some half a century or more ago.

It was July 1, 1906 when my wife and I as newlyweds entered the city of Tacoma. The 1900 census gave Tacoma a population of 37,000 and Pierce County a population of 40,000. The city directory listed 96 physicians in the county; the telephone book now lists 255 doctors for Tacoma alone and there are probably enough physicians in Puyallup, Sumner, Orting, Fort Lewis and other outlying areas to bring that number in the county to 300. I do not find anyone who is now in the telephone book who was practicing here in Pierce County in 1906 except myself.

As we strolled down the street on that July day, 1906, we stopped in at 930½ Pacific Ave. to see Dr. G. G. R. Kunz, Sr. (then a bachelor). He gave us a hearty and cordial welcome and advised that we open up an office here in Tacoma. As we went on down the street, we passed Woolworth's and my wife exclaimed, "There is another incentive for us to practice in Tacoma. I am sure we can make a go of it here because there is a 10¢ store." Down below 13th St. we stopped in the office of Dr. H. C. Kinneer. He afterwards told us he had never seen a frailer couple start at the practice of medicine for a livelihood.

The Tacoma General Hospital was then called the "Fanny C. Paddock Memorial Hospital." The St. Joseph, Northern Pacific and County hospitals were also here at that time. The four had a bed capacity then of about what any one of them now maintains. All of them have since been rebuilt and greatly enlarged. Also, since 1906, we have had

added to our hospital facilities the Tuberculosis hospital, Madigan hospital, American Lake hospital, The Doctors hospital, Mary Bridge Children's Hospital, Medical Arts hospital, etc. Of course, in 1906, most of the Obstetrics, Pediatrics, and even much of the Orthopedics and some of the Surgery etc. were done in the homes and in the doctors' offices.

In 1906 no doctor in Pierce County had an automobile. In 1910 there were only 740 passenger cars in the whole state of Washington. Colonel E. M. Brown and Chris Quevli, Sr., each drove a horse and buggy. The other physicians rode the street cars at 5¢ per fare or hired a livery carriage.

The charges then for office calls was 50¢ to \$1.00 and for house calls \$1.00 to \$2.00. A banker had me call on his wife and I charged \$2.00 for the call. He delayed payment for six months and was angry when he finally came in to pay the bill. He said, "You did my wife good, but the charge was enormous. I could have got a doctor from the other side of town for that amount."

There were no paved streets in Tacoma except for Pacific avenue which was paved from 9th to 13th with wooden blocks. In the winter and spring the streets were water and mud holes often hub deep.

Soon after 1910 Dr. Kunz bought an automobile and invited me to ride with him as he made his morning house calls. One man had erysipelas. Dr. Kunz said, "We have given this man Iron, Quinine and everything in the list as a help in erysipelas but nothing seems to be doing any good. He will die." A woman patient in Tacoma General Hospital had Diabetes Mellitis. "I shall be out of town tomorrow," Dr. Kunz said, "I wish you would look in on her for one day. We have had consultation in this case. We have given her heavy doses of potassium and other anti-diabetic medication, but nothing seems to do her any good,

so please don't change here medication." She died one day after he returned.

Before I bought my first car I rode a bike. One day as I was returning from a call at Fern Hill, riding on the sidewalk, there was a car ahead of me plowing through hub-deep mud at about 5 miles per hour. As I passed I saw that it was Dr. William McCreery, then president of the County Hospital, driving his new Hudson. I gave him a loud bell as I passed.

We bought our first automobile in 1912. Soon thereafter, I picked up a friend at 34th and Pacific and gave him a ride to 24th and Pacific. He afterwards told a mutual friend of ours that he rode down the steep Pacific Ave. hill with me and that if Heaven would forgive him he would never do so again because I drove down that hill at the terrific speed of 12 miles per hour.

When our son came down with a severe case of erysipelas we asked the only

doctor in Tacoma then claiming to be a Padiatrician if he would stop in and see the boy. He said, "Yes, I shall gladly drop in and see him although I feel it to be useless since I have had 3 deaths among children of that disease within the past 10 days." He never did call and our son recovered.

At that time there were no internes at any of the Tacoma hospitals. I offered to serve in that capacity at St. Joseph's and also at the Tacoma General without charge. We were told at each hospital that they had no provisions for internes and at that time did not feel like taking on the expense of preparing for such a luxury. They said that naturally they would first have to get the consent and co-operation of the county physicians before they could make such an innovation.

When I was a child in Indiana, anyone there could practice medicine without a license or even a medical education. Fifty-seven years ago and even later, hundreds of children died of pneumonia, scarlatina, measles, whooping cough and other common ailments. Women died of pelvic infections; the general population died of diabetes, erysipelas, tuberculosis and a multitude of other contagious and infective diseases. When our Tuberculosis Hospital was built out at Lakewood with its 250 beds, it could not care for the consumptives in Pierce County; there was a waiting list for new patients there. At present, the tuberculosis patients of this county and of four other counties occupy only 55 beds on two floors of our five-storied tuberculosis hospital built in 1952 to care for that dread disease alone.

When I was a child of 12, some 75 years ago, the average length of life in the United States was 34 years. Now it is more than 70 years. My great grandchildren will doubtless live to see the day when the average age of the popula-

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(Continued on Page 14)





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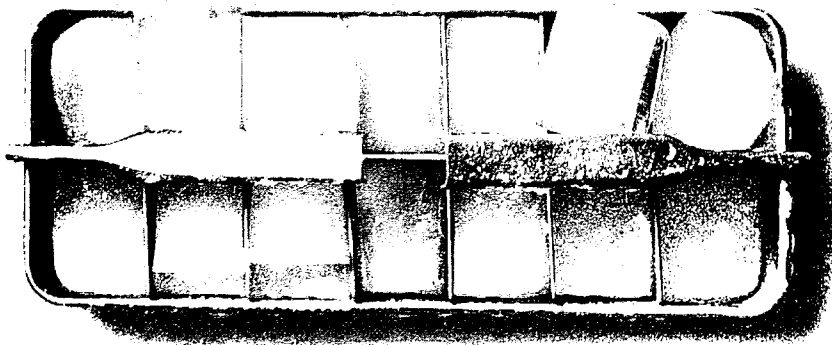
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(Continued from Page 12)

tion of this country will exceed 100 years.

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When I entered Indiana University in 1894, 400 students were there. Last fall the enrollment in that institution had reached above 21,900. There has recently been not only an explosion of population in this country, but also a much greater expansion in the field of education and in the scientific knowledge of the human body and of the causes, prevention and cures of disease. In the last 57 years, our scientific knowledge has advanced more along the line of medical science than it did in all the preceding centuries since Noah built his historic house boat. And, best of all, we are only at the beginning of medicine's inconceivable advances.

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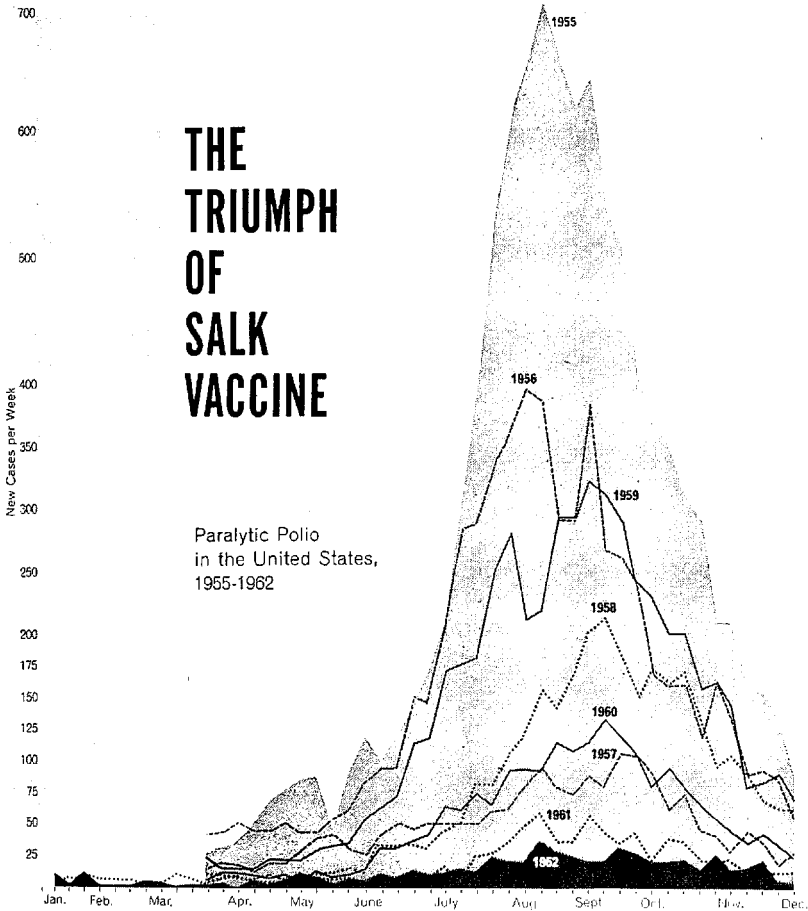
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## Auxiliary President's Report - 1962-1963

The dues Treasurer, Mrs. Glenn Brokaw, reports that we have 212 memberships paid, with 10 still outstanding. The chairmen of membership, Mrs. Robert Johnson and Mrs. Myron Bass, who compiled our Year Book, assisted at the New Members Coffee held in October at the home of the President.

In response to the answers on the questionnaire, sent out during the summer months by the President, all meetings were preceded by luncheon and the first and the last meetings of the year were without program, so that we might become better acquainted with each other. There was an average attendance of 56 at the meetings and the President was happily surprised that with each meeting, there was a different representation of the membership.

The four winners of the Scholarships, presented in 1961-1962, were guests at our luncheon in October. At the November meeting, Mrs. Joseph Harris, program chairman, introduced the speaker, Mr. Bruce LeRoy, of the Washington State Historical Society. In January, Mr. George Roberts talked to us on "Economic Fallacies". Our guests at the February luncheon were Mrs. Harry Emmel, our State President; Mrs. E. R. Slade, State President-elect; Mrs. William Blackstone, our district Vice-President; and Mrs. H. D. Feusner, Program Chairman-elect for the State. Also present were the Medical Society President, Dr. Stanley Tuell, and the President-elect, Dr. Frank Rigos. Their talks were short and informative, as to our aims on the local and the state level. The March meeting was devoted to Legislative information, with the showing of the film "The Wisconsin Story", followed by discussion of AMPAC, led by the chairman, Mrs. Samuel Adams, and the Legislative Chairman, Mrs. George Gilman. We were fortunate to have as our

guest at this luncheon, Mrs. Albert Cooper, wife of the State Secretary-Treasurer of AMPAC. One of our own medical men, Dr. Glenn Brokaw, spoke to us in April on "Quacks and Quackery". He has been an active participant in our Speaker's Bureau, of which Mrs. John Bonica and Mrs. John Colen are chairmen. They sent out a letter early in the year to organizations which might desire a speaker on medical and allied subjects and have been instrumental in placing many such speakers before interested groups.

Our Civil Defense and Safety Chairman, Mrs. Thomas Skrinar, organized and led the presentation of the "Medical Self Help" course, with the cooperation of the YWCA and the Pierce County Civil Defense office. The classes were taught by members of the Auxiliary with a background of medical training and were most informative and worthwhile. A donation of \$30 will be given to the Poison Control Center in May to help support their program.

Mrs. Bernard Rowan, Today's Health Chairman, reports that all schools in Pierce County, both public and private, have received subscriptions to the magazine through our help. We find we will be able to again give four scholarships to student nurses of St. Joseph's and Tacoma General Hospitals and our Paramedical Chairman, Mrs. Leonard Morley, has been informed to instruct the schools to choose Pierce County girls to receive the awards.

The Minute Women Committee, headed by Mrs. Frank Rigos and Mrs. Wayne Zimmerman, were luckily almost set up during the legislative emergency last summer. They plan to keep the committee intact during the coming vacation period, so that contacts can be made if needed. The 25 women on the committee have kept informed on legislative questions and are, at present, busy getting signatures on Referendum Measure No. 34, in regards to Senate

Bill No. 360 on gambling devices. 12 of our members interested in legislative problems attended the meeting in Olympia, sponsored by the Thurston-Mason County Auxiliary. Two of our members took advantage of the "Aircade for Citizenship in Action" meeting, sponsored by the U.S. Chamber of Commerce, in Seattle, and returned with a wealth of material and information, which was written up by Mrs. Leo Sulkosky and placed in the Pierce County Medical Society Bulletin so that all of us could glean the factual knowledge.

Mrs. George Race has written our regular column in the Bulletin this year and has kept us aware of the meetings and activities of the members. Mrs. Governor Teats has done the newspaper publicity and we have had very adequate coverage of Auxiliary events. Mrs. Herbert Kennedy will have an article in the Bulletin soon on the Mental Health Seminar, held in March. Also representing us at this and other meetings of which we should keep informed were Mrs. Elmer Wahlberg and Mrs. John Havlina. They have brought news of the activities of the UGN Health Council, the Red Cross, the Public Health Nursing Committee, to mention a few, so that we can keep aware of civic endeavors in the promotion of public welfare.

The chairman of the Telephone Committee, Mrs. Stanley Tuell, has been wonderfully instrumental in seeing that the membership has been contacted regarding meetings and activities, and has worked closely with Mrs. James Vadheim, the Social Chairman, who has made the arrangements for the luncheons and seen that the supplies were on hand for the committees in charge of serving.

"Fashion Takes a Holiday", our annual style show, was presented on October 25th, with Mrs. T. O. Murphy and Mrs. William Mattson in charge. The tickets were sold out the week before the gala affair and it was not only a finan-

cial success but a very lovely affair. Mrs. William Rademaker and Mrs. Arnold Herrmann arranged for the dinner dance that was held in January and it was a happy evening, enjoyed by all who attended and this also added to our treasury.

The sum of \$600.00 was sent to AMAERF, made possible by our annual dues and gift and memorial donations. Scholarships given will amount to \$800.

"Prescription for the Tastebuds", the cookbook which the printers finally made available to us in October, has been the project of which we can be most proud! Not only have we sold enough of them to take care of the typing and printing expense, but there is a building bank account to their credit. Mrs. T. B. Murphy and Mrs. Robert O'Connell and their committees are to be congratulated—for the recipes in the book are super and the decor of the pages delightful.

With the help of the Medical Society Secretary, Mrs. Norton Gordon, and her mimeograph, we have had pertinent information available at every meeting for the members to peruse—in regard to state and national legislation of general and medical concern. We must become and keep aware—and be able to inform others of matters of vital importance to our welfare and the welfare of our children and the future. Some of the copies of information have been mailed

(Continued on Page 19)

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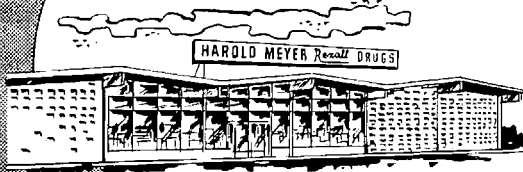
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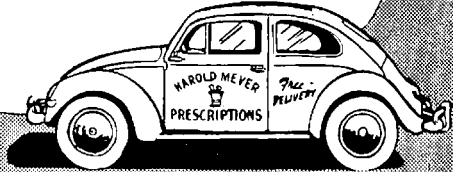
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(Continued from Page 17)

to Auxiliary members in other counties, at their request.

The Board Meetings, which we have kept to the minimum required by the by-laws, have been held for the most part in the Committee room of the Pierce County Medical Society. The Executive Committee of the Board has been consulted on any emergency questions that have arisen. All of the members of the Auxiliary are so active in other groups of varied activities, i.e.: cultural, church, civic, educational, that it was deemed wise to keep extra meetings few.

Three members of our Board are on the Washington State Medical Auxiliary Board. Three of our members who have been faithful through the years were taken from us during the year, Mrs. E. F. Dodds, Mrs. Hillis Griffin, and Mrs. George Kunz, Sr. We will miss them.

Most of our membership have participated in one way or another in some activity which we sponsor. The group, as a whole, has become more closely knit. May this continue, for we are bonded together with this common denominator: a husband we chose who has taken and believes in the Hippocratic Oath.

Respectfully submitted,

Mrs. HERMAN S. JUDD, *President*  
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## Last Meeting

Madigan General Hospital played host to 87 members of the Pierce County Medical Society May 14th at the luxurious Fort Lewis Officers Club. The finest aperitifs and the choicest filet mignon were enjoyed at these wonderful Officers Club prices.

Members of the Madigan departments of medicine and surgery presented the excellent scientific program which consisted of five beautifully illustrated papers of general interest. Arrangements for the meeting were made by Col. Richard I. Crone.

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# WOMAN'S AUXILIARY . . .

## To The Pierce County Medical Society

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President-Elect.....	Mrs. Sherman S. Pinto
1st Vice-President.....	Mrs. Arthur P. Wickstrom
2nd Vice-President.....	Mrs. Dale D. Doherty
3rd Vice-President.....	Mrs. Axel Lindstrom
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Telephone.....	Mrs. Stanley W. Tuell
Minute Women.....	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council.....	Mrs. Edwin J. Fairbourn
Heart.....	Mrs. H. A. Anderson
Cancer.....	Mrs. J. Robert Brooke
Finance.....	Mrs. Haskel L. Maier
Dance.....	Mrs. Robert W. Florence
Fashion Show.....	Mrs. Merrill J. Wicks
Mental Health.....	Mrs. John M. Havlina
Today's Health.....	Mrs. Bernard R. Rowen
Cook Book.....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell

The last meeting for this year was a noon luncheon at the Lakewood Terrace. There were about sixty women present to give Jeanne a big vote of thanks for a fine year as president, and to welcome and wish well to Katherine Humiston who now assumes the role of president.

Jeanne presented a corsage to Dorothy Maier as a tribute for nine years' work as treasurer of the Medical Aux-

iliary. Dorothy will continue on the board as a member of the finance committee. Mrs. Humiston introduced the members of her board, a group with both old and new members (in terms of activity, *not* age!)

Dolores Havlina has asked for clothing and cosmetics for adult patients at Western State Hospital. It has been found that patients encouraged to have pride in appearance, renew pride in themselves and speed the process of recovery. So do search your closets for usable clothing—especially in pretty colors, old gloves, jewelry, perfumes, lotions and the like and give Dolores a call.

Sale of cook books now shows a profit of several hundred dollars. If you wish to have the books during the summer, call or drop a note to Ruth Murphy.

Nice to meet Tel McGreal whose husband, Robert, is in the Lakewood Clinic. Do come again.

*Meeting Notes*—Dr. and Mrs. Dale Doherty attended the recent dermatology meeting in Spokane. Dr. and Mrs. Scott Jones and the Herb Meiers spent a June weekend at the Pacific Northwest Gyn. meeting in Victoria. Marilyn Mandeville will fly to Los Angeles when school is out, be met there by her parents and drive with them to Phoenix. After an extended visit in Phoenix, they will fly home.

Now that school is out, there will be much play activity—sailing, swimming, camping trips, summer school. Enjoy it all.

See you in the fall when our meetings will begin again.

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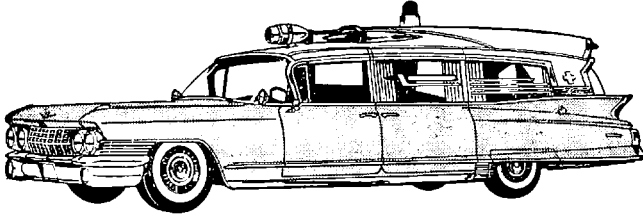
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# HOSPITALS

## St. Joseph's Hospital

A very important part of St. Joseph's Hospital has been uprooted and we mean uprooted; for one who has served the institution for as long a period of time as Mrs. Pauline Nish. Forty three years ago, on May 1, Mrs. Nish came to St. Joseph as a switchboard operator. She was to replace an employee for two weeks vacation.

Many are the changes she has seen at the Hospital—in procedures, personnel and Medical Staff. Many are the stories she can repeat of her long years of experience.

She has been a faithful and trusted employee who took her duties very seriously—never known to be late—never known to develop the modern trend of Coffee Break. Still she has remained young in spirit and at the end of her shift could enjoy a few jokes with her younger colleagues.

St. Joseph's Hospital will miss you—so will the thousands who came through our doors each year, but we all wish you this much deserved and well earned rest which you are about to take. May you enjoy these golden days ahead. Your loyalty will always be an inspiration to us and to future employees.

God bless you!

The First Annual Hobby Show, sponsored by the Pediatric Students, Staff and Patients was a huge success. Both big kids and little kids enjoyed participating and showing their handiwork.

Wednesday, May 15, marked the date of a new astronaut hero. All the patients in the dept. were eagerly awakened and sat by the T.V. for take off. The usual topic of interest with children of days not so far past was related to horses and Roy Rogers. Nowa-days you can overhear instead, "How many G's" will the Mark Turbo - Rocket Take? We adults find the need of a new dictionary,

in order to understand the new generation.

Senior Students have been a busy lot the last month, with studies and final exams, and field trips to a variety of places including: Madigan Hospital, Buckley School, Remann Hall, Seattle Formula Service, and the Heart Association. We will surely miss their presence in the dept. now that they are off to Senior Service and "Graduation".

The Pediatric Staff wishes to welcome Mrs. Gertland, who hails all the way from Philadelphia, Penn., where she worked in an Emergency Ward, Philadelphia General Hospital. She will replace Mrs. Babcock, who is going back to her home in California for a visit, and then on to Texas where her husband will serve in the Armed Forces. Good Luck, and Happy Traveling, Mrs. Babcock.

Pediatric Staff members have been familiarizing themselves with the new Fog Generator as its use was instituted following discharge of contagious diseases.

Sunday, May 29th, the St. Joseph's Hospital Auxiliary acted as hostesses for a tea honoring the Hospesettes. The tea was held in appreciation of the volunteer work this group of 81 girls from the High Schools have performed in various departments of the hospital since last December. Citations were awarded for their service hours.

Chairman of the tea was Mrs. J. J. Riedinger, assisted by the newly elected officers for 1963-64, Mrs. L. DeWald, Pres., Mrs. F. James, Vice-Pres., Miss Sadie Foye, Treasurer, Mrs. J. Roje, Secretary. Others assisting were Mrs. M. Ginther and Miss Lois Winfield.

The auxiliary's past achievements include: supplying beds for needy patients in the children's department, mending and replacing toys for ill children at Christmas, and they are also responsible for the beautiful bibs and slippers donned by the patients in Pediatrics. The aux-

iliary has also won over the little ones on holidays by supplying them with attractive favours.

The Medical Record Technician Students and their instructor Sister Mary Emmanuel took an educational field trip to Seattle on Thursday, May 9th. We visited Providence Hospital, King County Hospital, and U.S. Public Health Hospital. The object of our trip was to observe the many different techniques of keeping Medical Records. We had very interesting tours through all of the hospitals. At USPHH we visited with Emma Anderson, president of the Washington State AAMRL. A very enjoyable day was had by all.

Mrs. Thyra Arness has returned to the office after a week's vacation in California. She was visiting with her son and his family.

Surgeries number 3 and 4 have been completed, with modern light fixtures and beautiful tile. Also, another modern addition to our excellent surgical department is the installation of the intercom system. This saves many unnecessary steps and much time for both doctors and nurses. We all appreciate it.

Mrs. Dorothy Thurston recently attended the Washington State Nurses Association annual convention held in Spokane, May 8th, 9th, and 10th. As a delegate from District No. 3 she returned with many interesting ideas. The main theme of the convention was "Changing Trends in Nursing". The principal speaker was our A.N.A. president, Mrs. Margaret Dolan, from South Carolina. (Mrs. Dolan was selected by President Kennedy to assist in his allied health program!)

We hope everyone has a very pleasant summer—we're all planning on enjoying it up here!

Mrs. Collings is away on vacation, participating in her college graduation reunion at Ottawa, Kansas. Her trip will include stops at Yellowstone Park,

the Black Hills and Glacier National Park.

Mr. Don Cullen, R.P.T. will take her place during her absence, assisted by Richard Thomas, her present aide. The department has acquired a new Birtcher diathermy.

## Tacoma General

On May 17, 18, and 19, open house was held for the Board of Trustees, Medical Staff, contributors and for the general public. Approximately 600 persons attended and observed the new facilities available. Hospital employees and junior volunteers were tour guides. In addition, department heads were stationed at their respective areas to give more detailed explanation of their individual department. Senior volunteers served refreshments during these three days. Miss Helen J. Maddex was chairman of the committee responsible for the showing of the new facilities.

*Medical Floor Opened for Patients—*  
The patients in the medical ward which was formerly designated as One South were moved to 3-E, the new, 26-bed medical unit, on Sunday, May 12. It was done smoothly and efficiently and patients were very pleased with their new quarters. Mrs. Nancy Pollack, head nurse for the new ward, has done an excellent job of organizing her people to work in the new ward.

3-E is a very modern medical ward. The facilities include water and toilet facilities in every room, intercommunication between nurse and patient, telephone in all but four-bed wards where it is available if needed. Oxygen and suction are piped to each bed. Television is also available to those patients who wish to have this service. The furniture is teak in Danish-modern style. Our cubicle curtains are blue, with white mesh, and draperies are in a matching design of fireproof material. The beds are all electric and match the cherry

wood cabinets built into the rooms.

Work is currently being done on 3-B which includes installation of new lights on walls and ceilings and a complete paint job. New metal fire doors have also been installed.

#### *Fourth Annual Personnel Day Tea—*

In connection with Hospital Week, the hospital again honored its employees on May 15, at the Fourth Annual Personnel Day Tea. Awards were presented to six employees for 20 years of service, sixteen for ten years, and 35 for five years.

*New Resident Director—* Mrs. Alice Aitchison has been appointed the new residence director for the School of Nursing.

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## The Gentle Iconoclast

(Pen name of W. G. Gamble, Jr., M.D.)

### The Four Disciples of Hippocrates

In pictures of the days of yesteryear, the portrait of a doctor sitting at the bedside of a sick child, in deep thought and sympathy, has glorified the image of the practitioner of medicine. But in the last twenty years the practice of medicine has changed so that one cannot visualize what it may be tomorrow.

As I see it today there are four types of physicians who are being graduated from our medical schools, and one is dependent upon the other. Unless this is realized by the graduate as well as the practicing physician or scientist, teacher or administrator; instead of symbiosis and working for the good of each other, and more important, for the good of the patient; we will produce a psychological and pathological physiology which will have an adverse effect on medicine.

Usually when one thinks of a specialist one compares the general practitioner or family doctor with the specialist, as a result of which it is my belief that we have confused thinking.

All physicians must remain human

beings and citizens, and must be sensitive to the waves, tides and changes in our surroundings. We must still develop flexibility, so that if all that we have been taught before is swept away we will still be good physicians.

One of the reasons for the decline in European methods and the respect we have for European medicine, is the change in our outlook. The European method of teaching was built on a foundation of pathology — gross and microscopic, or pathological anatomy. But in the last 20 years biochemistry, physics, as well as some of the newer changes in technology, have been so remarkable that we in America have progressed.

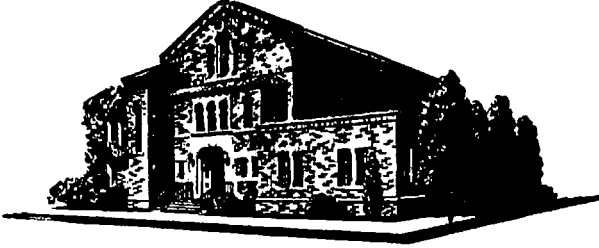
As I see it today, there will be four classes or types of individuals graduating from our medical institutions, and each is dependent on the other; and none of us can be an island by himself.

First is the so-called pre-clinical scientist, who primarily should be a Doctor of Medicine and well aware of the relationship between the pre-clinical science and the actual practice of medicine and clinical investigation. The phrase, Molecular Biologist, has been applied to these individuals, who make endless measurements and must be well versed in biostatistics and all the related sciences, sometimes called the study of disintegrated biologic systems. Without these researchers or ivory-tower individual, the foundation of clinical medicine is built on shifting sands.

The next class of individuals; because of social, economic and governmental factors, there is a growing need for medical administrators. These too have a broad background and not only be interested and well grounded in the facts of clinical medicine and biologic research, because outsiders or lay people are more interested in economic problems than in medical standards. Therefore, it is their duty whether they are

(Continued on Page 27)

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PHYSICIANS' AND HOSPITAL SUPPLIES

(Continued from Page 25)

in universities, hospitals, or insurance boards, Blue Shield, Blue Cross or any other form of compensation; it is important that they return now and then to the actual practice of clinical medicine and research so that they will not lose contact, and most important, sympathy for the patient and the clinician.

The next class of physicians, who also must be sympathetic with the practice of medicine as we see it, are those who pursue a career as a member of the Clinical departments of university medical schools. These teachers, who really will mold young minds, must have a schizoid complex in that they must achieve the balance between the pre-clinical sciences and clinical medicine, and practical economics.

Probably many of these today are more interested in what is commonly called, as I said before, studying Molecular Biology and allied conditions, instead of the patients themselves. This probably is due to the vast increase in research funds and the rise of exact methods of laboratory and other paramedical aids.

They must not downgrade clinical investigation. In fact many articles I see in the Journals today written by eminent clinicians in the medical schools, deal somewhat with synthetic knowledge and not necessarily clinical observation. The heads of the Clinical departments in medical schools should be physicians first, but certainly should be well grounded in all the pre-clinical sciences, and above all have humanity and consider the patient before the method.

Lastly, we come to the real workers, all of whom are captains of their own ships — that is, the practicing physicians. Whether it be the family physician, personal physician or specialist. For in well-integrated medical schools the intern or resident is instructed that first of all it is the care of the patient that is the important, and this is rigor-

ously upheld. Clinical practitioners have a difficult role to fill, in fact the most difficult of all roles because they have to balance the economic with the biological, the medical administrator against and for the welfare of the patient. In some places they have established group practice in order that they may more readily integrate. In places this has worked out well—in others it has been the reverse. The open relationship between practitioners of various specialties and the general practitioners without any necessary group practice, appears to have worked and is working best. And this in direct contradiction to the growth of large closed clinics, however eminent they happen to be.

Today with the loose relationship with other physicians and the lack of cutthroat enterprise and jealousy which I saw many years ago; the hours, while not adding up to the familiar 40-hour week, are not as long. And they have time if they so desire, to be human beings also, and spend their leisure time in hobbies, with their families and with the problems of being citizens.

They are the ones who are truly concerned with a business where the life and health of the patient are not items on the balance sheet, and they as a usual rule do not take unto themselves the role of authority, dictate, and brag about their performances. The knowledge of the Twentieth Century is available at their finger tips, or is as near to them as the nearest telephone; and yet it is impossible for any practitioner of

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clinical medicine to have or hold in his mind but one small bit of same.

I am not one who visualizes the future of medicine with an attitude of dire foreboding. We are in the midst of change, and change is inevitable. But if these four groups of physicians, all extremely necessary and all independent but dependent, will work in symbiosis, in sympathy or understanding; then we will be able to accept the responsibility—and that, with the self-satisfaction of a job well done, is the real reward or the prerogative of the physician.

—Reprint from the Iosco County Medical Society Bulletin.

## Aesculapius Esquire Says Millions for Malpractice

The medical profession is becoming alarmed by the increasing number of malpractice cases and threats of medical malpractice. The following excerpt from *Professional briefs* is indicative of the reason for the just concern of the medical profession.

### "MILLIONS FOR MALPRACTICE!

If plaintiffs don't hit that mark soon, it won't be for lack of trying. In Buffalo, N. Y., a patient is asking \$5,000,000 from four doctors and a hospital for damages allegedly caused by a sex-transformation operation. And a physician in Baltimore is being sued for \$4,500,000 for an accident that occurred during a circumcision."

In our office we likewise have experienced an increase in medical malpractice complaints, both from the defense side of the picture and the plaintiff. In considering the problem it would seem at first glance that the medical profession itself is in complete control of whether a patient claiming malpractice can force a doctor to defend in court. All doctors are undoubtedly familiar with the legal definition of malpractice and the requirement that there be medical proof to the effect that the doctor in question has failed to exercise

that degree of skill and care which should have been exercised by a doctor of similar qualifications in that particular field at the time of the operation or treatment. The implication of the legal principals involved are apparent. In other words, it would seem to a lawyer that unless the plaintiff were able to secure a qualified doctor capable of testifying concerning the degree of skill and care required in a given situation, there would be no lawsuit. For example—we were retained recently by a patient who alleged, among other complaints, that the doctors involved were guilty of several acts of malpractice. I cannot use the client's name or true symptoms as the matter has not been terminated, however, immediately upon receipt of the complaints he was referred to a competent Tacoma surgeon. This surgeon, of course, was personally familiar with the qualifications of the doctors involved, nature of the operations and the prognosis. After the examination the report to me was to the effect that the results may have been unfortunate, however, the practitioners involved exercised that degree of skill and care that any other similarly qualified doctors would have under the same circumstances. This case, therefore, will not result in a lawsuit.

Several months ago I was defending a doctor accused of medical malpractice. On deposition of one of the treating physicians for the plaintiff it was ascertained that this particular physician was willing to appear in court and under oath testify that my client had not exercised that degree of skill and care which he should have when he operated and performed postoperative care. This case was promptly settled after we had ascertained that there would be competent medical testimony against us.

Without going into details we are now in the process of litigating on behalf of two clients for x-ray burns and a subsequent death. Again, this matter was



referred to competent doctors within the prescribed field and we were advised that the degree of skill and care exercised by the doctors in charge did not conform to medical standards and was the proximate cause of the Plaintiff's problems.

The alarming increase in the number of medical malpractice suits is not necessarily caused by a lowering of the ability of doctors in general. It is to be assumed that there will be mistakes in any practice. It is impossible for any professional man under the strain of a busy practice to fail to err.

Insofar as litigation is concerned, when the public becomes aware that there has been one or more good recoveries in a given damage field, then the pendulum begins swinging and litigation involving that type of case increases rapidly. Whip lash cases are an excellent example. As all doctors know, over the past few years whip lash cases became extremely popular. The courts were full of whip lash litigation and there were a number of substantial verdicts. On the other hand, for the past year juries have become suspicious of whip lash cases and their connotations on the whole. Verdicts have become nominal and have resulted to some extent in a decrease of the number of filings.

A report in the paper of an award against a doctor in a substantial sum encourages any patient who is dissatisfied with his doctor to immediately seek legal assistance in getting even with that doctor, either for assumed wrongs or misunderstandings of charges. The obvious question is "where will this all end?" As a practicing lawyer, my suggestions are as follows:

It is apparent that it is substantially impossible to recover on behalf of a plaintiff without competent medical testimony. At various locations throughout the State of Washington doctors should make available a medical board

to consider malpractice claims with the understanding and commitment that whichever doctor or doctors pass upon the question of medical malpractice will be available to either the plaintiff or defendant to testify in the event of litigation, or, such board could be made available with the understanding that the conclusions of this board would be adhered to by both the plaintiff and the doctor involved with the question of damages only to be submitted to the court or jury.

This suggestion, if followed by the legal and medical profession would have the effect of making competent medical evidence available to a plaintiff and at the same time provide the medical profession with the tools which would undoubtedly dispose of the major portion of all malpractice claims.

The following excerpt from the March 25 issue of *Professional briefs* is worthy of comment.

"MALPRACTICE AWARDS ARE LOWER in Canada than in the U. S., rarely topping \$50,000 there. Two reasons given by the Toronto *Financial Posts* Lawyers in Canada usually work for a flat fee instead of a share of the award; judges, not juries, decide most malpractice cases."

This writer fails to see how this could ethically affect the award, the implication from the article being that counsel has failed to exert his utmost efforts as his fee does not depend on the recovery. In most law offices in the State of Washington the client is given the option of a contingent fee, fixed fee, or combination of both, whichever is desired by the client. The choice by the client is generally a contingent fee as the exigencies of litigation are so indefinite that promises as to the amount of recovery are never made by the attorney. I am confident that whether the fee is contingent or fixed has no bearing on the recovery in our state and I am inclined to disagree with the article.

With respect to the additional statement that judges are less generous than juries I likewise disagree. Several insurance companies in the State of Washington refuse to try their cases to a judge without a jury. Their studies have indicated that if a court finds the defendant negligent, as a general principal it will be more liberal to the defendant than a jury under similar circumstances. There are, of course, a number of times when a jury has overpaid a defendant. These studies are not conclusive and merely represent the policy of several of the state's insurance companies. The proposition, of course, is moot inasmuch as either party has an absolute right in this state to demand a jury in this type of case.

In conclusion, therefore, this writer agrees that there is an alarming increase in the number of medical malpractice complaints and litigation. This writer further feels that the legal and medical professions could eliminate the major portion of such complaints by the establishment of a medical reviewing organization and/or reference by plaintiff's counsel to a competent doctor for examination of the plaintiff before the institution of any litigation.

PAUL SINNITT

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## County Societies

Cape Girardeau, Missouri, physicians will be participating in a Simulated Disaster Emergency Hospital Drill scheduled to be held in June. The Cape Girardeau Civil Defense Agency, in coordination with the Missouri Division of Health will conduct the training drill. The training hospital will include the 8-sections which are standard in all Civil Defense Emergency Hospitals. These sections include an admitting room, pharmacy, operating room, laboratory, X-Ray unit, and other essential sections. Emphasis will be on realism during the drill. Considerable knowledge has been gained in other communities that have conducted the drill and has enabled them to be better prepared in setting up the Emergency Hospital in the event disaster strikes.

*Essex County, New Jersey*, physicians are now being offered a new service for their homebound patients. Under the auspices of the County Medical Society, CHR-ILL Service, as it is called, offers a coordinating service with emphasis on rehabilitation for the doctor's homebound, chronically ill or elderly, patient. A complete range of services including social casework, nursing, dental, physical therapy, chiropody, sickroom equipment, etc., are now available. There is no charge for the coordinating service and patients' services other than these will be assumed by the patient, his family or an appropriate agency and, wherever possible, will be scaled according to ability to pay.

*Harris County, Texas*, Medical Society was recently presented with a Certificate of Appreciation from the Houston Jaycees. The award was given for the "assistance on many occasions in the past which the Medical Society has made available to the Houston Jaycees." The Medical Society and the Jaycees worked as co-sponsors of the Victory Over Polio program in 1962 and more

recently assisted the Jaycees in an educational program to reduce the problem of venereal disease in the community.

*Marin County, California*, Medical Society recently endorsed a pilot study in the San Rafael School District to determine the number of reactors to tuberculin in representative age groups. Tests are being given to all first through ninth grade students in the district at the permission and request of the parents. The program is aimed at the goal of the eradication of tuberculosis and will provide information for early case detection

as well as serving as an educational program.

*Quote Of Note:* "Regardless of the fact that our federal government is the biggest spender, the biggest employer, the biggest property owner, the biggest tenant, the biggest insurer, the biggest lender and the biggest borrower in all the world, we find a growing impatience on the part of many holding high office in our land to make government even bigger."

—*Representative Thomas B. Curtis*  
(R.-Mo.)



"The corridor scenery has brightened considerably around here since I conned the director of nurses into believing that sanforized uniforms are staph-prone."

## Pierce County Medical Society

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

Auditorium of Medical Arts Bldg.

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Tuesday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

Second Tuesday of the month except June, July and August

—8:15 p.m.

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and August—

6:30 p.m. at Honan's

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—

6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

Third Friday of March, June, September, December—7:15 a.m.

at New Yorker Cafe

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—

7:30 p.m. Dinner—6:30 p.m.

The

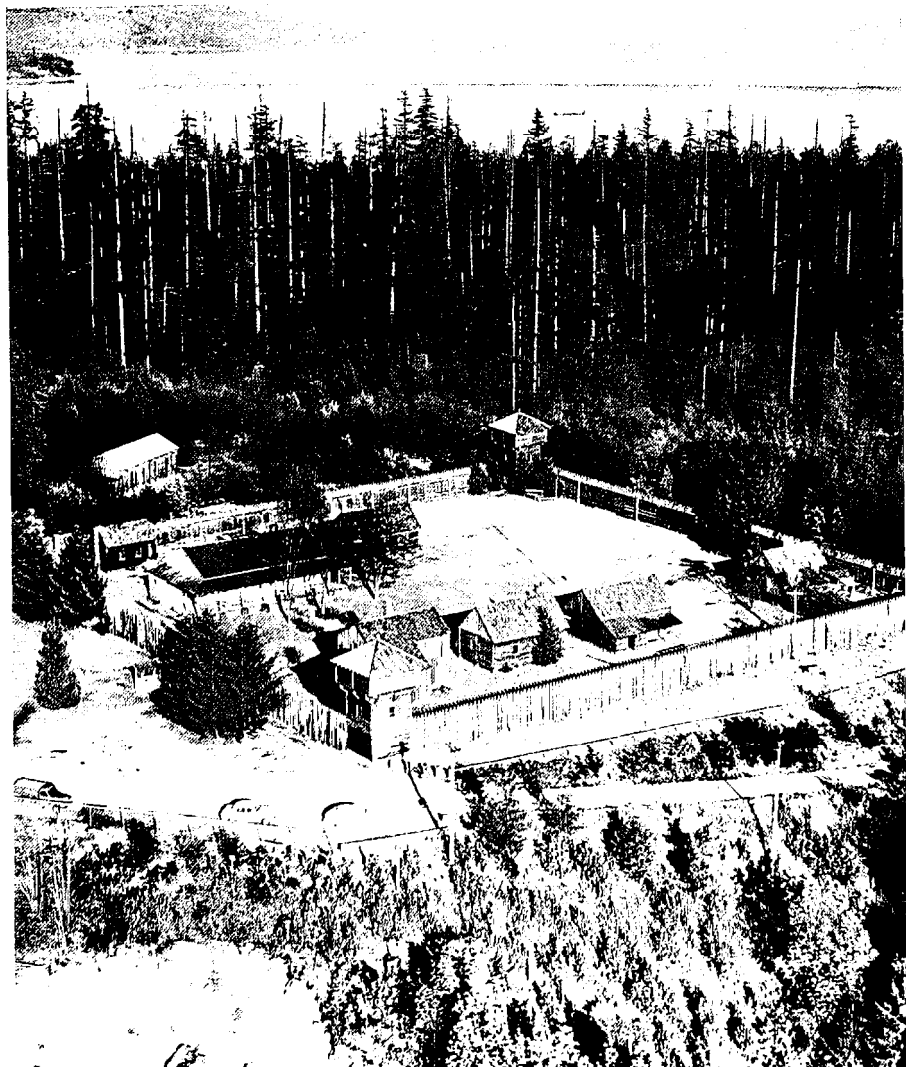
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 7

TACOMA, WASH.

JULY - 1963



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETINGS  
JULY - AUGUST**

# Pierce County Medical Society

1963  
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 President-Elect..... Frank J. Rigos  
 Vice-President..... Philip Grenley  
 Secretary-Treasurer..... Arnold J. Herrmann  
 Executive Secretary..... Judy Gordon

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 Warren F. Smith  
 George A. Tanbara  
 Govnor Teats  
 Stanley W. Tuell  
 G. Marshall Whitacre

DELEGATES

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 Robert M. Ferguson  
 Robert W. Florence  
 Arnold J. Herrmann  
 Frank J. Rigos  
 Stanley W. Tuell

ALTERNATE DELEGATES

Robert R. Burt  
 Douglas P. Buttorff  
 John F. Comfort  
 Charles J. Galbraith  
 Herman S. Judd  
 John M. Shaw

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 L. M. Rosenblatt, Lester S. Baskin

**Grievance**  
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 Chris C. Reynolds, C. B. Ritchie

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 Allen Eagelson (Advisory Member)

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 Business Manager..... Judy Gordon  
 Auxiliary News Editor..... Mrs. Robert A. Kallsen

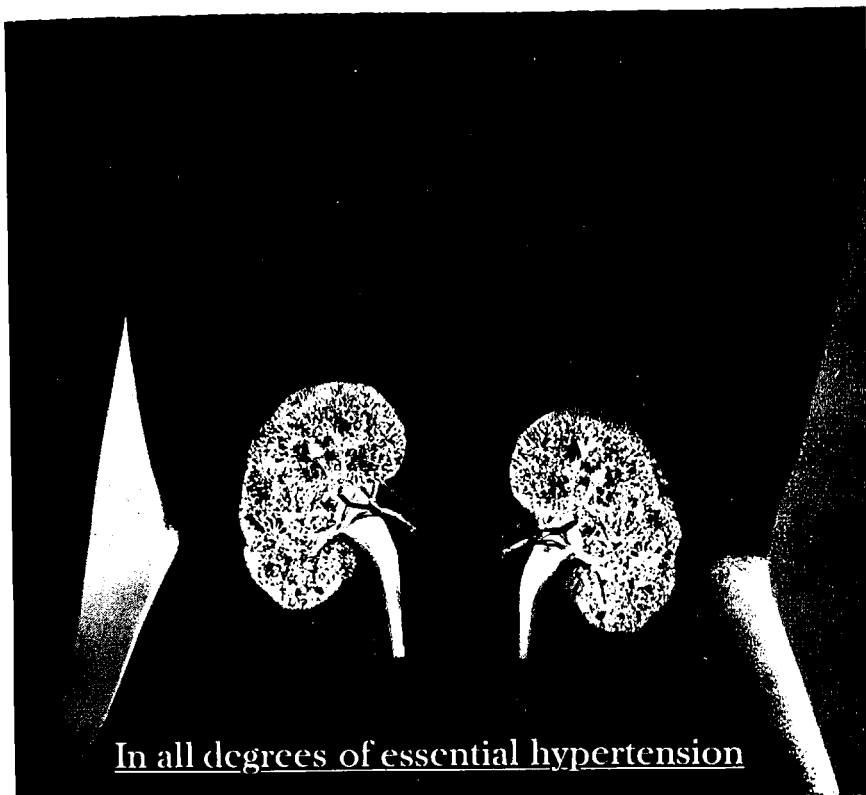


## July Birthdays

- 2 Phillip Backup
- 8 Sidney Kase  
James D. Lambing
- 10 Claris Allison  
Homer T. Clay  
John M. Kanda
- 11 Harry W. Camp, Jr.  
Wallace P. Hoyt
- 12 Robert W. Florence  
Robert C. Johnson
- 13 Michael Irvin  
Frank R. Maddison
- 17 Henry E. Maki
- 21 George S. Kittredge
- 23 Charles H. Denzler
- 24 John A. Sheppard
- 25 Chris C. Reynolds
- 26 Robert D. McGreal  
Archibald B. Heaton
- 27 Frederick J. Schwind
- 28 William H. Goering
- 31 Martin C. Eltrich  
Fay M. Nace

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**Side effects and precautions:** Rauwolfia preparations may cause reversible extrapyramidal symptoms and emotional depression. Caution indicated in use with depression, suicidal tendencies, peptic ulcer. Minor side effects: diarrhea, weight gain, nausea, drowsiness. Bendroflumethiazide may cause reversible hyperuricemia and/or gout, unmask latent diabetes, increase glycosuria in diabetics. Caution indicated in use for patients on digitalis, with severely damaged kidneys, renal insufficiency, increasing azotemia, cirrhosis. Contraindicated in complete renal shutdown. Minor side effects: leg or abdominal cramps, pruritis, paresthesias, mild rashes. **Supply:** Rautrax-N—capsule-shaped tablets—50 mg. Raudixin® [Rauwolfia serpentina whole root], 4 mg. Naturetin® [bendroflumethiazide], 400 mg. potassium chloride. Rautrax-N Modified—capsule-shaped tablets—50 mg. Raudixin [Rauwolfia serpentina whole root], 2 mg. Naturetin [bendroflumethiazide], 400 mg. potassium chloride. For full information, see your Squibb Product Reference or Product Brief.

**References:** (1) Berry, R. L., and Bray, H. P.: J. Am. Geriatrics Soc. 10:516 (June) 1962. (2) Hutchison, J. C.: Current Therap. Res. 4:610 (Dec.) 1962. (3) Feldman, L. H.: North Carolina M. J. 23:248 (June) 1962.

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## In Memoriam

**CHARLES R. McCOLL**

Age 72

Dr. McColl was a native of Oregon, having been born in Gresham, and educated at the University of Oregon. He served as a Captain in the Medical Corps of the U. S. Army and was discharged at Fort Lewis in 1919. He settled in Tacoma and entered the practice of pathology, operating a private laboratory which he subsequently sold to Tom Porro, Sr. He served as pathologist for St. Joseph's Hospital for forty years. He was also consultant to the Veterans Administration and for many years also serviced the Pierce County Hospital. He was certified by the American Board of Pathology and was an active member of both regional and national pathology societies.

C. R. was best known for his congenial personality, his "open door" consultation with his colleagues, his genial sense of good humor, his integrity of diagnosis, his deep consideration and understanding of his fellow man, his black cigars and his love of just plain living. The kindness, help and consideration he gave to young pathologists who came to practice in his community will never be forgotten by those who were so fortunate to know him in this capacity.

Dr. McColl was a physician who left a deep imprint in the pages of medical growth and progress in Tacoma and will be long remembered and loved by all who knew and were associated with him.

CHARLES P. LARSON, M.D.

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## County Societies . . .

### IN THE NEWS

**Fulton County Medical Society, Georgia** is sponsoring the first Explorer Post in Medicine in the South. This is a pilot project intended to guide other Explorer Posts in medicine which will be established when one serves a useful purpose. Prospective members must be invited to join the post. They are recommended by the science teachers, student advisor and the superintendent of the school selected to participate. They should be interested in studying medicine. The Post will meet every two weeks, alternating between regular Explorer meeting and a program meeting featuring some phase of medical interest.

**King County Medical Society, Washington** has recently won an Award of Merit from the United States Chamber of Commerce for the activities of the Health Care Commission during 1962. The Society is one of only a few medical groups ever to win an award in the Chamber's annual competition.

**Greater Kansas City, Missouri** physicians are being urged to inform their patients about the Girl Scouts camping session for Handicapped Girls. Girls, 10-18 from Kansas and Missouri are eligible to attend; they need not be Girl Scouts. The program includes many kinds of outdoor activities usually associated with camp. In previous years, girls with handicaps resulting from cerebral palsy, polio, amputations, muscular dystrophy and congenital deformities have been campers. Some campers have been fully able to care for themselves, while others must have complete care. The camp is fully staffed to care for all campers, in whatever degree necessary.

**County Medical Societies in New York** have been praised by the Commissioner of Health for the splendid cooperation the Health Department received in the program to reduce radiation hazards associated with the medical use of X-rays. The county societies have offered material assistance in the program's administration by urging members to comply with Department requests. This has made it possible to attain physician compliance without resorting to the legal means of enforcement.

**Quote of Note:** "The more we observe the American scene, the more we become convinced that the most difficult problem Americans face today is their inability to turn down a 'free' service for which they, and the generations which follow them, will pay dearly."

Lakefield (Minnesota) Standard

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Prescribing information Jan. 1963

## President's Page



Be ready for *Operation Hometown!* You are part of it.

The King-Anderson Bill is back. Without much fanfare, a new version with broader coverage (a shade closer to full socialized medicine) has been introduced and may be before the House Ways and Means Committee as early as July 20. The bureaucrats have picked an opportune time to renew their efforts. Most local societies, vacation-minded, indulge in relative inactivity during the summer months, and the medical profession is still congratulating itself into complacency after its narrow margin victory over the 1962 version of Fedicare. Caught with our guard down, we could easily lose the battle this year, unless . . .

. . . unless we cooperate in *Operation Hometown*.

*Operation Hometown* is the nationally organized legislative program for doctors, being put into action at the county level. If every county in the country, including Pierce, will support *Operation Hometown*, the new bill can be defeated.

Basically, our job will be to bring the truth about Fedicare to our fellow-citizens in Pierce County. Under the leadership of a general campaign chairman, the program will include a speakers' bureau, enlistment of allies from other organizations and professions, utilization of newspaper, radio and television publicity, efficient distribution of information, personal contacts with congressmen, and an accelerated letter-writing campaign. This job cannot be done by the office staff in Chicago nor the AMA lobbyists in Washington, D.C. It must be done at the "grass roots" level. Every doctor who believes our present system of medical care is superior to government-managed medicine has a responsibility to be a part of *Operation Hometown*. Be prepared to do your part of the job when you are asked. If you're not asked, try volunteering. This is a joint effort of the Society and the Auxiliary.

A whole-hearted effort is needed. A half-hearted effort will invite defeat of the free practice of medicine. If this bill passes, it'll be the "foot inside the door." Remember the words of Aime Forand, an active supporter of the bill: "If we can only break through and get our foot inside the door, we can expand the program after that."

Help keep the door closed by joining *Operation Hometown*.

STANLEY W. TUELL, M.D.

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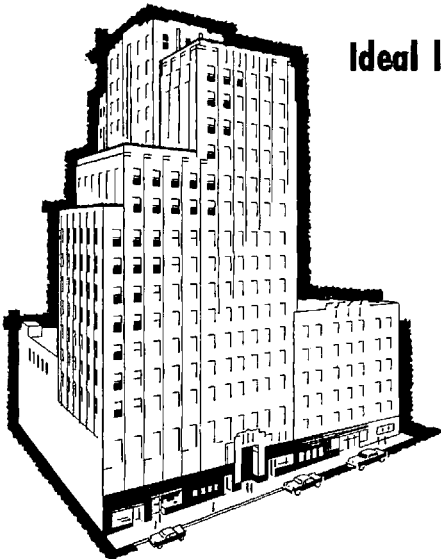
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## *Editorially Speaking*

"Medical knowledge is increasing so fast that it has about doubled in the last ten years" it says in one of the journals. For the general public this is cause for rejoicing. For the practicing M.D. it should also be wonderful news. But it is a little depressing to him because how can he hope to keep up with even a small portion of what's going on? It isn't so much of a problem for the sub specialist with a narrow field to be informed in, but for the GP, internist, pediatrician and surgeon it's a real headache. Where is he going to find the time? He is already trying hard to spend enough time with his wife and children, to give his practice the attention it needs, to indulge in a little recreation or a hobby or two, and to serve on a cause for his community or church. In addition he must be a research analyst of sorts or else fall behind in the frenzied race to keep up with the new developmnts.

For instance consider a few of the newer procedures that are confronting the surgeon in his everyday practice. There are: vagotomy and pyloroplasty, selective vagotomy, internal mammary node dissection, operative cholangiography, preperitoneal herniorrhphy, adjuvant chemotherapy, tube gastrostomy, jejunostomy tube decompression, intermittent positive pressure breathing, gastric cooling, prophylactic node resection, pancreatic sphincterotomy, pull through operation, percutaneous splenography, arteriography. And a frightening list of more experimental and less indicated items.

There are several possible ways to react. One would be to simply ignore it all. One can make a living, a good living, just using the methods and information one obtained during internship and residency. Fortunately this response is rare so it won't be discussed further.

Another response is to say, "Even though this new thing is being done in Boston, Chicago or New Orleans I cannot adopt it until it becomes accepted in my community—I might be sued if I had a bad result." The individual who says this is misquoting the law. The courts say a doctor must *render care* up to the standard of his community, being negligent if he does not. This does not apply to the performance of new procedures that have survived adequate testing in other areas.

Or some might say, "This thing is still experimental. It hasn't been done long enough to be proven better than what I'm now using." This

reply may come from one who is lazy or afraid to try new things, or from someone who has honestly looked into the new method and can sincerely say that his way is just as good.

But for the experienced physician who really understands the problem and knows well his basic science background to reject a reportedly superior item on the grounds that it is still experimental doesn't make sense. His training and ability should equip him to carefully weigh all factors after evaluating the reports and decide whether the patient would really benefit. It requires courage, caution and insight. And the new procedure must be used judiciously, not indiscriminately. And if it still doesn't work out, pride must be swallowed, the method postponed, abandoned, or held in abeyance for further study.

What's best for the patient, not what's best for the doctor, should always be kept foremost in mind. To think otherwise is to betray those who taught us as well as those who put their trust in us as physicians.

Where will the time come from to spend in such study? Family, practice, recreation and civic interests shouldn't be neglected. Here are a few suggestions: To out of town medical meetings take the family along. Delegate more of practice and personal affairs to the office aide. Eliminate time consuming, unproductive professional meetings and chores. Gently force patients to respect busy time schedules. Ignore repetitious junk medical reading. Concentrate on significant, meaningful reports. Ask colleagues to help on time consuming patients. Eliminate unnecessary hospital rounds, do more over the phone where this is adequate. Be out of contact certain portions of each week; another doctor can always be found.

Armchair philosophy is cheap and easy, but to put it into practice is the test!

T. R. H.

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**Watch for the BARNSTORMER!**

## Baskin Reports on European Sojourn

The following article was solicited by the editor and gratefully received from Dr. Les Baskin on his recent European sojourn.

With the advent of the "jet set", travelling to Europe has become quite commonplace today. It still is a scientific miracle to me to be transplanted from Tacoma to London in eight-and-a-half hours.

Our trip to Copenhagen was enhanced by the presence of our daughter Nancy and her husband, Dick Blieden, who is a nuclear physicist, and is doing some research work at the Bohr Institute of Theoretical Physics. We had opportunity to meet many of Dick's colleagues, and were amazed by the tremendous amount of knowledge that emanates from these young heads. The whole group has only a few men who are over thirty, and the group of scientists working here are from all over the world, including some from behind the Iron Curtain. It is a very cosmopolitan, keenly intelligent group of young physicists who are striving to produce knowledge, using the tandem cyclotron, in an atmosphere of studious contemplation, with visits by all of the great physicists of the world who conduct seminars there at frequent intervals. While we were in Copenhagen for a short period of two weeks, three Nobel prize winners were in residence, including Dr. Oppenheimer of the U.S.A.

We had the good fortune to have dinner with our American ambassador, Mr. William Blair and his beautiful wife. They are truly a credit to America and represent, we think, a wonderful addition to American prestige overseas.

We were very impressed by the tremendous prosperity that seems to exist in the Scandinavian countries, the number of vehicles, the people, the buildings, and the shops filled to overflowing with food and merchandise—all of which we felt were expensive. We see a great change over the past years that we have been travelling to Europe.

Helsinki, in Finland, where Dick lectured (which was the reason for our trip there) seems more Russian, with the people being more stolid. There are fewer automobiles and less prosperity. The new architecture, however, is beautiful. The countryside of Finland and the forests are even greater than ours, it seems. The factories where they produce the pulp and papermaking machinery are real gems of modern engineering. One has the feeling in Helsinki that you are too close to the Iron Curtain. I had a real sauna, women attendants and all!

Paris still remains our favorite city of the world. It has a charm and glitter that no other city quite seems to catch. We planned to stay two days and ended up by staying two weeks. From Paris we rented a car and drove to Bordeaux to see the wine country. En route, we stopped at Tours and visited some of the chateaus, also to taste again the white wines of the Loire. These wines, which at times almost sparkle, are of the genus Vouvray and are beloved by many people; we find them a little too sweet for our taste. The trip to Bordeaux was through some of the most beautiful country in France, and probably in the world. The rolling countryside, with its greenness and ever-changing panorama of small French cities, is a never-to-be-forgotten sight.

We were fortified with spirits as well as introductions, to two of the great chateaus of Bordeaux. Chateau Haut-Brion is owned by our Secretary of the Treasury, Mr. Dillon, and is one of the



five greatest wines of the world. We were really treated royally, and tasted the '61 as well as the '62 vintage of this great claret. The '62 vintage is acclaimed by all those who know, as probably the greatest vintage in over a hundred years. It is still in the barrels, of course, and we shall see in another couple of years if it is as great as they predict. It certainly did have a mellowness, even at this early time, that was beyond description.

The Chateau Mouton Rothschild is owned by Baron Philipe, and we were received there with great kindness. Pearle is quite a letter writer, and she had written to the Baron and told him we were interested in wines, and wanted to come and visit the Chateau. Although in the past they have had many visitors, and even have a wine museum, at the present time no visitors are being allowed into the Chateau. However, they were kind enough to answer Pearle's letter almost immediately and invited us; so armed with this special invitation, we saw the Chateau. Those of you who have read the recent book about the Rothschilds will remember the estate which has all of the beautiful white doves; this is the one. It is a beautiful chateau. The vineyards are on rolling hills in the choice part of the Medoc at Pauillac. It is an unbelievable experience to see the private cellars, which contain over 100,000 bottles in all sizes, from half-bottles to full imperials, of every good vintage since 1860; this collection belongs to the Chateau and is the personal cellar of Baron Philipe.

We visited many of the other fine vineyards, but of course, these two great ones were our outstanding experience.

Our trip to Madrid and the island of Majorca was our first venture into Spain. There is some evidence of increasing prosperity in Spain, but the

poor of Spain are still really poor. The capital, Madrid, is a real show place, and the thousand hotels in the vicinity of Palma, on the island of Majorca, are a never-to-be-forgotten sight; certainly, the climate, and the sun and the sea at Majorca, are beautiful.

In addition to our interest in wine, we have some interest in art, too! In Copenhagen, where Gauguin and his wife lived, at the Glybtotek, there is a collection of his early paintings that is astounding. To see Gauguin's paintings of beautiful still-lives and portraits of babies, is such a contrast to his usual South Sea paintings, that it is more than fascinating. The Museum of Modern Art at Stockholm has a very large mobile by Alexander Calder, which is mechanical, and which is apparently the largest in the world. It is a classic example of clean, functional modern art.

In Paris, we were impressed by two shows, one at the Louvre, a retrospective of Delacroix that must have contained several hundred paintings by this artist, including sketches that he made for an important painting, and then, perhaps, a small piece of it worked out; and then, in turn, the final oil painting. The collection has been years in the making, from all over the world, and probably never will be assembled again. Also, in Paris, at the Museum of Modern Art, was a retrospective of Kandinsky. Kandinsky is probably the father of modern art, and here too, the show was so arranged to show his early paintings, which were very representational and then gradually showed the evolution of his extreme modern abstraction as he developed. I didn't think there were this many Kandinsky's in the world!—there must have been almost two hundred assembled there.

Our trip to Madrid was more for the purpose of seeing the Prado than any other reason, and it is worth the trip.

We saw room after room filled with the paintings of Murillo, Velasquez, Goya and El Greco. I am certainly incapable of adequately describing this visual feast that these paintings represent. A trip to Toledo, which was the place where El Greco worked, carried with it stops at small cities where he painted some beautiful altar scenes, as well as at the cathedral itself and the home where he lived and worked. Any museum in the world would account itself lucky to own a single El Greco. We saw literally hundreds of them, each one more beautiful than the next.

While in Paris, we attended the International Congress on Industrial Health. This is an organization to which we belong and deals with the health of the working man in Europe. The meetings were well presented, and each meeting hall was furnished with translation headpieces, in at least four languages. Europe is becoming more conscious of the health value of workers. Some of their equipment and the safety appliances seem to me outmoded already, but an effort is being made. In respect to detection equipment for noxious gases and silicosis particles, I think they are ahead of us.

Perhaps the greatest value of such a trip is that it brings one back refreshed in mind and in spirit. I had the good fortune to meet many people in many countries; all of them are sincere in their desire for peace and understand-

ing, and this is encouraging. I think too, that with the prosperity that is coming to Europe, there is no longer the great envy of America, and there is no longer the distrust that existed several years ago. The advent of Telstar and its ease of communication, have made the world pretty small. I saw television occasionally, and every time we turned it on in a hotel, there were always American programs. You ought to see "Gun-smoke" with French or Spanish subtitles! You would get quite a kick out of other westerns, with Swedish or Danish words dubbed in.

L. S. BASKIN, M.D.

---

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---

### Diminished Danger of Rheumatic Fever

In the early days of my present half century, among all the causes of death in little children, the leading cause of death was rheumatic fever. Rheumatic fever had a death rate that led all others in children five to 15 years of age. Today rheumatic fever is no longer the leading cause of death in children of this age; the leading cause of death of children is accidents. In 1912 accidents were 28th in the list of causes of death. Today they are 4th in the list of the causes of death. Rheumatic fever is being controlled by developments that came out of the laboratories of great pharmaceutical investigators: adrenocorticotrophic hormone, ACTH, cortisone derivatives, and antibiotics of the penicillin, bicillin types, and sulfonamides. . . . This I assure you must also be listed among the greatest of all of the accomplishments of modern medicine. —Morris Fishbein, M.D., at fourth annual New Jersey Pharmaceutical Industry Day, Union, N. J., October 25, 1962.

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# Aesculapius Esquire Says

## COMMUNITY PROPERTY

By ROBERT A. COMFORT

In the work "Decline and Fall of the Roman Empire" author Gibbon states "experience has proved that savages are the tyrants of the female sex, and that the condition of woman is usually softened by the refinements of social life." Paradoxically, Washington's community property system, which recognizes the wife as a person and an equal partner in the marriage, stems from the customs of the Visigoths established at a pre-civilization age. On the other hand, the English common law system, which the highly civilized colonists from England brought to about 40 states in this country, until recent history relegated a wife to the servant class while making the husband master, and almost owner, of her property holdings.

Washington followed the English common law until the year 1869. Then our territorial legislature adopted statutes establishing community property, copying the state of California where the system was introduced and nurtured by Spanish and Mexican settlers. Since adoption there has been little change in the Washington community property statutes. They provide, in the main, that all property acquired after marriage by either the husband or the wife, or both, is community property; except property owned prior to marriage or acquired after marriage by gift, bequest, devise or descent remains the separate property of the husband or wife, as the case may be.

Under Washington law the husband is the statutory manager of the community and personal property. He is given full power of sale, hypothecation or other type of transfer, but he may not will more than his half-interest. The

husband is also made manager of the community real estate, but his managerial powers are not so broad. He may not sell, hypothecate or transfer community real estate without his wife's consent as evidenced by her joinder in the conveyance, that is, by her execution and acknowledgment of the conveying instrument. Under our law the wife is given the right to will her half-interest in the community real and personal property, and she may object at law if the husband-manager acts in derogation of the community's interest. The husband and wife, of course, have the right to manage and control his or her own separate or non-community real and personal property.

The whole theory of community property is that it is obtained by the efforts of the husband or wife, or both, for the benefit of the marital community. Thus, although the husband may be the breadwinner, the law recognizes that the wife contributes her share by being the homemaker, and therefore gives her half-interest in all marital property accumulations. In practice, the theory of community property has been somewhat embroidered upon by the courts. For instance, it has been determined that a recovery against a third party for an assault and battery upon a husband (or a wife) constitutes community property. The basis of the decision is found in the language of the statute. The recovery is property acquired during marriage by means other than "gift, bequest, devise or descent".

Regardless of the statute determining that property acquired during marriage except by gift, bequest, devise or descent is community property, the courts have ruled that a husband and wife may orally agree, whether living separately or together, that their respective earnings shall be the separate property of each. However, clear proof of the agreement is required. The mere fact that

title to community property may be in the name of the husband or the wife gives rise to no inference that the property is separate. The converse is true; the law presumes that property standing in the name of one or the other, as is often the case with an automobile, is community property.

There can be no community property without marriage. Death dissolves the community as well as the community estate. Property acquired by a man and woman living together in a meretricious relationship, or living together as the result of a bigamous marriage, is the separate property of the person in whose name it stands.

The law is now well settled that when community and separate properties are so co-mingled that it is well nigh impossible to apportion them, all the property in question becomes community property. The separate character of part of the property is thereby lost.

As previously noted, as managing agent of the community the husband is held to a strict performance of his trust. He is not permitted to make a gift of community assets without the wife's consent, even to parents or children. If a husband expends community funds on purchases for a paramour, the wife may bring an action and recapture the gifts.

In enacting statutes establishing a community property system the Washington territorial legislature went one step further than any other community property state and authorized what is commonly known as a "community property agreement". When a husband and wife have entered into a community property agreement, upon the death of either spouse all of the property covered thereby passes immediately to the survivor without further ado. This type of agreement is exceedingly popular amongst the lay public because it ob-

viates the necessity of a probate, with the attendant delays, court costs and attorneys' fees.

A community property agreement form can be purchased at any corner drugstore. The pharmacist has become a lawyer as well as a doctor. However, an untrained person should not attempt to complete a community property form. Obviously, there is considerable difference between an agreement covering property of John Smith and Helen Smith and one covering the property of John Smith and/or Helen Smith. Recently in this county the superior court nullified a community property drugstore form agreement because of improper completion of the blanks.

A community property agreement should not be determined upon as a vehicle to transfer property to a surviving husband or wife without consultation with a lawyer. There are some pitfalls or disadvantages inherent in a community property agreement. Not the least of these is the problem of a sizeable estate passing via a community property agreement to a wife unprepared and unequipped for management. She is an easy prey for a wife-hunting gigolo, and oftentimes on her death the second husband inherits

(Continued on Page 19)

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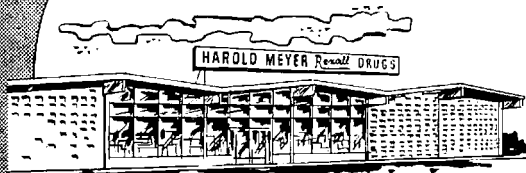
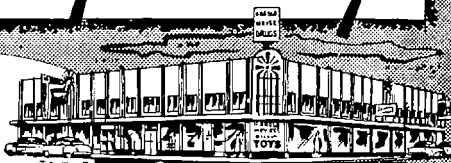
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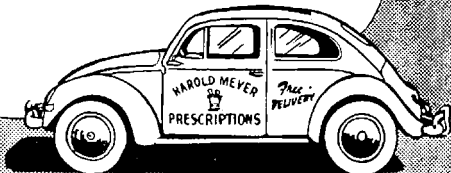
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(Continued from Page 17)

everything to the exclusion of the children of the first husband. Also there are no estate and inheritance tax savings obtainable when a community property agreement is used. And because Washington is the only state authorizing the community property agreement, there are problems when Washington spouses attempt to transfer property in a foreign state or country by means of such an agreement.

The Washington Supreme Court has ruled that the community property agreement is not effective to pass a property interest until the death of one of the spouses. It has been likewise ruled that a community property agreement, once validly made, cannot be changed except by the consent of both spouses. While community property agreements are operative and effective between a husband and wife, they cannot be used to pass property to children or other heirs. Recently Washington adopted joint tenancy. By statute property may now be passed on to a surviving tenant, whether a spouse, child, parent or stranger, without the necessity of probate. But joint tenancy has its own set of rules, limitations and refinements, and is beyond the scope of this article.

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Today's Health.....	Mrs. Bernard R. Rowen
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	Mrs. Robert A. O'Connell

### The Winning Hand . . .

It was not picnic morning for Auxiliary President Katherine Humiston the day her husband launched the petition. Soft-spoken, competent and composed, Katherine Humiston does not project as a suffragette type, is our candidate as least likely to spearhead a drive to stamp out bare feet, with all a lady who has discovered the wisdom and advantage of great tolerance.

Katherine is a school social worker, holds a Masters degree in Social Work and has been employed by the school system since 1950. Until now her only active participation in politics has been in following her politically prominent husband's efforts for better local government. Since the recent shuffle and re-deal, Katherine finds herself dealt into a fairly provocative game, the stakes are high, and all Auxiliary bets are on Katherine.

In this instance Katherine was responsible for the distribution of the petitions, delivering and mailing the petitions evenings after she had returned home from her work. "We know there are some people quite interested in the gambling tolerance law," Katherine related at the beginning of the petition drive, "They are better organized than we are and have had experience at this sort of thing." But the rumble of the vox pop was heard and over eighty thousand signatures came in.

The Humistons were visiting at the home of one of their daughters in Washington, Virginia, when the news came of the theft of the petitions from a vault in the State Capitol.

For Katherine, the weeks of hard work circulating the petitions were not lost. "It was disappointing, of course," Katherine says, "We had just relaxed a little thinking we had done our job. However, that happening made everyone in the state aware of the real issue, of the pressures that organized gambling interests can put upon local government, and of the threat that these interests pose to good government. This should give the gambling issue, and some problems of our local government as well, a good airing. I feel it's an honor

(Continued on Page 23)

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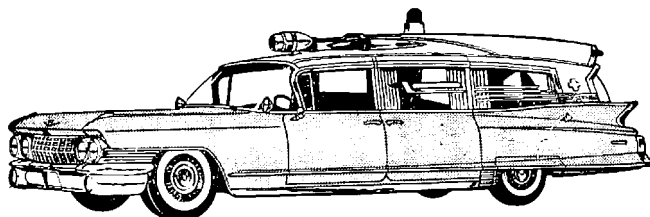
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(Continued from Page 21)

to have been in a position to help this come about."

Auxiliary members watch the gambling referendum gamble with growing admiration for this fair lady at the game table, who, when accepting the gavel at May meeting, promised a stimulating program for Auxiliary this coming year, with the emphasis on political and social topics of current interest.

### Dutch Treat . . .

The Robert Klein family is visiting in Holland for the summer. The Kleins and their five children flew over June 19th and will return the middle of August. They've rented a house there, and made arrangements for a baby sitter, so that Gonja and Bob will have a few weeks travelling on the continent by themselves. Not ones to embark on such a vast project with any half-vast preparations, the Kleins planned their holiday for many months, said anticipation is half the fun of getting there.

The Saturday previous to the Klein's departure, the Herman Judds entertained twenty-four mostly Dutch friends of the Kleins at a surprise going-away party at the Judd's home in Lakewood. Pouring rain didn't dampen the spirits of the guests, nor did a midnight swim in the Judd's beautiful pool. Each couple brought a gift and a poem for the Kleins, and Jeanne Judd tells us the Kleins were completely surprised and almost overwhelmed.

During the Kleins' absence, Doctor John Stutterheim, another very personable Dutchman, is taking over Doctor Klein's practice, will remain in his own office in the building after the Kleins return. The Stutterheims and their four children have lived in Lakewood for three years while Doctor Stutterheim has worked at Western State. Gonja introduced his attractive wife, Loek, at Auxiliary meetings this spring.

### Other Travellers . . .

Nadine Kennedy and the three Kennedy children have been visiting at the former family homes in Indiana this past month. Nadine writes that the heat and humidity are worse than she'd remembered. Delores Havlina sat in for Auxiliary at the AMA convention, as the Havlinas went back to see John's son graduate from medical school at Johns Hopkins. The Dudley Houtz family are flying back to St. Louis this week to visit relatives. Ruth entertained a group of boating enthusiasts including Auxiliary members Sheila Dimant, Adele Durkin, Billie Murphy, Cris Kanar, Wibby Bischoff and Dee Wickstrom, at a punchbowl party before the Yacht Club luncheon and boat tour last month.

Marge and Jim Wicks, after their extensive travels in Europe this spring, will stay close to home this summer at their new beach home on Fox Island. The Galen Hoovers, part-time beachers at Horsehead Bay these past years, have moved out for the whole summer this year, of necessity, as their kitchen will be undergoing a remodel here in town.

### Gone Fishin' . . .

The Bud Banfield family will take their wonderful boat north this month for a three-week cruise above the San Juans. They'll run with the IPBA International Race but not in it. Becky says the race is one way to get north fast, but racing with five children aboard is "no picnic", so this way they will be better able to enjoy the trip and see how the boat runs. Wollochett is the farthest they've travelled in it so far.

Doctor Banfield's boating time this year hasn't all been logged on board the family cruiser. As we can proudly see on the bronze plaque at Tacoma's new Aquarium, Bud has been fishing. This marvelous new Aquarium compares well with anything else on the

Coast, we feel, and shows a little more flair for the artistic. Becky tells us the Park Board has a regular crew for obtaining specimens, but that most of those on display now are from such non-scientific sources as the local sports-fishermen and scuba divers. The Park Board members have been out twice on a seiner donated by a local fisherman, when the Board tried bottom fishing without much luck, but like all fishermen, they'll go back out for the ones that got away.

Marcy Peterson stays home again this month while Wendell and four other serious stream fishermen make their Montana-Nevada tour again. Daughter Wendy placed first in the breaststroke at the Little Olympics, and all the Peterson children are in training for another big meet this month.

#### Distinguished Visitors . . .

The Marcel Maldens, who provided a most exciting evening this last spring by introducing their many friends here in Tacoma to their houseguests, a famous London neurologist and his wife, at a large dinner party at their home, entertained another interesting houseguest last month, a lady reumatologist from London. This month the Maldens welcome two most distinguished visitors from England, Professor and Mrs.

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Roper, Jean's parents. Professor Roper is a lecturer in Economics, now retired. They will visit here the two months of summer, and during their stay will babysit a week in July while Jean and Marcel take a short holiday to Jasper Park and Lake Louise.

Another arrival of interest in that neighborhood is Lynn Marie Alger, new daughter at the Jack Alger residence. Lynn arrived June 17 to make it a full house at the Algers, two kings and three queens.

#### Auxiliary Members of The Wedding . . .

Ann Fairbourn was busy last month making the arrangements for daughter Jane's wedding, and the reception, which was held at their home. The Chris Reynolds family also had a June wedding for youngest daughter Marcia. Irma Wahlberg expects to be mother-of-the-bride sometime this summer when daughter Susan marries an Air Force Lieutenant from Maine.

#### Pearl Of The Month . .

"Suppression of sex usually results in all kinds of mental and physical troubles, in abnormalities or perversions. On the other hand, this same energy, instead of being utilized in the normal manner or else in healthful exercise and mental activity, may be drawn upward to the solar plexus or to the brain. This is a yoga practice."

Indra Devi, "Yoga for Americans"

Oh, is that why so many people have sex on the brain!

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## HOSPITALS

### Saint Joseph's

Summer has arrived and vacations are anxiously awaited. Many of the operating room personnel have already "retreated" to various parts of the country. Surgery has been so busy lately, that our two new students have already been working—they certainly are an asset to our department!

Another new addition to operating room is the heart machine. It is a combination Scopette, Pacemaker, internal and external defibrillator; this is a very important machine in time of emergency heart failure and St. Joseph's is fortunate to have acquired it, since we are the only hospital in this area to have one.

An entirely new method of film processing and drying has been installed in our X-ray Department. The machine that has caused all this excitement is the PACKOROL-XM Automatic Processing unit. This machine has a long background of thoroughly satisfactory performance. Film hangers are eliminated: exposed film is removed from the cassette or exposure holder and fed directly into the machine. The Paco-XM takes over and for the next 6 minutes the film is conveyed into and out of the developing, stop, fix and wash tanks, and on through the dryer. A fully processed and dry radiograph drops into the receiving bin. The processing of each film hour after hour, day after day, is of uniform high quality. The benefits to the X-ray Department are obvious, because film reading can begin a few minutes after the first exposed film is fed into the machine so patients can be released more quickly.

Another project that is under way in the X-ray Department is one that the

staff has waited for and planned with patient's comfort and privacy in mind. We have long wanted to expand our bathroom facilities, but we no more than started the project when we would run into a wall full of pipes or some other obstacle, but the maintenance department "found a way" and we will soon have bathroom facilities leading from the radiographic room. All of the staff want to compliment the maintenance crew for a job well done.

It seems "Our cup runneth over" these days. We received the good news that our three students, Barbara Foster, Ruth Baumgartner and Karlene Scott passed their Registry exams, by the time this article goes to press they will have left St. Joseph's and they will have started into their chosen careers.

The annual picnic will be held Thursday, July 11 at Lake Geneva. As in the past Dr. James has most kindly accepted responsibility for the picnic. We hope the weather is cooperative.

Mrs. Thyra Arness from the Medical Record room is leaving us June 21. She has worked in the record room more than seven years. Best of luck to her. We shall miss her cheerful personality around the hospital.

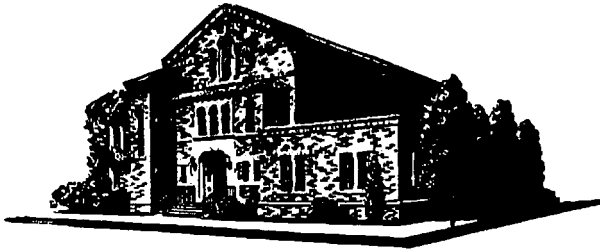
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Medical students, interns and resident being aided by loans guaranteed by the AMA-ERF student loan program are in training in nearly every medical school and in 400 hospitals in almost every state in the Union. One in three comes from a family in which the father is retired, disabled or deceased.

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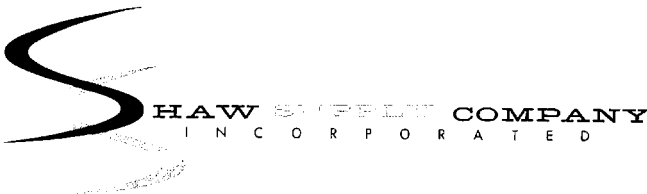
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PHYSICIANS' AND HOSPITAL SUPPLIES

(Continued from Page 25)

## Mountain View

Completing a year's training at Mountain View General Hospital this June 30 are nine medical interns, one dental intern and one general practice resident. Dr. John Dalton, resident, will depart for Juneau, Alaska to join the Juneau Clinic. Immediate plans of the interns are: Dr. John Adams, Orthopedic Residency at U.C.L.A.; Dr. Rodney Anderson, U.S.A.F. duty at San Antonio and then Richards GeBaur Air Force Base in Kansas; Dr. Walter Arthur, general practice with Drs. Johansson and Scheyer in Puyallup; Dr. Harold Clure, general practice residency at Mountain View General Hospital; Dr. Gary Odell, U.S. Army duty; Dr. Ronald Ohmann, U.S. Army duty; Dr. John Shaw, private practice in North Bend, Washington; Dr. Donald Smith, OB-Gyn residency at University Hospital, Seattle; Dr. Lowell Van De Riet, general practice with the Blomberg Clinic, St. Paul, Minnesota. Dr. Richard Sagers, dental intern, will be entering private dental practice locally.

Out-going Interns and Residents were guests of Dr. and Mrs. Charles Larson and Dr. and Mrs. Donald Allison June 7. A trip on Dr. Larson's boat for dinner at the Dockton State Park was enjoyed by the House Staff.

The Staff meeting June 24 was held in honor of the departing house staff. Certificates were presented by Richard Barronian, M.D., Chairman of the Intern-Resident Committee.

Joining the hospital staff June 17 were Mr. John Hazeltine and Mr. Leonard Jacobson, senior students from the University of Buffalo Medical School. They will serve as externs during the summer months.

Incoming residents June 30 will be Dr. Harold Clure and Dr. John Davies, they will join Dr. Walter Greissingner who will continue as a resident. Incoming interns will be: Dr. Hugh Castell, University of Iowa; Dr. Phillip Edwardson, University of Minnesota; Dr. Gerald Johnston, University of Washington; Dr. James Keplinger, University of Minnesota; Dr. John McMullen, University of Minnesota. Dr. Yasuo Kanda will continue as an intern. Dr. Ervin Wilkes from Marquette University will be the incoming Dental Intern.

First Stage Remodeling of the Obstetrical and Surgical Suites at the hospital is nearing completion. This project has been underway for several years so these areas will conform to regulations of the State Fire Marshal. Further remodeling to improve these areas is planned for 1964. Also underway at the present time is modernization of the Emergency Room receiving area.

In addition to remodeling, expenditures during the first half of 1963 have included about \$30,000 for new equipment, much of which is medical equipment.

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## Tell Patients About Drugs

I feel very strongly that we physicians should incorporate in the education of our patients a basic awareness of the general nature of the drugs we prescribe. No, not a lecture on pharmacology with each prescription, nor a detailed chart indicating possible side-effects. Merely an identification which might be of extreme importance in a medical emergency—particularly if we are not available. —Belden R. Reap, M.D., LL. B., in Montgomery Co. (Md.) Medical Society *Bulletin*, February 1963.

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## What is the BARNSTORMER?

## "Ask Your Doctor"

### Fan Mail

On the last "Ask Your Doctor" program before signing off for the summer, the moderator, Dr. Arnold Herrmann, invited viewers to write in their comments, criticism and suggestions. The result was some 75 letters and cards. A cross-section of the "fan mail" follows:

Dear Sirs:

We are writing to let you know that we always watch your program and find it most informative. Looking forward to next season. Best wishes from two Canadian listeners.

Yours sincerely,

Mrs. S. Rodes  
Miss E. Rodes  
Victoria, B. C.

---

Gentlemen:

There is one program on Sunday evenings that we make it a point to watch. That program is "Ask Your Doctor." I think you are rendering a valuable public service in presenting this type of information. I hope it continues.

Yours truly,

L. D. Burrus  
Teachers' Retirement  
System  
Olympia, Wash.

---

The Ask Your Doctor Program:

I have watched your program ever since it came on the air and I think it is a very interesting and instructive thing to watch. . . . I learned a lot of things to do and not to do by watching

it and I don't think there is a better program on the air. I wish it were a full hour instead of just a half an hour.

Yours truly,

Laura Van Buren  
Yelm, Wash.

---

Gentlemen:

I've been a regular listener of yours since you changed your time to 6:30. Before that it was always a struggle between your panel and the preachers. The preachers usually won out unless yours was on a topic I couldn't afford to miss.

M. J. Gridley  
Arlington, Wash.

---

Ladies and Gentlemen:

Your TV program "Ask Your Doctor" is very informative and fills a need for knowledge unavailable elsewhere. I appreciate the effort involved by all participants. Thank you.

H. B. Greenfield  
Seattle, Wash.

---

Gentlemen:

I very much enjoy your interesting and instructive television programs over KTNT on Sunday evenings. Surely hope it will be back on the air again this Fall. I know I am just one of many in Olympia who look at this program.

Mrs. L. M. Faulkner  
Olympia, Wash.

---

**Watch for the BARNSTORMER!**



Sirs:

May we have more of your splendid programs on TV entitled "Ask Your Doctor." They are most helpful to me.

Respectfully,

Florence H. Cotton, R.N.  
Seattle, Wash.

---

Gentlemen:

I have benefited from your "Ask Your Doctor" TV program. I am a general science teacher and have used in the classroom much of this information. Thank you!

Voilet Cass  
Enumclaw, Wash.

---

Dear Doctors:

"As Your Doctor" is a splendid series. I've seen the majority of them. My hope is that come fall, the program will be resumed.

H. O. McPherson  
Seattle, Wash.

---

Gentlemen:

Re your program, "Ask Your Doctor". I want to thank you for showing such an informative program. It is one of the few programs that I hate to miss.

Mrs. Treva Watchman  
Victoria, B. C.

---

Dear "Ask Your Doctor":

I have listened regularly to your very interesting and helpful program and want to thank all who have been a part of it. Although I have not had any special need, I have listened to all programs eagerly. Again, thank you sincerely,

J. B. Smith  
Seattle, Wash.

---

Dear Sirs:

May I compliment you on the excellent program every Sunday evening at 6:30 p.m., "Ask Your Doctor".

It has been most educational and so helpful in many ways. I never miss it if I can help it. Do hope we will be able to view it again next season.

Thank you,

Mrs. R. S. Quinlivan  
Tacoma, Wash.

---

Gentlemen:

I very much enjoy the interesting and instructive program "Ask Your Doctor" which has been shown each Sunday evening at 6:30 and surely hope the program will be back on the air again next Fall. Dr. Herrmann is a wonderful moderator.

Many people in Olympia look at this program each Sunday.

Mrs. Laura Faulkner  
Olympia, Wash.

---

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**The BARNSTORMER is coming!**

Sirs:

My favorite television program is "Ask Your Doctor." I like the program just as you have presented it.

Sincerely,

Mrs. Dorothy Burke  
Tacoma, Wash.

Dear Sirs:

In reference to your very fine television program "Ask Your Doctor", we want you to know that we have found it interesting and enlightening. We are grateful to the Society and the individual doctors for giving so generously of their time and knowledge.

The only possible criticism we have is that too much is attempted in a half-hour program. Some subjects should perhaps be done in two parts.

Tacoma should be proud of this program.

Mr. and Mrs. J. Phillcut

• • •  
• • •

**What is the BARNSTORMER?**

• • •  
• • •

**HAVE YOU PAID YOUR AMPAC DUES?**

**Progress Through  
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Last year 50,000 substances were screened for anti-cancer activity, and about 175 were in clinical use. Progress against Hodgkin's disease and leukemia was made. Hormonal treatment in heart disease showed promise. Immunization against tuberculosis seemed possible. Oral polio vaccine became available, and a measles vaccine was in final testing. There were new developments in a dozen other areas, including multiple sclerosis, mental illness, infertility, and even the common cold. If the drug companies are proud of the road they have travelled, and determined to remind the public how much has been done through private initiative, they are equally determined to continue going in the same direction, and at a faster rate. —Austin Smith, M.D. President, Pharmaceutical Manufacturers Association, in *West Coast Druggist*, Jan. 1963.

**Name The Drug on  
The Rx Label**

What is the necessity for secrecy in prescribing? The majority of patients will not notice the name of a drug on their labels, and the ones that do notice it will simply recall that a certain drug did or did not help them. Best of all, when a prescription's label includes the name of the drug, the doctor described in the article as helping his patient on the telephone will know exactly what drugs are at the home. The only possible exceptions involve the neurotic patient. It is easier to make a habit of instructing the pharmacist to put the name of the drug on the label with the occasional exception mentioned. —William H. Tailer, M.D., in *New Medical Materia*, April 1963.

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

Auditorium of Medical Arts Bldg.

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Tuesday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

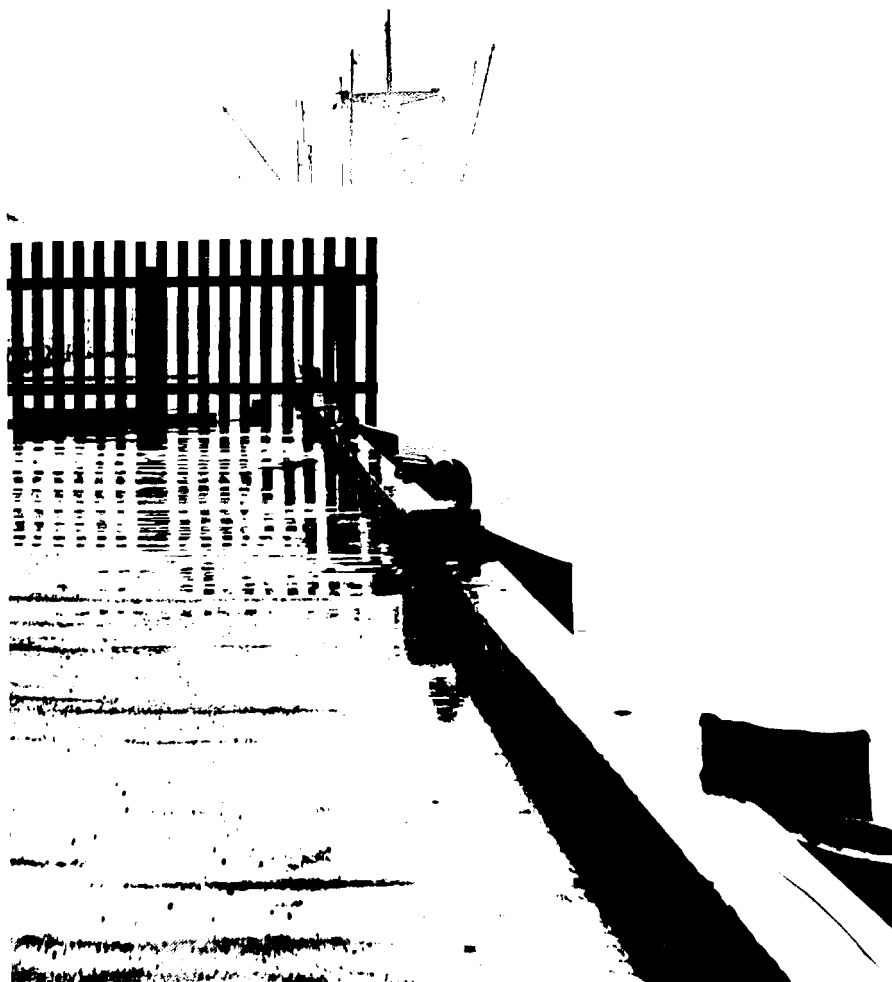
PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 8

TACOMA, WASH.

AUGUST - 1963



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING  
IN AUGUST**

# Pierce County Medical Society

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

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 Arnold J. Herrmann      G. Marshall Whitacre

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 Business Manager..... Judy Gordon  
 Auxiliary News Editor..... Mrs. Robert A. Kallsen



## August Birthdays

- 2 John F. Steele
- 5 Anthony J. O'Keefe  
Glenn G. McBride
- 6 David L. Sparling  
George T. Mohler
- 8 Robert H. Bias
- 10 Max Brachvogel
- 13 Richard T. Vimont
- 15 Charles P. Larson  
Hugo Van Dooren
- 16 Jerman W. Rose
- 18 Walter C. Cameron  
H. C. Thuline
- 19 William S. Sullivan
- 20 E. E. Banfield
- 21 Karl S. Staatz  
Elmer W. Wahlberg
- 22 Harold F. Kahler  
Leonard G. Morley
- 23 Frederick M. Peters  
Gerhart A. Drucker
- 26 Stillman Hathaway  
Glenn H. Brokaw
- 27 Sacide S. Morain
- 28 Joseph B. Jarvis  
Edwin C. Yoder
- 29 C. I. Stevens
- 31 Samuel E. Light  
Harlan P. McNutt

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**Average Dosage:** 0.25 to 0.5 mg. daily.

**Side Effects:** Occasional: lassitude, drowsiness, nasal

congestion, looseness of stools, increased frequency of defecation. Rare: anorexia, headache, bizarre dreams, nausea, dizziness. Nasal congestion and increased tracheobronchial secretions may occur in babies of mothers treated with reserpine.

**Cautions:** Severe mental depression has appeared in a small percentage of patients, primarily in a dosage above 1 mg. daily. Usually the patient had a pre-existing, incipient, endogenous depression which was unmasked or accentuated by reserpine. When the drug is discontinued, depression

usually disappears, but hospitalization and shock therapy are sometimes required. Daily dosage above 0.25 mg. is contraindicated in patients with a history of mental depression or peptic ulcer.

Withdraw Serpasil (reserpine) 2 weeks before surgery, if possible. For emergency surgical procedures, vagal blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

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## *Editorially Speaking*

The following editorial on the population explosion and aspects of it that particularly concern the medical profession is presented in two parts. The first part is presented this month and discusses the awakening of world opinion.

Over the past couple of years it has been intimated or openly charged on three separate occasions by nationally prominent physicians that the medical profession is neglecting its responsibility in regard to the population explosion. Dr. Alan Guttmacher, Director of OB and GYN at Mt. Sinai Hospital in New York said after a tour of Asia, "People here in the U. S.—in particular members of the scientific community—have so far failed to realize the gravity of the situation."

In his recent book "The Time Has Come", Dr. John Rock, emeritus professor of gynecology at Harvard, calls to task those who are unwilling to face the implications of the much publicized population explosion.

H. Curtis Wood, Jr., M.D., of the Human Betterment Association says, "The world is sick with a widespread cancer in which human beings represent the wildly-growing individual cells. This condition is largely the result of medical progress which has reduced the death rate and ignored the birth rate."

What is this situation that "we have failed to realize the gravity of"?

According to authoritative sources it took sixteen centuries for the world's population to double after Christ was born. It took two centuries to double the second time. Now in this century, at present rates, it will have doubled twice more. The world's population is now about three billion. By the year 2,000, only 37 years from now, it will be six billion!

Why is this situation so grave? In this country with our great uninhabited wide-open spaces and our tremendous economic possibilities we could double our population easily without seriously dislocating our economic situation. But what about the rest of the world? Latin America with a 3% yearly population increase, is steadily declining in both per capita annual income and agricultural production. Latin America is predicted to triple its population by the year 2000! Our Alliance for Progress program seems doomed for failure.

In Egypt the giant Aswan dam is designed to reclaim some two million acres of desert, yet by the time it is finished, its productivity will be completely absorbed by the country's whopping 60% population jump

giving the people nothing beyond what every one had back in 1952. And at present Egypt's labor force is growing 27 times faster than its new job opportunities.

In Ceylon the population jumped from 7 million to 10 million in ten years. If this increases there will be 500 persons per square mile by 1980 which is ten times the density of the U.S. This increase caused the per capita income to fall from an already pitifully low of \$129 to \$117 in a single year.

Professor Frank Williston of the University of Washington on returning from a year's exchange professorship in Southeast Asia said that area's number one problem is the worsening economic picture developing primarily because of population growth.

Prime Minister Nehru of India said, "Our five-year plans have no meaning if the population grows at a rate no one can ever catch up with."

President Ayub Khan of Pakistan said recently that if population continues to increase at the current rate we will ultimately have "a standard of living that will be little better than that of animals."

What is the reaction so far in this country?

Many prominent non-medical Americans, including government leaders are becoming concerned. Reversing a previous "hands-off" decision made by the Eisenhower Administration, President Kennedy recently announced that the United States, when so requested, would supply birth control information to foreign nations.

Last year, Eugene R. Black, president of the World Bank, said that the population explosion threatens success of the international development effort for two-thirds of the world's three billion people. "And if this enterprise fails," he said, "the consequences for our own comfortable civilization will be grave."

Clare Booth Luce says, "The demographers say that, if long range preventive measures are not soon taken to deal with the population bomb, by the end of this century men will literally be squashing one another to death in the fearsome scramble for land, shelter, water and food. Legalized birth control, abortion, euthanasia, sterilization must then become part of every nation's domestic policy." Genocide, the systematic liquidation of people in the poorest and most defenseless lands, may be part of every country's foreign policy (for 'reasons of state', rather than reasons of war).

John Fischer, Editor of Harper's, says that by 1987, "World population will have jumped from three to five billion; famine will become endemic in most of Asia, Latin America and Africa. By then, a majority may begin to realize that some limitation on population growth is inevit-

able—either by rational and humane means or by the classic methods of starvation, disease and war.”

Norman Thomas says, “Unless we learn reasonable controls of the population explosion, our race may be well on its way to a degrading overcrowding which cannot be relieved by flights, in cramped conveyances, toward distant stars.”

In 1960 Cass Canfield, an American publisher and president of the Planned Parenthood Association, and Sir Julian Huxley, distinguished British biologist, in behalf of more than 200 scientists, statesmen, and humanitarians from many countries, presented to the United Nations a document urging that body to “take the lead in establishing and implementing a policy designed to limit population growth the world over—in order that human beings everywhere may grow on a qualitative rather than a merely quantitative level, and in order that they may be assured of the opportunity to develop their highest capacities and to enjoy individual freedom, the advantages of education and public health, privacy, abundance, security, and the beauty and wonder of the world.” After backing up this recommendation with a host of ecological facts the paper went on to warn that “unless a favorable balance of population and resources is achieved with a minimum of delay, there is in prospect a Dark Ages of human misery, famine, under-education and unrest which could generate growing panic, exploding into wars fought to appropriate the dwindling means of survival.”

In 1961 Senator J. William Fulbright chided the State Department for concerning itself with the health problems but not the population control problems of Latin America, India and Pakistan.

Public opinion polls, of which there have apparently been several, indicate that the U.S. public is generally aware of the world's population problem and is overwhelmingly in favor of government help on it.

John D. Rockefeller, 3rd, the American who has probably contributed most toward research in this area, has concluded after careful study that the “problems of population are so great, so important, so ramified and often so immediate that only government, supported and inspired by private initiative, can attack them on the scale required.”

The National Academy of Sciences has called on the federal government to participate actively in fostering international birth control studies designed to determine ways of slowing down population growth.

The Ford Foundation voted nearly three million dollars in grants to be used for training and research programs in family planning and reproductive biology in this country and abroad.

Dr. Rock, in his book referred to earlier, asserts that all religions,

including Catholicism, now agree that means must be found to halt the population explosion.

Churchmen, too, are concerned. Not just Protestant and Jewish, but also Roman Catholic. Pope Pius XII stated almost ten years ago: "We affirm the legitimacy and, at the same time, the limits—in truth very wide—of a regulation of offspring."

Richard Cardinal Cushing, Catholic Archbishop of Boston recently said, ". . . the church is not opposed to birth control as such but to artificial means to control birth".

Last year Episcopal Bishop James Pike proposed that our government adopt a crash program to improve all methods of family planning and, particularly, to make the rhythm method more reliable. Rev. John A. O'Brien, a distinguished Catholic scholar from Notre Dame agreed, saying, ". . . I think its adoption will go a long way toward the achievement of results which will remove this top from further religious controversy."

William H. Draper, Jr., chairman of the President's Committee to study the U.S. Military Assistance Program says, "I do not mean that there has been any retreat from the Catholic conviction that 'artificial' birth control is taboo, but I do sense a growing willingness to limit application of this belief to Catholics—without trying to impose it on those who believe otherwise. Perhaps somewhere in this direction lies an acceptable solution—each individual, each religion, each country applying those controls considered admissible by them, with no imposition of birth control by its advocates and with no imposition of veto power by its opponents."

T. R. H.

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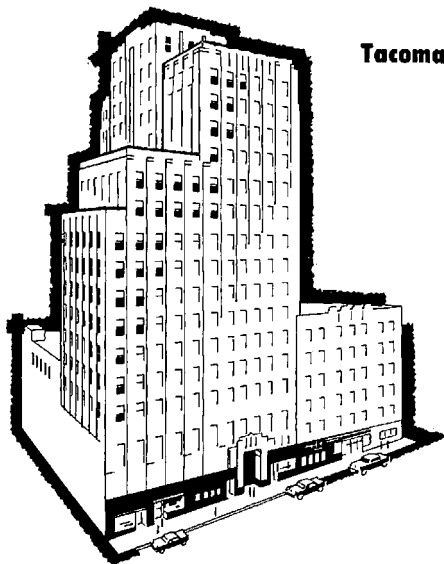
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## President's Page

Meetings, meetings—they continued during Spring and Summer, though some, like the following, were not purely clinical.



At the Mental Health Conference in Seattle in May, there was general interest in, and approval of, the new mental health measures proposed in HR 3688 and HR 3689. These bills are unique in that they enjoy the harmonious approval of both the AMA and President Kennedy. The bills authorize the use of federal funds for construction and operation of Mental Health Centers to be managed at the local community level. Dr. Stuart Knox, member of the AMA Council on Mental Health, was present at the Seattle meeting and I asked him if the federal financing wouldn't mean more government control, more taxes and more people in institutions. He stressed the provisions for local management, and the fact that the Centers would be entirely on an out-patient basis. He felt this would mean *fewer* actual admissions to mental hospitals, and that there would be indirect further saving of "vast" sums as a result of earlier care of accident-prone patients with emotional problems, control of delinquency, fewer divorces, less alcoholism, etc.

Most interesting finish-it-yourself thought expressed at the meeting was the observation that public interest and contribution toward management of polio received their greatest stimulus when a U.S. president had the ailment. Now, trying to interest people in the mental health problem, if only . . . well . . .

Ampac held a State-wide rally at the Olympic Hotel the preceding day and nine Pierce County members were present, including our Auxiliary members. Hugh Kalkus participated in the program. A startling feature of the program was a recording of a Union boss's comments to Union members regarding how simple it was to gain political victories over the fat and satisfied doctors.

In June, the University of Washington held a two-day conference at the Pack Forest near Eatonville, attended by department heads and other

clinical leaders from the medical school, plus representatives of private practice from throughout the State. There was frank discussion by all present relative to the relationship of the University Medical School to the private physician. Regarding the quality of care given by the University as compared to that given by the local M.D.'s, Dean Aagaard asserted that the University doctors just aren't in the same league with them when it comes to personal care of the patient! Dr. Willard Rew doubted if a committee could possibly give the warm, personal attention rendered by the local doctor.

The meeting was obviously intended to ease some of the tensions and antagonisms between University and non-University physicians, but this doesn't mean that it was not a commendable and worthwhile effort. It was unfortunate that Pierce County, the closest large community in the shadow of the University—disregarding Seattle itself—was represented only by this writer; many who were invited could not attend. If such an opportunity arises again, it is hoped more Pierce County physicians can be present.

STANLEY W. TUELL, M.D.

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**Watch for the BARNSTORMER!**

## One For The Books

The most unusual accident-victim patient I have ever encountered occurred when I was an intern. He was brought in with multiple contusions and abrasions of the head and scalp, a fractured right clavicle, mashed and bloody fingers, contusions and lacerations of his right shin, and a fracture of the coccyx. After getting this poor fellow fixed up, we extracted his story.

It seems that he had been commissioned to repair a chimney on top of a four-story building. In order to get his materials up, he affixed a large beam out over the edge of the flat roof to which he attached a pulley wheel. He then obtained a large wooden bucket and fastened a rope to its handle and passed it over the pulley.

He delivered several loads of bricks and mortar to the roof and in due time, repaired the chimney. When finished, he had a large amount of bricks left over so he tied the ground end of the rope to a stationary object below and loaded all his materials in the bucket. Then he descended and untied the rope and started to lower away.

However, the full container was heavier than he and, before he knew it, he was shooting up into the air hanging on to the rope. He went too far too fast to let go, and the bucket struck him hard on the right shoulder, fracturing his clavicle. But he continued to hold on, and when he reached the top, he

struck his head a mean blow on the stationary beam and got his fingers jammed in the pulley wheel. When the bucket struck the ground, it shattered and the heavy bricks spilled out. Now he was heavier than the bucket, and he descended at a great rate of speed. The bucket fetched him a severe blow on the calf coming up. He landed hard on the pile of bricks, fracturing his coccyx. Losing presence of mind (somewhat understandably), he let go of the rope and a moment later was crowned by the remains of the bucket, sustaining severe lacerations of the scalp.

We nominated him for an industrial purple heart or whatever Oscar is given for injuries sustained, due to unnatural hazards, above and beyond the call of duty.

—T. R. H.

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## Washington Chapter A.C.S. Meeting

The following is a resume of the Washington State Chapter meeting of the American College of Surgeons held in Bellingham on Friday, July 12 and Saturday, July 13. This was similar to a meeting held in Tacoma a year ago and is an effort of the American College of Surgeons and the members of the State Chapter to get to know one another better and also to participate in a Clinical Session of local talent as well as to hear speakers from out of State. Dr. Sig Herrmann, Ed Yoder, Jim Vadheim and Ed Anderson attended from Tacoma.

On Friday, the activities of the day consisted of fishing and golfing and, surprisingly enough, most of the people went fishing. A few caught fish, but most of them enjoyed a very fine tour of the San Juan Islands. At 7 p.m. a social hour was held for members, wives and guests and at 8 p.m. there was a speech by Professor C. J. Flora of the Washington State University Dept. of Zoology. Professor Flora traced the demise of the Lummi Indians who were at one time about 30,000 in number. He attributed their deaths to a terrific flu epidemic in the early 1800's which decimated their number to less than 200. Professor Flora had many charts and old documents to prove his point and this was a most interesting talk.

The Scientific Session was on Saturday. The program began at 8:30 a.m. with a "How I Do It" panel composed of Dr. O. H. Beahrs of the Mayo Clinic, Dr. R. O. Diefendorf of Bremerton, Dr. Gibbs and Dr. Nyhus of the University of Washington, Dr. Rideout of Bellingham and Dr. John Sonneland of Spokane. Their talks and comments concerned various problems in surgery of an unusual nature and were very interesting.

At 10 a.m. a paper entitled "Experiences in Treating Carcinoma of the Penis" was given by Dr. S. DePalatis of the Mason Clinic in Seattle. He advocated amputation and conservative surgery as far as practical, and node dissection if nodes were palpable.

Dr. Beahrs talked on "Intra-Oral Cancer" and illustrated his talk with numerous slides. He felt that the most conservative approach to intra-oral cancer was indicated, removal of the local lesion and removal of the neck nodes on the side of the lesion. Only in a small percentage of cases was bilateral radical neck dissection necessary. Dr. Beahrs has a large series of cases and presented his point very well.

At noon, Dr. Joel Baker talked about the activities of the College and its functions. Dr. Baker has been a member of the Board of Regents of the American College for nine years and is due to terminate his office this year, so for the next term at least, the Northwest will not be represented at Chicago. It is hoped that in the next year or two someone else from this area will be appointed to this position. Election of officers was held and Dr. Eric R. Sanderson of Seattle was elected President, and the next meeting will be in Seattle.

At 2 p.m. the next Clinical Session was held at which time F. R. C. Johnstone, Associate Professor of Surgery of the University of British Columbia talked on Staphylococcal Infections. Much to my surprise, his statistics showed that the use of ether and alcohol, after scrubbing the operative site, was perhaps the best skin preparation of all. Various preparatory preparations did little to decrease the staphylococcal infection and the use of plastic drapes had a very high incidence of staphylococcal infection rates which was rather surprising to me. Dr. H. L. Trimmingham of Bellingham reported on "Post Pneumonectomy Chylo Thorax" and gave a

case report wherein tying the thoracic duct immediately below the diaphragm cured the condition. He cited numerous other cases in the literature of this condition and this should be a valuable thought to have in mind. Dr. J. E. Musgrove of Vancouver, B.C., talked on the "Saint's Triad" which is named for Dr. Saint and consists of hiatus hernia, cholelithiasis and diverticulosis and diverticulitis being associated. He advocated the abdominal approach so that one can deal with all three conditions at once, if necessary. Dr. F. M. Lyle reported on "Agenesis of the Female Tract" wherein he had a patient who had no vagina. At the age of 16 she had an abdominal exploratory through a Pfannenstiel incision and it was found that she had normal ovaries and tubes but no uterus. He constructed a vagina by dissecting between the urethra and rectum and inserting a large plastic plug, the outside of which had been lined with a very thin skin graft. This was sutured in place lightly and made a very satisfactory vagina. This was a very interesting case and the outcome was very fortunate.

Dr. Beahrs then talked on "Management of Salivary Gland Tumors." He felt that most salivary gland tumors were benign in nature and that one should always preserve the 7th nerve which is about the size of a match stick; with very careful dissection one is able to remove the tumor that is involved and have a very low recurrence rate. He gave a large number of cases, some 500 as I remember, and his recurrence rate was very low.

Awards were then presented to residents in surgery: Dr. L. Stanton Stavney of the University of Washington for his physiological study of motility changes following selective vagotomy, and Dr. Lawrence E. Savage of the University of Washington for his studies on Secretory Studies in Frozen Heidenhain Pouches. Both of these young men had

also been awarded scholarships to Edinburgh through the efforts of Dr. Henry Harkins, Professor of Surgery at the U. of W.

Saturday evening was the social hour followed by a banquet at which Dr. Frederick M. Graham of Bellingham presided. Dr. Malcolm M. Heath who is called "the Island-Hopping Doctor", gave a very humorous talk about his experiences as a doctor for the 4,000 residents of the San Juan Islands. He told of his difficulties, particularly in the winter-time, flying about and the numerous close calls he has had because of the freakish weather in that area. His obstetrical cases he used to take care of by bringing them in to the hospital on Tuesdays and Fridays, rupturing their membranes and starting them in labor. But, he said, someone from the hospital council felt that this was not 'cricket', so now obstetrics is done on a catch-as-catch-can basis and it is necessary for him to fly to various parts of the Islands or for patients to attempt to come in whenever they are about to go into labor. He gave many other interesting side-lights to his life as a G.P. in this area. He certainly leads a very interesting life.

Dr. O. H. Beahrs, the guest speaker, then gave his speech on "Thaumatology in Medicine" which turned out to be his demonstrations as a magician—and he is an excellent one. It seems that before he started to medical school he was employed on a river boat on the Yukon River where he would entertain the passengers with his tricks of magic. He apparently had not forgotten any of them as he performed a great number of them and had considerable audience participation—much to the merriment of the crowd that was there.

Next year's meeting will be held in Seattle and they will have to outdo themselves to equal the hospitality shown by the Bellingham doctors.

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# Aesculapius Esquire Says

## TAX SHELTERED RETIREMENT PLANS FOR SELF-EMPLOYED DOCTORS

By CARL C. CONRAD

A most important tax break was given to self-employed individuals by enactment of the Self-Employed Individual's Tax Retirement Act of 1962. This Act is commonly referred to as the Keogh Act, after one of its principal sponsors.

In a nutshell, the tax law allows the nine million people in this category to set up tax-favored retirement plans for themselves. These include physicians, dentists, lawyers, accountants, small businessmen, farmers and all other sole proprietors and partners. In addition, as many as ten million employees of self-employed individuals can come into plans that also cover their employers.

The law is the culmination of many years' efforts to give equal rights to the self-employed in retirement planning. But it's vastly different from the proposals considered during most of those years. The key difference is that the new law brings plans for the self-employed within the existing tax framework covering retirement plans for the exclusive benefit of employees. It falls short, however, of giving the self-employed "equal rights" with employees of corporate retirement plans. Nevertheless it provides new and substantial tax benefits.

### GENERAL OUTLINE

The Keogh Act was approved on October 10, 1962. It applies to all tax years starting after December 31, 1962.

As a result, self-employed individuals can get many of the tax breaks previously available only under Treasury-approved plans set up by corporate employers for their employees—commonly known as "qualified" plans. Without such tax-favored retirement plans, self-employed

individuals who wanted to set aside money for their later years could do so only with after-tax dollars. And even when they invested these dollars, they still generally had to pay taxes on the earnings from the investments while those earnings accumulated.

Briefly, here's how the Keogh Act works: A self-employed person (including a partner) can *contribute* part of his earnings each year—up to 10% of his net earnings or \$2,500, whichever is smaller—to a qualified pension or profit-sharing plan covering himself.

### COVERING EMPLOYEES

In most instances, his plan must also cover all full-time employees with three or more years' of service. Contributions for his employees must be nonforfeitable at the time they're made.

The dollars the self-employed individual puts away for his future years cut his taxes for the current year. He can *deduct* half the amount he puts into the plan. For a man in the 43% tax bracket, for example, the tax saving can be as much as \$537.70 each year (43% x ½ of \$2,500).

The amounts put into the plan accumulate tax-free. Until the self-employed individual receives his plan benefits, he isn't taxed on the deductible portion of his contributions or on the plan accretion over the years. Normally he'll be taxed when he retires at age 60 or later. *All this time the magic of compound interest will be working for him.*

If, at 60 or later, he gets an *annuity* under the plan, he won't be taxed on the entire value of the annuity in one year. Instead he's taxed only when and as he receives the annuity benefits during retirement. (Of course, on payout he won't be taxed on the non-deductible contributions that he made earlier — i.e., those on which he's already been taxed.) If he takes a *lump-sum benefit* instead of an annuity, a special provi-

sion will soften the impact of progressive tax rates on this distribution.

There are several ways the self-employed individual can invest his contributions: (1) He can have a bank-trusted retirement fund, or a custodial account with a bank (if the funds are invested solely in mutual fund shares or life insurance contracts). (2) He can pay premiums directly to an insurance company for a non-transferable annuity contract. (3) He can invest directly in non-transferable face-amount certificates or in United States Retirement Plan Bonds.

At the time the self-employed individual receives his benefits under the plan, his other income will normally be much lower. In addition, he and his wife may be entitled to one or two extra \$600 exemptions on their tax returns, depending on whether one or both of them are 65 or over. With the likelihood of lower income and extra exemptions for age, many self-employed individuals could wind up paying very little or no taxes at all on the benefits from their retirement plans. Furthermore, any distribution of benefits under any plan provided by the Act will be considered as "retirement income" under Section 37 of the Code thereby entitling the self-employed individual (assuming he is otherwise eligible) to a retirement income credit against tax.

Thus, the new law gives the self-employed some tax advantages like those available to employees under qualified plans. To this extent it makes self-employment more attractive than before.

Let's look at a dollar-and-cents example of how a qualified retirement plan under the Act can now save taxes for a self-employed individual.

#### WHAT IT MEANS IN DOLLARS AND CENTS

Albert Able, M.D., has net earnings of \$28,000 a year from his medical practice. He's 40 years old, married, with two children. He files a joint return with his wife, taking itemized deductions of \$2,800 in addition to \$2,400 in personal exemptions. Dr. Able has no full-time aide. His wife, who is a nurse, helps out in the office.

After paying all his living and other expenses, Dr. Able has only a little over \$2,000 each year to put aside in investments for the future. His tax adviser tells him that if he makes the maximum contribution—\$2500—to a qualified retirement plan on his own behalf, his tax for the year will be \$475 less than before. (In computing his tax, he now can deduct half the amount contributed—\$1,250. Since he's in the 38% tax bracket, his tax is reduced by \$475.)

With the \$475 he's saved in taxes, Dr. Able can now afford to contribute \$2,500 to a qualified retirement plan. Without the tax saving, he'd have only \$2,025 to invest for the year.

Let's compare what would happen over the years if Dr. Able put \$2,025 into securities every year, without any kind of tax shelter, to what would happen if he makes the maximum contribution each year to a qualified retirement plan. We've assumed that both funds are invested half in bonds and half in stocks, and that the total annual return on the investments is 7%. (The

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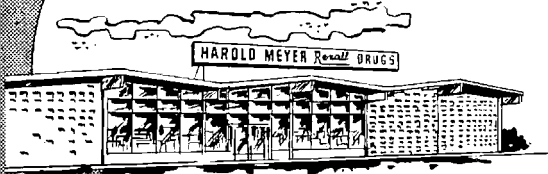
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(Continued on Page 19)

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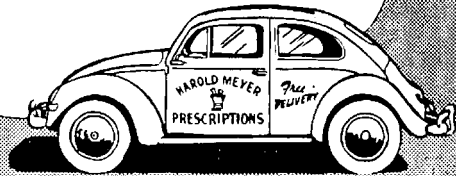
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(Continued from Page 17)

7% consists of interest and dividends amounting to 3.75% a year and capital gain on the securities amounting to 3.25%.)

In the unsheltered fund, the 7% annual yield is *before* taxes. Dr. Able is in the 38% tax bracket, and so the 7% before taxes becomes about 5% after taxes, when we take account of the dividends received credit and assume that the capital gains are realized each year. But in the qualified fund, the 7% is net, because it's *tax-exempt* to the trust.

The table we've set forth below compares the accumulation in each fund every five years between now and the time Dr. Able reaches age 65. The picture at the end of the 25th year is startling—*over 68% more in the qualified retirement fund than in the unsheltered fund.*

Year of Accumulation	Unsheltered Fund*	Qualified Retirement Fund**
5	\$ 11,749	\$ 15,383
10	26,742	36,950
15	45,880	67,220
20	70,308	109,663
25	101,473	169,190

**Tax Savings:** The law is primarily a tax-deferment measure. The self-employed individual gets certain deductions in high-income years for contributions that'll become includable in gross income in his low-income years, along with the interest, dividends, and capital gains attributable to all his contributions. So when Dr. Able draws down his accumulation of \$169,190 in the qualified fund, he must at last reckon with the tax collector. (In contrast, the \$101,473 in the unsheltered fund is an after-tax figure.)

But the regular progressive tax rates do not take their full toll from Dr. Able's lump-sum benefits. He can avail himself of the divide-by-five, multiply-by-five provision of the law. If he retires in the middle of the year and he and his wife are both 65, he'll pay a tax of \$55,480 in the year he gets the lump-sum benefit. So he ends up with \$113,710 net after taxes—\$12,237 more than in the unsheltered fund.

## Drugs of the Future

What about future drugs? They will be more specific. They will isolate diseased tissues with the precision of the surgeon's scalpel. They will act on tissues in ways not yet even tried. . . . The drugs of the future will be more potent in some instances, less drastic in others. Some will be given by special techniques; for example, with the aid of an automatic gadget strapped to the body to permit the release of regulated doses determined by body reaction to a disease or to situations of stress. In other cases, the drugs will be administered on the basis of data accumulated and interpreted by electronic impulse. —Austin Smith, M.D., President, Pharmaceutical Manufacturers Association, in *New Medical Matera*, April, 1963.

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### Whatever Happened To Kokura?

Widely exploited about a year ago as our cultural sibling, Kokura suddenly and mysteriously disappeared from Rand McNally's recently with hardly a nod from those who felt this consanguinity. But old friendships don't fade away with the Humistons, who last month entertained for almost two weeks the nineteen year old son of Kokura's former mayor.

Takehisa Hayashi didn't speak English very well three years ago when the Humistons first met him in Japan, but as Katharine tells us, "He had mastered the slanguage very well in the interim, and was, in fact, almost typical in his conversation of what you hear among the local teen-agers." The Humistons took him to the ball games, salmon bakes, and all around in the rain, while he ate constantly and enjoyed everything. Katherine says he was a delightful guest, as worldly as any college sophomore, except that he really could not understand how a husband could be forced to prepare his own meals when his wife was out of town. . . . Sayonara.

Kokura is still there, but has joined with two neighboring metropolitan areas to become the city of Kitakyushu, one

(Continued on Page 23)

The summer Board meeting will be held on Friday, August 16 at ten o'clock at the Medical Society Library. All Board members are requested to attend, if possible, this important policy-making meeting.

Auxiliary President Katharine Humiston announces this month a new committee has been appointed at the request of the State Auxiliary, the International Health Committee, and Laine Lindstrom is its chairman. The purpose of this new committee is to collect medical books and periodicals, and useable discarded instruments to be sent to countries where they are needed. When office equipment is replaced it is often discarded, when it could be put to valuable use in underdeveloped countries. These things will find their way to where they are needed through the organized efforts of the International Health Committee.

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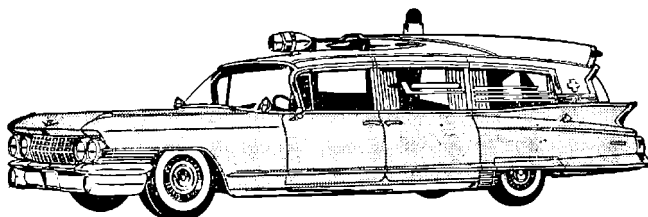
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(Continued from Page 21)

large city evidently combining the approximate area of Seattle-Tacoma-Lakewood.

The Humistons will cruise the San Juans with California friends on the Humiston's cruiser these first two weeks of August, travelling as far north as Butte Inlet in British Columbia.

### Rainy Day Fun

There's nothing like day-in day-out rain at the beach, with the windows steamed up and everyone playing black-jack in the hogan. It's great summer activity teaching the two-year-olds how to deal. But at least it's not going on the bill at Ocean Shores.

The Sam Adams' suffered through a week at the ocean in the rain last month as did the Wickstroms. David and Rosemary Dye have found a happy solution, have their own place at the ocean, at North Cove, between Grayland and Tokeland in the sun belt. The sun can be quite wet there, but the Dyes have labored every other weekend for about two years building a cottage there, which they are enjoying a lot this summer.

Tom and Billie Jean Murphy have bought beach property on Raft Island, should have a bubble over the whole thing if July turns out to be wet again.

The Steven Dimants drew a wet week for their cruise through the San Juans the end of last month, but enthusiastic seafarer Sheila finds the weather only a slight deterrent to their having a wonderful trip, says the children find everything so different living on board the boat, they are constantly occupied, and consequently are very good.

### Down In The Valley

Just a boulder's drop from pill hill, where most of Tacoma's Doctors live, the William Mattsons maintain a woodsey retreat hard to realize possible these busy days. Bill was behind a bulldozer for a long time, and has at last com-

pleted his life's work, a really tremendous pond which is lathering with trout. Anyone interested in these things, especially those who pound the highways and pack up the hillsides to remote places that are supposed to be full of fish, should see this lagoon-type arrangement the Mattsons have. On the other hand, maybe they shouldn't see it, there are about three thousand pan-sized trout fattening up on Purina dog chow, and it's posted for NO FISHING.

## Self-Regulation . . . or Government Legislation?

So far there has been little meeting of minds between the medical profession and the pharmaceutical industry on clinical testing or on other great problems caused by the proliferation of modern drugs. An exchange of views among the thoughtful leaders and the establishment of a common policy is long overdue. Where self-regulation does not clearly operate, government legislation, often bad legislation, moves in. Indeed, in this current attempt to carry regulation for the first time back into the intricate, uncertain bypaths of scientific experimentation and freedom of research, fraught as it is with matters of life and death, the benefits of the past may well be dissipated and those of the future jeopardized. —Congressman John R. Pillion, (R.-N.Y.) in House of Representatives, March 28, 1963.

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# HOSPITALS

## Saint Joseph's

Vacations are nearing an end for the maintenance department. Chet Rogers and his wife spent ten glorious days in Hawaii, flying both ways.

Another from maintenance, Mr. and Mrs. Herb Pimmer had a nice trip to San Jose to visit with relatives.

Mr. and Mrs. Ashley Port made a tour of Oregon. Mr. and Mrs. Sam Nehl came home Friday from a visit to Minnesota, stopping at various points of interest. Mr. and Mrs. Larry Standish, another from maintenance, went to Mexico for their vacation and returned by way of Las Vegas where their son is stationed.

The other employees will be leaving on their vacations soon.

The medical record department has some new employees, who are, Kay Williamson, Sheila McMenamin and Verda Robertson. We would like to welcome these three new employees and hope that they enjoy their work.

Vacations for the staff members are in force and many of the old faces have been replaced with new.

Picnics and other summer outings have helped pass the leisure hours during the summer months.

The picnic sponsored by the medical staff was well attended by the staff, students and doctors alike. Swimming, boating and baseball filled the hours before the meal which is always a masterpiece and so well served. A very sincere thanks is extended to Dr. James for a wonderful performance.

The students have had a full summer besides their vacations. They entertained the student body and faculty of Tacoma General Hospital at a barbecue dinner.

An all school picnic at Point Defiance was also held. The weatherman favored

us with a beautiful day. Swimming and boating filled the day.

An afternoon cruise for the student body is in the planning stage. This has become a yearly event and is eagerly awaited each year. The Harbor Queen resounds with the voices of the students as they cruise about the Sound.

## Tacoma General

On August 9, 40 nurses will be graduating from the School of Nursing of the Tacoma General Hospital. Commencement Exercises will be held at the First Methodist Church, and Doctor Stanley W. Tuell will be guest speaker.

The Anesthesiology Department has five new residents as of July 1. Doctor Soren Englesson and his family have come from Sweden and will remain in this area for one year. They have two children, a boy and a girl. Doctor Ivor Smith comes from Northern Rhodesia. He attended medical school in England and, prior to coming here was in private practice for two years in Canada. Doctor Manuel Santiago is originally from the Philippine Islands, but has been in the states for the past five years. Doctor Anthony Heenan is from Ireland; and Doctor Colby Parks comes from Texas.

Pathology Department also has a new resident. Doctor Anton Paul Sohn is a graduate from Indiana University and expects to be with us for the next four years.

Because of the construction program, it is necessary to move the third floor Doctors' Room to the second floor. On July 23, the small dining room will be the new Doctors' Room.

This is the time of year that most of our employees look forward to, vacation time. A goodly number have already taken their vacation and some are happily looking forward to getting away from the usual routine.

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## A.M.A. House of Delegates Report

Enlargement of the Board of Trustees, the sections and scientific program of the AMA, interns and residents, a new Institute for Biomedical Research, a physician's pension plan and the relation between tobacco and disease were among the major subjects acted upon by the House of Delegates at the American Medical Association's 112th Annual Meeting held June 16-20 in Atlantic City.

Dr. Norman A. Welch of Boston, member of the House of Delegates since 1951 and Speaker of the House since 1959, was named President-Elect of the Association by acclamation. Dr. Welch will become President at the June, 1964, annual meeting in San Francisco, succeeding Dr. Edward R. Annis of Miami, Florida, who assumed office at the Tuesday night inaugural ceremony in Atlantic City.

The AMA 1963 Distinguished Service Award was voted to Dr. Lester R. Dragstedt of Gainesville, Florida, research professor of surgery at the University of Florida School of Medicine, for his achievements in the fields of education, research and practicing surgery.

Final registration figures at the meeting reached a grand total of 36,811, including 12,924 physicians.

### Board of Trustees

The House adopted amendments to the Constitution and By-Laws designed to implement the recommendations presented in June, 1962, by the Ad Hoc Committee on the Board of Trustees. The changes will increase the size of the Board from 11 members to 15 members, by adding three elected trustees and including the immediate past president for a one-year term. The amendments also set the term of office for elected Board members at three years and limit the number of terms to

three, for a maximum total of nine years service. In approving the amendments, the House expressed the opinion that enlargement of the Board of Trustees "would improve communications between the Board and the Association" and that the proposed changes "would be consistent with the increase in membership of the Association and with the increase of the size of the House of Delegates."

### Interns and Residents

The House disapproved the report of the Council on Medical Service and the Council on Medical Education and Hospitals on Compensation of House Officers. In so doing, it adopted the following statement:

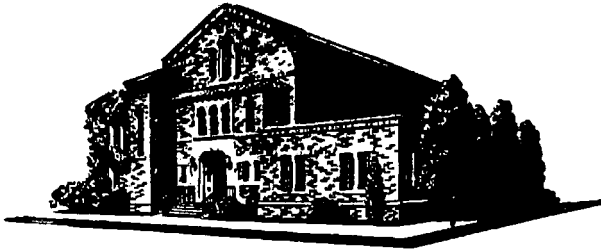
"We therefore recommend that in view of the overwhelming opposition to the basic proposal contained in the report of the Council on Medical Service and the Council on Medical Education and Hospitals, the AMA record itself as opposed to any system or program by which any part of an intern's or resident's salary is paid out of fees collected by the attending physician or out of fees collected under any type of medical-surgical insurance coverage."

The House, while declaring that the joint council report "represents a well-intentioned effort to find a solution to a most difficult, if not impossible, problem," recommended that any future proposals on the compensation of house officers be thoroughly studied by the Law Department and Judicial Council before submission to the House of Delegates.

In another action, relation to the controversial "25% rule," the House approved a revision of the Essentials of an Approved Internship which deletes the requirement for any stated proportion of foreign medical graduates and graduates of American and Canadian medical schools as an essential feature of any internship program.

(Continued on Page 27)

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PHYSICIANS' AND HOSPITAL SUPPLIES

(Continued from Page 25)

### Physicians' Pension Plan

The House approved establishment of an AMA physicians' pension plan under the provisions of the Self-Employed Individuals' Retirement Act of 1962, and noted that the Board of Trustees will make every effort to begin operation of the plan before the end of 1963 so that physicians will be able to participate this year.

The plan will be open to all AMA members and their employees who can qualify under the Act, Public Law 87-792 (Keogh Law).

The law allows a self-employed individual to set aside up to \$2,500 or 10% of his annual income, whichever is less, in a retirement fund, with the first \$1,250 being deductible. The individual must provide proportionate benefits for any employee who work for him more than 20 hours a week and more than five months each year.

### Tobacco and Disease

The House agreed with a Board of Trustees report which concluded that the AMA should defer any definitive statement regarding the relationship of tobacco and disease. The report pointed out that the AMA is continuing its study of this important subject and is merely deferring any public pronouncement pending the availability of more information, including whatever may come from the study of a committee appointed by the United States Public Health Service.

In taking this action, the House declared that extensive research is still necessary for the complete answers on the cause and effect of many toxins, including tobacco. However, the House said that the AMA "has a duty to point out the effects on the young of the use of toxic materials, including tobacco, and these facts should be disseminated, particularly in our schools."

### Miscellaneous Actions

In considering a wide variety of resolutions and reports, the House also:

Disapproved a Judicial Council opinion on the dispensing of glasses by ophthalmologists and reaffirmed the Council's interpretation of Section 7 of the Principles of Medical Ethics, as reported in the November 15, 1958, issue of the Journal of the American Medical Assn.

Approved a Judicial Council opinion on physician ownership of drug stores, drug repackaging houses and pharmaceutical companies.

Approved of AMA participation in the recent formation of a Joint Commission on Medicine and Pharmacy.

Agreed with the Council on Legislative Activities that the House should take no official position on the "Liberty Amendment" but should call it to the attention of individual physician citizens.

Disapproved of federal funds for staffing new community mental health centers.

Took a position opposing the student loan provisions of the Health Professions Educational Assistance Act of 1963.

Urged all state and county medical societies to adopt and activate all phases of "Operation Hometown."

Recommended that local medical societies in the vicinity of medical schools assume the responsibility of establishing and maintaining clear lines of communication with medical students.

Approved the organization of the new National Council for the Accreditation of Nursing Homes, jointly sponsored by the AMA and the American Nursing Home Association.

Adopted the recommendations of the Committee to Study the Joint Commission on the Accreditation of Hospitals and suggested that the committee's report be distributed to constituent and component societies and hospital chiefs of staff.

Approved an alteration in the Association By-Laws which states: "The Council on Medical Education and Hospitals shall consist of 10 Active or Service members at least one of whom shall be a private practitioner of medicine who is not a faculty member of a medical school nor a member of a staff of a hospital associated with a medical school or university."

Commended the American Farm Bureau for its vigorous leadership in opposing unwarranted government interference and regulation.

Urged the widest dissemination to AMA members of a joint report by the AMA Council on Mental Health and the National Academy of Sciences — National Research Council on The Use of Narcotic Drugs in Medical Practice and the Medical Management of Narcotic Addicts.

Recommended that all AMA members and affiliates give strong support to the national tuberculin testing campaign proposed by the American School Health Association.

Directed the Speaker of the House to appoint an ad hoc committee to study the size, make-up and functions of the House of Delegates, its councils, sections and committees and to report its findings in June, 1964.

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## Position Available

The 41st Aviation Battalion, Washington Army National Guard, has an opening on the Battalion Staff for a Flight Surgeon. This is an opportunity to gain knowledge in Aviation Medicine. Any interested doctor please contact either Colonel Johnson or Captain Watling at Camp Murray, Washington, JU 8-4477, ext. 74.

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## Death Knell For The Bullpen

"Each student who wishes to participate in varsity athletics must secure a thorough examination in a private physician's office before such participation."

This is the substance of a policy approved by the Tacoma School Board in an effort to improve the athletic program of the schools. The policy comes as a result of cooperation and negotiation between the Pierce County Medical Society School Health Committee and the Advisory Health Council of the Tacoma Schools over the past three years. Athletic directors, coaches and principals are in agreement with the principle of the thorough examination and look forward to the end of the "heart check" in a crowded gymnasium, the "bullpen exam", which has served as an athletic exam in the past. They also appreciate the fact that only one examination per year will be required for participation in the full sports program.

This spring just before school dismissed for the summer vacation, the athletes in each high school and junior high were informed of the policy and were instructed to obtain the examination this summer. They were given the form to be filled in by the doctor and told he would reproduce the information for his files and return the original to the schools. The athletes were also told that they would receive no uniforms until the form had been completed.

The examination is to be done on a fee service basis unless arrangements are made through the schools and Medical Society Office for a part pay or no pay examination. (More than 50 physicians have volunteered to do the examinations of the indigent.)

Several cities in Washington now carry out this sort of program. Vancouver, Washington reports that in the two years they have been requiring complete examinations they have found two cases

of kidney infection, one diabetic, four with heart problems and several whose participation was modified because of certain physical disabilities.

Undoubtedly there will be problems of administration and students waiting until the last minute to have the examination. Such inconvenience is a small price to pay for the death knell of the bullpen exam, a fine step forward in the prevention of athletic injury.

ORVIS A. HARRELSON, M.D.

## "Operation Hometown"

The "Operation Hometown" committee chairmen have been appointed and for the sake of continuity will continue in office until 1965. The purpose of this committee is to educate the public at a grass roots level and to combat President Kennedy's Medicare, Fedicare—or whatever he calls it next. Fedicare is a modified Medicare approach but still contains the social security phase and most of the undesirable features of Medicare. It is another variation in the attempt to foist socialized medicine on the American people. This committee then, in essence, is to fight socialized medicine.

Why fight now? Things are quiet now only because the administration has more pressing problems. When the tax reform bill and the civil rights bills are finished, socialized medicine will come out of the pigeon-hole again. The administration has in no way given up its attempt to force through Congress a compulsory federal program of medical and hospital care. Now, while we have the chance, we must organize and educate a large number of people as to the true meanings, purposes and long-term results of socialized medicine in order that they, in turn, will force this bill back into its hole and then close it over.

This we do by presenting two simple, easily proven truths. One, socialized medicine inevitably leads to second-rate

medicine; two, need does not make right. The fact that a relatively few people need medical care and cannot pay for it does not make this need a right and in no instance justifies legislation that will make physicians and patients wards of the government. A simple example: my house needs painting but I cannot afford to have this done. My need does not make this my right. Imagine what would happen in labor circles if my need were stated as the reason that painters should be socialized under the government. Also, imagine the painters' and labor unions' reaction. The painters have rights, but remember that you as physicians have rights also. It is just as simple as that.

You may say, "Ah, but we have a moral obligation." Assuming this to be so, then the answer is, "Fulfill this obligation in the same manner that physicians always have done and in the way you are doing it now." Old fashioned charity in the true sense and definition of the word is one of the great words in our language. To be sure, the socialists have perverted the word "charity" to mean something dirty, mean and degrading. This they do on purpose because charity is an action of good done voluntarily on an individual basis and in this conflicts with socialism since socialism attempts to do good by planning and by compulsion. Anything done voluntarily with compassion, thought and feeling benefits both the giver and the recipient and negates socialism—hence, the cybernetic treatment of charity.

Perhaps you agree so far but think why fight, we are licked anyway. Connie Mack once said, "More players lick themselves than are ever licked by an opposing team."

Let's not lick ourselves. We have all the advantages and, in the next issue, we'll tell you why.

FRANK J. RIGOS, M.D.

**HAVE YOU PAID YOUR AMPAC DUES?**

## Home Visits for Poison Problems

Accidental poisonings have a way of recurring in some families, the well-educated as well as the ignorant, and preventable deaths from accidental poisoning still average one per year in Pierce County.

For these reasons, the Poison Control Committee, at its latest meetings, has arranged with the Nursing Service of the Tacoma-Pierce County Health Department for home visits to be carried out by the nurse when requested by the child's physician.

Home visits are recommended for (1) all cases of repeat accidental poisoning in the family; (2) cases of apparent poor understanding of the hazards; and (3) severe cases including those requiring hospitalization.

The Public Health nurse will briefly discuss the recent poisoning accident, do a professional evaluation of the home for potential causes of future poisonings (medicines in easy access, poisons in old Coke bottles, etc.) and generally educate and recommend. She will not discuss treatment and will avoid increasing the parents' feelings of guilt about the recent poisoning accident. She will send a report on the home visit to the referring physician.

Referrals for this service can be made by calling the nursing desk at the County-City building, FU 3-3311, or the Poison Information Center, GR 4-0561 will be happy to handle the referral on cases which have been called to them.

DAVID L. SPARLING, M.D.,

*Chairman.*

"To preserve their independence, we must not let ourselves load us with perpetual debt. We must make our election between economy and liberty, or profusion and servitude."

THOMAS JEFFERSON

## Malpractice Suits and The Drug Brochure

A significant discovery in the drug malpractice cases was the not infrequent deviation by the doctor from the contents of the manufacturer's brochure of instructions in administration of the offending drug. In some states these brochures can be used against the doctor in court. The effect of this fact forces the doctor to provide an acceptable explanation for any material deviation from the printed instructions. This explanation has real tactical importance, for a lay jury may be inclined to think that the manufacturer knows as much as or more than the doctor does about the drug. Such a conclusion may not necessarily be true when it comes down to actual clinical experience, but the doctor must be prepared to convince a jury that it is not, if something goes wrong. —Don Harper Mills, M.D., LL. B., in *Journal of the American Medical Association*, March 30, 1963.

## Kefauver Fallout in England

Dr. William S. Apple and I had the pleasure of meeting for several hours with the British Minister of Health, Enoch Powell, during our recent trip to London. The Minister was extremely interested in knowing more about the Kefauver hearings, since he had read about them, and had heard some of his colleagues in the House of Parliament quote from them. He couldn't quite understand how one of the top governmental bodies in the U.S. (a Senate investigation committee) could have made so many varied charges against the pharmaceutical industry unless they had the proof to back it up. But when we described to him the setting for the three ring circus held in the Caucus

Room of the Old Senate Office Building and the details of the pharmaceutical trial by publicity, I feel confident that he now better appreciates the situation and takes much of the talk about Kefauver with a grain of salt. —George B. Griffenhagen, Director, Division of Communications, American Pharmaceutical Association, to Philadelphia Chapter, American Pharmaceutical Association, Temple University School of Pharmacy, Feb. 14, 1963.

## Health Information A New Challenge

Today both the role of the physician and the role of the pharmaceutical industry are undergoing rapid and dramatic changes. The public has become generally better informed on medical care, and in many cases its information has been obtained not from the source but from the critics of the source. Unfortunately, our "news" consists almost entirely of "what's wrong," because one must assume there is little readership interest in the vastly greater area of "what's right" about life and business. Therefore, both the medical profession and the ethical drug industry have a new challenge: to provide to the public factual information on medicine and medical care without disturbing the important, highly personal, physician-patient relationship. —Francis C. Brown, President, Schering Corporation, to joint conference of the U.S. Food and Drug Administration and the Food Law Institute, Nov. 26, 1962.

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Tuesday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 9

TACOMA, WASH.

SEPTEMBER - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
SEPTEMBER 10**

# Pierce County Medical Society

1963  
OFFICERS

President..... Stanley W. Tuell  
 President-Elect..... Frank J. Rigos  
 Vice-President..... Philip Grenley  
 Secretary-Treasurer..... Arnold J. Herrmann  
 Executive Secretary..... Judy Gordon

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 John F. Comfort Warren F. Smith  
 Robert M. Ferguson George A. Tanbara  
 Philip Grenley Govnor Teats  
 James E. Hazelrigg Stanley W. Tuell  
 Arnold J. Herrmann G. Marshall Whitacre

DELEGATES

Richard F. Barronian Arnold J. Herrmann  
 Robert M. Ferguson Frank J. Rigos  
 Robert W. Florence Stanley W. Tuell

ALTERNATE DELEGATES

Robert R. Burt Charles J. Galbraith  
 Douglas P. Buttortff Herman S. Judd  
 John F. Comfort John M. Shaw

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 L. M. Rosenblatt Lester S. Baskin  
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 Allen Eagelson (Advisory Member)

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 Business Manager..... Judy Gordon  
 Auxiliary News Editor..... Mrs. Robert A. Kallsen



## September Birthdays

- 4 Thorvald M. Kristensen
- Myra Vozenilek
- 6 John May
- 8 James Duffy
- 9 Thomas F. Hinrichs
- 10 Max S. Thomas
- 11 Charles R. Bogue
- Marion M. Larsen
- Gordon Parrott
- Daniel J. Thomas
- Leon B. Thomas
- 12 Myron A. Bass
- 13 Eldon C. Blizzard
- 16 Francis W. Hennings
- 19 Cyril V. Lundvick
- 22 J. W. Bowen, Jr.
- 23 Thomas H. Skrinar
- 24 Walter L. Sobba
- 26 Carl N. Ekman
- 27 Arnold Johansson
- Stanley A. Mueller, Jr.
- 30 S. S. Thordarson

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Side effects with 'Eskatrol' are infrequent—reported even less than with amphetamine alone.<sup>2,3</sup>

#### REFERENCES:

1. Kocsis, L.F.: Evaluation of a New Anorectic Combination in the Treatment of Obesity, *Manitoba M. Rev.* 47:521 (Oct.) 1961.
2. Stevenson, L.E.: A Note on Anorectics, *M. Ann. District of Columbia* 30:409 (July) 1961.
3. Cauffman, W.J., and Pauley, W.G.: Obesity and Emotional Status, *Pennsylvania M.J.* 64:505 (Apr.) 1961.

RECOMMENDED DOSAGE: One 'Eskatrol' Spansule capsule daily, taken in the morning.

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# September Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p><b>2</b></p> <p>Tacoma Acad. of Psych. &amp; Neurol. 8 p.m.</p> <p>Tacoma Orthopedic Society 8 p.m.</p>	<p><b>3</b></p> <p>Staff of Tacoma General 6:30 p.m.</p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>4</b></p>	<p><b>5</b></p> <p>Pierce County Pediatric Society 6:00 p.m.</p>	<p><b>6</b></p> <p>C.P.C. of St. Joseph's—9 a.m.</p>
<p><b>9</b></p> <p>Staff of Doctors Hospital 7:30 p.m.</p> <p>Staff of Good Samaritan 6:30 p.m.</p>	<p><b>10</b></p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.</p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>11</b></p>	<p><b>12</b></p>	<p><b>13</b></p> <p>C.P.C. of St. Joseph's—9 a.m.</p>
<p><b>16</b></p> <p>WSMA Annual Meeting - Seattle</p> <p>Staff of St. Joseph's 6:15 p.m.</p>	<p><b>17</b></p> <p>WSMA Annual Meeting - Seattle</p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>18</b></p> <p>WSMA Annual Meeting - Seattle</p> <p>Staff of Lakewood General Hospital 6:30 p.m.</p>	<p><b>19</b></p>	<p><b>20</b></p> <p>Staff of Medical Arts Hospital 7:15 a.m.</p> <p>C.P.C. of St. Joseph's—9 a.m.</p>
<p><b>23</b></p> <p>Pierce County Academy of General Practice 6:30 p.m.</p>	<p><b>24</b></p> <p>Tacoma Surgical Club—6:30 p.m.</p> <p>Tacoma Acad. of Internal Medicine 6 p.m.</p> <p>C.P.C. of Mary Bridge—8 a.m.</p>	<p><b>25</b></p>	<p><b>26</b></p>	<p><b>27</b></p> <p>C.P.C. of St. Joseph's—9 a.m.</p> <p>Staff of Mary Bridge Children's Hospital 12:15 p.m.</p>
<p><b>30</b></p> <p>Staff of Mt. View General Hospital</p>				

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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, September 10**

Medical Arts Building Auditorium

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

DISCUSSION BY W.S.M.A. DELEGATES  
OF PROBLEMS AND RESOLUTIONS TO BE CONSIDERED  
AT THE STATE MEETING.

\* \* \* \*

Social: 6:00

Dinner: 6:45

Honan's Restaurant

## President's Page



While we've been enjoying those lazy, hazy, crazy, meeting-free days of summer, the proponents of Social Security sponsored medicine have taken no vacations. They've been quietly and persistently impressing congressional leaders and the general public with the disadvantages of Kerr-Mills legislation and other types of current medical coverage, and the advantages of the Social Security approach to providing medical care for the aged. We may hear of some of this by direct exposure, such as the announcements on Edward P. Morgan's "award-winning" news program extolling the great benefits of Social Security medicine, but a high percentage of it goes on by way of personal letters, telephone campaigns, pamphlet distribution to specific groups, and behind-the-scenes pressuring in Washington, D.C., while the average doctor continues his conscientious care of his patients, seemingly oblivious to the forces that are bent on destroying the free practice of medicine of which he is so proud.

We are *not* oblivious. We *do* have organization. We *do* have confidence in the greater worthiness of our cause. All we need is greater utilization of individual physicians in an integrated campaign to defeat the King-Anderson bill. Committees and committee chairmen, at national, State and County levels, are virtually helpless against the opposition unless the individual physician is willing to cooperate.

Consider yourself on "stand-by alert." Note that in "Operation Hometown," you are being *asked* to cooperate, not *told*. This gives you an out, doesn't it. When socialized medicine is here, you will be *told* what to do, not *asked*. We have some choice now and can keep it that way if we wish.

I urge your attendance at the first Society meeting of the year, Tuesday, September 10, and also at the State Medical Association meeting in Seattle the following week.

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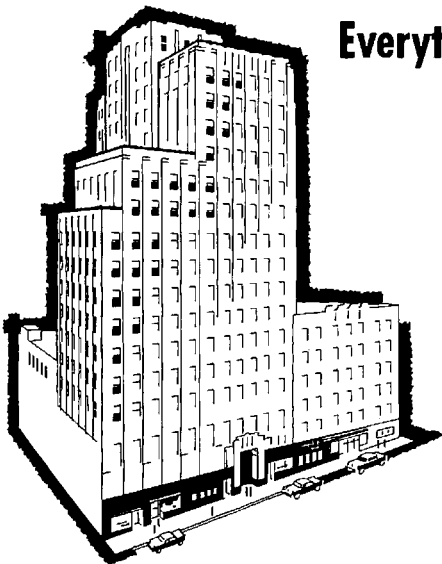
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## *Editorially Speaking*

Last month's editorial presented a brief account of the world population explosion and statements regarding it by prominent American and international personages. It included those of three U.S. doctors who feel that the medical profession is ignoring responsibility for a serious situation which they have, in part, brought on. This situation is called by Sir Julian Huxley "the gravest problem of our time, certainly more serious in the long perspective than war or peace." And the essence of it is well summed up in the words of three California Institute of Technology professors (Brown, Bonner and Weir) in their book, "The Next 100 Years": "Indeed, the evidence suggests rather strongly that in most underdeveloped countries the lot of the average individual has worsened appreciably in the last half century. People have become more poorly fed. There are fewer goods per persons. And practically every attempt to improve the situation has been nullified by the relentless pressure of continued population growth."

What has caused this precipitous increase in people? The answer is simple. In two words . . . DEATH CONTROL.

Ever since the end of World War II the disease-ridden parts of the world have been sprayed with DDT and multitudes have been injected with penicillin. Many other technological advances have been utilized so that now malaria, yaws, yellow fever, tuberculosis, syphilis, small pox, sleeping sickness, leprosy, schistosomiasis and rabies are either virtually stamped out or at least much diminished. This has naturally cut the death rate to a fraction of previous levels. An example is British Guiana where the population doubled in ten brief years once malaria was controlled.

Consequently, one wonders whether we are really doing more of a service than a disservice to the world by these efforts. As Charles Darwin asked about 100 years ago, "Is the world better for having a large number of healthy people dying of starvation rather than letting them die of malaria?"

It is heartening, however, to find that, at last, something (though precious little) is being done.

Besides our recent change of policy regarding birth control information to other countries, the NIH has prepared a report, not yet released, recommending an expenditure of \$90 million in this field over the next five years. (None of this is included in the present budget calling for almost one billion to be spent by government in health care and research). As Philip Hauser, the noted demographer, predicted in 1960, "It is doubtful that U.S. governmental policy can for long continue to make it its business to export death control without becoming concerned about the problem of birth control."

In May of this year WHO embarked on an international study of human reproduction. Also this year the American College of OB-GYN resolved that contraceptive information should be given to people who want it, and the National Academy of Sciences and the Ford Foundation took action as was previously noted.

Thus, a beginning has been made. The first step has been taken in the right direction. But now, right away, much more should be done. And here is where we come in. The voice of organized medicine, the AMA, should be doing many things.

First, we should commend the administration for the change of policy regarding information to other nations. Then we should call on all agencies, public and private, working in the health fields in under-developed countries with population problems to temper practices of indiscriminant death control, with an equal amount of effort on birth control, whether by natural methods or by contraceptives. Then we might develop lists of doctors, Catholic and non-Catholic, who would be willing to serve a few months at a time, at Peace Corps wages and under Peace Corps sponsorship, to be sent to each country needing help in population control. There, they could teach doctors, nurses and midwives their respective methods and technics.

What groups are performing this work? What are their results?

In 1948 the World Health Organization was created by the UN and given the tremendous assignment of working for "the attainment of all peoples of the highest possible level of health." Since that time, with 120 member nations and an annual budget of \$13 million, this agency has saved the lives of many millions of people by bringing to them the benefits of modern medical science. Murray Morgan, author of the WHO-sponsored book, "Doctors to the World," tells about villagers of a food-short nation requesting birth control information because "death control" of infants had doubled the birth rate. But when personnel of this agency undertook to disseminate such information, they were stopped from doing so by the threatened resignation of several UN member nations.

According to Newsweek Magazine, the U.S. spent \$65.3 billion from 1950 to 1961 aiding under-developed countries. Yet "Western officials privately concede most of the results have been wiped out by the population explosion." Would it not be only sensible to insure our investments by solving population problems first?

Other organizations that have provided medical aid in these areas are numerous. They include the U.S. Public Health Service, the Pan American Sanitary Bureau, most U.S. religious denominations, the Ford and Rockefeller Foundations, several U.S. medical schools, medical societies, pharmaceutical companies, the Peace Corps, CARE, Project Hope, hospitals founded by Drs. Schweitzer, Seagrave and Dooley. In all, many millions of dollars worth of medical aid, mainly in the form of death control, very little in the form of birth control, have been involved. Per-

haps similar activities could be developed through United Nations agencies. (However, the U.S. has heretofore yielded to pressure from Catholic countries in the U.N. in birth control matters instead of supporting Scandinavian and other countries' proposals in the field.)

As individuals there are also some things we might do. One of the best would be to support private organizations such as the Human Betterment Association or Margaret Sanger's group or possibly one with more overseas interest, the "World Population Emergency Campaign" organized by such notables as Bruce Barton, Harrison Brown, Henry Cabot, Philip Hauser, James Michener, Margaret Sanger and William Draper.

Also, the often repeated "Write your Congressmen" is as applicable in this area as any other. They should be exerting their influence in the right places whether it be on the administration or the UN via the State Department.

Whatever is done, we agree with John Robbins, author, reporter and expert on Asia, who says, "At some point in time, population growth must stop. There is no reason why that point cannot be hastened and made to occur before catastrophe overtakes us. Whether or not that point in time is hastened and does occur before it is too late, depends on the effort that thoughtful persons apply to the problems in the years that lie immediately ahead."

—T. R. H.

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## 7,000 Expected at AMA Portland Meeting

More than 7,000 physicians and their guests are expected to converge on Portland, Ore., for the 17th Clinical Meeting of the American Medical Association, Dec. 1-4.

It will mark the first time that the AMA has held a clinical meeting in Portland. The association has held two of its annual meetings in Portland, however, in July, 1905, and in July, 1929.

Dr. Otto C. Page, general chairman of arrangements for the December meeting, said nearly all of the scientific sessions will be held in Portland's new Memorial Coliseum. The scientific and industrial exhibits also will be shown there. Conveniently located within a few miles of the business district, the multi-million dollar Coliseum offers new facilities throughout.

When the AMA held its clinical meeting in Seattle in 1956 the total physician attendance was 3,032.

"We feel," Dr. Page said, "that this figure will be much higher when the AMA meets in Portland."

The secretary-treasurer of the AMA Board of Trustees, Dr. Raymond M. McKeown, lives in Coos Bay, Oregon, and he, too, expects an exceptionally high attendance.

"The majority of doctors," he said, "will come from the Pacific Northwest, but there should be good representation from other states along the West Coast and also from the Mountain states."

Lectures, panels, symposia and breakfast roundtables again will be presented at the Portland meeting on specially selected topics, as well as color television and medical motion pictures. More than 100 physicians will deliver lectures on the scientific program during the four-day meeting, and more than 200 scientific and industrial exhibits will be shown at the Coliseum,

many of which will be based on new scientific research.

Dr. Huldrick Kammer, chairman of the Scientific Program Committee, said the scientific exhibits are an important part of the clinical meeting and added that "their long and continued popularity at AMA meetings is good evidence of their teaching value to the physician. The exhibits are so varied that the medical subject matter has some interest to every physician regardless of specialty."

## Why We Can Win

When the subject of combating socialized medicine is discussed there are always a few doctors who say, "Why fight? We can't win anyway." These statements are based on three erroneous concepts. These are: 1) people want socialized medicine. Every poll taken indicates that the majority of the population does not want socialized medicine. Actually, only a small vocal minority spearheaded by the A.D.A. desires this.

2) It is inevitable. The only thing inevitable in man's history is his persistent and ever-repeated struggle to free himself from control and oppression. Wherever a small, self-appointed, self-anointed group takes over, control and oppression result. This little group always believes that they, and they alone, know best how man should regulate his life for happiness and security. It makes no difference whether this group is called communism, fascism, socialism, dictatorship, the welfare state or what not. The essence is the same. These groups are successful in imposing temporary control only because the population does not know what is happening. We know.

3) We are not politicians. Nothing is farther from the truth than this statement. Politics is the art of imposing one's will on someone else. Most doc-

tors are experts in this. We call it the art of medicine.

There are three other ingredients needed to win this battle. Fortunately, the doctors of this country have all three.

First, we need dedicated leaders. All men who have an M.D. degree have some dedication. The degree speaks for itself. Some of the doctors are sufficiently dedicated to the ideals of good medicine that they are willing to give the time and effort to provide this leadership.

Second, we need and have the confidence of the public. In general, most people come to their doctor by *personal choice*. They respect their doctor's opinion, listen to what he says, and follow his advice. Few politicians possess such support. This, of course, is the reason that those desiring to impose their will on the population must control the doctor first.

Third, we have the mechanism to utilize our advantages. They are: 1) wide dispersion throughout the country, 2) intelligence to do this on a sound basis, and 3) financial responsibility to carry this through.

The facts are clear. We can win if we will. "We" means you. Will you?

—FRANK J. RIGOS, M.D.

Freedom is not free. Shaping and preserving society necessarily involves personal commitment, costly risk and constant effort; the cultivation of civil liberty can be no more passive than the cultivation of a farm. A man can inherit the land on which he lives, he can even inherit the first crop of produce after he takes over from those who came before him. But then if he stops, everything stops, then begins to crumble. Nothing grows, nothing ripe and rewarding comes to him, unless he plows, plants and tends the soil and unless he keeps it fertile year after year with the chemistry of effort and forethought.

—EDMOND CAHN.

The following is a clipping from an 1890 Tacoma Daily Ledger which was found in an old house which was being torn down here recently.



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# Aesculapius Esquire Says

## THE DOCTOR'S ROLE IN ADOPTION

By HUGO METZLER, JR.

The adoption of an infant by one or two adult persons is the blending of a legal and social process resulting in the voluntary, irrevocable permanent surrender of the infant's custody by the natural parents to new parents, strangers to the infant, who assume the burdens and obligations of parenthood of support, care, love and affection, and upbringing.

Adoption practices are as old as man. The Bible speaks of Pharaoh's daughter's adoption of Moses. The ancient Greeks, Romans and Egyptians practiced adoption for the purpose of acquiring an heir or successor or as a deserved reward for a service rendered on behalf of the adopting benefactor. In pioneer days, there is abundant evidence of the early settlers practicing adoption in furtherance of selfish desires, i.e. to provide needed help in the operation of farms, a trade or the household.

In the mid-1800s, a realization of the need to control the practice of severing the rights and responsibilities of the natural parents for the child and the creation of new legal ties for both the child and the adoptive parents was evidenced by legislative enactments in the several States of the Union and its Territories. The Legislative Assembly of the Territory of Washington, in the year 1881, adopted legislation authorizing This Act recognized "ability of petitioner or petitioners to bring up and educate the child properly". Consideration was also given to the natural parents by the Legislative Assembly, "Consent is required of his or her living parents who is not helplessly insane or a confirmed drunkard".\*

There were several defects in early adoption legislation. First was the failure to provide the Court with the proper help to make a reasonable determination of the fitness of the prospective parents before entering a Decree of Adoption. Next was to set up an adequate control over unscrupulous persons acting as an intermediary for compensation in the placement of a child in an adoptive home. The third grave defect was that the law allowed a mother to be paid a handsome compensation for providing a baby for adoption.

To solve these problems, the State Legislature made provision for "Child Agencies".† These agencies can be either associations or corporations, employing qualified social workers, and are authorized to receive minor children for the purpose of placing them for adoption after securing an order from the Superior Court of the State in the County in which the approved agency operates. These agencies assume the burden of determining:

1. That the natural parents of the child, particularly the mother, have voluntarily reached a justifiable decision to relinquish the child, being aware of their legal rights to retain the child as the natural parents;
2. That the child to be adopted is physically and mentally sound and has no close relatives having the inclination and financial ability to properly provide for the child; and,
3. That the adoptive parents have emotional needs which will be satisfied by adopting the child, have emotional suitability for adoptive parenthood and have the capacity to provide a proper family home, with the opportunities for a healthy personality development of the child.

No compensation can now be paid either to the mother or to a third party for services rendered in placing a child

\*Code 1881, c. 112

†R.C.W. 26.36.010

for adoption when custody of a child available for adoption is placed with a child agency. It is customary, however, as well as legal, in the State of Washington, for the adopting parents to pay the hospital and medical care costs incurred by the mother in the birth of the child in all cases when a placement is made through a physician and an attorney. When an authorized child agency arranges the adoption, a set fee is charged, which includes the cost of prenatal and confinement care for the mother.

A further safeguard is provided by the Legislature in that no Court in the State of Washington is permitted to enter a Decree of Adoption until it has appointed "an approved agency or any qualified, salaried Court employee or any other suitable and proper person as Next Friend of the child to make \* \* \* investigation."† The investigation is made without expense to the adopting parents and the investigator is required to make a report in writing, setting forth all "available information concerning the physical and mental condition of the child", together with a complete background of the parents of the child and "the physical, mental, moral and financial condition of the petitioners", together with any other facts and circumstances bearing upon the advisability of the adoption.

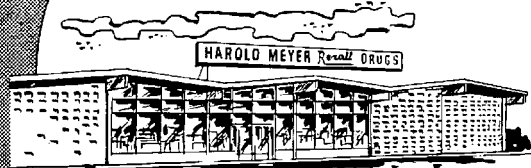
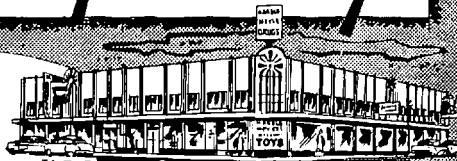
The child agency serves a necessary purpose in obtaining necessary information to enable our Courts to properly pass upon child placement for adoption. In Pierce County, at the present writing, there are two approved agencies. They are the Washington Children's Home Society of Washington, a child agency incorporated as a non-profit charitable organization under the Washington Law in 1896, and the Catholic Children's Services of Tacoma. The State of Washington, through the Department of

Public Assistance, is also presently engaged in child placement to aid in a field which cannot presently be adequately processed. The average waiting period is 6.8 months.

Approved child placement and adoption procedure does not, however exclude the aid and assistance of the doctors in the community. The statistics compiled by the Department of Public Assistance, Research and Statistics Unit, revealed that 2,290 Decrees of Adoption were entered by the Courts in the State of Washington in the year 1960. Of this total, 1,058 were adoptions requiring no supervision, as the petitioners were related to the child to be adopted, and of the remaining 1,232, child agencies processed 573 and of the 497 remaining, 270 were placed by M.D.s. Although the statistics are not available for the year 1961, the adoptions in 1962 in the State of Washington totaled 2,711. Petitioners related to the adopted child were involved in 1,188 and of the remaining 1,523, agencies placed 684, physicians placed 297 and the remainder by other persons. These statistics reveal the fact that the agencies cannot by themselves process the adoptive needs of this community. The importance of the doctor's role cannot be overestimated. An established practitioner, of necessity, has the confidence of the natural mother, as well as the complete knowledge of the parental background of the infant available for adoption only because of unfortunate circumstances and conditions in which the parents or the unmarried mother find themselves. At the same time, the doctor is able to place the expected infant with a suitable family who are known personally to him and who have the required qualifications for parenthood. He is usually in the position of seeing the natural mother on many occasions and can judge her disposition, her intelligence and the true devotion

# 2 LOCATIONS

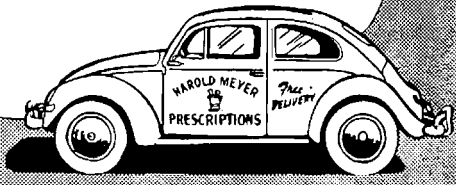
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(Continued from Page 17)

to her child which must be present in voluntarily surrendering this child for adoption. He also can know the real emotional need of the adopting couple and can estimate clearly their ability to serve this child as conscientious and loving parents. Thirdly, at the child's birth, the physician can also ascertain, through his own observation and the help of expert colleagues, the possibility of this baby having a physically and mentally normal future. He is one person who has the undoubted advantage of close and confidential contact with all the three parties concerned.

This is precisely what has been judicially determined by the Honorable Matthew Hill, Justice of the Washington State Supreme Court in a recent decision. §

"We believe that the purpose of our modern adoption statute, Laws of 1955, ch. 291, p. 1299 (cf. RCW 26.32,) is the three-fold protection of: (1) the adoptive child—from unnecessary separation from his natural parents and from adoption by persons unfit, unsuited, or unqualified to have the responsibility of the particular child; (2) the natural parents—from hurried and abrupt decisions to relinquish custody of their children; and (3) the adopting parents — from unhappiness, embarrassment and heartache, by providing

§In Re Reinius, 55 Wn.(2d) 117

them with information about the particular child and his background, and by protecting them and the child from subsequent disturbance of family relationships by the natural parents."

It is the vigilance of the doctors, the adopting agencies and the lawyers that will preserve in fact this protection the law offers. It is their cooperation that will prevent the arrangement of adoptions by unqualified and unscrupulous individuals—adoptions which can lead to great misery for all concerned.

In my personal experience as a former President of the local Board of Trustees of the Washington Children's Home Society, and a member of its State Board of Directors, I have seen that the doctors, lawyers and agencies are the community's safeguard against medieval adoptive abuses, and hence the source of happiness to hundreds of families.

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Heart.....	Mrs. Edwin J. Fairbourn
Cancer.....	Mrs. H. A. Anderson
Finance.....	Mrs. J. Robert Brooke
Dance.....	Mrs. Haske L. Maier
Fashion Show.....	Mrs. Robert W. Florence
Mental Health.....	Mrs. Merrill J. Wicks
Today's Health.....	Mrs. John M. Havina
Cook Book.....	Mrs. Bernard R. Rowen
Parliamentarian.....	Mrs. Thomas E. Murphy and Mrs. Robert A. O'Connell Mrs. William Goering

ested in attending any or all of the meetings should contact Jeanne.

### New Faces in Auxiliary

In September the Membership Committee gives the annually delightful coffee party for new and prospective new members. Cross between a welcome party and a debut, it's Auxiliary's favorite small function.

This year Membership Chairman Bart Huff is in charge of the arrangements, and invitations for coffee on the 27th will be sent to Auxiliary executive officers and the following new and prospective new members . . . Mrs. Thorvald Kristensen (Jutta), Mrs. George Moeller (Fanny), Mrs. John Pelley (Linda Ann) of Gig Harbor, Mrs. Philip Smith (Dora Mae) of the Country Club, Mrs. Stanley Mueller Jr. (Julia), Mrs. Kenneth Ritter (Lola), Mrs. Ronald Spangler Jr. (Nancy), Mrs. Ralph Stagner (Bonnie Jean), Mrs. Ray Lyle (Emmalou); two popular young women well established here and now officially members . . . Mrs. Bryan Archer (Florence), and Mrs. David Goodson (Faye); and some new brides of longtime residents . . . Mrs. Walter Cameron (Iselda), Mrs. Homer Clay (Connie), Mrs. John Gullickson (Betty)

(Continued on Page 23)

Auxiliary does not meet in September, as the State Auxiliary meetings take place in Seattle this month, September 16th through 19th. Many Pierce County Auxiliary members attend these meetings annually, find them stimulating and fun. New members are encouraged to attend to gain perspective of how Auxiliary functions across the state.

President Katharine Humiston suggests as a pleasant family outing the family dinner given by the State AMA on Sunday evening, September 16th, for those with children of high school age or older. Preceded by cocktails, or cokes, the banquet-type dinner always presents the most entertaining program, usually something of interest for the youngsters.

Past-President Jeanne Judd heads our delegation to the State Convention, and she likes company. Any member inter-

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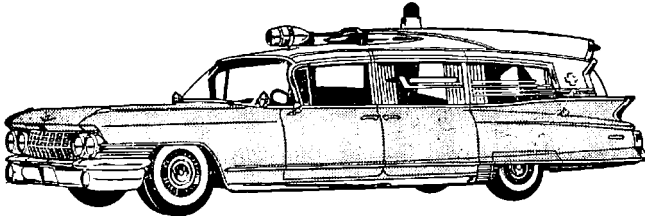
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(Continued from Page 21)

and Mrs. Frederick Schwind (Elsie); Mrs. Johan Stutterheim (Loeke) from Surabaya, Mrs. Timothy Young (Diana) from Bombay, Mrs. Anthony O'Keefe (Kathleen) from Ireland, and Mrs. Herman Ansingh (Yoka), whose husband was born in Borneo.

### Summer Board Meeting

Auxiliary's new Board met last month to consider projected plans for the coming year, and decided to extend our Nurses Scholarship program to include the new school of nursing at P.L.U., whose students train at Mountain View Hospital. The membership will later vote on the Board's recommendation to give two \$200 second or third-year scholarships to P.L.U. student nurses.

Also approved at summer Board meeting was the innovation for January suggested by Katharine Humiston, a joint dinner meeting with the Society, the program to be of general interest to both husbands and wives and announced later.

### Sleeping Beauty

At last month's meeting the Board was also informed of the alarming potential presented by HR 728, introduced last January before the House of Representatives, a bill which would authorize the President to "control, regulate, allocate use and distribution of medicines." A real sleeper, the bill was put to bed in the House Committee on Banking and Currency, where it still is, and from which it could emerge at any time as the real beginning of the end of free enterprise in the practice of medicine. Inquiring of Donna Gilman, one of our most politically hep members, we find that, in the event that HR 728 does come out of committee, Auxiliary's minute women and speaker's bureau are ready to swiftly put the spotlight on this ugly bill's real features.

### Return of The Natives

The approximate third of Auxiliary's membership who return to town from summer encampments all over the Sound is increased slightly this month by the John Flynn's reversal of this consecution. The Flynn's, who live on Wollochot Bay, have bought a town house for winter weekday living. The mileage Pat put in on her daily runs to town these past several years was incredible. They feel they can afford a town house better than they can afford to pay off the remainder of the bridge's bonded indebtedness. The Flynn's weekday retreat is in the Wapato Lake district. Pat and the girls spent a week beachcoming at La Push last month before the back-to-school scramble.

The John Bonicas, ready to break ground on the house they were building in Seattle, found just what they wanted in a home on Mercer Island and bought it. Emma describes their new house as being a comfortably large older home on a beautiful six acres of waterfront. They will remodel the kitchen and redecorate the ground floor this fall, and plan to move in by Christmas. The Bonicas will surely be missed in Tacoma, and especially missed will be the wonderful food Emma serves at their parties.

Canadian sunsets refreshed Donna and George Gilman on a week's vacation to Orcas Island and Cowichan Bay last month. The Knoest Bischoff family spent a week at Harrison Hot Springs and found it an ideal family vacation spot. The David Goodsons are on the Oregon Coast this week. Jeanne and Herman Judd spent the last weeks of August fishing at Lake Chelan.

### Doctor Livingstone I Presume

The Bryan Archers and the Robert Kleins just missed a Livingstone-type encounter on the continent this summer, twice, as both couples shuttled through on their grande tours and al-

most brushed shoulders in Nice and again in Copenhagen. The Archers travelled five weeks through Europe and Morocco, stopping about five days at each spot that especially interested them.

Florence and the two Archer children flew to Scotland in June for a month's visit with her family at Stirling, and when Bryan joined them they left the children with his family in London while they took the tour.

The Archers were in San Remo for the earthquake. It was breakfast-time, and they were just about to leave their room high in the old hotel to go down for breakfast when the first tremors shook the building. As Florence tells us, San Remo began to fall apart while she gave her husband the business for "always finding a hotel room directly over the subway."

## HOSPITALS

### Saint Joseph's

We have been plagued with a loss of valued friends. Our fellow nurses Mrs. Lee Goings nee Shirley Walls and Miss Mary Ann Hondel both have left the surgery department for opportunities elsewhere. Shirley was feted at a surprise bridal shower at the home of Mary Wetch before her wedding July 27th. Mary Ann was guest of honor at a farewell dinner. The TIKI restaurant has never known the like with "Fog Cutter and Dr. Funk" beverages enjoyed by all. She enplaned August 24th for Rome. A European tour is her plan with no definite return schedule. Our good wishes go with them both.

Dr. Baskin's baking has improved since his return from the European kitchens. We gratefully enjoy his epicurean delights.

Graduation exercises for the St. Joseph's Hospital School of Nursing

were held Sunday afternoon, August 25, 1963, at 2:30 o'clock in St. Leo's auditorium.

Eighteen students have completed their course of studies and received their diplomas. Dr. Frederick Schwind, chief-of-staff, at St. Joseph's Hospital conferred the diplomas. Emblems were awarded by Dr. Charles Galbraith in the absence of Dr. Thomas Smeall, health officer for the School of Nursing.

Attorney General, John J. O'Connell gave the main address at the exercises on the ideal of the nurse in the care of the sick.

The day commenced with the celebration of the Mass in the hospital chapel at 9 o'clock in the morning followed by a brunch in the hospital cafeteria honoring the Senior class.

We gratefully acknowledge the following scholarships which have been received by various members of this class during their course of studies.

The Pierce County Medical Society, Women's Auxiliary to the Pierce County Medical Society, Steven's County Tuberculosis Society, Thurston-Mason County Medical Women's Auxiliary, St. Joseph's School of Nursing Guild, Pierce County Nurses Association District 3, Washington State Federation of Women's Clubs, Lewis County Medical Auxiliary, The American Legion, The Colville Business and Professional Women's Club, Soroptimist International Association.

Thirty-five students have been accepted in the School of Nursing and will begin classes on September 23rd.

### Final Notice

Pierce County Chapter of Catholic Nurses of Tacoma, Washington are sponsoring a Regional Conference of Catholic Nurses on Saturday, September 21, 1963 and Sunday, September 22, 1963. Program Theme: The Apostolate of the Catholic Nurse in the Community.

Congratulations to the following:

Dr. and Mrs. Hassien Naini, a daughter, July 15, 1963.

Dr. and Mrs. Walter Sobba, a daughter, July 17, 1963.

Dr. and Mrs. Frank James, a son, July 19, 1963.

Mrs. Thomas (Sharon) Owens, R.N., Nursery Supervisor, a daughter, August 21, 1963.

Six Medical Record Technician Students will be accepted in the September class. Ray Ann Rames from California, Dana Joyne Lorfald, Pendleton, Oregon, Meredyth Walsh, Seattle, Kay Williamson, Gig Harbor, Margery Turley, Tacoma, Sharon Anne Matlack, Colville, Washington.

We have two new new Interns who have arrived, they are B. R. Nagamani and K. R. Mohan Pai. Three other Interns are coming soon, A. K. Subramanya, G. Ganesan and G. B. Gowd. All are from Bangalore, India and graduates of the University of Mysore and Bangalore Medical College.

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## Internists, Surgeons To Hold Joint Meeting

Members of the Tacoma Surgical Club will join with the Tacoma Academy of Internal Medicine Tuesday, September 24th for a dinner meeting at the Tacoma Club. The speaker for the evening will be Dr. S. F. Herrmann whose subject will be "Medical Contacts in the Near East."

(Surgical Club members please note: this meeting will take the place of the one usually held on the third Tuesday as that date conflicts with the Washington State Medical Association annual meeting in Seattle.)

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## Mental Health Workshop Report

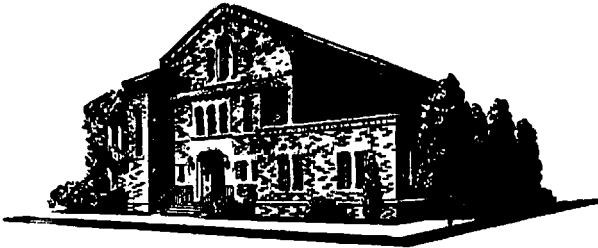
One hundred and fifty people representing 70 different organizations in our community registered for the "Action for Mental Health Workshop" at the YWCA to hear and discuss mental health problems with three prominent specialists in the field. Representing the Pierce County Medical Auxiliary were Mrs. Irma Wahlberg, Nadine Kennedy, and Dolores Havlina.

Dr. William Ogle, a Seattle psychiatrist, presented a paper on "Clues to Mental Illness." Highlights were: "Anxiety is the root source and prime mover of all activity. Does my anxiety ruin my effectiveness? This is the basis to make a judgment." There probably is an increase in mental illness in this country because of longer life (aged people tend to be isolated and therefore are more prone to mental illness), an increase in neurotic symptoms, and increase in symptoms in behavior. There is a need to educate referring doctors, ministers, social workers, counselors, etc., to determine what facility is most useful to a person.

Dr. John Dieter, chief psychologist at Northern State Hospital, explained their new "Intensive Treatment Center." Newly-admitted patients are seen immediately by a physician. After acute symptoms have subsided (perhaps only 3-4 days), they are sent to the "readjustment area" which is as much like the community as possible. Patients see

(Continued on Page 27)

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PHYSICIANS' AND HOSPITAL SUPPLIES

(Continued from Page 25)

their doctor by appointment, keep and take their own medications and are expected to go home every weekend and to make their own arrangements for doing so. To reduce "institution-fostered disability" emphasis is placed on returning patients to their homes as soon as they can again function in the community. Hospital environment has been changed to allow the patients to be as self-sufficient and self-directing as he is able. Ideally, a mental hospital should be an interlude in treatment, NOT a boarding house. Patients are not permitted to play the role of a sick person. They may look or act better than they feel. Volunteers are very important in the intensive treatment plan. Snohomish County has an Adult Rehabilitation Center where patients who have no family can reside a month or two. This is an area of community responsibility and many, many communities lack facilities for these newly discharged patients. The community's response and attitude is very much a part of their return to complete health.

The final session of the day was conducted by Dr. W. R. Conte, supervisor of the State division of mental health. We learned that mental illness is America's No. 1 health problem with 10% of our population requiring professional help. Eight out of ten are treated in State hospitals. There is a need to create an image of dignity to the human being—"berserk", "madman" phrases in the press should be abolished.

At the follow-up workshop at Western State Hospital May 8, we had the opportunity to learn about the "re-socialization program" which has been in operation for five months on Ward F. There is no extra money for this program so the existing staff has been trained in other areas. A dozen speakers outlined the coordinated efforts of all services. The contact with volunteers was again stressed as a valuable aid in

giving the ward a more community-like atmosphere. A beauty shop on the ward (an attendant took a beautician course) has helped morale noticeably. Attendant-led group discussions are conducted twice a week—no therapy at this time, of course, but it gives help in group living. Tapes are made of these sessions and a one-way window provides the psychiatrist and psychologists an opportunity to supervise and learn from these sessions.

Conferences are held weekly by the psychologist with the group leaders. Mental health films are shown to patients followed by short discussion. A small, select group of chronic backward patients are brought into the acute area with neurotics and they have had almost 100% success. Ward government conducted by the patients themselves provides an opportunity for responsibility and keeps the ward running smoothly. Ward F has run a census 40 to 50 and five are being discharged monthly. A tour of the ward was led by patients and a decidedly changed atmosphere was evident. Patients looked well-groomed and attractive; curtains and decorations softened the institution-like feeling. Patients served refreshments and mingled with guests; they spoke of the hospital program, their participation and their hopes concerning their return to complete health.

Conclusion: by—

- a) recognizing the importance of better understanding of mental health and mental illness;
- b) learning about new trends in treatment and early rehabilitation;
- c) offering help in volunteer services, we feel that we, as an organization, can contribute a great deal toward winning the battle of mental health.

DOLORES HAVLINA,  
NADINE KENNEDY.

The afternoon session of the Volunteer Services Meeting held at Western

State Hospital on June 19, 1963, was devoted to "The Emerging Role of Volunteers in Psychiatric Treatment" by William R. Conte, M.D. and "The Need for Volunteers in the State Psychiatric Hospitals" by Albert L. Meuli. These gentlemen gave well deserved praise to volunteers, individually or in groups, for services given. They pointed out the expanding need for volunteer services as patient care becomes more specialized and extensive. Advances in psychiatry and growing awareness of the public of mental health problems has greatly improved care for mental hospital patients. Recent growth has expanded the state program, with an increase in physicians from 29 to 75; nurses, 25 to 150 and adding 17 social workers.

It was mentioned that in the past not enough money had been appropriated to properly care for the patient. Not enough trained personnel were available. Those admitted to mental hospitals in many instances could obtain little more than custodial care.

Volunteers released skilled personnel for more specific duties by doing clerical work, operating movie projectors, giving beauty care, helping with recreational pursuits, etc.

As more people became oriented to mental disease as an illness, and the need for professional psychiatric care is recognized, more volunteers are needed to facilitate such care. Increased appropriations have not kept pace with increased demands for care.

The Federal Government has been made more aware of mental health health problems, and "temporary" (??) Federal Aid is ready to assist state programs.

With expanded programs it is hoped that more can be done for the patient, and periods of hospitalization shortened with a steadily increasing number of patients returning to the community.

The new role of the volunteer in psy-

chiatric treatment involves human relation values. After an orientation program on human emotions volunteers will work closely with the patient, giving the patient the opportunity to relate warmly with someone, filling a great need of the patient, and permitting him to feel that the community is interested in him. Interested, understanding volunteers may play a fundamental role in this part of therapy.

The hospital can use any service or skill you have to offer, as well as items of clothing, money for recreation equipment, added treats, etc. The office of Albert L. Meuli, M. Ed. Supervisor, Activity Therapies at Western State Hospital can give you more specific information.

DELORES WICKSTROM

## County Societies . . . IN THE NEWS

**Hampden District, Massachusetts** Medical Society recently had a display booth at the Boy Scout Jamboree. It was entitled "The Seven Paths to Physical Fitness". This display is another manifestation of the Medical Society's extreme interest in the health and fitness of the boys and girls. Also, to provide greater incentive, the Society awarded plaques to the senior high school, the junior high school and the four elementary schools attaining the highest averages in the Youth Fitness Tests held this last spring.

**Georgia Medical Society (Chatham County)** physicians are cooperating in the establishment of a Respiratory Disease Clinic. This clinic, sponsored by the Chatham-Savannah Tuberculosis and Health Association, is being set up for the diagnosis, treatment and rehabilitation of patients with chronic lung diseases such as chronic bronchitis and emphysema. Diagnostic facilities will include ventilatory studies, blood



gas analysis, chest x-ray, electro-cardiograms and routine laboratory studies. The treatment and rehabilitation program will include drug therapy, instruction in breathing exercises. Group therapy classes are planned for the patients and their families.

**Utica Academy of Medicine, New York** physicians recently participated in the Improvised Emergency Hospital Training Exercise, a Civil Defense program sponsored by the Utica and Oneida County Civil Defense Departments. Doctors also lectured at the "Disaster Training Course for RN's" on topics such as "Priority of Treatment in Disaster", "Emergency Treatments and Techniques", "Radiation Illness" and "Management of Burn Casualties."

#### QUOTE OF NOTE

**Government and Society**—"Some writers have so confounded society with government, as to leave little or no distinction between them; whereas they are not only different, but have different origins. Society is produced by our wants and government by our wickedness; the former promotes our happiness **POSITIVELY** by uniting our affections, the latter **NEGATIVELY** by restraining our vices. The one encourages intercourse, the other creates distinctions. The first is a patron, the last a punisher. Society in every state is a blessing, but government, even in its best state, is but a necessary evil. \* \* \* Were the impulses of conscience clear, uniform and irresistibly obeyed, man would need no other law-giver; but that not being the case, he finds it necessary to surrender up a part of his property to furnish means for the protection of the rest."

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## REMINISCENCES

A long time ago, when I was a boy, I had a job with a Swedish rancher by the name of Olson.

Mr. Olson had somewhere in the neighborhood of a thousand acres of wheat and one of my assignments was to haul five tons of wheat away from the thresher, out of the field, into town and up a beet dump, where the wheat was poured down a shoot into railroad cars.

The loads approximated about five tons and, since I had demonstrated that driving a four-horse tandem was not one of my better accomplishments, I was assigned a team of bay mares that weighed about twenty-two hundred pounds apiece.

During the busy season, the pressure of the horses' collars with the friction involved, even though well-padded, caused quite severe Ducubiti which were a major problem to heal or to keep to a minimum so that the horses could and would work.

One of the suggestions that Mr. Olson made was to keep a tin can on the window ledge and when the horses were unharnessed, the shoulders were to be sponged with fresh urine.

This, along with care of padding and use of an astringent antiseptic powder, proved successful.

Fifteen to twenty years later, in the "early thirties", Urea became quite popular as a digestant used in compresses and ointments for the care of "dirty

wounds" that needed chemical debridement.

For several thousand years, the Arabs have used camel's urine for cleansing wounds and washing babies; the urine being quite sterile and serving as an adequate cleanser.

Nowadays, one may get the same and a much more expensive result by the local use of one of the modern digestive preparations.

Urea as a compress should not be used in more than a 10% to 15% solution and probably about the same in a hydrophilic cream with or without an antiseptic, astringent, or tar. Urea crystals may be used locally, but limited to the confines of the wound.

—CARLISLE DIETRICH, M.D.

## H.R. 728

H.R. 728 is a bill that was presented to the House Committee on Banking and Currency by Representative Abraham J. Multer, Democrat, from New York.

This bill would give to the President of the United States the right to control, regulate and allocate the use and distribution of medicinal substances for the purpose of protecting and preserving the health of the American people.

Whenever the President finds that any particular substance is the only one effective in the prevention or treatment of any disease, he may regulate the allocation, distribution, use and price.

A "medicinal substance" means any vaccine, serum, medicine, chemical or other substance.

There are three obvious objections to this dangerous bill: 1) No man, and certainly not a politician, should have control of a drug possibly in short supply that might mean life or death for hundreds or thousands of American citizens.

2) There is no mention in this bill as to who is to advise the President regarding what medicinal substance to control

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and no mention of consultation or conference with any medical group or organization.

3) There is no method to appeal, modify, change or regulate any decision made by the President.

This particular bill has been presented seven times before by the same man to the same committee and has been rejected. A recent survey of the members of the committee reveals no change in sentiment; therefore, no action is necessary at this time.

The purpose of writing this article is to illustrate: 1) the persistent efforts being made by some to gain political control of the medical care of the people of the United States, and, 2) the reason why the AMA must maintain an office in Washington, D.C. to keep abreast and ahead of legislation of this type.

—FRANK J. RIGOS, M.D.

## Radiation Hazard Being Checked

Checking of radiation hazard from x-ray machines and like equipment is being carried on this summer in physicians' offices throughout the state by a survey team assigned to the project by the Washington State Department of Health, Dr. Bernard Bucove, health director and chairman of the Technical Advisory Board on Radiation Control, said today.

Responsibility for establishing the program to permit the maximum utilization of sources of ionizing radiation consistent with the health and safety of the public was assigned to the state health department by the Washington State legislature.

Similar surveys have been completed in over 750 dental x-ray installations during the past year. These have had the full support and cooperation of the Washington State Dental Association and its members.

The present radiation protection surveys will assess the situation in diagnostic medical radiography. Time will not permit the team to visit every installation.

Physicians desiring a check on their equipment should contact the Radiation Control Agency, Washington State Department of Health, 1510 Smith Tower, Seattle, Washington 98104.

A special effort will be made to comply with requests, Dr. Bucove said. A report will be made at no charge. Other offices will be contacted on a random basis.

## Congenital Heart Defects Booklet Available

The American Heart Association has issued a revised and expanded edition of a booklet designed to aid physicians in preparing parents of children with inborn heart defects for events that may follow the preliminary diagnosis.

The publication, "If Your Child Has A Congenital Heart Defect," now describes nine defects which are considered operable, two more than were included when the first edition was published in 1960. The newly included defects are transposition of the great vessels and tricuspid atresia. Also described are: coarctation of the aorta, patent ductus arteriosus, atrial and ventricular septal defects, tetralogy of Fallot, aortic and pulmonary valvular stenosis. Diagrams of the different conditions are included, as well as a diagram of the normal heart on which the physician may wish to sketch the individual patient's defect. In addition, the booklet outlines diagnostic, operative and post-operative procedures and notes some of the community resources available to help the child and the parents.

Physicians and other professional workers may request copies of the booklet from the Pierce County Heart Assn.

## Pierce County Medical Society

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 10

TACOMA, WASH.

OCTOBER - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
OCTOBER 8**

# Pierce County Medical Society

1963  
OFFICERS

President.....Stanley W. Tuell  
President-Elect.....Frank J. Rigos  
Vice-President.....Philip Grenley  
Secretary-Treasurer.....Arnold J. Herrmann  
Executive Secretary.....Judy Gordon

## TRUSTEES

Lester S. Baskin	Frank J. Rigos
John F. Comfort	Warren F. Smith
Robert M. Ferguson	George A. Tanbara
Philip Grenley	Govnor Teats
James E. Hazelrigg	Stanley W. Tuell
Arnold J. Herrmann	G. Marshall Whitacre

## DELEGATES

Richard F. Barronian	Arnold J. Herrmann
Robert M. Ferguson	Frank J. Rigos
Robert W. Florence	Stanley W. Tuell

## ALTERNATE DELEGATES

Robert R. Burt	Charles J. Galbraith
Douglas P. Buttorff	Herman S. Judd
John F. Comfort	John M. Shaw

## COMMITTEES

### Ethics

Frank R. Maddison, Chairman	
L. M. Rosenblatt	Lester S. Baskin

### Grievance

G. Marshall Whitacre, Chairman	
Chris C. Reynolds	C. B. Ritchie

### Program

James D. Lambing, Chairman	
Dale D. Doherty	Louis P. Hoyer, Jr.
	James E. McNerthney

### Public Relations

Kenneth E. Gross, Chairman	
Samuel E. Adams	Robert M. Ferguson
Dale D. Doherty	Arnold J. Herrmann
L. S. Durkin	George A. Tanbara

### Library

William E. Avery, Chairman	
Martin C. Eltrich	George C. Gilman

### Haskel L. Maier

### Public Health

Robert C. Johnson, Chairman	
Lawrence Brigham	Robert M. Freeman
C. R. Fargher	Orvis A. Harrelson

### George A. Tanbara

### House and Attendance

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Editor.....	T. R. Haley
Business Manager.....	Judy Gordon
Auxiliary News Editor.....	Mrs. Robert A. Kallsen



## October Birthdays

- 2 Dudley W. Houtz
- 3 L. S. Baskin  
M. R. Hosie
- 4 E. R. Anderson  
Arnold J. Herrmann  
Somers Sleep
- 5 J. Robert Brooke  
David F. Dye  
Kenneth E. Gross  
Thomas B. Lawley
- 6 Darcy M. Dayton  
Ahmet R. Islam
- 7 Haskel L. Maier  
Richard I. Rich
- 9 Jess W. Read
- 10 Donald M. Nevitt
- 11 Myron Kass  
John Pelley
- 12 Robert A. Kallsen
- 13 G. W. Bischoff
- 14 Robert G. Bond  
Frank H. James  
James E. McNerthney
- 16 Murray L. Johnson  
William H. Ludwig
- 17 C. B. Ritchie
- 19 David T. Hellyer  
Vincent M. Murphy
- 20 Dumont Staatz
- 21 Buel L. Sever
- 22 William Coleman
- 23 H. A. Anderson
- 24 Giulio di Furia
- 25 Donald Allison  
Charles McGill
- 31 John F. Kemman  
John Srail

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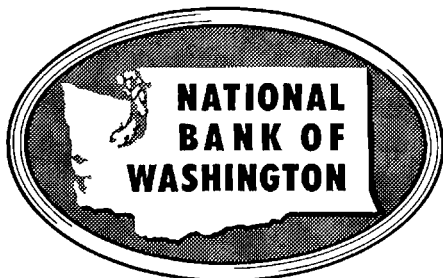
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# PIERCE COUNTY MEDICAL SOCIETY MEETING

## Tuesday, October 8

Medical Arts Building Auditorium

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

"The Doctor's Unwitting Role in  
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Detectives Wallace Seymour and Hardwick Smith  
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\* \* \* \*

Social: 6:00

Dinner: 6:45

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## President's Page



Congratulations to the doctors of Pierce County. Your response to the first call for help from Operation Hometown Chairman Doug Buttorff was gratifying. The aim is to circulate to the public as much factual information as possible about the King-Anderson Bill, and physicians requested over 33,000 pamphlets from the Society office to mail to their patients. It's only a start, but it's a good one.

At its first fall meeting, your Board of Trustees had a lengthy discussion of attitudes toward Kerr-Mills legislation and utilization. State Trustees Jess Read, Bill Bowen and Marshall Whitacre were in attendance and there was general agreement that while there might still be some problems of implementation, the present Kerr-Mills program, along with the Old Age Assistance program in this State, was providing good medical coverage to the needy aged, and any efforts to extend the program by increasing benefits or broadening eligibility would be not only unnecessary, but would in no way deter the efforts of those whose aim is to destroy the private practice of medicine.

This summer's Pier 7 fire was the closest thing to a local civil disaster in recent years, and it was gratifying to be able to call county civil disaster chairman Art Wickstrom and find him ready and willing to organize additional medical help if needed. Several doctors had called the doctors' exchange to report their availability if help were needed. Dr. Wickstrom was again alerted at the time of the Warburton Building fire in September. Fortunately, all injured at both fires were adequately cared for at local hospitals without special mobilization of medical teams. But the additional help was available if needed.

The Board has approved joint sponsorship of another Lederle Symposium, similar to the one that was so well attended here in 1959. The date will be February 8th and will feature prominent speakers on ailments of the gastrointestinal tract, including Dr. Walter C. Alvarez of Chicago. Mark the date on your calendar. Another date to remember is the date for our first Society meeting in 1964, Tuesday, January 14. It'll be a joint dinner-meeting with our hard-working and faithful auxiliary. You'll be hearing more about it later.

STANLEY W. TUELL, M.D.

# *Editorially Speaking*

WELCOME DR. JAMES MASON

In this issue the Bulletin is pleased to introduce Tacoma's first Director of Medical Education and to present a guest editorial by him discussing current needs in postgraduate medical education.

Dr. James B. Mason comes well qualified to his new position at Tacoma General Hospital. Before World War II he was a practicing board surgeon in Philadelphia, and a member of the Department of Surgery at the University of Pennsylvania Graduate School of Medicine. During the war he was chief of surgery at the army hospitals at Indian Town Gap and Fort Lee. He rose to the rank of Colonel and was, in 1942 and 1943, in charge of Medical Plans and Operations in the office of the Chief Surgeon, etc. He was instrumental in developing the blood bank for the invasion of and operations in Europe. During the Korean War he was special assistant to the surgeon general in charge of Reserve Affairs and was later promoted to the grade of Brigadier General in the Reserve. Nine years ago he was called to Chicago to become assistant director to the American College of Surgeons, which post he has occupied until retirement this year. Coming to live in Tacoma fulfills a dream going back many years. He fell in love with this area after visiting here for the military and the College of Surgeons.

In securing a paid director of medical education, Tacoma General is following the example of nearly 1,000 other hospitals in the country in their efforts to get and adequately train interns. There are now more than twelve thousand internships available and over 30% of these are vacant and the situation is growing steadily worse.

Highest on the list of factors that influence the selection of a hospital by an intern is its medical reputation and its training program. We feel that with the help of this distinguished physician, Tacoma General should have an excellent chance. Hearty welcome to the former, congratulations to the latter.

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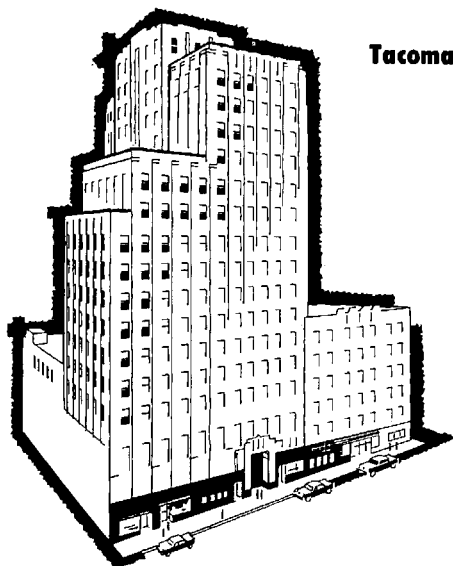
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# Guest Editorial

## WHY A DIRECTOR OF MEDICAL EDUCATION?

Somewhat less than ten years ago, the Medical Staffs of hospitals—in particular, the voluntary community hospitals—were faced with problems in providing a mechanism to assist them in the formulation and overall supervision of training of house staffs, especially at the intern level. From this requirement and the further need for integration of these activities with the many administrative aspects of the hospital operation, there emerged the position of Director of Medical Education. Heretofore, these activities had been carried on by a member or members of the Medical Staff. While “responsibilities” of chiefs of major services for developing and prosecuting training programs for interns assigned to their services continue as heretofore concurrently with their greater responsibilities for patient care, the educational problems had become very complex. From pure necessity, the co-ordination of these efforts and liaison between Medical Staff, the Administrator and the house staff called for the acquisition of, and the appointment of, a senior physician to devote full or part time to these matters. At this time, there are in excess of 900 Directors of Medical Education, full or part-time, throughout the United States. Of this number, approximately nine are serving in hospitals in the State of Washington.

Another factor in the development of this past was the necessity to provide for the tailoring of educational programs that attract the recent medical graduate to their hospital. In view of the imbalance between members of medical school graduates with the rapid expansion of spaces in house staffs throughout the United States, the “paper program” no longer served. In round numbers, 8,000 graduates constituted a buyers’ market for approximately 12,000 vacancies. University hospitals and large training centers utilize about 50 per cent of the interns each year. This means that there remain 4,000 applicants for internships among United States medical graduates. Simple arithmetic indicates that there are remaining 4,000 young doctors with 8,000 spaces in community hospitals which are approved by the Joint Commission on Accreditation of Hospitals and by the American Medical Association for Internships. This problem is being further complicated by the building of new hospitals and the expansion of patient capacity of currently operating hospitals. The space increase is outrunning the annual output of United States medical graduates. Some of the surplus vacancies can and are being filled by graduates from foreign medical schools who have been carefully screened by the ECFMG. This source has provided some well-qualified house staff members. But, in order that their integration into the United States medical community be effected in fairness to patients, to Medical Staffs and to the individual young doctors from other countries, great care must be exercised in selection. Their number ought not exceed 20-25 per cent of the house staff. Thoughtful administration of this element of the program can provide real benefits to the “image” of the United States in the homelands of these physicians. The converse can result in resentments that cannot but hurt our country.

What actually does the Director of Medical Education do? In the next few paragraphs, I will outline, in general, what he does, but it is to

be underlined that, as a "catalytic agent," the Director of Medical Education can succeed only when:

1. The program of medical education is REALLY wanted by the Medical Staff—and that department heads actively discharge their responsibilities.
2. The educational program has the willing and effective support of the Administrator and the Board of Trustees.
3. The program is so tailored to the needs of the hospital that it can be properly and effectively prosecuted.
4. There is full recognition of professional and fiscal responsibilities which such a program entails.

The assumption is, of course, basic that the Director of Medical Education be professionally competent—whether or not he actually engages in patient care, that he has administrative know-how in the many-sided problems to be faced in aiding the staff in program planning and its execution. Above all, he must be one who can, with tact, persevere in the execution of his mission.

There are certain common duties that he can perform among which, working with the Resident and Intern Committee, are: arranging and participating in intern recruitment; interview (when possible) and selection of interns; scheduling programs in which hospital staff and visiting educators participate. He acts as counselor for the intern staff in their current activities and in their career aspirations. He assists in the adjudication of complaints of administrative and professional nature; planning for educational rounds, seminars, CPC's, and other conferences; over and beyond "bedside teaching" which must be the cornerstone of the educational program. He must be cognizant for needs for vacations, recreational activities, and ever be aware that the satisfied wife of the intern contributes immeasurably to his competence. He participates on invitation in continuing educational forums of the Medical Staff itself.

In order to discharge his duties, effectively, the Director of Medical Education ought to sit as a nonvoting member of the Committees on Residents and Interns, Education, Library, Mortality, Records, the Executive Committee of the Medical Staff and the Joint Conference Committee of the Medical Staff and the Board.

The Director of Medical Education is a new discipline in Medicine. To keep abreast of the rapid changes in practice through integration of research with improvements in therapy and economic trends which bear on the many aspects of an educational program in hospitals, he must attend forums such as those concerned with the Annual Conference on Graduate Medical Education and the sessions devoted especially to the Directors of Medical Education conducted by the American Medical Association each year. In addition, he should attend other conferences in his zone of interest such as that conducted by the American Hospital Association. Visits to other hospitals educational programs on an informal basis will pay dividends. The problems of house staff (intern) and Medical Staff may be discussed at these gatherings in a relaxed atmosphere that bodes well for the program.

Above all, the Director of Medical Education must have a liking for patients. Every program and every action must conform to the "Provision of Better Care for the Patient."

JAMES MASON, M.D.

# WOMAN'S AUXILIARY . . .

## To The Pierce County Medical Society

### AUXILIARY OFFICERS — 1963-1964

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President-Elect.....	Mrs. Sherman S. Pinto
1st Vice-President.....	Mrs. Arthur P. Wickstrom
2nd Vice-President.....	Mrs. Dale D. Doherty
3rd Vice-President.....	Mrs. Axel Lindstrom
4th Vice-President.....	Mrs. Jack J. Erickson
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Assistant Treasurer.....	Mrs. Glenn H. Brokaw
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National Bulletin.....	Mrs. Robert A. Kallsen
Civil Defense and Safety.....	Mrs. Wendell G. Peterson and Mrs. Richard F. Barronian
Historian.....	Mrs. Herman S. Judd
Legislative.....	Mrs. George C. Gillman and Mrs. Samuel E. Adams
Membership.....	Mrs. Ralph A. Huff
Paramedical.....	Mrs. Leonard Morley
Program.....	Mrs. J. Hugh Kalkus
Publicity.....	Mrs. Thomas O. Murphy
Bulletin.....	Mrs. Robert A. Kallsen
Revisions.....	Mrs. Dale D. Doherty
Social.....	Mrs. Dudley W. Houtz
Speakers Bureau.....	Mrs. John J. Bonica and Mrs. John Colen
Telephone.....	Mrs. Stanley W. Tuell
Minute Women.....	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council.....	Mrs. Edwin J. Fairbourn
Heart.....	Mrs. H. A. Anderson
Cancer.....	Mrs. J. Robert Brooke
Finance.....	Mrs. Haskel L. Maier
Dance.....	Mrs. Robert W. Florence
Fashion Show.....	Mrs. Merrill J. Wicks
Mental Health.....	Mrs. John M. Havlina
Today's Health.....	Mrs. Bernard R. Rowen
Cook Book.....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell
Parliamentarian.....	Mrs. William Goering
International Health.....	Mrs. Axel Lindstrom

Auxiliary's first fall meeting will be a coffee party at Eileen Rademaker's home in Narrowmoor, at ten o'clock the morning of October 18th. The coffee hour will be followed by a short business meeting and guest speaker Doctor Ander Vermes, who will tell of his experiences practicing medicine under socialism in Hungary.

### Fashion Show . . .

Auxiliary members, Run, don't walk, to the ticket sellers at October meeting, for your tickets to the Fall Fashion Show. A sell-out at the door two years ago, and a sell-out a week before the show last year, this year's show under Marge Wick's gifted chairmanship will probably put ticket-scalpers in business, so buy yours now for only \$3.00. This much-anticipated affair will feature fashions from Lou Johnson's for their first showing this year, modelled by Auxiliary's own models . . . Dee Wickstrom, Helen Florence, Ruth Murphy, Kit Larson, Wibby Bischoff, Billy Mur-

phy, Sheila Dimant, Muriel Nelson, Eileen Rademaker and show chairman Marge Wicks. The Fashion Show is at the Top of The Ocean on October 24, and luncheon will be served at 12:30.

### State Convention

Auxiliary President Katharine Humiston admits she listens critically to a speaker on politics and medicine, because she knows what the other side says and how they will poke holes in the premise of any Doctor, but Doctor Annis, she says, is hole-proof. Jeanne Judd tells us that going over to Seattle to hear Dr. Annis on Sunday evening was 'More than worthwhile', that he's the most wonderful speaker she's heard. Nadine Kennedy, practically a pro at persuasive speaking herself, says while this gentleman spoke for an hour you could have heard a pin drop, that he's not only a real personality he also has the background, and can provide really dramatic leadership in our battle against Fedicare. Many of Auxiliary's membership attended this Sunday night banquet with their husbands preceding the opening of the State Convention.

Another fairly electrifying speaker at this year's Convention was our Jeanne Judd. Delivering her annual report on Tuesday, near the end of the long series of reports before lunch, Jeanne drew enthusiastic applause by giving her report with a lighter touch and presenting our notable successes under her presidency modestly. Telling of our Cook Book project, which is close to a thousand dollars in profit and looks like it's going for a second printing, Jeanne had the dozing delegates sitting up listening, and sold twenty-five copies on the way out.

Tuesday night's Ball at the Convention was spectacular, quite different and openly opulent, with the orchestra playing as guests entered, and no speaker at all. The chef, cooks, and waiters paraded through to accept applause for the fabulous flaming brochette.



Not many of the large number there for the Convention from Tacoma stayed for the President's reception closing the Convention on Wednesday evening, but those who did found it pleasant, and were given the happy surprise of seeing Kay Herrmann there looking absolutely gorgeous in an orange dress and enjoying a night out after an uncomfortable recovery from surgery this summer.

### Back to School Time

Christine Kunz is in first year nurse's training at Tacoma General. Galen and Pat Hoover's oldest daughter is a freshman at U.P.S. Hugh Judd is back at Stanford, and Marjean is a sophomore at Western Washington, Lael Harris is at the U. in Seattle this year.

The Warren Smiths' son Brian is a freshman at U.P.S., and Marion says one week of college has already made him a man of distinction. Bruce Teats is in his second year at U.P.S. and George Teats is a senior there. Three of the Rigos children are at the U. in Seattle now, with Rosalind just entering as a freshman. Mary Kemp is at Lewis and Clark, and George Kemp is a junior at Washington State.

The McBrides, whose daughter Betsey married in August, have another wedding coming up at Christmas when Barbara will be married. Barbara is a fourth year nursing student at the U. and will go on to graduate in June. The John Robson's boy Rob, who is a student at P.L.U. was also married this summer.

The Larkins' son Patrick is at U.P.S. this year, his brother Michael is taking his Jesuit Novitiate in Oregon. Freshmen John Zimmerman and Tom Wicks are roommates at the University of Oregon. Karla Smeall started at Portland University this fall. Laurie Grenley is a freshman at Vassar.

Ken Hosie is a freshman at Washington State where his sister is in her junior year. Charles Larson is a fourth through his first year at West Point, and Margaret says it's a rough one.

Maxine Rosenblatt has Rod and Jane at P.L.U., Rod in his senior year as a pre-seminary student, and Jane in her

second year of nursing. Both youngsters were in the P.L.U. choir that toured Europe this summer, where they sang in churches all over Norway for a month and then in Germany, Denmark, France, Belgium and Holland another month. The Louis Rosenblatts have a daughter studying at Pullman.

### Educated Abroad

Kay and Don Willard haven't seen son Douglas, who is a senior at Dartmouth this year, since last March. Majoring in mathematics, Douglas' musical talent and linguipotence drew him to Europe this summer where he studied German at the University of Munich for one month (he also knows French and Italian), and took in concerts in Austria, Italy, and Paris the rest of the summer. His younger sister Revelle, a senior at Stadium high, also spent the summer abroad, visiting in Zurich, Vienna, Florence and London before returning home and to school at the Brown Castle.

Gretchen Vadheim is studying at the University of Grenoble in France this year. Our eversible daughter at Stadium changed her blonde mind about transferring out of zoology a week after school started, when a handsome young assistant teacher made the scene one day . . . Jimmy Vadheim, who is a senior at U.P.S. and will get his degree and teaching credentials in biology and zoology in June.

Stephanie and Stan Tuell, four-time grandparents, have a daughter in school abroad this year. Sixteen year-old Sandra Tuell is Stadium's exchange student and is in school in Braunschweig, Germany. Sandra's two years of high school German weren't exactly comprehensive, Society President Stan says, but adequate, as they all do the twist there anyway.

### Cool School

The Murray Johnson's son Larry is a freshman at U.P.S. Sherry and Murray were sort of back-to-school themselves this summer when they went north on an expedition sponsored by Michigan State U. for the Foundation For Glacial Research to study the ice fields in the

Taku Glacier, forty miles out of Juneau. Murray was attending physician for the expedition and Sherry was assistant medical staff. Sherry describes herself as 'no mountain climber', hated being roped onto the other snow-bunnies. But after one climb across the ice field when her foot loosened a rock, and she listened to this rock clatter through the chilly silence a full five seconds on its route down, Sherry says she quickly adapted to the rope.

From Juneau they flew into their camp on a nunatak above the ice field by cargo plane, wore parachutes but didn't have to use them, their only misadventure being the Governor of Alaska's sitting on the expedition's supply of eggs. They had to back-pack all their supplies, including the lumber to build staff quarters, from the landing strip on the glacier up to their camp. Sherry says the twenty-six science students and otherwise flat-lander type personalities of the expedition were pretty well hardened after a month of Arctic education.

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Research on a measles vaccine had also been in progress, based on the achievement of John Enders and his associates in isolating the virus and in developing the original tissue culture methods needed to grow the virus in quantity. Four years of intensive research bore fruit in March, 1963, with the licensing of a killed-virus measles vaccine. Behind it were two years of clinical testing covering more than 17,000 children in nearly 100 cities.

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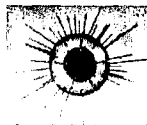
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MEASLES VIRUS



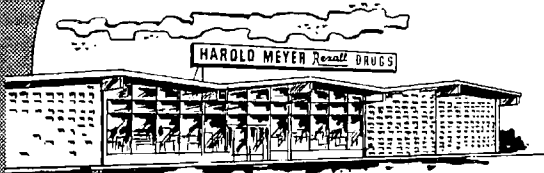
INFLUENZA VIRUS



POLIOVIRUS

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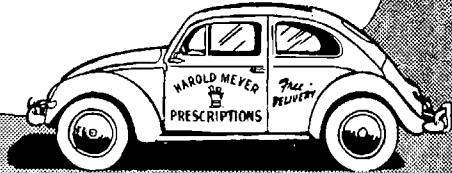
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## HOSPITALS

### Saint Joseph's

Clinical Laboratory has three new students taking a two-year training course toward becoming registered medical technologists. The interns are Milagros Castillo from Adamson University, Corazon Baldonado and Aurora Reyes, both from the University of Santo Tomas in Manila.

Delores Hebert, from Clinical Laboratory is back from a California vacation. She's so sparkling and full of enthusiasm that it is hard for the rest of the crew to keep up with her.

Carol Costello and son Matthew, born here August 1, are leaving to join husband Bob in Raymond, where he is the new chief engineer and announcer for KAPA radio. Best of luck to them.

Former employee of the Clinical Laboratory, Dave Pratt and Helen Manzanos announced their engagement. The day for the happy event has not yet been set.

Pediatric staff wishes to welcome those beautiful and handsome new students to the School of Nursing.

We would like to welcome Mrs. Vanessa Walter, R.N., who comes to us to replace Mrs. Spadoni. Mrs. Spadoni has left to make residence in Seattle where her husband will attend the U of W Medical School and to await the arrival of a little one.

Other new personnel in Pediatrics are Miss Bishop and Mrs. Terry, recent graduates from the Practical Nurse Program of the Tacoma Vocational Institute.

September 17, marked the first of our season's in-service education program. Our first topic, "A Look at Ourselves", proved beneficial as we took a critical look at our nursing procedures and practices. We also had a demonstration of the new Vapor-Matic. A cold humidifier which will be of much use this winter as it is capable of humidifying a whole room and save much space and nursing care.

We are thrilled to welcome Mrs.

Stowl to the Pediatric Department. She is a volunteer worker from the Tacoma Public Library who has offered to donate her Fridays to the children. The children will surely enjoy the games, books and readings she has planned for them.

Davey Jones locker has mysteriously turned up in the corner of the Pediatric Department play room, filled to the brim with toys. We may thank the staff and the men in the basement for its good looks.

Sister Cuniberta has announced the establishment of a dictation stenographic station so that doctors may dictate from their offices to our Steno-Pool. It is hoped that eventually space can be provided for a Stenographic Pool where reports can be transcribed in quieter, more relaxing atmosphere. Reports will be on the charts the same day as dictated instead of many days later as the case is at present.

May Louise Lee from Alaska, is being trained in various jobs in the Dietary Department in preparation for a position in her native hospital in Anchorage, Alaska.

Thirty-four new student nurses started their three year program on September 23rd.

Reminder to doctors of Medical Staff that the Staff meeting postponed from September will take place on the *third Monday in October*, the 22 at 7:30 p.m.

### Tacoma General

We now have two new additions to our Administrative Staff. Doctor James B. Mason holds the position of Director of Medical Education. Doctor Mason comes to us from Illinois where he served as Assistant Director of the American College of Surgeons for the past nine years following his retirement from the Army as Brigadier General. He is associated with many professional societies. Dr. Mason is married and lives in Gig Harbor.

Mr. John C. Ettner is our new Assistant Administrator. Prior to joining our staff Mr. Ettner was employed at the University of Washington on a special

Continued on Page 21

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Continued from Page 19

project for advanced planning for a program in teaching retarded children. He took his administrative residency at the University Hospital, Seattle; the graduate work in hospital administration at the Washington University in St. Louis; and his administrative internship at Santa Monica Hospital in Santa Monica, California. Mr. Ettner is married and has two sons, 4 and 6 years of age.

Thirty-eight new students were admitted to the School of Nursing this fall. The school is fortunate to have two new instructors on its staff. Miss Leona Larm, R.N., is a surgical nursing instructor who received her Master's degree at the University of Minnesota. Mrs. Georgann Chase, R.N., is medical clinical instructor who comes to us from Portland, having received her Master's degree at the University of Oregon.

Dr. Anton Sohn has recently joined the Pathology Department as a resident. He comes to us from Indiana Univer-

sity. New students in the School of Medical Technologists are: Joyce Larsen, Judy Walters, Janet Smith, Roberta Rylie, Mary Robinson, Lillian Erickson and Sharon Jackman. Mr. Charles De Vose is in Histologic Technology.

## Pearl of the Month

Exclaimed Sister Joseph Margaret when they brought a patient to surgery with burns from smoking in bed, "Never smoke in bed. The ashes that drop on the floor may be your own."

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## Civil Defense Drill At Lakewood General

The Civil Defense Program at Lakewood General Hospital has now completed the first phase of its operation. Procedures were set up in such a way as to comply with the general requirements of the Civil Defense Program for this area and at the same time to satisfy the requirements for smooth operations of the hospital in case of a civil disaster.

The procedures for obtaining additional staff personnel including physicians for the hospital in case of a civil casualty was primarily organized by the nursing staff and administration of Lakewood General Hospital. In case of an emergency, lines of communication are set up emanating from the hospital via the heads of departments, administrator, and to the hospital coordinator. Each department assumed the responsibility for notifying through its organization setup the different members who would be required to be present in case of a casualty involving twenty or more persons. The hospital coordinator, a physician assigned this responsibility, would at the same time notify an adequate number of physicians to treat the casualties.

When the organization work was completed, a trial was carried out on the effectiveness of the communication system by the operating personnel. Subsequent to this trial a "report to hospital" trial run was carried out.

When the communication trial was attempted, the need for having adequate alternates available was demonstrated. The tests showed that personnel could be reached adequate to cover to a major casualty in about 14 minutes. However, in some cases where alternates were not available the lines of communication were broken and adequate personnel were not reached. Subsequent to this first trial the report to hospital procedure was carried in which the personnel necessary to efficiently handle a civil casualty were not only notified by phone but were required to report to the hospital to be assigned to their positions.

On Wednesday night, August 28, 1963, the Assistant Administrator of Lakewood General Hospital notified the telephone girl that a simulated civil casualty had occurred. This was a plane crash involving an estimated 54 patients. The hospital coordinator was notified by phone and the head personnel of the various departments of the hospital were also contacted. It was estimated that approximately 15 minutes were required to notify all of the personnel which were essential for this operation. In approximately 35 minutes, better than 90% of the personnel had reported into the hospital to be assigned to their duties. The medical side of this operation involved the notification of physicians in general practice and in the various specialties. By the end of one-half hour 14 physicians had reported into the hospital and to their various stations. These stations included triage at the point of admission of the casualties, emergency room service, surgical operation room service, and holding areas for casualties which were

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not as acute in the library and cafeteria.

The test was felt to be highly successful by the Civil Defense Committee of Lakewood General Hospital. This success was felt to be due to the efficient organization plan as set up by the nursing administration and administrator and the cooperation of the personnel involved. The present plans of the committee are to repeat this type of demonstration about twice a year in order to maintain a highly efficient organization as well as to indoctrinate new personnel to the procedures to be followed.

## Congratulations . . .

To Drs. Schultz and Dimant for receiving awards and honors in connection with the Citizenship Day ceremonies recently. This helps our public image.

## AHG, PTC and PTA

Recently patients having deficiencies of the prothromboplastin blood coagulation factors were identified at the Tacoma General Hospital Laboratories. These patient case reports illustrate deficiencies in (1) anti-hemophilic globulin, (2) plasma thromboplastin component, and (3) plasma thromboplastin antecedent. They are presented to demonstrate the use of newer tests for blood coagulation disease syndromes.

### Case 1: (T.R.) L. N. Brigham, M.D.

This male patient, age 11 months, was one month premature due to placental separation. The neonatal course was normal. Family history: Paternal grandmother diabetic, paternal aunt diabetic, two siblings with no bleeding history, and no close relatives with bleeding history. He had a hernorrhaphy at Doctors Hospital at four weeks of age. Following this he developed a giant hematoma in the wound site. Because of severe anemia, he was given two transfusions in scalp vein. Since then he has bruised easily. Recently he lacerated the frenulum of his upper lip; the wound was sutured but it continued to bleed. He was again given a blood transfusion. On physical examin-

ation at that time he was well developed but thin, he had several ecchymoses and he had a clot inside the upper lip over the frenulum. No other abnormalities were noted. Laboratory findings are as follows:

Bleeding time .....5 minutes  
Clotting time (Lee-White) 49 minutes  
Platelet count .....284,000 per  
cubic millimeter

Partial thromboplastin time.....  
80 seconds (control 50 seconds)  
Prothrombin time.....100% of normal  
Thromboplastin generation time abnormal; Corrected with normal fresh control plasma.

The diagnosis was anti-hemophilic globulin deficiency. This is the classical form of hemophilia which must be treated with fresh frozen plasma, fresh whole blood or antihemophilic globulin.

### Case 2: (T.F.) L. N. Brigham, M.D.

This male patient, age 11, was seen by his physician because of bruising easily and because of hematuria off and on for several years. There is no family history of bleeding, including two siblings 9 and 10 years of age. Past history shows a normal delivery, normal neonatal course, usual contagious diseases and no operations or injuries. An intravenous pyelogram was negative. Further history revealed episodes of bilateral epistaxis that were difficult to control on and off for many years. He also had one episode of blood in his stool. Following are the results of the laboratory study:

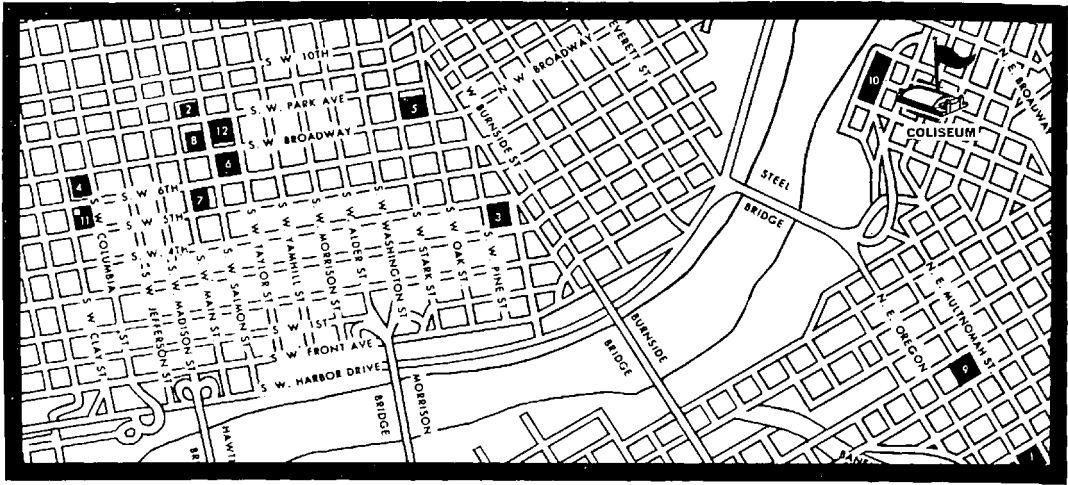
Bleeding time .....2 minutes  
15 seconds  
Clotting time (Lee-White) 12 minutes  
Platelet count .....295,00 per  
cubic millimeter

Prothrombin time.....100% of normal  
Prothrombin consumption time.....  
12.6 seconds (control 28 seconds)  
Partial thromboplastin time.....  
50 seconds (control 50 seconds)

Thromboplastin generation time abnormal; Corrected with plasma from known patient deficient in plasma thromboplastin component.

The diagnosis is made of deficiency in plasma thromboplastin antecedent.





PORTLAND HOTEL RATES FOR 1963 CLINICAL MEETING

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6. Portland Hilton Hotel	.....	17.50	26.00	46.00		11.00	15.00	16.00	32.00
					11. Doric Motel	\$ 9.00	.....	\$13.00-	\$22.00-
						.....	.....	.....	28.00
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						7.00	8.50	11.50	30.00

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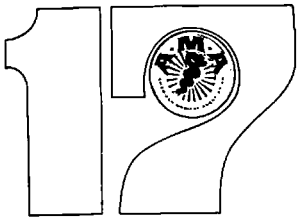
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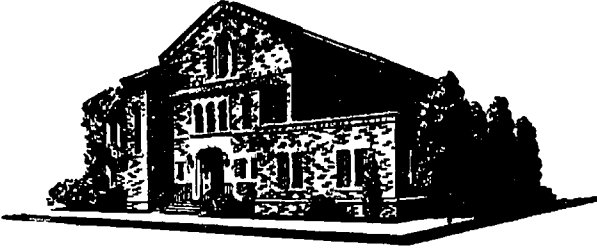
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PHYSICIANS' AND HOSPITAL SUPPLIES



## A Method of Reducing

By DON CUMMINGS, M.D.

Every physician in his daily office practice, is confronted with the problem of the obese person who apparently finds it impossible to lose weight. It is easy for us, and a quick way out of a difficult situation to dismiss this person by telling him to go home and push himself away from the table. Let us assume that our patient is successful, and does lose weight on a low count-calorie diet, and he returns in a given length of time, having the required amount of weight. What can we tell him except, "Go home and keep it up for the rest of your life." If he could do this, he would not have come to us in the first place. Obviously then—as we all have experienced—this is not the answer.

Obesity, and, in a larger sense, fatty acid metabolism, is a very complex problem. An obese person is not merely carrying around the extra poundage, but is a victim of a dread metabolic disorder, namely, fatty infiltration of the liver, heart, and other vital organs. It has been said, and I am inclined to believe, that when the final answer to Diabetes Mellitus is written, it will be found to be a disease of fatty acid metabolism rather than of carbohydrate metabolism, and, if not directly caused by a defect in fatty acid metabolism, faulty fatty acid metabolism is at least a large factor.

What, then, is the answer? Clinically, there are as many factors to contend with as there are individuals. There are steroid or hormonal factors. There are intestinal absorption factors. There are factors of gluconeogenesis and glycolysis. There are factors involving the catalyzing action, or coupling ability, of Coenzyme A and Acetyl Coenzyme A, from which it is now established that certain amino acids used in the rebuilding of body tissues are formed wholly or in part from the fatty acids occurring from the breakdown of the fatty acid molecule. "The reversal of reactions by which the amino acids enter the tricarboxylic cycle affords a mechanism for this synthesis, certainly,

oxalo-acetic, and alpha-keto-glutaric acids to the amino acid alanine, and aspartic and glutamic acids, respectively."<sup>1</sup>  
*Textbook of Biochemistry, West & Todd, p. 1008.*

This I believe to be a very important, if not the most important, factor in this diet. If the blood glucose level can be kept at normal or near normal levels, thus preventing ketosis, and no appreciable amount of fatty acids are taken in except those which are essential, then the body tissues broken down by normal activity would have to be replaced wholly or in part by the fatty acid derivatives from the breakdown of the stored fatty acid molecule through the coupling or catalyzing action of Coenzyme A and Acetyl-Coenzyme A in the tricarboxylic cycle. This is the point where exercise becomes important.

Obviously, with more exercise, more calories are consumed as energy, and more body tissue is broken down, which must be restored. Thus, by both avenues, the storehouse of fatty acid molecules is further depleted.

Another very important factor is that the fat tissue itself is an organ which is more capable of converting glucose to fat than is the liver. This also helps to explain the dilemma of the hopelessly obese person and his inability to begin losing weight. What we need is a simple, practical approach, and considering this, I offer the following procedure.

First of all, we must consider that there are 4 calories per gram of protein—4 calories per gram of sugar—but 9.3 calories per gram of fat. Now, considering that nature still seeks the path of least resistance even in this jet or atomic age, it is reasonable to assume that unless a person is starving—as on a count-calorie diet—if we take in a gram of fat, the body is more inclined to put it in the storehouse on the midriff than to convert it to glycogen—providing we have enough glycogen for our energy requirements in our daily diet. It is a long, complicated synthesis from a fatty acid molecule to glycogen. It is also reasonable to assume that if during the day we take in moderate amounts of pure sugar, we will both satisfy our ap-

petites and provide energy requirements and buffer acidosis, or ketosis, which is the inevitable result, and in direct proportion to, the severity of the regime of the count-calorie diet.

Since fat is the villain, what is more natural, simple, or logical than to start losing fat by not taking in any more fat?

In building a civilization on this continent, we Americans have been so busy that we have neglected to develop good eating habits. We have become masters of the "quick fry"—the hot dog, the hamburger, the French fries, the potato chips, the traditional "three square meals a day", beginning with bacon and eggs and hash browns or French fries. The mental image of the typically successful American business man is a portly gentleman sitting behind a large mahogany desk with a glass of milk and an antacid pill.

In short, we have neglected the most important part of our culture — especially from the standpoint of health—and that is the proper cooking and leisurely eating of the proper types of foods.

In an attempt to remedy this problem, in some degree at least, I offer a selective-calorie diet. This is based more on quality than on quantity, and attempts to eliminate as much as possible the fatty acid molecule, except where it is essential. The lists given below are very general. Each individual may, to suit his own tastes, revise them within their general limits.

Although this is primarily a low calorie diet based on the elimination of the largest proportion of fat intake, and hence the largest proportion of calories, it seems quite logical to eliminate the substance which the body is more inclined to store—fat—and to moderately increase the substance which the body is more inclined to utilize as energy—sugar. Also, if the body has sufficient glucose, the reducing patient is more cheerful, energetic, and not in an acidotic state caused by the breakdown of the stored fatty acid molecule into aceto-acetic acid, beta-hydroxybutyric acid, and acetone.

A simple, practical approach, which I believe satisfies most of the require-

ments for a healthful and physiological weight loss may be found in the following lists.

#### You May Eat . . .

1. Lean Meat  
which must be boiled, broiled, or roasted, i.e., beef, poultry, fish, lean lamb.
2. Fruits and Vegetables  
cooked or raw, fresh or canned.
3. Sugar  
jams, jellies, honey, juices, soda pop, cocktails, etc. . . .  
(It is extremely difficult to eat too much sugar. The term *sickeningly sweet* has a very literal meaning, for a very little sugar will keep you cheerful for several hours, and there are only 18 calories in one teaspoon.)
4. Bread without shortening (There are several commercial brands.)
5. Angel food cake, spongecake, or any other pastry without butter, oils, or shortening.

#### You May Not Eat . . .

1. Fried foods.
2. Gravy
3. Pork - ham - bacon - hamburger (unless all suet is eliminated) - sausage - lunch meats.
4. Milk (unless truly skimmed. This includes ice cream and sherbet.)
5. Butter and margarine.
6. Cheeses.
7. Mayonnaise or other salad dressing with oil.
8. Nuts, peanut butter, or ripe olives or avocados.
10. Beer (Unfortunately men, beer has an enzyme called maltase which can catalyze fat formation.)

For breakfast I would suggest a sizeable round steak. Throughout the course of the day, 58% of this meat will be synthesized to glycogen. Thus we have a seepage of energy into our blood stream and a foundation on which to add moderate amounts of sugar during the day. The rest of the day a person may eat more or less as he is so inclined as long as he refrains from eating those foods listed as *You May Not Eat*.

The most important category is the one listed as *Fruits and Vegetables*. This is an unlimited field and can be a gourmet's delight.

It is well to do a Protein Bound Iodine test, a Blood Cholesterol test, a Complete Blood Count, and a fasting Blood Sugar test on these patients, as well as a complete physical examination.

Sometimes it is necessary to give them thyroid and/or a gentle amphetamine to help them get started. If amphetamines are used, the patient should be emphatically told that it is the diet that makes him lose weight and that

there is no magic pill which will do it for him, and that unless he stays on the diet, his body will adjust to the amphetamine and that he can take them *ad infinitum* and not lose a pound.

The critical point comes after the patient has lost the amount of weight which the physician deems advisable for purposes of health (Hollywood is out!). At this point, there is a tendency on the part of the patient to relax and think, "Gee, this was easy," and gain it all back. He or she must be watched carefully over a period of at least six months, and if on thyroid or amphetamine, to be tapered off. It must be explained from the very first day of the diet that the program is an education and a training program in which the patient must revise not so much the quantity, but the quality, of his food intake, and that he must educate his taste buds to prefer the diet type foods, those who do this find that they can get along quite well and hold their weight down.

There are a number of essential fatty acids which should be incorporated into

the diet as it progresses, such as arachidonic, vaccenic, linolenic, and linoleic. (Linoleic acid is the only truly essential fatty acid. All the others can be synthesized by the body.) These essential fatty acids can be incorporated into the diet by allowing a little butter once a week and a salad dressing of one part safflower oil (which is extremely rich in linoleic acid) and five parts Italian wine vinegar. Also, even the leanest meats supply certain amounts of essential fatty acids. It must be remembered, however, that there are just as many calories per gram of safflower oil as any other fat. Another good idea is to keep the patient on vitamins A, C, D, and E. Vitamin B should be avoided, except to a limited extent, as it will (1) stimulate the appetite, and (2) catalyze the synthesis of carbohydrate to fat—presumably at the pyruvic acid junction. Once the patient's weight is down to where the physician thinks it should be, vitamin B should be increased as it is very essential and necessary to health and good nutrition.

The program outlined above is a very practical one. Many patients of mine lose six pounds the first two weeks and then average about four pounds every two weeks after that.

Last October my own ankles were swelling towards the end of the day. I felt depressed and utterly without energy. After climbing onto the scales, I found I weighed 283 pounds. Following the above regime, I reduced to 218 pounds by the first week of February. The other day I was convinced that my weight is now stable. I have since invested in a couple of new suits.

Throughout the diet, I felt considerably more energetic and cheerful than I had before. Physically and psychologically, I felt like a new man. I had lost a considerable amount of excess weight, and I had discovered another important factor. That is that the intake of sugar throughout the day should be minimal, yet steady and consistent, since a fall in the blood glucose level rapidly results in a feeling of depression.

I haven't kick a cat or cussed my kids for almost eight months. Even my horse

## Academy of G. P. Elects New Officers

New officers of the Pierce County Chapter of the Academy of General Practice for 1963-64 are: President, John F. Comfort; Vice-president, Robert Johnson; Secretary-Treasurer, Kenneth D. Graham, Jr.; Delegates, John May and James Hazelrigg; Alternate delegates, Robert Ferguson and C. I. Stevens.

The Washington State A.G.P. meeting will be held in Tacoma in May, 1964 and Bob Johnson, chairman, and his committee have their hands full in organizing the annual event. More than 300 physicians from throughout the State are expected to attend the 3-day meeting. Regular monthly meetings of the chapter are held on the 4th Monday of the month at Honan's Restaurant at 6:30 p.m. A local specialist is the featured speaker at each meeting and all interested G.P.'s are invited to attend.

# Pierce County Medical Society

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Tacoma 2, Washington

BULK RATE

U. S. POSTAGE

**PAID**

TACOMA, WASH.

PERMIT No. 300

Blondie smiles on me favorably and runs to the fence to greet me when I arrive home (she thinks sugar is all right, too).

I must emphasize that at no time was I particularly hungry, nor did I particularly lessen my quantitative intake. I feel that I have now at least made a start toward good, sensible eating habits.

Gentlemen, if a gourmet like Yours Truly can do it, anyone can do it. I

shall be glad to explain any or all parts of the procedure to any of my colleagues, and any statements I have made regarding the physiology or biochemistry involved may be found in the following:

1. *The Physiological Basis of Medical Practice*, Best & Taylor, 1961.
2. *Review of Medical Microbiology*, Jawetz, Melnic, & Adelberg, 1958.
3. *Textbook of Biochemistry*, West & Todd, 1961.
4. *Howell's Textbook of Physiology*, 1947.
5. *Human Biochemistry*, Kleiner, 1945.

## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF 'PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—7:30 p.m. Dinner—6:30 p.m.

The

PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 11

TACOMA, WASH.

NOVEMBER - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
NOVEMBER 12**

# Pierce County Medical Society

1963  
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 President-Elect..... Frank J. Rigos  
 Vice-President..... Philip Grenley  
 Secretary-Treasurer..... Arnold J. Herrmann  
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 Charles J. Galbraith  
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 Business Manager..... Judy Gordon  
 Auxiliary News Editor..... Mrs. Robert A. Kallsen

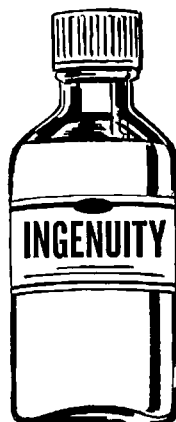


## November Birthdays

- 1 Charles E. Kemp
- 3 Carl O. Granquist  
J. Hugh Kalkus  
George A. Moosey
- 5 William C. Brown
- 6 Sherman S. Pinto  
Timothy G. Young
- 8 Ray M. Lyle  
Wayne W. Zimmerman
- 11 Kenneth H. Sturdevant
- 13 Dale D. Doherty  
Paul E. Gerstmann
- 14 Thomas H. Clark  
Kiyooki Hori
- 16 Kurt Brawand  
Galen H. Hoover
- 17 Theodore R. Haley
- 18 G. Marshall Whitacre
- 19 Calvin R. Lantz
- 20 Joseph A. Benson
- 22 Vernon O. Larson  
Edward S. Lylander  
John M. Shaw
- 23 Ralph V. Stagner
- 24 John R. Alger
- 25 William McPhee
- 26 Theodore J. Smith
- 29 John Colen  
William Rademaker
- 30 Thomas A. Smeall

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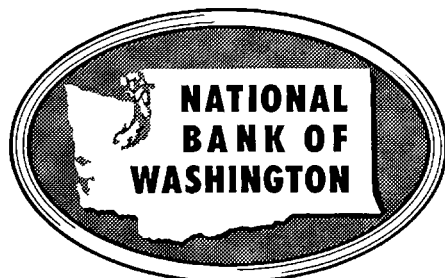
The dictionary defines ingenuity as *inventiveness . . . the ability to discover a way of accomplishing something.*

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# November Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1  C.P.C. of St. Joseph's—9 a.m.	2  C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
4  Tacoma Acad. of Psych. & Neurol. 8 p.m.  Tacoma Orthopedic Society 8 p.m.	5  C.P.C. of Mary Bridge—8 a.m.	6	7  Pierce County Pediatric Society 6:00 p.m.	8  C.P.C. of St. Joseph's—9 a.m.	9  C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
11	12  PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.  C.P.C. of Mary Bridge—8 a.m.	13	14	15  C.P.C. of St. Joseph's—9 a.m.	16  C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
18	19  Tacoma Surgical Club—6:30 p.m.  C.P.C. of Mary Bridge—8 a.m.	20	21	22  C.P.C. of St. Joseph's—9 a.m.	23  C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
25  Pierce County Academy of General Practice 6:30 p.m.  Staff of Mt. View General Hospital	26  Tacoma Acad. of Internal Medicine 6 p.m.  C.P.C. of Mary Bridge—8 a.m.	27	28  THANKSGIVING DAY	29  C.P.C. of St. Joseph's—9 a.m.	30  C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.

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

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Side effects with 'Eskatrol' are infrequent—reported even less than with amphetamine alone.<sup>2,3</sup>

#### REFERENCES:

1. Kocsis, L.F.: Evaluation of a New Anorectic Combination in the Treatment of Obesity, *Manitoba M. Rev.* 47:521 (Oct.) 1961.
2. Stevenson, L.E.: A Note on Anorectics, *M. Ann. District of Columbia* 30:409 (July) 1961.
3. Cauffman, W.J., and Pauley, W.G.: Obesity and Emotional Status, *Pennsylvania M.J.* 64:505 (Apr.) 1961.

RECOMMENDED DOSAGE: One 'Eskatrol' *Spansule* capsule daily, taken in the morning.

#### BRIEF SUMMARY OF PRINCIPAL SIDE EFFECTS AND CAUTIONS

**SIDE EFFECTS:** Side effects (chiefly nervousness and insomnia) are infrequent, and usually mild and transitory.

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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, November 12**

Medical Arts Building Auditorium

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

THE PRIVATE PHYSICIAN'S ROLE IN  
CONTROL OF V. D.

Dr. John R. Marks, Head of TB and VD Control  
Washington State Health Department

\* \* \* \*

Social: 6:00

Dinner: 6:45

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## *President's Page*



The approaching year's end brings certain responsibilities to every member of the Society, officer or not. At the present time, nominating committees are busily preparing slates of nominees for the Society's offices for 1964. Despite the efforts made to place the most qualified men in nomination, the final choice of who is best qualified is in the hands of you, the general membership. Give careful consideration to your ballot before marking it. Although a high percentage of Society activities go along without need for especially inspired leadership, there are still certain issues, some of which may be unexpected, in which wisdom and thoughtful guidance are important. A few moment's pause for thought as you mark your ballot will insure the continued well-being of this Society.

Another responsibility, usually considerably less welcome, is being on the appointed end of a committee appointment. I suppose the earth will continue to turn if the key appointments are continuously handled by a certain small percentage of members while you keep on saying, "No thanks, I'm too busy." In the majority of instances, the job you turn down will have to be taken over by someone who'll have to make greater sacrifices from his time and other activities than you would have if you'd accepted the same appointment. The same admonition goes for committee appointments at the various hospitals. Pierce County is blessed with an unusually congenial and faction-free group of practicing physicians, and continued mutual participation in Society activities by all members will help preserve this spirit of unanimity.

—S. W. T.

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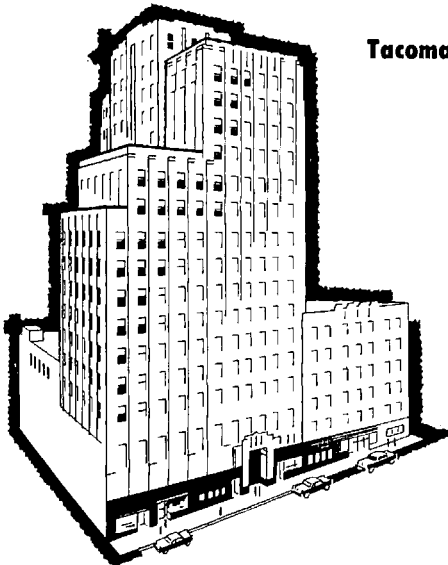
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## *Editorially Speaking*

Earlier this year we were greatly impressed by an address entitled "Population Growth and Family Development" given at the annual meeting of Family Service of Tacoma. Its author was the prominent demographer, Frank N. Peterson, Ph.D., chairman of the Department of Sociology, University of Puget Sound. We were fascinated by his interpretation of family trends and his predictions and warnings regarding future developments.

Ever interested in the shape of medical things to come, we were bold enough to ask Dr. Peterson to write on this for the Bulletin. And we were lucky enough that he took time from his busy professional life to do it and submit it for this issue.

As was somewhat expected, we find his words thought-provoking, stimulating, a little alarming and not exactly comforting. Many of his ideas are not new to us. We have heard them before, mostly from lay people. But this time they are not easily passed off because they come from the careful analysis of a professional with references in depth to back them up.

If Dr. Peterson's words are a bit disquieting, perhaps it is good for us to be disquieted. If we have problems, let us keep facing them. Perhaps it will help us to work harder at finding solutions.

—T. R. H.

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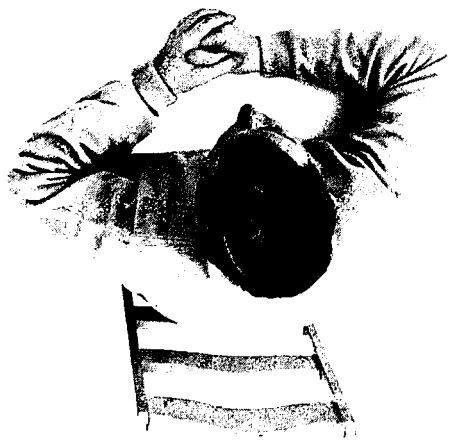
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## Guest Editorial

Recently, the United States Bureau of Census announced that the population of this country had increased from 179,300,000 to 190,000,000 during the interval, April 1, 1960, to September 30, 1963. On the basis of present rates of increase, the population will pass 200 million by the middle sixties and be on the way to the expected 300 million before the end of the century.

Every facet of American life will be dramatically affected by the population growth, but perhaps those most likely to be forced to re-think roles in relation to society are the service professions. This "agonizing reappraisal" has been taking place in elementary and secondary school education since 1950. Higher education will experience the full impact of the "baby boom" in the next five years. It would also seem logical that the rapid population growth will thrust upon the entire medical profession the need for reappraisal.

It is a paradox that the profession which has helped make possible the rapid rise in population by having decreased death rates, may now have to rethink its honored approach in both philosophy and service. This is not to suggest that the medical profession has entirely escaped the effects of population growth and change which have already taken place. Simply, the pressures will be even greater and, at the same time, the medical profession may be less capable of dealing with them. In spite of the long and distinguished history of medicine, the profession is in serious trouble with its public relations. There are many indications of developing resentment: the increase in medical malpractice suits, the decrease in number and quality of medical students, the believed deterioration in doctor-patient relationships, the tendency to view the American Medical Association as the sole spokesman for all members of the medical profession, and the simple but very aggravating period of waiting in the doctor's office. The increasing numbers of patients and potential patients will only make more pronounced the criticisms directed toward medical practice. While all implications of population growth for medical practice cannot be covered in one editorial, a brief discussion of three areas may indicate some of the immediate inferences for the profession.

The first area may be labeled doctor-patient relations. With medical school enrollments virtually stable and with increasing numbers of doctors entering administrative, research, and teaching positions, the growing population is bound to place an added burden on every physician directly serving the public. Whether or not there is or will be a doctor shortage is a point surrounded by considerable confusion and contradiction.<sup>1</sup> There can be little doubt, however, that physicians are providing more medical services to their patients than their counterparts did twenty or thirty years ago, that more services will be expected with new medical discoveries, and that each doctor will be handling an increased number of patients. If the long respected, almost sacred, relationship between patient and doctor is to be maintained at all, it must certainly be modernized in the mind of doctor and patient alike. If present trends continue toward specialization and clinical practices, using locations near hospitals, laboratories, and other medical services, the self-sufficient general practitioner or family doctor may well be replaced. It is the end of an era. It will take the creative efforts of men within the medical profession to instill in the patient the confidence and understanding necessary for his physical, social, and psychological health and, at the same time, to provide the best



modern medical care possible. Furthermore, patients are increasingly literate in regard to medical advances and doctors will have to interpret more carefully the diagnosis and prognosis of any illness. The paternalistic attitude of some medical men would appear to be outmoded by the very development of educational sophistication of the patients.

A second area where population growth will affect medical practice results from the uneven distribution of the population itself. The increasing percentage of people over the age of 65 years will continue for at least another decade. These are people vulnerable to all the illnesses of the aged and the whole area of geriatrics will increasingly take the time of medical practitioners. It may be that the profession will be continually called upon to defend its philosophy concerning the preservation of life. Terminal illnesses, thalidomide babies, and other social problems related to general health appear to be producing a public sentiment which is contrary to the position of the medical profession.<sup>2</sup> While some opposition is not new, the intensity of feeling cannot be ignored.

At the other end of the population pyramid is the "baby boom." The growing interest in adolescent medicine is one indication of the influence of the large number of annual births since 1945. These youths are now approaching marriageable age and obstetrical medicine for them is not many years in the future. Included in this medical care will be questions concerning the use and morality of all means of contraceptive practice. While there may be strong feelings in regard to the use of contraceptives within the institution of marriage, the issue is rapidly expanding into questions involving premarital relations. Whether it is desired or not, the problem exists for educators and medical men alike. Contemporary experiences need relevant answers, not clichés, and the relevant answers, at best, are clouded in obscurity.

The third area where population pressure may well affect medical practice is in the type of medical services. To put it bluntly, it is the question of "socialized medicine." It must be noted that socialized medicine now exists and the question really involves extensions of the programs only.<sup>3</sup> In fact veterans, the poorer socio-economic groups, and most employed persons are now covered by collective services. The ones most likely not to be covered by some form of pre-paid medical program are home-makers, self-employed persons, children, and retired older people—some of the *very persons most likely to need extensive medical services*. Insurance programs are not proving adequate, especially for those over 60 years of age. With increasing costs of medical care, especially hospitalization, and with favorable reports covering the success of socialized medical programs which are reaching the general public through mass media,<sup>4</sup> the medical profession cannot appear, in opposing extensions of socialized medicine, also to be opposed to humane care for those who are in need. The care needs to be separated from the methods of financing it. The medical profession must inform the public of a feasible plan which will be right for all concerned and which will provide the needed medical services.

<sup>1</sup>Cf. articles in *The Journal of American Medical Association* by Howard A. Rusk (April 21, 1951) and Frank G. Dickinson (April 3, 1954) on shortage and distribution of physicians.

<sup>2</sup>Cf. The court decision at Liege in the case of Mrs. Vandeput and the public sentiment in the pregnancy case of Mrs. Finkbine in Arizona.

<sup>3</sup>Cf. Such programs as veteran's services, mental hospitals, welfare programs, county hospitals, preventive programs providing, for example, polio vaccinations, some insurance programs, the U. S. Public Health Service, and many more.

<sup>4</sup>Cf. Edward Korry, *Look* (December 15, 1960) on the British Health Services, or United Nations *Statistical Reports*, 1959, on infant mortality rates where it shows nine nations with lower mortality rates than the United States, all having forms of socialized medicine providing prenatal care for virtually all women.

## "The Barnstormer" Storms Into Town

It's here! "The Barnstormer" has arrived—or at least it will arrive and can be seen by Tacoma doctors and their wives if it can adhere to its present tight schedule. "The Barnstormer" is a movie, an up-to-the-minute, timely, professionally produced, full-length motion picture that no doctor or doctor's wife can afford to miss. Your only—we repeat, *only*—chance to see this movie will be on Monday evening, November 25, at 7:30 p.m. at the Bellarmine High School auditorium. Only one copy of this film is available for a limited time of circulation in this state, and Tacoma will have it only for that single night as it is routed rapidly from city to city throughout the state.

What's "The Barnstormer" about? It's an eye-opening dramatization that packs a 6-weeks course of political science into a scant two hours. One of the physician's greatest weaknesses is his lack of time to learn to how to develop

his own potential political strength. The strength is there, and this film shows with startling clarity and brevity how it can be most effectively applied to political issues with the least effort. The startling part will be the story that unfolds showing just what can be accomplished with a little organization and planning.

The movie is sponsored by AMPAC, the organization to which many of you belong and which has an active program of supporting congressional candidates, of either party, who have viewpoints similar to our relative to the free practice of medicine.

If you oppose socialized medicine, then you *must* see this film.

If you are one who says, "It's no use, we can't lick it," then we *dare* you to see it.

In any case, mark the date now and reserve that night—November 25, Monday evening, 7:30 p.m., at Bellarmine High School, just off South 23rd and Union. Yes, it's free. And bring your dentist and pharmacist friends, too. It's definitely not a private showing.

—S. W. T.

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## Directory Correction

William A. Santee (Registered Physical Therapists, page 42) is a member of the American Physical Therapy Association. The asterisk which appears by his name indicating non-membership was printed in error.

## ATTENTION!!

Following is a copy of a wire sent Oct. 30 to Richard Gorman, WSMA Executive Secretary, from Dr. F. J. L. Blasingame, AMA Executive Vice President: CHAIRMAN WILBUR MILLS HAS NOTIFIED US THAT HEARINGS ON THE KING-ANDERSON BILL (H.R. 3920) HAVE BEEN SCHEDULED NOV. 18 THROUGH 27. I WILL BE IN TOUCH WITH YOU REGARDING YOUR TESTIMONY AND OTHER DETAILS. . . .

Dr. Robert Hunter, WSMA President, urges doctors and wives and the *general public* to write to Congressmen and mail letters from Nov. 14 to 23.



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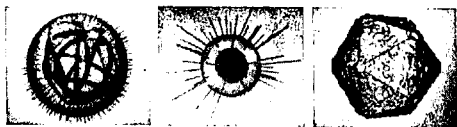
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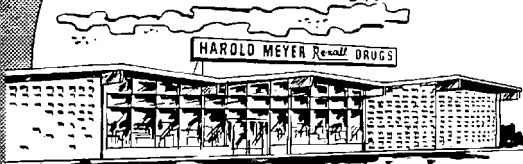
MEASLES VIRUS

INFLUENZA VIRUS

POLIOVIRUS

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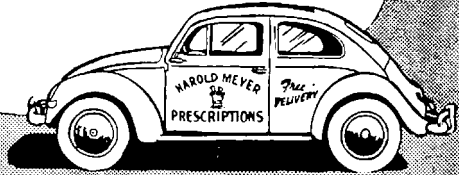
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Dance.....	Mrs. Robert W. Florence
Fashion Show.....	Mrs. Merrill J. Wicks
Mental Health.....	Mrs. John M. Havlina
Today's Health.....	Mrs. Bernard R. Rowen
Cook Book.....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell
Parliamentarian.....	Mrs. William Goering
International Health.....	Mrs. Axel Lindstrom

The November meeting will be a coffee party at ten o'clock the morning of the 15th, at Lorraine Sulkosky's home in Puyallup, the program relating to School Health.

The October meeting at Eileen Rade-maker's home in Narrowmoor brought out a large crowd to enjoy coffee and cakes provided by Ruth Brooke and her talented committee . . . Hazel Whit-acre, Gonja Klein, Emily Barronian, De-lores Havlina, Dorothy Maier and Mari-lyn Mandeville. Guests of honor at the meeting were our six Nurses Scholarship recipients for this year, introduced to the membership by Borghild Morley, Paramedical chairman.

Guest speaker at the October meeting, Doctor Andrew Vermes from Olympia, arrived quite late but was well worth waiting for, and kept the attention of coffee-hour attenders until almost tea-time. His description of medical practice under socialism in Hungary held entertaining moments, but his intent

was a warning. As Ruth Sames relates, "It was interesting of course, but quite a despairing thing to follow the step-by-step bow to beurocracy of a proud profession, to hear of the political rug-pulling that drains all ambition in the medical field in these socialized countries."

Doctor Vermes hit close to home in the question period following his talk, but inquired gallantly first if the question should be answered politely or in truth, before stating truthfully that he feels doctors here have little feeling for what is happening to them politically, and that they must be willing to play an active roles in politics if they are to have any control over the political actions which concern the future of their profession.

### T.V. Highlight of the Month

Auxiliary members who never watch television, and when they do they find it less than stimulating, must be sure to watch themselves as the stars of Ask Your Doctor on either the 10th or 17th of this month. This should be the epic of the season, with Auxiliary past-presidents Ruth Brooke, Margaret Harris and Jeanne Judd explaining our role in the community as an organization, and as individuals. Nothing is more curious to the general public than the Doctor's Wife, and we're really in luck having these three poised and expressive ladies represent us.

### The Case of the Disappearing Tickets

As Bulletin goes to press a few days before the Fashion Show, the great mystery of the missing tickets has not yet been solved. Somebody bought all of them a month before the show, and only by attending the show will we learn who these people are, but we have been unable to obtain a ticket of our own. Perhaps influence will get us there.

All of which would tend to indicate that if you throw a better party Tacoma

Continued on Page 21

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Continued from Page 19

will beat a path to your door. Congratulations. Fashion Show Committees, present and past. A successful function such as this goes a long way towards polishing our public image, as well as supporting our projects.

### Migrant Medics Move Southward

Just as the birds fly south when winter and wetness arrive here, Auxiliary members take flight whenever the medical meetings are somewhere where it's sunny. Off to San Francisco for a week of sunshine and American Surgical Society meetings at the end of last month flew the Ted Haleys, William Averys, Tom and Billie Jean Murphy, the Clinton Pipers, Edmund Kanars, John Gulliksons, Murray Johnsons and Charles Galbraiths. Jack and Joanne Alger were in Las Vegas the week previous, and went on to the meetings in San Francisco too.

Ken and Keaty Gross went to the San Francisco meetings, and then on to Hawaii for the two-week Pan Pacific Surgical meetings. The Banfields attended the San Francisco meetings and then flew on to Chandler, Arizona for the Medical Bureau meeting there this first week of November. Galen and Pat Hoover and Bob Kallsen and your lighter-writer are also flying to Chandler to the Bureau meetings. The Haskel Maiers are going to Chandler, and the following week will drive from Chandler to the F.A.A. Medical Examiners meeting in Albuquerque, New Mexico.

Gladys and George Delaney drove to Los Angeles for the Heart Association meeting the last week of last month, where their son Doctor John McDonough presented a paper on "Coronary Heart Disease Among Negroes and Whites in Evans County, Georgia."

Heading north this month to the North Pacific Surgical meetings in Vancouver are the Hoyers, Gulliksons, Reads, Vadheims, and Gibsons. Gypsy Hoyer says it's not one of those sunny conclaves, but there is a duplicate bridge tournament in Vancouver then for which warm weather isn't required. Gypsy confesses she's become hooked

on duplicate bridge, joins Joanne Alger in that addiction, and two other Auxiliary members, Joan Anderson and Donna Gilman, show signs of the creeping duplicatitus.

### Newsalleaneous

The Leukens are enjoying the new home in Narrowmoor they built this last summer. Kay tells us the settling process is still going on, although official moving day was two months ago. Kit Larson became quite proficient at painting and carpentry when they did most of the interior work on their new home in Skyline, which they have just moved into. The Orvis Harrelsons have a new house in Fircrest, plan to move early in December.

### Bride of the Month

Aghast at having lost their favorite bachelor, Auxiliary members were quickly satisfied that handsome debonaire Doctor Bernard Harrington had given up his freedom for something better when they met the bride last month. Marsha Harrington is Auxiliary's gain, says she can adapt to her husband's flock of feminine admirers as well as he can adapt to suddenly having eleven grandchildren.

## HOSPITALS

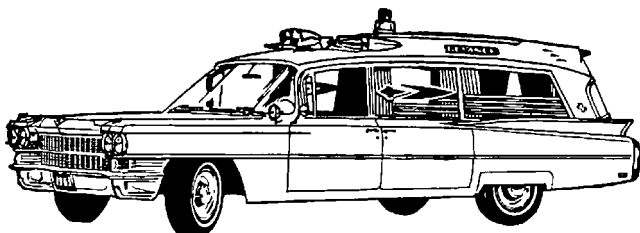
### Saint Joseph's Surgery

With fall has come many new faces. We are happy to have with us Mrs. Terry Murphy nee Hathaway and Katie Coleman, recent graduates of our school, who have just returned from taking state board exams. We also welcome Mrs. Noreen Youngblood who hails from Windsor, Ontario, Canada. Also back with us, after too long an absence while raising her family, is Mrs. Edith Crotty. We welcome all four.

Many of us are enviously thinking of how peaceful life must be for Patti Gordon on Palatine Hill. Of course, it is Sister Patricia now, as a postulant. I'm

(Continued on Page 23)

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(Continued from Page 21)

sure they enjoy her lively sense of humor as much as we did.

Colleen Kenyon has returned from a week of vacation east of the mountains. Betty Kolling spent two weeks at the home of her parents in North Dakota. We are happy to see them back in Tacoma.

A pleasure to us all is our intern this service. The Bavarian mountain climber who charms us with his tales of Europe and the Alps is none other than Dr. Liebrecht.

### Emergency Room

Tables were turned recently on Jan Bigelow, our Emergency Room nurse, when she was given a surprise birthday party by the gals in the admitting office.

A delicious banana cake decorated with white icing, roses, and two smiling figurine kittens perched on top was served.

### Annex

If you don't know our Annex staff, here is a chance to learn a few of their names . . .

#### *Goldilocks and The Three Bears*

Once upon a time there were three *Bearce*, the Papa, the Mama, and the Baby. "O'Conner wait a minute while I *Marchus* some porridge?" asked Mama as she reached for a *Craton* of cereal. Baby bear sMaced his lips and said, "Will it *Habercorn* or oat flavor?" He looked *Longingly* at the kettle.

"*Due* let's go for a walk while it cools," Papa called to them. So off they *Wedel*-ed through the forest.

Meanwhile a little girl, called *Goldilocks*, came *Arping* up to the bear's house. "*Willie* open the door?" she asked, thinking she was at her girl friend's house. "I've been *Owen* you a vist for a while.

But when no one answered, she went in *Nancy* ate the porridge, broke the chairs when decided to *Sid* in them, and fell asleep in Baby bear's bed.

*Slater* now and the bears return, while the *Mooney's* shining down. *Gracie* sakes!" they cried, *Piercingly*, "*Hu-ber* look at this mess somebody *Davis*."

Papa reached into his *Jean's* for a match and *Goldie* awoke. She ran out of the house and all the way home. Her mother asked, "Is *Samsbody* chasing you?" *Goldie* replied, "I'll *Laramore* go to that place again."

### Nursing School

#### *Senior Class News . . .*

During the evening of October 3, the class was presented with their Senior pins. This marks the beginning of our final year, to which we look forward with much anticipation. The goal we have been working towards is now in sight.

Welcome to a new member, Miss Anna Johnson, who has recently transferred from another school.

#### *Pre-Clinical . . .*

September 20, 1963 was a great day at St. Joseph Hospital School of Nursing. Thirty-four pre-clinical students anxiously waited their turn for registration. This class of 1966 were from such states as Washington, Oregon, California, Idaho, Wisconsin, Texas, and North Carolina.

Orientation week began with the rules and regulations for living in the new environment. During this period no worry of fashion existed, for the same outfit was worn the entire time. A banquet was also given in honor of the class by Sister Martha Joseph and faculty. The talent show given by the class produced some exceedingly excellent talent which was truly appreciated by the audience.

The class selected class officers on the 17th of October and they are: Miss

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Sue Mauussier, President; Miss Mary Ann Cummings, Vice President; Miss Diedra Hunter, Secretary; Miss Bennie Williams, Treasurer; Miss Dorothy Costello, Social Hostess, and Miss Donna Monetcaux, Student Court representative. The class motto is: "Look forward with hope and backward with pride." Wine and white are the class colors, with wine and white roses as the flower. St. Jude, Saint of the Impossible, is the Honored Class Saint.

At the present, Christmas card and "Afghan" tickets are being sold for school benefit. During the following month, plans will be made for the exciting advent of the season—the Christmas dance sponsored by the Pre-Clinical Class.

### Operation Hometown

The first of the Operation Hometown pamphlets arrived and have been delivered to your offices. This pamphlet on Social Security and Socialized Medicine is the first of three groups that will be sent to you for distribution to your patients during the next nine months.

Dr. Buttorff and his committee are now selecting the next pamphlet for you to send to your patients. This should coincide closely with Dr. Annis's visit to Tacoma which is scheduled for the end of January, 1964.

In accordance with your instructions, mailed or phoned to Judy, 40,000 pamphlets were ordered and delivered last month.

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FRANK RIGOS, M.D.

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# Aesculapius Esquire Says

## SOME THOUGHTS ON MALPRACTICE

By VERNON R. PEARSON  
Vice-President, Tacoma-Pierce  
County Bar Association

I think it is fair to say that no member of the Bar believes that the physician should be heedlessly harassed by unjust malpractice litigation, and I think it is fair to say that malpractice suits are not lightly entered into by the lawyer retained by the plaintiff.

The reasons for deliberate hesitation is that the lawyer knows that if his client's action is not well-founded, great harm may be done to the physician even though the action failed.

But on the other hand, a person has as much right to sue a doctor for an act of malpractice as he has to bring suit if the doctor's automobile runs him down.

The difference between the two examples is the relative ease of investigating the merits of the latter and the difficulty encountered in determining the merits of the claimed malpractice.

Fair-minded people in both the legal and medical professions should acknowledge that legal redress should be afforded to those patients who have suffered harm and damage through malpractice to the same extent that is afforded to them in other matters involving negligent conduct.

What then, does the lawyer consider before he sues the physician for malpractice?

First, he must study or in some manner be tutored in the medical facts. And here is where he traditionally meets with open physician hostility. The physician whom he contacts for advice does not want to become involved in "helping" establish a claim against his colleague, so he respectfully declines assistance. (In some cases this is not true, but sadly enough it is true in many, many cases.)

The lawyer then has another alternative. He can bring his action and, through our liberal discovery procedures, determine the merits of his case

by deposition. But, if he must resort to this alternative, later to discover that his client's claim is groundless, the damage caused by the publicity of filing his lawsuit has been done.

My point should be clear. Many groundless suits could be "nipped in the bud" by a cooperative, rather than a hostile, attitude of physicians in the investigative stages of the case.

The three principal questions which the lawyer is interested in from the doctors are as follows:

1. Did the doctor lack a degree of skill and knowledge commonly possessed by fellow practitioners in the community where they are engaged in comparable practice?

2. Did the doctor exercise in the client's case, the degree of care, attention, diligence, judgment, ordinarily exercised by other doctors in similar cases in the locality?

3. Did the doctor use and apply the recognized and accepted standard procedures in diagnosis and treatment?

If the answers to any of these questions are in the negative, a suit for malpractice is warranted. The questions cannot, in many instances, be answered without advice and consultation with other physicians with similar practice.

It is my opinion, shared I believe by most members of the Bar, that leading physicians and surgeons should willingly lend themselves as instructors to the lawyer who must gain medical understanding. These doctors are not helping the lawyer prosecute a suit in malpractice—rather, they are helping him to understand the medical question pertaining to the suit so that he can evaluate its merits.

Regrettable as is any need to bring a malpractice action against a doctor, nevertheless such action, if well-founded, will do the profession more good than harm (in my opinion). If the doctor has wronged his patient, it seems better to let the facts be established, whatever the hurt, than to allow an unclear and unresolved situation to fester in suspicion of the profession—or so, at least, it seems to me.

## Genes and Immunity To Be Highlighted

An outstanding feature of the 17th Clinical Meeting of the American Medical Association Dec. 1-4 at Portland, Oregon, will be a symposium on "Genes, Chromosomes and Immune Mechanisms." Dr. Huldrick Kammer, chairman of the Scientific Program committee, announced.

The symposium will be held on Monday, Dec. 2, the second day of the meeting. The same subject will be covered in a guest lecture on Tuesday morning by Rupert E. Billingham, Ph.D., of the Wistar Institute, Philadelphia, a world authority on tissue immunity. He collaborated with Peter Brian Medawar, of war, of London, who won the Nobel Prize in Medicine in 1960.

Dr. Medawar, received the Nobel Prize for his distinguished contributions to the baffling but highly promising field of tissue transplantation and acquired immunologic tolerance. His main work was concerned with problems of tissue grafting and with tissue inheritance and differentiation. In 1948, at the request of the Medical Research Council, he undertook, with Dr. Billingham and other associates, tissue grafting in cattle to determine the distinction between identical and non-identical twins.

In the course of these and other investigations, he confirmed the theories of the noted Australian scientist, Sir Macfarlane Burnet, with whom he shared the Nobel Prize.

Joining in a panel discussion on genes, chromosomes and immune diseases late Monday afternoon will be Drs. Robert Koler, moderator of Portland; Levin Grumbach, New York; Arno Motulsky, Seattle; Carl Pearson, Los Angeles, and Robert Blizzard, Baltimore.

Immunization, with special emphasis on the viruses, will be covered on Tuesday's program, along with cancer of the breast.

Outstanding authorities in the diagnosis and treatment of breast cancer will exchange ideas and discuss the newest forms of treatment. The physicians are Ian Macdonald and Richard Martin of the M.D. Anderson Hospital in Houston, and Dr. Maurice Lenz, emeritus professor of radiology at Columbia Presbyterian Hospital, New York.

Also on Tuesday a number of outstanding specialists will discuss the surgical aspects of infection. The doctors include William Kirby of Seattle; Jacob Fine of Boston; and Edwin J. Pulaski of Washington, D.C. They along with Dr. J. E. Dunphy, of Portland, president-elect of the American College of Surgeons, will close this portion of a program with a panel discussion.

Another highlight of the scientific program will be a day-long Tuesday program on kidney problems, including the newest thoughts on kidney acid-base control. A renal symposium will include an airing of the principles of intermittent dialysis as well as the socio-economic problems associated with keeping such chronic uremic patients alive. Speakers and panel discussants include Drs. William B. Schwartz, Jr., Boston; Belding Scribner, S. T. Boen, and John S. Murray, all of Seattle.

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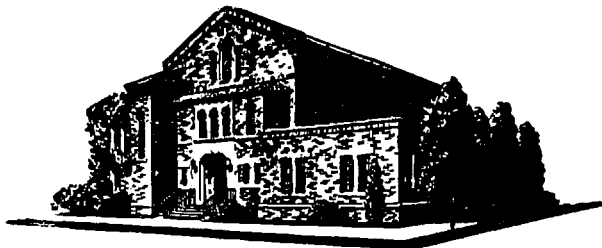
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## Adolescent Patients' Problems

Practical approaches to everyday problems in adolescent patients will be the feature of a symposium on the program of the 17th Clinical Meeting of the American Medical Association Dec. 1-4 at Portland, Oregon.

Evaluation of the adolescent patient will be discussed by Dr. Frank H. Douglass of Seattle. Other subjects and the speakers include: dermatology, Dr. J. L. Fromer, Boston; nutrition, Dr. Flex P. Heald, Washington, D.C.; growth, Dr. Solomon Kaplan, Los Angeles; gynecologic disorders, Dr. Janet McArthur, Boston; social habits and delinquency, Dr. Adolph Christ, Seattle and the adolescent athlete, Dr. Donald B. Sloxum, Eugene, Oregon.

Other scientific subjects to be covered by speakers during the four-day meeting include:

Heart and blood vessel surgery; peptic ulcer; the practical clinical approach to anticoagulants, metabolic obesity, anemia, edema and undiagnosed fever; urology; obstetrics and gynecology, and trauma as it relates to everyday noises, smoking in relation to mortality and morbidity, and causes of death in automobile accidents.

Professor C. H. Stuart-Harris, director of the Department of Medicine of the University of Sheffield, Sheffield, England, will appear as a guest lecturer on the scientific program Wednesday morning. He will deliver an hour-long paper on "Shortness of Breath."

Professor Stuart-Harris, who has written numerous books and papers on pulmonary disease, is particularly interested in the infectious and viral diseases and chronic and non-specific pulmonary disease.

Dr. Joseph B. Trainer, of the University of Oregon Medical School, working closely with the AMA Committee on Medical Motion Pictures and Television, announced a varied and extensive live, closed circuit television program which will be shown to physicians during the

clinical meeting. Thirty physicians, most of them from Portland will take part in this program which will cover:

Eye examinations; resuscitation techniques and their utilization in surgery, obstetrics, and in coronary disease; psychiatric evaluation of the alcoholic; a tumor clinic session; the crippled child; and the diagnosis and surgical approaches to the relief of deafness.

The tumor clinic program will be handled exclusively by staff members of the University of Oregon Medical School with Dr. William W. Krippaehne serving as chairman.

The television program will be presented in cooperation with Smith, Kline & French Laboratories, Philadelphia.

## Letter to the Editor

To the Editor:

The number of malpractice suits in Pierce County appears to be growing by alarming numbers. No physician will be immune. There are a number of lawyers in Tacoma that take delight in and get a fabulous income by encouraging these actions. It is a sad fact that a few of our own number will be used in a way to encourage further suits against all of us.

It is my considered opinion that these actions must be controlled quickly or the practice of medicine will become unsafe, the quality of work deteriorate and the physicians will cower and run scared from their appointed tasks.

I believe it is high time that our Society formed a board to investigate both sides of these actions and make concrete recommendations to the courts of suggested awards when compensation is warranted.

Without some protection for the individual doctor, against unscrupulous lawyers and juries that are known to favor the plaintiff, the practice of medicine and surgery will become defensive and not to the best interest of patient or doctor.

Sincerely,

Richard I. Rich, M.D.

## 15th Annual Symposium On Cardiovascular Disease

Eight authorities on arrhythmias and treatment of chronic uremia will be in Seattle for the Fifteenth Annual Symposium on Cardiovascular Disease scheduled for November 8 and 9 at the University of Washington Health Sciences Building.

The sessions are sponsored by the Washington State Heart Association in cooperation with the Washington State Health Department. The Annual Symposium is approved for credit, Category I, American Academy of General Practice. There is no registration fee. The Symposium is a service to Washington physicians.

Speakers are: William Chardack, Veterans Administration Hospital, Buffalo, N.Y.; M. G. Criscitiello, M.D., Georgetown University Hospital, Washington, D.C.; Eliot Corday, M.D., Institute for Medical Research, Cedars of Lebanon Hospital, Los Angeles, Calif.; Bernard Lown, M.D., Harvard University School of Public Health, Boston, Massachusetts.

Neal S. Bricker, M.D., Washington University, St. Louis, Mo.; Dr. Mercel Legrain, Hotel Dieu, Paris, France; Belding H. Scribner, M.D., University of Washington, Seattle; E. Donnall Thomas, M.D., Mary Imogene Bassett Hospital, Cooperstown, N.Y.

Programs and registration forms have been mailed to all physicians. Additional information is available at the Pierce County Heart Association, BR 2-7854.

## Riverboat "Jazz Night" at AMA Clinical Session

Although the 1963 Clinical Meeting of the American Medical Association boasts one of the finest scientific programs ever, the local planning committee in Portland, Oregon, has taken steps to provide adequate entertainment during the December 1-4 meeting.

On the evening of December 3, jazz fans will go aboard a riverboat on the Willamette River in Portland for "Jazz Night". Throughout the evening, several Dixieland jazz bands will provide entertainment—at no cost to the physicians and guests attending the Portland Clinical Meeting.

Highlight of the evening will be when the amateurs take over. Doctors who play jazz will have an opportunity to sit-in on their own "session". Large musical instruments will be provided, and musician-physicians are urged to bring along their smaller instruments to Portland so they can participate in this big evening.

On Monday evening, December 2, Oregon Governor Mark O. Hatfield will speak at the House of Delegates' banquet. The program that evening, too, will feature rousing entertainment in the main ballroom of the Portland Hilton hotel.

For further information on entertainment at the AMA Clinical Meeting this December, contact the Multnomah County Medical Society, 2164 S.W. Park Place, Portland 5, Oregon.

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## MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA  
Second Monday of March, June, Sept., Dec.—7:30 p.m.  
Auditorium of Medical Arts Bldg.
- STAFF OF GOOD SAMARITAN  
Second Monday of March, June, Sept., Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S  
Third Monday of March, June, Sept., Dec.—6:15 p.m.
- STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL  
Last Monday of February, June, September and November
- TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS  
First Monday of each month—8:00 p.m. at 424 South K Street
- TACOMA ORTHOPEDIC SOCIETY  
First Monday of each month—8:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY  
Second Tuesday of the month except June, July and August  
—8:15 p.m.
- STAFF OF TACOMA GENERAL  
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB  
Third Tuesday of each month—6:30 p.m. at Tacoma Club
- TACOMA ACADEMY OF INTERNAL MEDICINE  
Fourth Tuesday of each month—6 p.m. at Tacoma Club
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE  
Fourth Monday of each month except June, July and August—  
6:30 p.m. at Honan's
- PIERCE COUNTY PEDIATRIC SOCIETY  
First Thursday of each month except June, July and August—  
6:00 p.m.
- STAFF OF MEDICAL ARTS HOSPITAL  
Third Friday of March, June, September, December—7:15 a.m.  
at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL  
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- LAKEWOOD GENERAL HOSPITAL  
Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.

The



PIERCE COUNTY MEDICAL SOCIETY

# BULLETIN

VOL. XXXIV—No. 12

TACOMA, WASH.

DECEMBER - 1963



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING  
DECEMBER 10**

# Pierce County Medical Society

## 1963 OFFICERS

President ..... Stanley W. Tuell  
 President-Elect ..... Frank J. Rigos  
 Vice-President ..... Philip Grenley  
 Secretary-Treasurer ..... Arnold J. Herrmann  
 Executive Secretary ..... Judy Gordon

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 Philip Grenley ..... Govnor Teats  
 James E. Hazelrigg ..... Stanley W. Tuell  
 Arnold J. Herrmann ..... C. Marshall Whitacre

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 Robert M. Ferguson ..... Frank J. Rigos  
 Robert W. Florence ..... Stanley W. Tuell

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 Douglas P. Buttorff ..... Herman S. Judd  
 John F. Comfort ..... John M. Shaw

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 Bernard A. Bader, Charles C. Reberger  
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Allen Eagelson (Advisory Member)

## Bulletin Staff

Editor ..... T. R. Haley  
 Business Manager ..... Judy Gordon  
 Auxiliary News Editor ..... Mrs. Robert A. Kallsen



## December Birthdays

- 1 David S. Hopkins
- Charles C. Reberger
- 3 Bernard R. Rowen
- 5 S. Robert Lantieri
- Frederick W. Maire
- 6 Homer W. Humiston
- Woodard A. Niethammer
- 9 Stanley W. Tuell
- 12 Arthur P. O'Leary
- 13 Robert E. Lane
- 14 Samuel E. Adams
- David H. Johnson
- 15 Warren F. Smith
- 16 Robert M. Freeman
- Kenneth J. Ritter
- Maurice Yoachim
- 19 J. B. Robertson
- 20 Loy E. Cramer
- 21 Gerald Geissler
- Philip Grenley
- 23 Carl J. Scheyer
- 24 John R. Flynn
- 30 Gordon Dean
- 31 Lewis A. Hopkins

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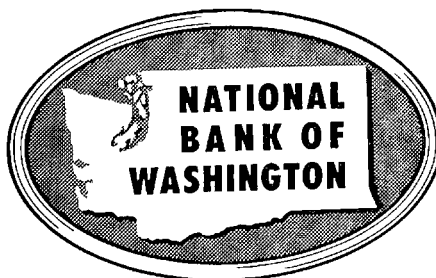
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# December Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 Tacoma Acad. of Psych. & Neurol. 8 p.m. Tacoma Orthopedic Society 8 p.m.	3 Staff of Tacoma Gen.—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	4	5 Pierce County Pediatric Society 6:00 p.m.	6 C.P.C. of St. Joseph's—9 a.m.	7 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
9 Staff of Doctors Hosp.—7:30 p.m. Staff of Good Samaritan—6:30 p.m. Staff of Northern Pacific—Noon Staff of Mt. View	10 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	11	12	13 C.P.C. of St. Joseph's—9 a.m.	14 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
16 Gen.—6:15 p.m. Staff of St. Joseph's 6:15 p.m.	17 Tacoma Surgical Club—6:30 p.m. C.P.C. of Mary Bridge—8 a.m. Staff of Lakewood Gen.—7:30 p.m.	18	19	20 C.P.C. of St. Joseph's—9 a.m. Staff of Medical Arts—7:15 a.m.	21 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
23	24	25 MERRY CHRISTMAS	26	27 C.P.C. of St. Joseph's—9 a.m. Staff of M. Bridge 12:15 p.m.	28 C.P.C. of T.G.-M.V.G.H. (M.V.G.H. Classroom) 8 a.m.
30	31				

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

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**PIERCE COUNTY MEDICAL SOCIETY MEETING**

**Tuesday, December 10**

Medical Arts Building Auditorium

**ELECTION OF OFFICERS**

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

**"COMMON ARRHYTHMIAS -- THEIR  
MANAGEMENT AND CONTROL"**

GREGORY C. JOHN, M.D.

\* \* \* \*

Social: 6:00

Dinner: 6:45

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## President's Page



During 1963, the Pierce County Medical Society has maintained a stable and relatively non-controversial relationship with the rest of the local community. The membership has served the community well in its primary role of providing private medical care to the citizenry. Public Relations have held a lever higher than in most communities, thanks to the television programs and other work by the public relations committee chair-manned by Ken Gross. One recent unsolicited post card acclaim "Ask Your Doctor" as the "best program on television."

A rather conservative Board of Trustees has had an excellent attendance record, has been considerate and decisive, and consistently has shunned any meddlesome role in non-medical affairs. There were 23 new members admitted to membership in the Society thus far in 1963.

At two meetings we were guests of friendly neighbors. The March meeting was held at the Seward School and the May meeting at Madigan General Hospital.

Committee chairmen, Del Lambing, Art Wickstrom, and Dave Sparling have all fulfilled their respective roles thoroughly and willingly. Other committees have been equally willing, although admittedly some committees have not been required to be active. A special committee for liaison with the lawyers was appointed for the first time this year, and as yet has not been called upon to solve specific problems. Bob Florence accepted chairmanship of this committee. Ted Haley has ably guided the publication of the Bulletin. Arnie Herrmann continues to be the indispensable man.

One of 1963's most significant events was the acceptance by Doug Buttorff of the position of chairman of Operation Hometown. This will carry on into 1964. Unfortunately, the appointment of a high-quality chairman does not insure success of the venture. Only if every member of the Society is willing to rally behind Doug's leadership will we be able to really fulfill our role in the battle against socialized medicine.

I have had an increasing awareness and appreciation of the value and strength of our Auxiliary, and it seems to me our common causes have drawn us closer to each other, as further symbolized by the joint meeting planned for this February.

The incoming Society President, Frank Rigos, needs no accolade from me. His stature in the community, both as physician and citizen, is self-evident, and the Society will benefit by his leadership.

Unheralded, but invaluable to the President, the Board and to the Society, is Judy Gordon, our executive secretary. My thanks to her for her faithful and unselfish service on behalf of the Society.

—STANLEY W. TUELL, M.D.

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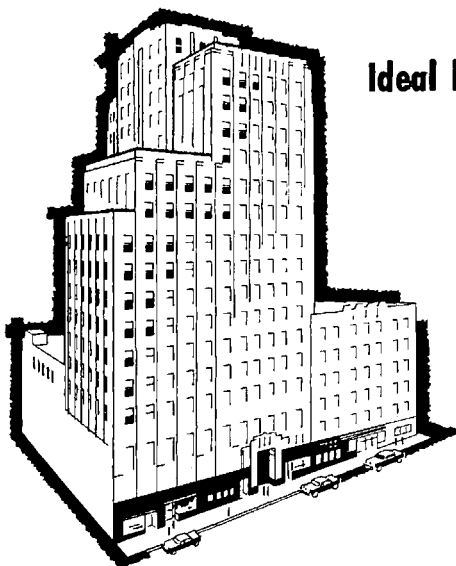
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## *Editorially Speaking*

Much as we might have disagreed with him politically, we couldn't help but admire him personally. He obviously had a quick and brilliant mind. And tremendous energy. It was refreshing to have a young man with a young family in the job persuing his duties with great vigor.

And he certainly didn't lack for courage. Such as when he attacked the Japanese squadron in the PT boat and when he stood up to Khrushchev and when he came out clearly and unflinchingly against segregation.

He had a remarkable grasp of every situation. He seemed to know even the details of all matters affecting the U.S. And he had quite a sense of history. And a touch of the intellectual.

What an ironic thing that he died by the act of a man with a deranged mind, the very condition he and his family have given so much to conquer.

We have lost a friend. Not that the trend towards socialized medicine is changed. That will go on with or without him. But in the larger sense. With his great ability and experience and youth he could have done so much more, in or out of the presidency, over the next many years, for his country and for you and me.

—T.R.H.

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(Vote for 1)

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## Letter to the Editor

The following, by an ordained minister of a major Protestant church in Tacoma, was received for publication in the Bulletin.

—Ed.

### 30 and 3

"Is she 30 years old and will this be the third child?" This seems to be the double requirement in the Pierce County area for a woman to be further considered for the advisability of a salpingectomy—in this case, a voluntary sterilization for purposes of family limitation. My wife and I visited several doctors in this community only to have our initial interviews terminated quickly because we did not meet the requirements of 30 and 3. If there is a medical reason for 30 and 3, I do not understand it. The exact criterion of age is a NON-medical basis for decision. Likewise, the physical health of a woman is threatened with each pregnancy—be it the first, third or fourth. This is a medical risk which no authority outside the family has the right to recommend. Conversely, any measure which contributes to the limiting of large families and the difficulties thereof could be considered good preventive medicine in both physical and psychological terms.

A decision for sterilization for birth control purposes in our situation can be supported as the medical choice. My wife had the option of taking the long range risk of pumping Enovid into her system daily for about 17 years. Such a long term hormonal imbalance could have an adverse effect, and we recognize this possibility and, therefore, reject the pill. We considered any code of abstinence as close to ridiculous. The other methods of contraception do not claim perfect protection, we know. Thus, we could not find any other method known today to medical science which we could trust except voluntary sterilization. We claim the right to be

responsible for the three children we now have, and to do justice to this end we are willing to forfeit any possibility to have any more children. We are ready to accept any future disaster which might come in 4 weeks or 40 years. Our confusion was made greater by the fact that we had a letter in hand giving us permission for a salpingectomy by the OB board at Emanuel Lutheran Hospital, Portland, Oregon. We chose not to travel to Portland because of medical reasons—the inadvisability to change doctors during the ninth month and because the strain of travel on the mother both before and after delivery. Our request seemed medically advisable since the procedure is less complicated at the time of childbirth. One year later we are happy to report that a sterilization was performed, and we consider it one of the most intelligent actions we ever took.

The question remains as to why should we find *any* difficulty in Tacoma and end up defending the cause for better medicine — a cause where doctors should take the lead and where, in this case, they are the ones obstructing it by holding to a "standard" of 30 and 3 without medical basis.

We were unable to find ONE doctor in Tacoma who would petition the OB board at Tacoma General Hospital for us. Why? That answer could be FEAR. The first fear might be that of the law and liability suits. Since there are no laws covering the situation and since there are almost no test cases in the court system, this fear turns out to be only anxiety. A second fear might be that of distrusting the stability of the marriage of the petitioning couple. One could point out that by limiting the size of a specific family, the doctor might actually contribute to the stability of that marriage. A third fear, and most important of the three, might be that fear which each doctor has of his own peers. He wishes to retain the

license to practice, to continue the right to hospital privileges, and possibly to work into the power structure of the medical circles. "To act is to be committed and to be committed is to be in danger."\* In place of good medicine, these fears seem to me to control the local situation of 30 and 3. My hope is that some physician who reads this article will take the courage of his predecessors who dared to rob graves for the sake of medicine. It is up to one of you to question the medical grounds of an arbitrary ruling—be it 30 and 3, or even 25 and 4.

\*Baldwin, James, *The Fire Next Time*, 1963.

The Bulletin is happy to report that both Kay Herrmann and Fay Nace are much better.

—T.R.H.

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## Special Announcement

The United States Committees, Inc. of the World Medical Association has available advance discount tickets to the 1964-65 World's Fair in New York City for doctors and their families from now until February 29, 1964.

Special rates for advance tickets are \$1.50 for adults and \$.75 for children, ages 2 through 12. These prices contrast to the regular \$2.00 and \$1.00 gate admission which will be charged once the Fair opens in April, 1964. There are no season tickets and an admission ticket is required for each visit. Advance tickets are good for any day during the two years that the Fair will be open.

An estimated 96 hours will be needed to see the entire Exposition. Doctors are reminded that the American Medical Association will hold its Annual Meeting in New York City in June, 1965.

When ordering, please specify the number of adult and children's tickets desired. Orders will be filled only if accompanied by check made out to: W.M.A., U.S. Committee Inc. The address is 10 Columbus Circle, New York, New York.

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**Side Effects:** Occasional: lassitude, drowsiness, nasal

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**Cautions:** Severe mental depression has appeared in a small percentage of patients, primarily in a dosage above 1 mg. daily. Usually the patient had a pre-existing, incipient, endogenous depression which was unmasked or accentuated by reserpine. When the drug is discontinued, depression

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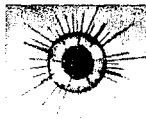
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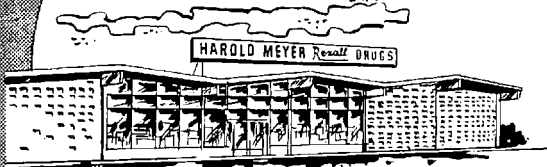
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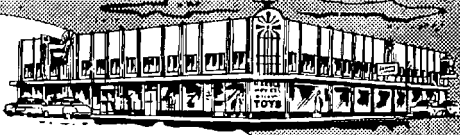
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2nd Vice-President.....	Mrs. Dale D. Doherty
3rd Vice-President.....	Mrs. Axel Lindstrom
4th Vice-President.....	Mrs. Jack J. Erickson
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Legislative.....	Mrs. George C. Gilman and Mrs. Samuel E. Adams
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Paramedical.....	Mrs. Leonard Morley
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Publicity.....	Mrs. Thomas O. Murphy
Bulletin.....	Mrs. Robert A. Kallsen
Revisions.....	Mrs. Dale D. Doherty
Social.....	Mrs. Dudley W. Houtz
Speakers Bureau.....	Mrs. John J. Bonica and Mrs. John Colen
Telephone.....	Mrs. Stanley W. Tuell
Minute Women.....	Mrs. Frank J. Rigos and Mrs. Wayne W. Zimmerman
Community Service and Council.....	Mrs. Edwin J. Fairbourn
Heart.....	Mrs. H. A. Anderson
Cancer.....	Mrs. J. Robert Brooke
Finance.....	Mrs. Haskel L. Maier
Dance.....	Mrs. Robert W. Florence
Fashion Show.....	Mrs. Merrill J. Wicks
Mental Health.....	Mrs. John M. Havlina
Today's Health.....	Mrs. Bernard R. Rowen
Cook Book.....	Mrs. Thomas B. Murphy and Mrs. Robert A. O'Connell
Parliamentarian.....	Mrs. William Goering
International Health.....	Mrs. Axel Lindstrom

the sell-out indicates the possibility that next year's show can be much expanded, perhaps a double performance.

Business is good with the Cook Book project too. Chairman of this project, Ruth Murphy, tells us the committee stands ready for quick delivery to anyone who wishes to buy copies for Christmas giving, and reminds us that the Cook Book, as with any book, can be mailed for much less postage than ordinary parcels.

Ruth Murphy also tells us that some members who purchased Cook Books a year ago and forgot to pay for them, have been reminded of the amount they owe Auxiliary for the books, and she asks that they please remit the amount owed now. There is a considerable sum involved on this side of the ledger, and so after the first of the year those statements still unpaid will be sent to the husbands.

Auxiliary does not meet in December. President Katharine Humiston announced at November meeting that the meetings for January and February have been switched, our February meeting will be held in January, and our January meeting with the Medical Society will be held on the evening scheduled for the Medical Society Meeting in February. All this is in order to avail ourselves of an especially good speaker, Mr. Max E. Beritz, a farmer from Prosser. Mr. Beritz is evidently an authority on politics as well as farming.

At November meeting it was also announced that the net profit from our Fashion Show is \$674.44, the most we've ever cleared on this function. Show Chairman Marge Wicks says she feels badly about so many people not being able to obtain tickets for this year's show, but we can't help but feel a little goodly about it ourselves, since

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# HOSPITALS

## Tacoma General

New to the department head staff is Mr. Donald P. Roeber, appointed to the position of purchasing agent. Mr. Roeber retired from the Air Force in February of this year, and has made Tacoma his permanent home. He is married and has three children, one of whom is a student in Tacoma General Hospital School of Nursing.

We are also pleased to welcome Mrs. Otilie Zehnder, pharmacist, to our professional staff. Mrs. Zehnder is doing vacation relief now and will continue on a regular part-time basis after this relief period.

Emergency room is moving into the new Radiological Suite temporarily to allow additional demolition of the present emergency room area, as part of the building program.

Another area of the new building went into use this month when the locker rooms were turned over to employee use. Employees were assigned lockers for wraps and personal belongings. In addition to the lockers, the rooms have showers and rest room facilities and are a welcome addition to our hospital. Also new at the present time is the employee entrance. This entrance is on Fourth Street next to the present main entrance. Just inside the doors are the new time clock and time card racks.

On December 7, Tacoma General Hospital will entertain all employees and their guests at an evening buffet. It will be held at Normanna Hall and will feature both Tacoma General talent and professional entertainers on the program. Mr. Don Morgan, chief x-ray technician, will act as master of ceremonies.

Recently, two student nurses from Tacoma General Hospital School of

Nursing were honored at a luncheon and were presented scholarships. Diane Burrill, senior student, and Betty Schuknecht, a junior, each received \$200 from the Auxiliary of the Pierce County Medical Society.

On October 26 the SWANS, State of Washington Associated Nursing Students, held a workshop in Everett. Twenty-six students from Tacoma General Hospital School of Nursing attended this session.

A SWANS convention will be held in Spokane on November 21, 22 and 23. Fourteen students from our school are planning on being present at these meetings. Karen Reyier, a junior student, is President-elect of the State of Washington Associated Nursing Students and will serve as president of this organization next year.

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## Saint Joseph's

Janet Burt, our switchboard lady, has just become a grandmother. Her daughter had a baby boy. Christy Anderson just recently came to help in the Business Office.

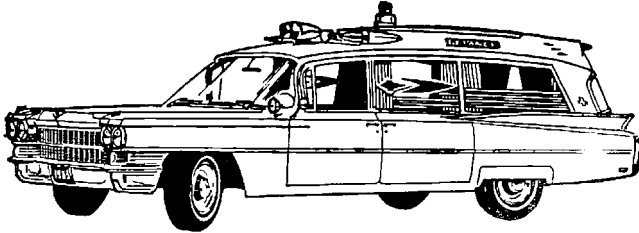
Patricia Lesser (Mrs. John Harbottle) golfer in the Olympics, had a baby boy. Reubin Rudie and a baby girl, whose name is Toni Diana. Barbara Patnode went to a conventino in Vancouver. The 7 to 3 shift is having a Christmas party at Barcott's December 11.

The Pedi department has instituted nursing audits. The aim is to improve charting of both quality and quantity. A Thanksgiving party was given by the students for the children. The theme . . . The Real Meaning of Thanksgiving. Mrs. Walters has come back again after an illness.

Three North and Three South are planning a memorial fund for Mrs. Myrtle Halverson, who just recently died. Any amount is welcome.

(Continued on Page 23)

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(Continued from Page 21)

During the past month, Sister Anthony Theresa had the privilege of attending an X-Ray Institute in St. Louis, Mo. This program was sponsored by the Catholic Hospital Association and proved to be most educational while the trip itself, by jet, was delightful. Mr. McDonald known throughout the hospital as "Jack" was hospitalized for a few days. All are glad to see him back in the department again. In the meantime the students are having some challenging and satisfying experiences, the seniors with special procedures, while the younger girls are now assisting with fluoroscopies. All agree we will miss Mrs. Halverson as we transport the patients to and from Third North.

Jeanette Horner is a new employee of the Medical Records Department. We are missing two of its employees: one to get married, and the other, Goldie Crouch, who has undergone surgery. We expect her back soon. The Student Medical Record Technicians enjoyed the Thanksgiving vacation, and are now looking forward to Christmas.

The record room has installed a new Dictaphone Time-Master "7" Dictating Machine. This will enable doctors to dictate directly from their offices to the Record Room. Use of the Telephone Dictaphone from doctors is limited to office hours, 7:00 a.m. to 5:00 p.m. as the machine must be monitored by a member of the Medical Record Staff. This machine can be used in the hospital also by just using any house phone and dialing extension 277. Doctors please make a mental note of this for future use. The Master "7" Dictaphone was initiated by Dr. Grenley, Chairman of the Medical Record Committee. It was appropriate he should be the first to use the new recorder.

David Grube has recently joined the hospital as an extern. He is a junior at the University of Iowa. His plans are

to stay here till January 15, 1964 and then go back to continue his medical education. He seems to like it here and we are sure that he will enjoy his stay.

"Clinical Vectorcardiography and Electrocardiography" by Edward Massie, is missing from the Doctor's Library.

Merry Christmas to all of the members of the Pierce County Medical Society.

## Cancer Society To Show Two Films Statewide

The American Cancer Society, Washington Division, is again presenting a statewide mass film showing for both men and women in January.

Two films, "Life Story" and "The Other City" will be shown at fifteen places in Pierce County during the third week in January. "Life Story" tells facts about cancer of the colon and rectum in simple, direct terms, and how it is detected. "The Other City" covers the seven danger signals of cancer and emphasizes the regular physical exam.

Doctors are needed to answer questions after the films are shown. Your cooperation will be gratefully accepted. Please call the American Cancer Society, Pierce County Unit, 224 Perkins Bldg., MA 7-3755, if you are willing to serve.

Richard T. Vimont, M.D.  
Vice President for Medical Affairs  
Pierce County Unit  
American Cancer Society

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## Annual Meeting No. Pacific Surgical Assn. November 15 & 16

Again, as each year, the North Pacific Surgical Association Annual Meeting was a morning, noon and night affair and stimulating as ever. The guest speaker and commentator this year was Dr. Walter C. MacKenzie, Dean of the School of Medicine (previously Professor of Surgery) of the University of Alberta, Edmonton, Alberta, Canada. Dr. MacKenzie turned out to be a delightful and informative guest speaker. You might be interested in reading of the high points of the papers delivered at this meeting.

A paper by Dr. Krippaehne of Portland, Oregon, on the subject of "Perforated Ulcer; Results of Treatment in a Poor Risk Population" reviewed the results of treatment of perforated ulcer in 147 county hospital patients in which the operative mortality was 23.1%, 82% of all perforations being operative patients and a total mortality of 36.8%. The factors seemingly associated with this high mortality were 1) associated disease, 2) duration over 10 hours, 3) amount of free peritoneal fluid over 1000 cc's, and 4) occurrence of perforation while hospitalized for other disease. In this last group, the operative mortality was 66% and the over-all mortality 88%. This could be explained by hospital perforation in terminal illness which is not easily managed. Age alone had little effect on mortality. Attention was called to the common finding of an elevated serum amylase in perforated ulcer. The decision for a possible gastric resection at the time of perforation requires the same pre-operative indication as would be present for resection. It was pointed out that gastric ulcers do poorly with an omental patch which is almost routinely used for duodenal ulcer.

A paper by Dr. Frank B. Thomson of Vancouver, B.C. on "Management of the Perforated Viscus" discussed the factors improving the mortality and the management of the perforated viscus. Solu Cortef and vasopressors are used rather freely in the treatment of shock and hypotension. Penicillin is used but in large doses of 5 to 10 million units q 8 hours intravenously. At the time of laparotomy, decompression of the small bowel, with catheter or other method, improves rapid resumption of function. Washing of the peritoneal cavity with 4 to 6 liters of fluid, especially saline, seems to improve results. The through and through closure of wounds was recommended. The use of tracheotomy for the management of mucous of the respiratory tract was emphasized. In the event of septic shock, metabolic acidosis is common and should be looked for and treated with the amine buffers, sodium bicarbonate, etc. Attention was called to the high incidence of perforated viscera in non-penetrating wounds of the abdomen, which group carries the highest mortality of all because of lack of suspicion.

An interesting paper by Drs. Day, Crystal, Wagner and Martinis of Seattle on "Management of Post-Operative Renal Failure by Peritoneal Dialysis" outlines a simple catheter method of instilling sterile dialysis fluid (Abbott) in approximately 2 litre amounts, allowing to remain in the peritoneal cavity for specific times, usually, perhaps an hour, and then draining by gravity into a bottle and repeating this procedure following the potassium levels, rather than urea and creatinine. By this method and by adding potassium to the solution, if desired, potassium levels apparently can be controlled and the catheter can be left for more or less prolonged intervals, up to several weeks if necessary. Two patients with renal shut-down are reported successfully handled by this technique.

A paper was given by Dr. Clare Peterson, Dr. Dennis, Dr. Miller and Dr. Olmsted of Portland on "Pseudomonas and yeast septicemias." Such conditions as the prolonged use of multiple antibiotics, general debility, cloudy sensorium with leukocytosis, GI bleeding and death describe the patient likely to be a subject of this condition. Blood cultures are required for identification, increasing frequency is attributed to chemo therapy for malignancies commonly used today. Treatment is with amphotericin B in supportive measures.

Dr. John Frost of Vancouver, B.C., reported on "Clostridium Welchii Septicaemia." Dr. Frost presented 2 cases with survival. He suggested by the sudden onset of shock with maximum toxicity, possibly jaundice and gas crepitation, especially around the wound. Occasionally, X-ray will show gas in the tissues. Treatment is by intravenous cortisone for the shock, polyvalent gas gangrene antitoxin, intravenous penicillin in massive doses, intravenous vasopressors for support of blood pressure with such drugs as aramine and levophed. Hemolysis must be watched for and treated with blood transfusion if noted. Renal output must be observed carefully. The abscess must be drained or, if intra uterine infection, a D & C is done. There is some recent information that increased oxygen saturation in an oxygen chamber helps—this remains to be proven. It was recommended that gas gangrene antitoxin not be used prophylactically but be used therapeutically when necessary.

A paper was given by Dr. F. R. C. Johnstone of Vancouver, B.C., on "The Use of Dry Ice in the Refrigeration of Gangrenous Extremities." He pointed out the usefulness of this modality in the management of gangrene where the patient's general condition does not warrant immediate amputation and freezing with dry ice can indefinitely defer

surgery until conditions become optimal. This pointed out that the use of dry ice for refrigeration, contrasted to ordinary ice, carries a risk of burning the skin if spillage occurs into the bed and also tends to freeze the leg about 4 inches above the ice level. This can be allowed for and this can be very useful, easy, inexpensive method to accomplish the above result.

A panel of four men discussed the problem of breast lumps. This panel did not cover the subject completely because of lack of time, but several items are mentioned as being of interest. In general, a biopsy should be done on any lump that seems different from the rest of the breast. A strong family history of carcinoma should render breast biopsy quicker on slightly less indication. My impression of the discussion of mammography in diagnosis was one of reservation rather than unbridled enthusiasm. Most men will occasionally use a needle on breast for aspiration of known cysts. Apparently this fluid obtained is always sent to the laboratory for cell study; negative fluid being of no value, although about 2% of these cysts contain carcinoma.

The approximate incidence of carcinoma by age was quoted as follows: under 30, 0.5%; between 31 and 40, 25%; between 41 and 50, 50%; between 51 and 60, 75%; over 61 almost 100% of the lumps are malignant.

On the subject of benign intra ductal papillomas with nipple bleeding, many Northwest surgeons do local excisions if the point of origin of bleeding can be localized. If the laboratory diagnoses the papilloma as a papillary carcinoma, the case should be treated as a carcinoma of the breast. Many of these cases show multiple papillomas and about one-third show disease of the contralateral side and a surprising number of men favor simple mastectomy on the

side of identifiable intra ductal papilloma. Others use local excision and follow closely.

The subject of triple biopsy (for inoperability) was discussed at some length. Dr. Fratkin of Vancouver, B.C., does triple biopsies on breasts and reported a series in which the triple biopsy showed 24% of cases to be inoperable and therefore did not have definitive breast surgery but had other treatment with an increased survival rate of nearly double. Dr. Bill Hutchinson of Seattle reported 25% of breasts were inoperable on mammary node biopsy alone with a one-third higher incidence of local recurrence after mammary resection. Dr. Hutchinson no longer does these biopsies or attempts to eradicate mammary chain disease. Unfortunately, time did not allow general discussion of the subject of triple biopsy.

Saturday morning of the meeting was devoted to problems in vascular surgery. Dr. W. B. Chung of Vancouver, B.C., reported on "Subclavian Artery Occlusion Associated with Cerebral Ischemia" with impaired pulsations and blood pressures in the affected arm and transient attacks of dizziness and impairing vision. These cases were treated with thromboendarterectomy with satisfying results.

Dr. Peter Allen of Vancouver, B.C., reported on "The Recognition and Treatment of Thrombosis of the Terminal Aorta" in which symptoms of claudication of the legs, thighs and buttocks, with low back pain occur and possible impairment of potency. High occlusions at the level of the renal vessels may produce headache with hypertension and reduced renal function. The diagnosis is made with the noting of weak or absent femoral pulsations and on the basis of aortagrams which must be carefully analyzed. The definitive surgery for this condition includes thromboendarterectomy or by-pass

grafting with or without excision of the affected aorta.

An interesting paper by Dr. G. H. Lawrence et al on the use of the implanted pace maker in cases of heart block was given. This electrical pace maker is not used until after at least 4 months of heart block in order to give an opportunity for a spontaneous reversion to rhythm. The implantation of the pace maker in 10 patients was described with usual restoration to useful activity reported.

Dr. K. W. Edmark reported on "D. C. Pulse Defibrillation" giving a technical paper on the use of a D. C. Fibrillator devised by the author who has apparently considerable advantage over the defibrillators we use today requiring less current, being more effective as a restorer of normal rhythm with less damage to the heart muscle itself. A prediction was made that this D. C. Fibrillator will probably replace our A. C. Defibrillators in time.

Dr. Alfred Sheridan of Seattle reported on "Treatment of Iliofemoral Thrombophlebitis by Thrombectomy" in which thrombectomy is done under anticoagulant control early, in an attempt to produce later post-phlebotic limb and emboli. These authors report prompt initial reduction of edema and tenderness and apparent prevention of late disability of the chronically swollen leg. It was pointed out that this procedure is done in the first 2 or 3 days post thrombosis only, and that heparinization is done pre-operatively so that adequately surgical hemostasis can be obtained at the time of surgery.

Our own Drs. Clinton Piper and Tom Murphy reported on "Preventing Emboli with Caval Screen." This is a procedure done in chronic and recurrent embolization or in embolization occurring under adequate treatment in the acute situation in which mattress sutures are placed in the vena cava below the level

of the renal veins in such a way as to produce several smaller channels rather than the large channel of the vena cava, thereby hoping to prevent the transmission of a large embolus from a leg vein to the heart and pulmonary vessels. This paper was well received.

A paper was presented by Dr. Thomas White et al of Seattle on "Gastric Surgery and Malabsorption Syndrome" in which fat balances were obtained on various types of gastric surgery. His figures seemed to show that absorption was most nearly normal with a Bilroth 1 gastric resection and that a short loop posterior poly-a Bilroth 2 allowed better absorption than an anti colic Bilroth 2 with a longer loop. Other procedures such as vagotomy influenced absorption also.

Dr. Hugh D. Colver of Portland gave a paper on "Operative Cholangiography, An Important Aid in Biliary Surgery" and pointed out that at least T tube

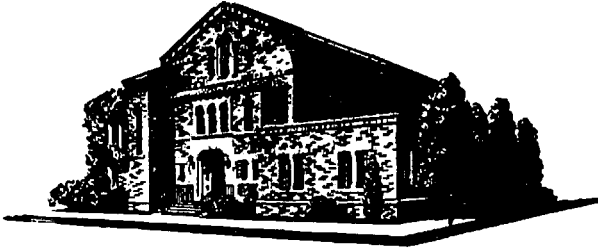
cholangiography at the termination of surgery, where stones had been removed from the duct, should routinely be done. Pre-exploration cholangiography also aids in 2 ways; 1) recognition of unsuspected stones and, 2) avoidance of unnecessary common duct exploration which increases the risk slightly. A poll had been taken of the membership of the North Pacific Surgical Association regarding use of operative cholangiography. A surprising variation was noted in the use of operative cholangiography—these variation ranging from almost never to almost always. My general impression is that most men do feel that this is a valuable tool for further definition of the ductal stone problem, where usually the ducts themselves cannot be adequately visualized; however, it has to be used with judgment relative to time and expense and must be done properly to give accurate results.

—Louis P. Hoyer, Jr., M.D.



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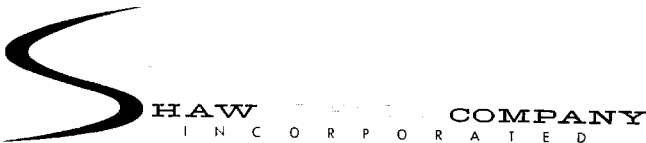
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## In Memoriam



DOUGLAS H. MURRAY, M.D.

Dr. Douglas Murray died October 31, 1963 at the age of 50. Dr. Murray was born in Edmonton, Alberta. He received his medical education at the University of Oregon. After an internship at King County Hospital he took his residency training in orthopedics at the Hospital for Special Surgery in New York City. He had been in private practice in Tacoma since 1947. He was married and is survived by his wife, Shirley, four sons—Douglas, Duncan, David, and Dennis, and a daughter, Sherryl.

Of Dr. Murray it can be said that he was a good physician serving his patients with skill, sincerity, and integrity; as a member of the community he was active in supporting community affairs; as a family man he was not only a devoted parent but exerted particular effort to

instill the desire in his children to pursue worthy goals in life; as a friend he was kind, thoughtful, and loyal.

He was a man who enjoyed living, deriving pleasure from his many varied interests and hobbies. This was not always easy for he suffered from progressive cardiovascular disease complicating diabetes mellitus. Knowing well the natural course of this condition, he refused to permit this knowledge to control his way of living or dampen his enthusiasm for life. With characteristic reserve he bore this affliction privately and with a graciousness seldom observed in one chronically ill.

Douglas will always be remembered by his friends and associates with affection and with deep respect for the man he was.

Donald and Claris Allison

## County Societies . . . IN THE NEWS

**The Medical Society of Milwaukee County, Wisconsin**, just completed plans for a third annual Milwaukee Medical Conference to be held November 20 and 21. Its agenda includes scientific lectures, panel discussions, symposia, a reception honoring Conference participants and ladies program for physicians' wives. The Conference is sponsored by the Medical Society and the Milwaukee Academy of General Practice (12 hours Category I Credit, A.A.G.P.). Five noted physicians will travel to Milwaukee to address the Conference. They are: Dr. Henry T. Bahnson, Professor and Chairman, Department of Surgery, University of Pittsburgh; Dr. Edward H. Bishop, Assistant Professor of Obstetrics and Gynecology, University of Philadelphia; Dr. Lawrence E. Shulman, Associate Professor of Medicine, Johns Hopkins University, Baltimore, Md.; Dr. David Smith, Associate Professor of Pediatrics, University of Wisconsin; and Dr. Mildred Stahlman, Assistant Professor of Pediatrics and Physiology, Vanderbilt University, Nashville, Tenn. To date, \$600 in grants has been given in support of the Conference. The Charitable, Educational and Scientific Foundation of the State Medical Society of Wisconsin has contributed \$500 to the program and the Arthritis and Rheumatism Foundation, Wisconsin Chapter, has granted \$100 to support the session on "Rheumatoid Disease and the Physician."

**Duval County Medical Society, Florida**, recently completed their first annual Duval County Medical Society Post Graduate Seminar. There were eight papers presented and two panel discussions. The outstanding faculty drew doctors from areas throughout Florida and Georgia. Some topics discussed were "Endometriosis", "The Hallucinagenic Drugs", "Systemic Lupus", and there

was one panel discussion on vitamins.

**Marin County Medical Society, California**, recently completed a Joint Conference on Medical-Legal Relationships. Co-sponsored by the Medical Society and Marin County Bar Association, the conference titled, "When Doctors and Lawyers Disagree" drew a response from both associations that far exceeded all expectations.

**Quote of Note:** "What has destroyed liberty and the rights of man in every government which has ever existed under the sun? The generalizing and concentrating all cares and powers into one body, no matter whether of the autocrats of Russia or France or the aristocrats of a Venetian State."

—THOMAS JEFFERSON

## 1 Day Symposium To Be Held Feb. 8th

Five outstanding specialists in the field of gastrointestinal disease are scheduled to speak at a one-day symposium to be held in Tacoma on Saturday, February 8. Lectures will be presented by Dr. John T. Reynolds, Clinical Professor of Surgery, University of Illinois; Dr. Paul Sherlock, Assistant Professor of Medicine, Cornell University; Dr. James R. Lloyd, Pediatric Surgeon, Detroit, Michigan; and Dr. James Clifton, Associate Professor of Internal Medicine, State University of Iowa. Dr. Walter C. Alvarez of Chicago will be the luncheon speaker.

In addition to their 40-minute lectures (topics to be announced later), each of the guest speakers will participate in a question and answer period which will follow every second paper.

The symposium, which will be held at the Winthrop Hotel, is sponsored by the Pierce County Medical Society in cooperation with Lederle Laboratories.

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## MONTHLY MEETINGS

### STAFF OF DOCTORS HOSPITAL OF TACOMA

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

### STAFF OF GOOD SAMARITAN

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

### STAFF OF ST. JOSEPH'S

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

### STAFF OF MOUNTAIN VIEW GENERAL HOSPITAL

Last Monday of February, June, September and November

### TACOMA ACADEMY OF PSYCHIATRISTS and NEUROLOGISTS

First Monday of each month—8:00 p.m. at 424 South K Street

### TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—8:00 p.m.

### PIERCE COUNTY MEDICAL SOCIETY

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

### STAFF OF TACOMA GENERAL

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

### TACOMA SURGICAL CLUB

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

### TACOMA ACADEMY OF INTERNAL MEDICINE

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

### PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

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

### PIERCE COUNTY PEDIATRIC SOCIETY

First Thursday of each month except June, July and August—  
6:00 p.m.

### STAFF OF MEDICAL ARTS HOSPITAL

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

### STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

### LAKEWOOD GENERAL HOSPITAL

Third Wednesday of March, June, September, December—  
7:30 p.m. Dinner—6:30 p.m.