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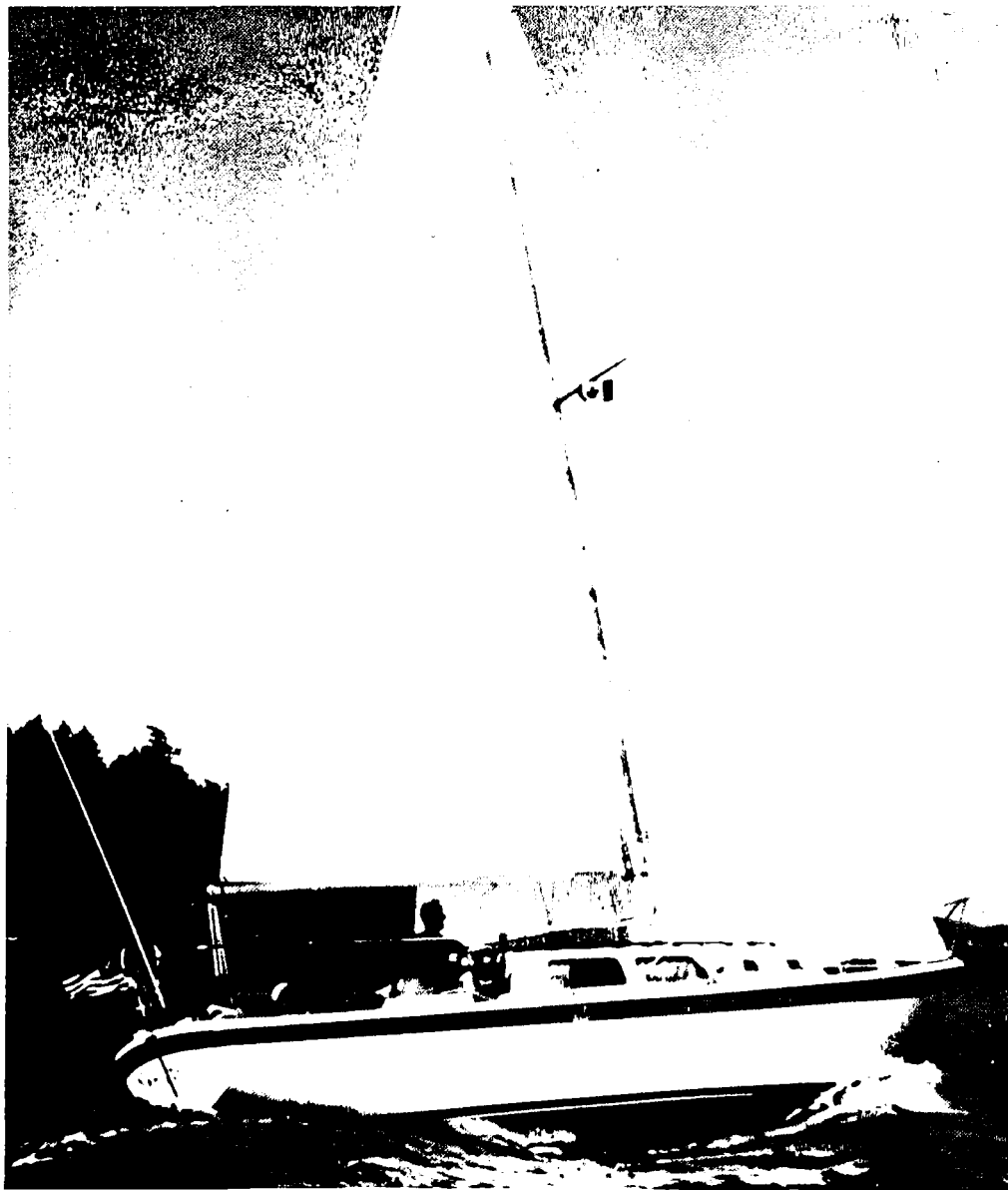
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

JANUARY 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 1



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
JANUARY 13**

Pierce County Medical Society

1970

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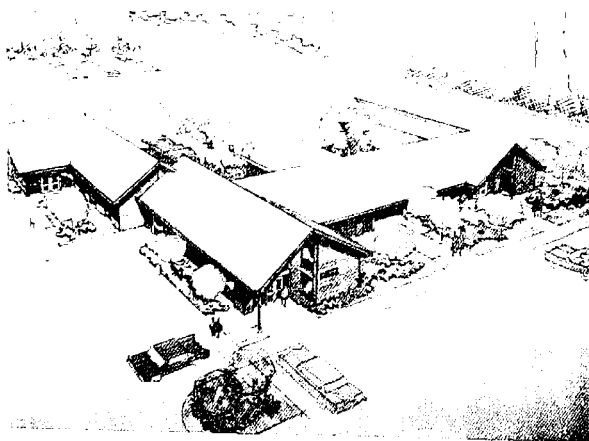
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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, January 13

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

"DESIGN FOR PROGRESS"

Mr. Peter Wallerich

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

• • • • •

January Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				2	3
5 Tac. Orthopedic Society—6 p.m.	6 C.P.C. of Mary Bridge 8 a.m.	7 Surgery Grand Rounds—T.G.H. 8-9 a.m.	8	9 Hematology-Oncology Study Group—T.G.H. 8 a.m.	10
12	13 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge—8:15 a.m.	14 OB-GYN Conf. T.G.H. 8-9 a.m.	15 C.P.C. of St. Joseph's— 8:15 p.m.	16 Hematology-Oncology Study Group—TGH 8 a.m.	17
19	20 Tacoma Surgical Club 6:30 p.m. C.P.C. of Mary Bridge 8 a.m.	21 Medicine Grand Rounds—T.G.H. 8-9 a.m.	22	23 Hematology, Oncology Study Group—TGH 8 a.m.	24
26 Pierce County AACP—6:30 p.m.	27 Tacoma Acad. of Internal Medicine 6 p.m. Cardiac Study Grp. T.G.H.—7:30 a.m. C.P.C. of Mary Bridge—8 a.m.	28 Path. Cancer Con.—T.G.H. 8-9 a.m.	29	30	31

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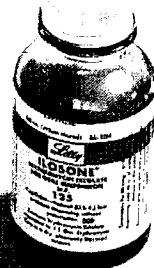
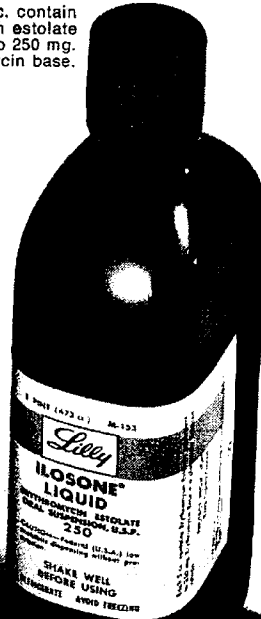
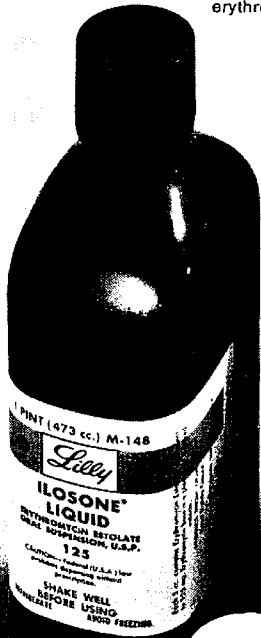


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Editorially Speaking

WELCOME TO THE NEW EDITORIAL BOARD

A much needed editorial board has been appointed by our new president. HAIL!

The editor—Charles C. Reberger, M.D.

The editorial board—Stan Tuell, M.D.

George Race, M.D.

Marcel Malden, M.D.

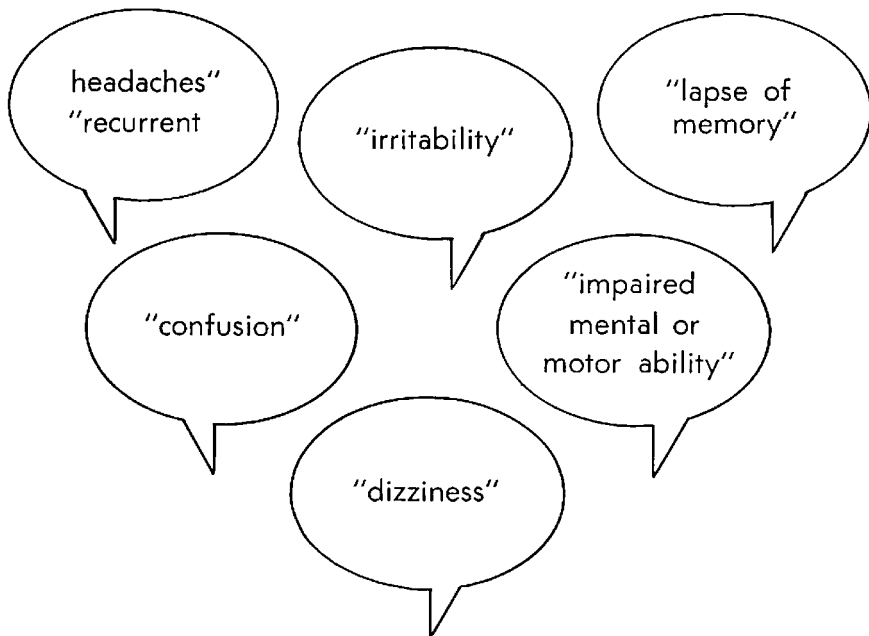
R. Kallsen, M.D.

Five stalwart re-writers will make a far better *Bulletin*. If you glance through some of the county medical bulletins, you will be amazed to see as many as 24 on the editorial staff. There are contributing editors, historical editors, book editors, associate editors, photography editors, etc. . . . and not to mention business managers.

So send in your contribution to the *Bulletin*. No one is a good writer. Some are good re-writers.

Just to be sure there is a plug for my favorite avocation, there should be a conservation editor. Doctors are great conservationists. You will meet almost as many at the Friday noon Izaak Walton League Luncheon as you do at the monthly PCMS meeting. And don't forget the Fly Fishermen's Club, or the Pogy Club, the Mountaineers, the Sportsmen's Club, and many, many others.

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Begins Wednesday, Jan. 7

To be held each Wednesday through April 1 — 7:30 - 9:45 p.m.

Thompson Hall of Science — Room 420
University of Puget Sound

Tuition — \$50.00

Checks should be made out to "College of Medical Education" or
"C.O.M.E." and mailed to:

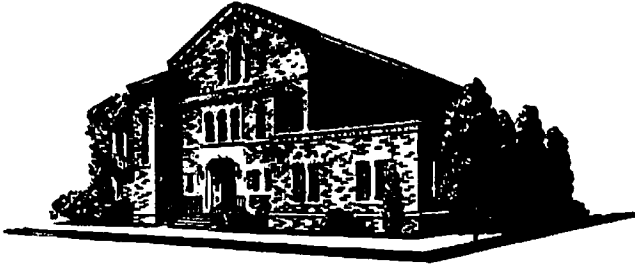
Mr. Dale Bailey
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Attendance will be limited to 35 participants
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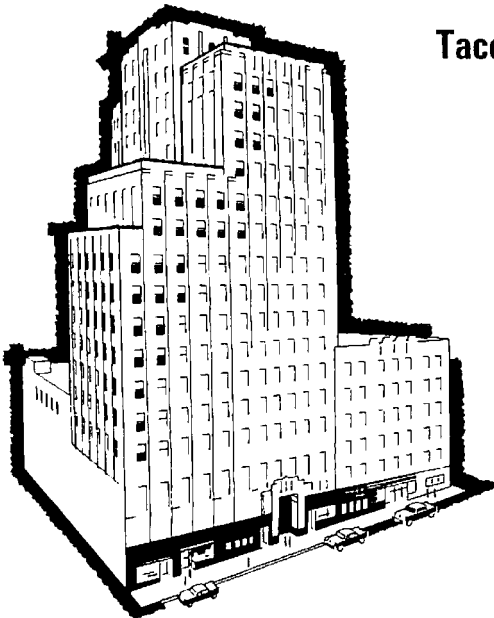
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Pierce County Medical Society Travel Program for all members of the Washington State Medical Association

Depart Seattle/Tacoma April 14, Tues., 8:30 a.m., Northwest Orient Airlines.

Arrive Tokyo April 15, Wed., 12:00 p.m., Private Jet, non-stop.

Depart Tokyo April 29, Wed., 2:50 p.m., Northwest Orient Airlines.

Arrive Seattle/Tacoma April 29, Wed., 7:30 a.m. Cross International Date Line.

Plan No. 1 \$350.00. Includes round trip air only with a transfer to downtown Tokyo.

Plan No. 2 \$599.00. Includes round trip air, hotel accommodations, transfers, sightseeing, local transportation by private motorcoach and train, Expo '70 tickets, tips to chauffers, train boys, hotel boys, and the services of an English-speaking guide.

TOKYO, April 15th & 16th. Transfer to your Tokyo hotel. On the 16th tour Tokyo visiting the Imperial Palace Plaza, Tokyo Tower and many other famous sights. An oriental barbecue luncheon is included with a spectacular all-girl revue show.

TOKYO-NIKKO, April 17th & 18th. Train journey to Nikko, Japan's most popular national park. Visit Toshogu Shrine, Kegon Waterfalls and Dragon's Head Cascade. See a sacred dance in Shinto costume. Continental breakfast and lunch included. Overnight at the Nikko Kanaya Hotel, return to Tokyo on 18th.

TOKYO-ATAMI-KAWANA. April 19, Sun. Transfer to rail station for train to Atami. Private Motorcoach for scenic journey along the coast to Kawana, popular hot springs resort featuring golf and swimming as well as relaxation.

KAWANA-INUYAMA April 20, Mon. 11:00 a.m. departure for Inuyama,

famed for its Inuyama Castle overlooking the Kise Rapids called the "Rhine of Japan".

INUYAMA-OSAKA April 21, Tues. Today has been especially scheduled to give you an opportunity to visit the Osaka World's Fair, EXPO '70. A bus will depart at 9:00 a.m. for the fairgrounds and return at 5:00 p.m. to Inuyama Hotel.

INUYAMA - OKAYAMA April 22, Wed. Private motorcoach to Nagoya station for journey on the new super express train to Osaka Station. From Osaka you will depart for Okayama and the Kurashiki Hotel. Balance of the day free.

OKAYAMA April 23, Thurs. Sleep in this morning. The afternoon features a tour of Okayama Castle, Ikeda Industrial Zoo and the Korakuen Gardens.

OKAYAMA-OSAKA-TOKYO April 24, Fri. Transfer to Okayama Station for train trip to Osaka, continuing on the famous Bullet Train to Tokyo. Balance of day at leisure.

TOKYO April 25th-28th. These days are free for shopping or sightseeing excursions.

April 29th. Transfer to airport for private jet home.

IMPORTANT: This is the only year the Japanese government will allow charters to the Orient, thereby allowing this low, low package. Normally, the all year off season rate is \$684.00 for the air fare ALONE!

Deposit of \$100.00 per person **MUST**, we repeat, **MUST** be in by January 16 and is completely refundable until time for final payment no later than February 14th. We are sending out 3500 letters and only the first 80 couples will be lucky!!! Immediate families also qualify.

A valid U.S. Passport along with a smallpox vaccination (certified on a World Health Card) and a Visa for entry into Japan are the only requirements. If you have a passport issued after April 29, 1965, and a smallpox inoculation within the last 2½ years they are still valid. Two photos and \$12.00 along with proof of birth is all that is necessary to obtain a passport. They are issued at the Department of State, Logan Bldg., Seattle, Washington, or the Thurston County Clerk's office in Olympia.

For further information contact Judy Gordon, MA 7-2020, or Alice Rainey, BR 2-4192.

Coronary Care Course Offered to Physicians

A one-week coronary care course for physicians will be held March 23-27 and May 4-8 at the University of Washington.

The refresher program, which has been given four times in the past year, will feature small group lecture-discussions with practicing cardiologists and practical experience in the CCU mock-up and University of Washington dog lab.

The course is designed for physicians involved in the care of patients with acute myocardial infarction; enrollment will be limited to 21 to match the number of instructors. Course faculty will consist of practicing cardiologists, physicians from the University of Washington Division of Cardiology and members of the CCU project staff of the Washington/Alaska Regional Medical Program.

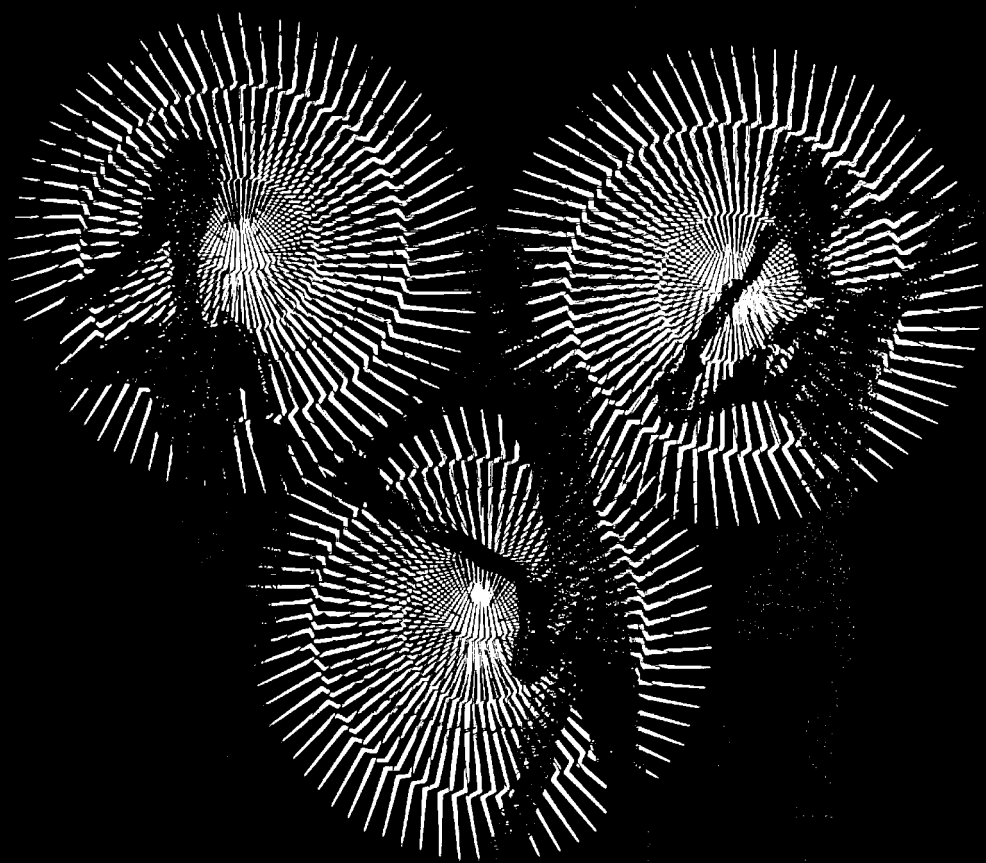
Instruction at the CCU mock-up in the Pacific Science Center will feature cardiopulmonary resuscitation, simulation of cardiac emergencies and demonstration of equipment. The dog lab experience will include defibrillation and emergency transthoracic pacemaker insertion.

Cardiologists will discuss approaches to diagnosis, monitoring and specific treatment for cardiac problems, and preceptors will also be available for individual consultation on coronary care topics. Physicians will have free time to visit the Cardiac Work Evaluation Clinic at the University and CCU-ICU facilities in Seattle hospitals, attend rounds and specialty conferences and use the latest electronic teaching equipment.

The course, directed by Stephen R. Yarnell, M.D., and Werner E. Samson, M.D., is approved for 35 hours of AAGP credit. Fee is \$50 and registration forms may be obtained from Dr. Yarnall, 103 Health Sciences Annex 2, University of Washington, Seattle 98105.

Urban Coalition Summary Presented

For those members unable to attend the monthly meeting December 9 or the Urban Coalition Workshop December 6, the following is presented. For those wanting a quick summary: IN PIERCE COUNTY WE DO HAVE A SEGMENT OF THE POPULATION CALLED THE DISADVANTAGED WHO ARE NOT NOW RECEIVING ADEQUATE HEALTH CARE. WE CANNOT WAIT FOR THE FEDERAL OR STATE GOVERNMENT TO SOLVE THE PROBLEM. LOCAL ACTION IS NEEDED TO TACKLE THIS LOCAL HEALTH CARE PROBLEM.



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- ... analgesia to combat pain
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- **oral non-narcotic analgesic**
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 - **generally well tolerated**
 - **suitable** for prolonged administration

Action: Pain related to spasm, particularly skeletal muscle spasm associated with injury, disease, stress, and tension, can be relieved by a muscle relaxant and tranquilizer such as chlormezanone. Chlormezanone is an orally effective muscle relaxant and tranquilizer that acts both on the central nervous system and peripherally on the neuromuscular apparatus. In musculoskeletal hypertonic conditions the cycle of muscle spasm or splinting and pain can be interrupted. Greater relief of pain results when the relaxant and tranquilizing actions of chlormezanone are combined with the well-known analgesic effect of aspirin. In addition, the distinct antiinflammatory action of aspirin is helpful when pain is related to local swelling or edema, whereas its antipyretic action relieves the general discomfort from any accompanying febrile reaction. Thus, in the treatment of patients with acute or chronic pain, TRANCO-GESIC provides more effective control than do aspirin or other simple analgesics alone.

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

Warnings: Should drowsiness occur, the dose should be reduced, and if this should continue, the patient should not operate a motor vehicle or any other dangerous machinery while taking the drug.

Usage in Pregnancy:—Safe use of this preparation in pregnancy or lactation has not been established as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

Adverse Reactions: Adverse effects reported to occur with TRANCO-GESIC include drug rash, dizziness, flushing, nausea, gastric distress, drowsiness, depression, edema, inability to void, and weakness. Medication should be discontinued or modified as the case demands.

Jaundice, apparently of the cholestatic type, has been reported as occurring rarely during the use of chlormezanone, but was reversible on discontinuance of therapy.

Dosage and Administration: The usual *adult* dose is 2 tablets of TRANCO-GESIC three or four times daily.

The dose suggested for *children from 5 to 12 years* is 1 tablet three or four times daily.

TRANCO-GESIC is so well tolerated that it may usually be taken on an empty stomach for quickest effect. Period of onset of relief will be observed in fifteen to thirty minutes after administration and may last up to six hours or longer.

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ical Program.

PROBLEM.

TRANCO-GESIC SAMPLE OFFER

To receive a clinical supply of TRANCO-GESIC tablets, simply fill in your name and address and mail this reply card.

Lack of adequate communications covers many problems. We are proposing that the Pierce County Health Council work to enlarge the existing Crisis Center with more personnel, more phones and 24-hour voluntary coverage. That it be developed into a true health coordination center with information on all available health services and how to obtain them. (Doctors also need this information). They could be the center for educating the disadvantaged and medical personnel as well. They could develop and promote a standard health history form for all people to complete to help speed up their medical treatment. They could maintain a list of doctors willing to treat disadvantaged people.

The high cost of our present hospital emergency room care is a local problem. We need a 24-hour out-patient clinic for the disadvantaged, particularly for the non-emergent medical problems to ease the load on our hospital ERS. Dr. Houtz believes this could be accomplished with 50 primary physicians. If they were relieved of any legal worries and much of the red tape by adequate voluntary help, they may well be willing to serve at regular intervals donating their services.

The shortage of medical manpower was recognized. We must aid in developing more paramedical personnel and be willing to utilize them more. The disadvantaged would be well served if we had multiple neighborhood primary medical centers staffed by paramedical personnel who could handle simple medical problems and act as a sorting center to direct the more serious problems to doctors or to hospitals as indicated. This would help solve the problems of Where to go and When to go.

(Continued on Page 20)

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Pain perception... mental tension
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discomfort. TRANCO-GESIC

...analgesia to combat pain
...tranquilization to calm
...muscle relaxation to assure

- **oral non-narcotic** analgesic
- **dependable** muscle relaxant
 - acts peripherally on the nervous system
 - acts centrally on the brain
- **generally** well tolerated
- **suitable** for prolonged administration

Action: Pain related to spasm, particular stress, and tension, can be relieved by chlormezanone. Chlormezanone is an orally effective muscle relaxant acting centrally on the nervous system and peripherally on the muscles. It breaks the cycle of muscle spasm or tension which results when the relaxant and tranquilizing effect of aspirin. It is particularly helpful when pain is related to local swelling, trauma, or general discomfort from any accompanying acute or chronic pain, TRANCO-GESIC plus aspirin.

Contraindications: Contraindicated in patients allergic to chlormezanone. TRANCO-GESIC should not be given to patients with an idiosyncrasy to aspirin.

Warnings: Should drowsiness occur, the patient should not operate a motor vehicle.

Usage in Pregnancy—Safe use of this product has been established as no animal reproductive studies have been conducted. Caution should be exercised in lactation, or in women of childbearing age, against its possible hazards to the mother.

Adverse Reactions: Adverse effects include drowsiness, flushing, nausea, gastric disturbance, and constipation. Medication should be discontinued if these symptoms occur.

Jaundice, apparently of the cholestatic type, has been reported with chlormezanone, but was relieved by discontinuation of the drug.

Dosage and Administration: 1 to 2 tablets 4 to 6 times daily.

The dose suggested for adults is 1 to 2 tablets 4 to 6 times daily. TRANCO-GESIC is so well tolerated that it can be given in effect. Relief of symptoms usually occurs within 15 to 30 minutes and lasts up to six hours or longer.

How Supplied: Bottles of 10 and 30 tablets.

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are simply not enough...

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PROBLEM.

Health care providers of all types including 24 doctors and a number of consumers attended the conference. We were broken down into five or six discussion groups.

Among the many problems the consumers mentioned were: (1) TRANSPORTATION to the source of medical care, particularly for the aged and young mothers with many children. (2) WHERE TO GO, (3) WHEN TO GO, (4) the lack of primary care doctors (5) lack of follow up care (6) lack of preventive care, (7) how to find a doctor at night or on weekends (8) how to obtain the prescribed drugs or appliances (9) fragmentation of present public and voluntary private organizations (11) the red tape of public assistance and other government sponsored programs (12) the obvious lack of a payment mechanism for approximately $\frac{1}{3}$ of our population (13) the complicated psychology of being poor and (14) "those of us who are black would like to be treated like human beings in doctor's offices and hospitals.

Condemning welfare recipients does nothing to solve their problems. They are not on welfare by choice. They are there because of inadequate education, poor health or poor nutrition when young, or by the misfortunes of traumatic injuries.

Many solutions were discussed. To improve transportation, the ADC mothers and others are trying to establish car pools among themselves to help one another. Maybe some type of health transportation bus (like the crippled children's bus) could be developed that would visit different sections of the community on different days to deliver the aged and others to medical centers and later pick them up for return to their homes.

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(Continued on Page 20)

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George Race
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 - 9 Carlisle Dietrich
 - 10 William Burrows
D. A. Marlatt
 - 12 Peter Cannon
William Todd
 - 16 Wayne Bergstrom
Robert Gibson
Leo Sulkosky
 - 18 R. A. Norton
James Ward
 - 19 Ted Apa
Donald Cummings
J. Lawrence Smith
Alan Sobul
 - 20 Ralph Johnson
Ronald Spangler
 - 21 Donald Weber
 - 24 Rene Gay-Balmaz
 - 26 Raymond Ellis
 - 27 John Havlina
 - 30 William Spaulding
 - 31 Virginia Larsen
Robert Truckey
-

HAVE YOU PAID YOUR AMPAC DUES?

(Continued from Page 17)

As dreamy idealists, we would like to have all patients covered by a comprehensive prepaid medical insurance plan, such as an expanded PCMB or Western Clinic plan. It would obviously increase the demand for an already limited supply of care. Hospitals would have to expand, and as they do, we would hope they develop many different graduations of care, each priced differently. Many more health technicians and social workers will be needed. One elderly person mentioned "there should be some type of hospital service developed where an old person can die in dignity for less than \$75.00 a day!"

Instead of developing arguments to refute the poor, it is time we sat down with them at workshops to improve the understanding of each segment. Then, work together with local facilities and people to take action to help solve many of these existing problems. Drs. Tanbara, Moses, Sparling, and Hazlerigg and others have attended lots of meetings. "Buck" Moses established his pediatric hilltop clinic, but these gentlemen cannot solve the problems alone. Awareness and participation by all of us is needed now.

To develop further knowledge of the problem, we can obtain from the Tacoma General Hospital Library two publications placed there for this purpose. The latest one is Prescription for Action—let us act.

—WAYNE ZIMMERMAN,
Past President-Participant.

Call for Scientific Papers

WSMA members are invited to submit a brief two or three paragraph abstract, with title, of the scientific paper they would like to present at the 1970 Washington State Medical Association Annual Meeting, September 20-23, in Spokane. Abstracts should be sent to: J. T. Rulon, M.D., Chairman, WSMA Scientific Program Committee, 444 N.E. Ravenna Boulevard, Seattle, Washington 98115.

Abstracts are needed as early as possible as the program committee is engaged in developing preliminary plans for the meeting. The program committee will review all abstracts submitted and those accepted will be scheduled for presentation during specialty or general sessions.

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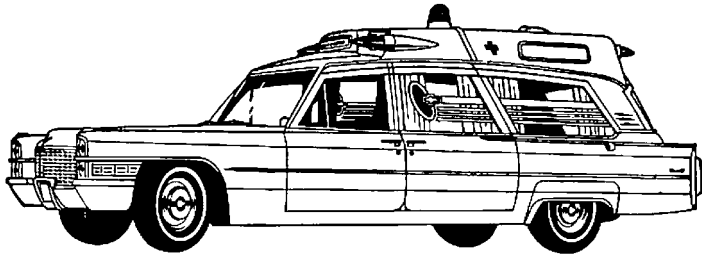
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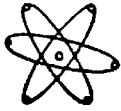
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Courtesy Medical Society Magazine Group

WOMAN'S AUXILIARY PAGE . . .

AUXILIARY OFFICERS 1969-1970

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

COMMITTEE CHAIRMEN

Nominating Committee and Health Council.....	Mrs. Philip Grenley
Membership.....	Mrs. Jack J. Erickson Mrs. Richard Link
Safety and Disaster Preparedness.....	Mrs. James R. Stilwell
Historian.....	Mrs. William H. Goering
By-Laws.....	Mrs. Thomas A. Smeall
Paramedical.....	Mrs. Roy H. Virak Mrs. Frederick Schwind
Publicity.....	Mrs. Dudley Houtz
Bulletin.....	Mrs. Bernard Pipe
Telephone.....	Mrs. James Krueger Mrs. Edmund A. Kanar
Finance.....	Mrs. Robert W. Osborne Mrs. Robert Burt
AMAERF.....	Mrs. David Hopkins
Social.....	Mrs. Thomas B. Murphy Mrs. Robert Florence
Speakers Bureau.....	Mrs. Francis Hennings
Community Health Service.....	Mrs. Robert Crabill
Today's Health.....	Mrs. Ernest Randolph
Representative Council on Smoking.....	Mrs. Carl Ekman
Representative Council on Aging.....	Mrs. George Moosey
International Health.....	Mrs. Theodore R. Haley
Cook-Book.....	Mrs. David Dye Mrs. John F. Kemman
Cook-Book Tasting Luncheon.....	Mrs. Mills Lawrence Mrs. Alva Miller
AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

JANUARY MEETING

Luncheon—12:00 P.M.

January 16, 1970

Mrs. Ralph A. Johnson, Hostess
7139 Interlaaken Dr. S.W.

Co-Chairmen:

Mrs. Ted Haley

Mrs. George C. Gilman

Everybody . . . all together now. Let's make a resolution to attend Medical Auxiliary meetings in 1970! You'll meet old friends; you'll make new friends while enjoying the interesting programs and learning the varied directions Auxiliary activities are pointing.

MEDICAL SUPPLIES FOR MISSIONS

At the invitation of C. Davis Weyerhaeuser, President of the Board of Medical Supplies for Missions, about fifteen Auxiliary members toured headquarters on K Street on December 2, to learn just how the donated supplies are sorted, packaged and made ready for shipment. Those viewing the process were impressed with the efficiency of the volunteers under the capable direction of Mrs. Miller. Those of you who were unable to attend are invited to stop by, and volunteer help is welcome.

OPEN HOUSE

President Sherry attended a pre-Christmas Open House and Bazaar at Goodwill Industries. She is enthusiastic about the work they do in rehabilitating the handicapped.. One of the members, Mrs. Clara Goering, is President of the Board of Goodwill.

FEBRUARY AND FOOD

You ARE remembering the Cookbook Tasting Luncheon, aren't you? You who attended last year were enthusiastic and felt it was a wonderful way to promote Cookbook sales. Mabelle Miller and Edie Lawrence, Co-Chairmen, will tell you all about plans at the January meeting. Toni Bourne, in charge of the Arts and Crafts display, promises a wide variety of our members' hobbies, such as weaving, ceramics, gardening, sculpture, and maybe even a few surprises.

NEW APPOINTMENT

Suzanne Pelley has been appointed by Sherry to the Board as a representative for poison-prevention. Sounds ominous!

MARCH MADNESS

The spring Fashion Show is coming at the precise time of year when we are longing for some new clothes. Co-chairmen Elizabeth Murphy and Shirley Kemman report that plans are progressing smoothly for this colorful event at the Tacoma Country and Golf Club on March 20. Fashions by the Bon Marche. Stop pushing.

GOALS FOR 1970

Last year's president, Dorothy Grenley, suggested some goals for Medical Auxiliary to pursue in 1969. Lest we forget, let me repeat several of the more meaningful objectives of our group.

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

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

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

To be alert toward all legislation involving the medical profession.

(And speaking of legislation, it is interesting to note that as we near the end of our first year with the Implied Consent law, we are encouraged by the fact that 96 fewer persons

have died on our highways than died by this time last year. There is no doubt that the new law has had an impact in curbing the number of intoxicated drivers on our streets and highways.)

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

Wishing you health, happiness, and a world at peace in 1970.

—INEZ M. PIPE.

W.A. P.C.M.S MINUTES NOVEMBER, 1969

The Pierce County Auxiliary meeting was called to order on November 21st at the home of Mrs. Robert O'Connell. Sherry Johnson, president, thanked our hostess and co-chairmen of the luncheon, Mrs. Robert Ferguson and Mrs. Gordon Dean and their committee, Mesdames Bud Bader, Kenneth Graham, George Tanbara.

The minutes of the previous meeting were approved as read.

Treasurer's report; Dee Wickstrom reported a balance of \$1,642.39 in the checking account.

Treasurer's (dues); Janet O'Connell reported that we have 168 paid members.

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Four new members who were attending the meeting were introduced. They were Ellie Erwin, Ruth Stevens, Mimi Elmer, and Ruth Beck.

Correspondence:

Gloria Virak read two letters:

1. A letter from the Goodwill Industries announcing an open house to be held December 2, to which the Auxiliary is cordially invited.

2. A letter from the director of the Tacoma Model Cities program, Mr. Herman Walker, inviting anyone interested to participate in the program.

Committee Reports:

Dance

Ginny Smith reported that 50 couples attended the auxiliary dance.

The total income was \$1,250. Expenditures, \$1,055.17; Profit, \$194.83.
A M A-E R F

Carol Hopkins reported that she will accept checks for AMA-ERF for our Christmas card project through next week. Carol said donations were coming in slowly this year. We are \$800 below last year as of this date.

Safety and Disaster

The Auxiliary has finished the defensive driver training as a group. The course is still available to any interested individual through the Tacoma Pierce County Safety Council.

Cook Book Tasting Luncheon

Toni Bourne, chairman of the arts and crafts, suggested that we enter our arts and crafts in the hobby show at the tasting luncheon. Sign-up sheets were passed around.

Fashion Show

Elizabeth Murphy reported that the fashion show will be held at the Tacoma Golf and Country Club on March 20. The Bon Marche will feature the fashions. The Country Club cannot

have any publicity because it is a private club so we cannot advertise. It was suggested that we send out invitations to ourselves and to the dental auxiliary. If each of our members were to invite two guests we would have a good showing. The Country Club can accommodate three hundred guests.

Nominating Committee

It was announced that the nominating committee for next year's slate of officers has been selected by the board. According to the by-laws the nominating committee shall consist of the immediate past-president (Sherry Johnson), who shall serve as chairman without a vote, the president-elect (JoAnne Johnson), two members from the membership—Florence Dean and Deva Vaught, and two members from the board—Lois Stilwell and Peggy Haley.

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Additional waterfront is available. Owner is moving to Europe and must sell immediately at well below market value.

Please call Roger Snowden for an appointment to see this exceptional property.

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3. Old Business

The box we are filling with clothes for needy children, ages three to ten, for the Hilltop area at the request of Dr. George Tanbara is two-thirds full. We have had this box for two months. There was some discussion. It was decided to turn this box in to Dr. Tanbara at this time.

4. New Business

1. Woman of the Year

We are to nominate a woman from the Auxiliary for the "Woman of the Year". It was suggested that we give this some thought and have some recommendations by the January meeting.

2. State Auxiliary Donation

Jean Judd asked for recommendations for our annual state Auxiliary donation. Last year's donation went to the two kidney foundations (\$500 to each). Dorothy Grenley suggested a donation be given to the American Cancer Society. No other recommendations were made.

Jean Judd reminded us of the mid-year conference to be held in Pasco, Washington, April 22-23, 1970.

5. Program for the Day

Mr. C. Davis Weyerhaeuser, president of the board of directors for Medical Supplies for Missions, gave a very interesting and informative talk on this very worthy organization. Mrs. William P. Miller, executive director of Medical Supplies for Missions was also present at our meeting. Mr. Weyerhaeuser's talk encompassed the origin of the organization, the source of the supplies and medicines, all of the work involved in sorting, etc., and the final destination of the materials. He invited our Auxiliary to an open house on Dec. 2 from 10 a.m. to 2 p.m.

LECTURE SERIES FOR PARENTS OF PHYSICALLY HANDICAPPED CHILDREN

The first in a series of lectures by various medical specialists on problems confronting parents of disabled children was presented at Good Samaritan Hospital Tuesday evening, December 9, when Dr. DeMaurice Moses, pediatrician, addressed the Mothers Educational Group (MEG). His subject was "General Principles in Management of the Handicapped Child." A brief question-and-answer period followed his talk.

The MEG, an informal organization of mothers of disabled children, is the spontaneous outgrowth of their desire for better understanding of their children's physical and emotional needs. The meetings are open to all interested parents, whether or not their disabled children are undergoing treatment. The group's usual daytime meeting hour was changed on this occasion to the evening, to enable fathers and working mothers to attend.

Subsequent lectures, to be held in the evening whenever feasible, will be announced as they are scheduled.

C. R. Bard, Inc., undertook a voluntary recall in September of the contaminated trays from its distributors and from hospitals in the United States and Canada. FDA has determined that the recall was not effective due in part to lack of cooperation by several large distributors who declined to participate.

FDA attempted to warn nursing homes and the medical profession of the dangers involved in the use of these trays by issuing a press release on October 20, 1969.

FDA checks on dissemination of the warning have revealed, however, that the majority of nursing and convalescent homes are still unaware of the recall or the health hazards of the catheter trays containing the contaminated detergent. We have found them still in use.

Within the last few days a marked increase in severe genito-urinary infections associated with the use of catheter trays containing the contaminated detergent has been reported by hospital authorities.

—General Services Administration.

FDA Issues Urethral Catheter Tray Warning

This is to bring to the attention of you membership an urgent health hazard involving 49 types of sterile urethral catheter trays and kits produced by C. R. Bard, Inc., Murray Hill, N.J. All of these trays contain a packet of cleansing solution or 'detergicide.' This 'detergicide', also called 'prep solution' 'cleansing solution', or 'antiseptic towellette', has been found to contain bacteria of pseudomonas species, commonly known as EO-1, a pathogenic organism which may produce severe genito urinary infections.

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TAIM Meeting Scheduled March 7

The 1970 Annual Meeting of the Tacoma Academy of Internal Medicine will be held March 7, 1970, in the auditorium of McIntyre Hall, at the University of Puget Sound, Tacoma, Washington, beginning at 9:00 a.m. The subject will be "A Symposium on Gastroenterological Problems".

Guest speakers will be:

Eddy D. Palmer, M.D., Professor of Medicine, New Jersey College of Medicine and Chief, Gastroenterology Section, V.A. Hospital, East Orange, New Jersey.

John A. Benson, M.D., Professor of Medicine, Head, Division of Gastroenterology, University of Oregon Medical School, Portland, Oregon.

J. Thomas Payne, M.D., Asst. Clinical Professor of Surgery, University of Washington Medical School, Seattle, Washington.

WHAT WOULD YOU DO, DOCTOR?

If a patient brought you a number of different medications in one container and asked you whether he could continue taking them? This is the problem a hospital pharmacist is often faced with when the physician writes: "Patient may take his own medication", and the pharmacist is asked to identify them so the nurse will know what is to be given. Who would be responsible if the patient is given a wrong medication?

Nurses are taught not to give any drug unless they know what the drug is and why it is being used. Pharmacists cannot dispense drugs to a patient unless they know the specific order of the physician, neither can they label a drug unless they are absolutely certain of its identity. The Joint Com-

mission of Accreditation has placed the responsibility of drug control in the hands of the pharmacist. For these reasons, it has been a policy of hospitals to dispense drugs to the patient through the hospital pharmacy only, and to discourage the practice of drugs being brought into the hospital from other sources.

—SR. BARBARA MARIE, R. PH.

Lakewood Convalescent Center

"Ad Summum Nitamur"

We Strive for the Highest

Lakewood Convalescent Center, a "satellite" department of Lakewood General Hospital, will be officially opened January 20, 1970. The 130-bed center has been programmed to accommodate the patient in all phases of progressive care, from restorative care to continuing care to self-care.

The center is an integral part of Lakewood General Hospital. Ancillary departments will function under the same policies, administrative and medical staff direction as those of the acute care section of the hospital. All activities of the convalescent center will be administered by Lakewood General, and programs will be completely coordinated and integrated.

The necessity for hospitals to meet community needs in a broad range of medical, nursing care and paramedical services, concentrated in one location, has long been recognized. Lakewood General Hospital has planned its new facility to respond to the community need for a progressive care center which will provide total service to the patient at a reduced cost. The professional care at Lakewood Convalescent Center will be available in three phases.

In Memoriam



Dr. Edwin C. Yoder

Edwin C. Yoder was born August 28, 1893, a native of Sharon Center, Iowa. He graduated from the schools in Iowa including his M.D. in 1917 and his M.S. in Surgery from the University of Iowa in 1924. He came to Tacoma in 1925 as chief surgeon of the Western Clinic, having done general practice in the interval between 1918 and 1922 in Denison, Iowa. He continued to practice actively for over 40 years and then had 5 years of semi-retirement.

He was honored by his colleagues by election to every post and position in this medical community, including a term as president of the Pierce County Medical Society. He had memberships in many professional societies, including charter membership in the Tacoma Surgical Club, Fellow of the American College of Surgeons, membership in the Seattle and Puget Sound Surgical Societies, and many others.

He served his country as a medical officer in World War I and was appoint-

ed to the United States Public Health Reserve in World War II.

He had vision regarding the prepaid system of medical care for America, and was a real pioneer in this sense at the Western Clinic—at a time before it became popular and was so eagerly accepted by the AMA. He felt always that the patient had a right to determine how he was going to pay for his medical care. Ed loved the practice of medicine and made it his great hobby, along with golf, which he so enjoyed.

Ed loved people and his many friends attest to this. His geniality, his commendable modesty, his high regard and respect for his colleagues, and always a fairness in all of his dealings with his fellow man—these are traits worth remembering. He was a perfect example of a gentleman in every sense of the word and was a man of great personal dignity.

He loved to travel and for the last 15 years of his life he did this a great deal, making new friends everywhere in the world and was a great ambassador for America.

He leaves Leona, his companion and love of 48 years, a daughter Sally, a son Edwin and 4 grandchildren. His sudden passing on December 23, 1969 saddens all of us. To me, he was my friend and this was a privilege for which I shall be always thankful.

— LESTER S. BASKINS, M.D.

Pierce County Medical Society

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- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

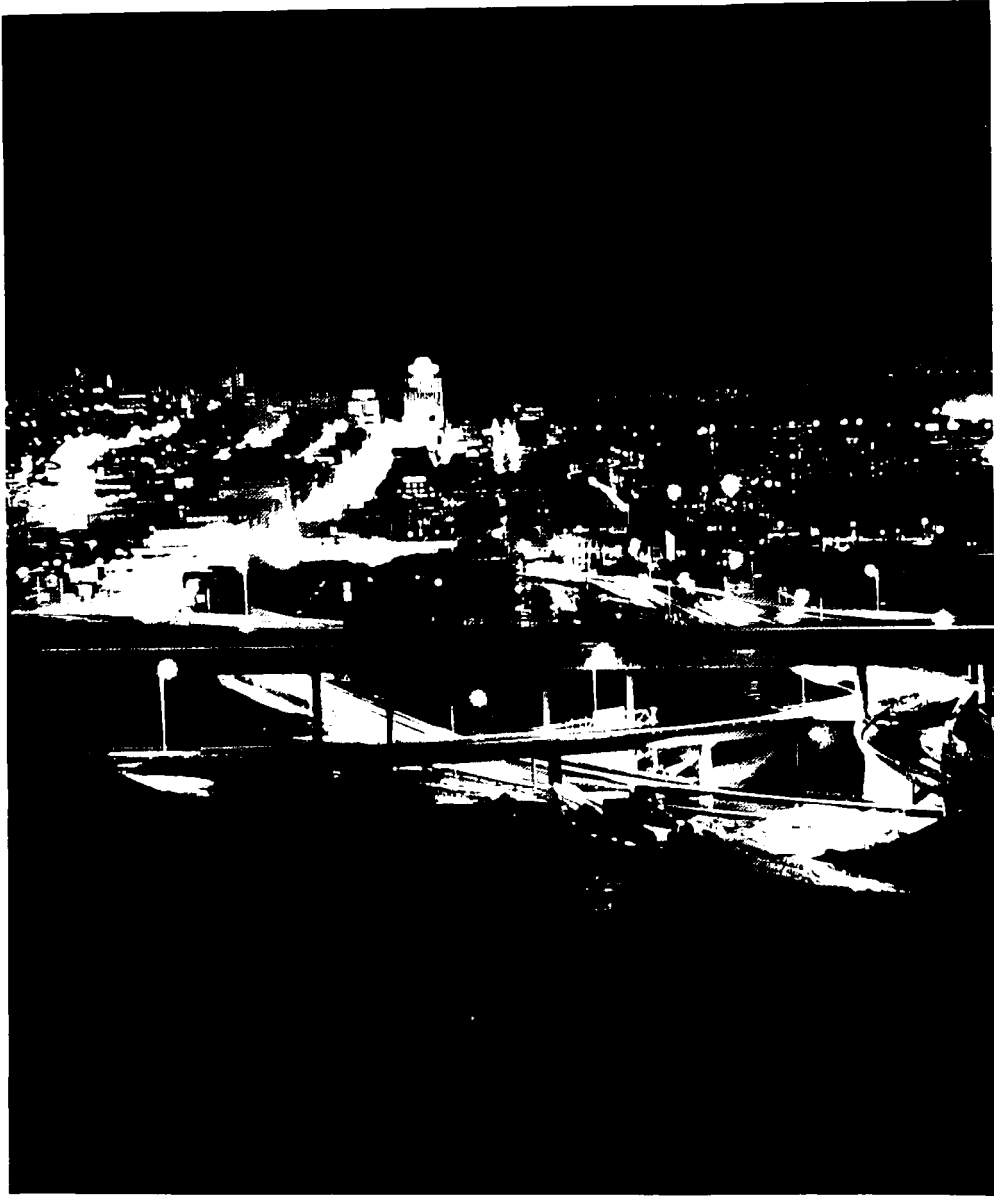


BULLETIN

FEBRUARY 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 2

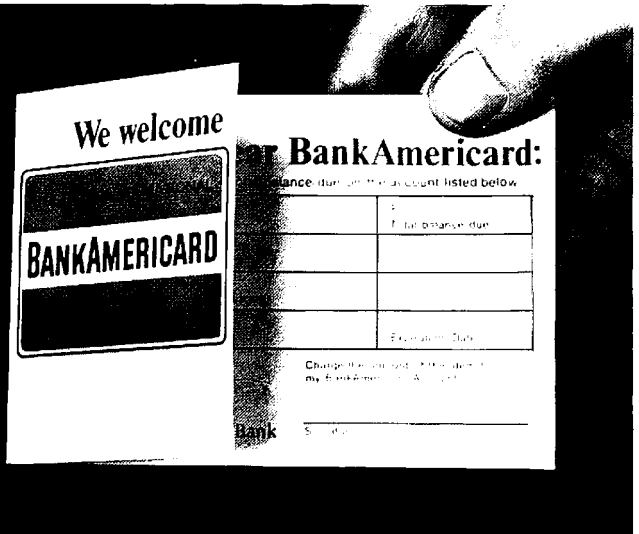


PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
FEBRUARY 10**

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Ask Chuck Holmes about it. He's the man from BankAmericard at LO 4-5819. We hope he's just what the doctor ordered.

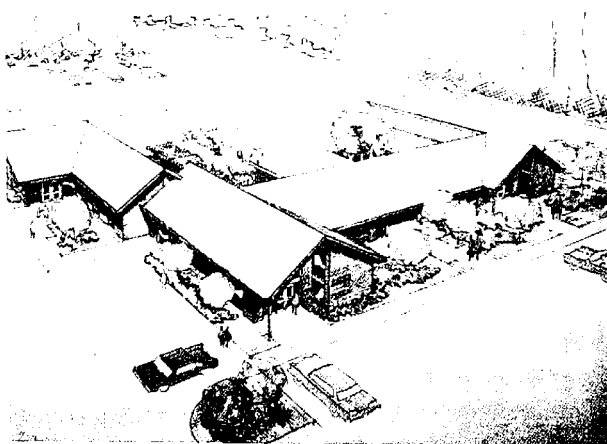
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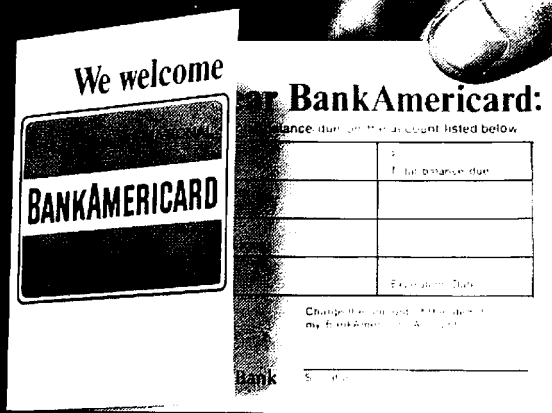
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The card allows your patient to authorize you to transfer your fee to his BankAmericard account — just like any other purchase. Send the drafts to your Puget Sound National Bank branch and we'll pay you immediately. And your patient can pay us later.

Ask Chuck Holmes about it. He's the man from BankAmericard at LO 4-5819. We hope he's just what the doctor ordered.

Puget Sound National Bank 

PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, February 10

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

MEDICAL MALPRACTICE LITIGATION SEMINAR

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

• • • • •

February Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 Tac. Orthopedic Society—6 p.m. Tacoma Chapter of American Psychiatric Assoc.	3 C.P.C. of Mary Bridge 8 a.m.	4 Surgery Grand Rounds—T.G.H. 8-9 a.m.	5 Pierce County Pediatric Society 6:00 p.m.	6 Hematology, Oncology Study Group—TGH 8 a.m.	7
9	10 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge—8 a.m.	11 OB-GYN Conf. T.G.H. 8-9 a.m.	12	13 Hematology-Oncology Study Group—T.G.H. 8 a.m.	14
16	17 Tacoma Surgical Club 6:30 p.m. C.P.C. of Mary Bridge 8 a.m.	18 Medicine Grand Rounds—T.G.H. 8-9 a.m.	19 C.P.C. of St. Joseph's— 8:15 p.m.	20 Hematology-Oncology Study Group—TGH 8 a.m.	21
23 Pierce County AAGP—6:30 p.m.	24 Tacoma Acad. of Internal Medicine 6 p.m. Cardiac Study Grp. T.G.H.—8-9 a.m. C.P.C. of Mary Bridge—8 a.m.	25 Path. Cancer Con.—T.G.H. 8-9 a.m.	26 Handling Emotional Problems in Office Practice 6:30 - 7:30 p.m.	27 Hematology-Oncology Study Group—T.G.H. 8 a.m.	28

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WASHINGTON STATE MEDICAL ASSOCIATION
MEDICAL DEFENSE COMMITTEE**MEDICAL MALPRACTICE LITIGATION SEMINAR**Medical Arts Building — Auditorium
740 St. Helens
TacomaTuesday Evening
February 10, 1970
8:15 p.m.***PROGRAM**

I. PURPOSE OF SEMINAR

Session Moderator: Stanley W. Tuell, M.D., Tacoma
Member, WSMA Medical Defense Committee

II. PROFESSIONAL LIABILITY INSURANCE

Panel Members:

William Sacre, Seattle, Underwriting Manager
Phil Bollard, Seattle, Claims Manager, Atena Life & Casualty

- A. Underwriting Results and Premium Effects
- B. Present Trends in Malpractice Defense
- C. Case Examples

III. MALPRACTICE — WORKING WITH THE LEGISLATURE

Robert L. Reeves, M.D., Olympia
Member, WSMA Public Laws CommitteeIV. PREVENTION OF MALPRACTICE LITIGATION — A PANEL
(Question and Answer Session)

Panel Members: :

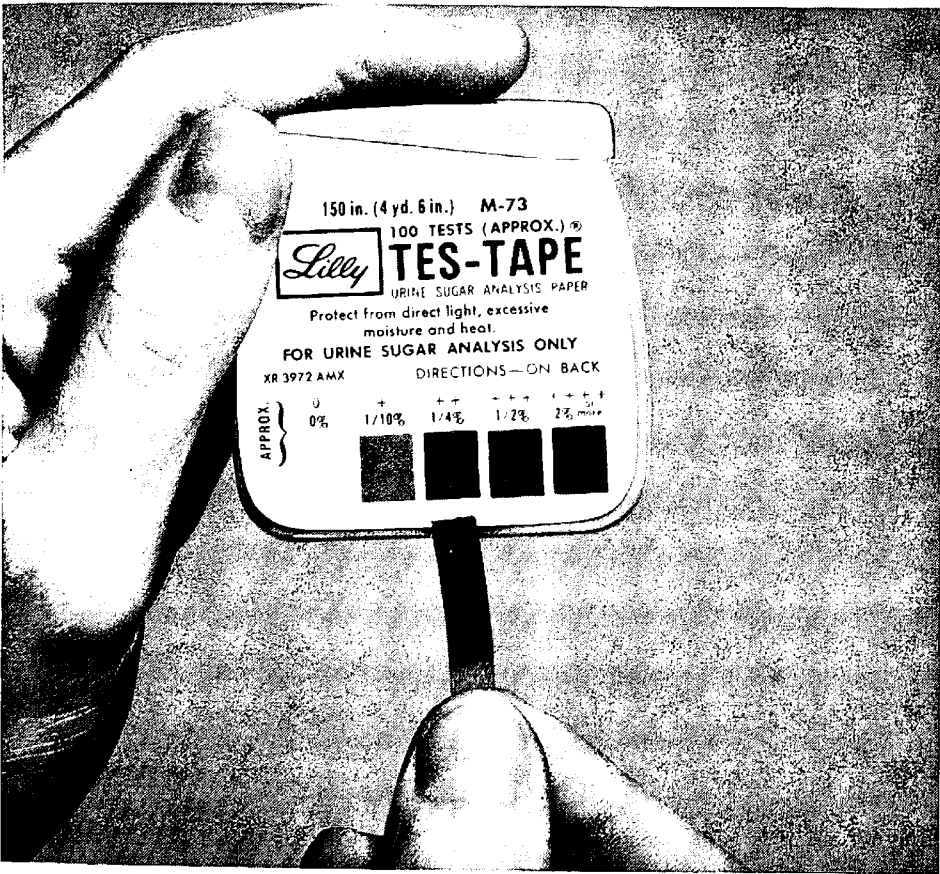
Stanley W. Tuell, M.D., Moderator
Robert L. Reeves, M.D., Olympia
Gerald Palm, Seattle, Legal Counsel,
Williams, Lanza, Kastner & Gibbs
Bill Sacre, Seattle
Phil Bollard, Seattle

V. ADJOURNMENT

*No host refreshments 6:15 p.m., dinner 7:00 p.m. in Honan's Restaurant, 739½ Saint Helens, Tacoma. Meeting begins at approximately 8:15 p.m. in the Auditorium of the Medical Arts Building.

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Editorially Speaking

Air Pollution in Patients' Rooms

The welcoming in of a new decade tends to suggest a time for reform. Possibly this will initiate for some a more carefully watched diet, a program of progressive exercise or a rejection of some old unwanted habits. These are personal actions which may help to prolong the individual's health and life.



Smoking is one habit which has already been rejected by many doctors. Ten years ago it was expected that the CPC or any other medical conference would be enjoyed through the haze of acrid blue smoke. Now one lights up with a certain sense of embarrassed aloneness. At a recent Mary Bridge Conference, the speaker complained about the fumes from a nurse's cigarette—the only one being smoked in a room of 30 people.

That same week a postoperative patient across the street was moved from a two bed room to a private room. The reason for this was that not only was the adjacent patient chain smoking (and in bed), but the visitors, eight at one time, were all in the room smoking and turning the air into a clawing irritant. This produced the expected, namely coughing and pain in the fresh operative site.

The man who got moved to the more expensive room is a considerate gentleman who would not knowingly inconvenience anyone, but he paid for the thoughtlessness of the smoker and his callous visitors. This is unfair. Why should the innocent pay, literally for the sins of others? Why do we remove the cigarette dispensers from our hospitals and still condone smoking in the patient's rooms?

Such inconsistency needs correction. A few claim that the policy of no smoking in the patient's rooms is impossible to enforce. The Good Samaritan Hospital in Puyallup, however, has made a real effort to do just this and the policy has been successful. The patients who have listened to the warnings about smoking hazards can, at the Good Samaritan Hospital, enjoy unpolluted air and realize that their doctors and nurses support their attempts to preserve their health.

Whether a doctor or nurse or visitor or patient smokes is not the question. This is a personal matter and the individual has the right to abuse his own system as he sees fit. But where the smoking is done is the real issue. Why cannot we have in the Tacoma Hospitals a rule for no smoking in patients' rooms unless permission is given by the doctor in writing with a supplemental rule of no smoking at all for visitors. If a patient must pollute the air, let him do so in a private room and pay the bill for the privilege.

Good Samaritan has shown that a policy of no smoking in patients' rooms can work. While we permit air pollution in hospital rooms our complaints about the smelter and the tideflat industries fall weakly flat. It is time to clean up our patients' air.

—CHARLES C. REBERGER, M.D.

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Before prescribing, see complete prescribing information, including symptoms and treatment of overdosage, in SK&F literature or *PDR*.

Contraindications: Patients with glaucoma, pyloric obstruction, prostatic hypertrophy, bladder neck obstruction, obstructive intestinal lesions and/or ileus. Nausea and vomiting associated with intestinal obstruction or brain tumor.

Precautions: Caution patients about activities requiring mental alertness (driving, hazardous occupations). Keep patients under regular observation. Additional depressant effect is possible when used with other C.N.S. depressants. Patients sensitive to other drugs may be more liable to have a reaction to prochlorperazine. Use with caution in elderly patients. Use in pregnancy, lactation, and in women of childbearing age only when necessary. Discontinue one week prior to I¹³¹ uptake and PBI tests, as the iodine in isopropamide iodide may alter results.

Adverse Reactions: Drowsiness, dizziness, amenorrhea, skin reactions, dry mouth, blurred vision, urinary retention, dilated pupils, photophobia, constipation and tachycardia. Palpitation, nausea, dysphagia, fever, and nasal congestion, rarely. Hypotension, agranulocytosis, cholestatic jaundice, leukopenia, extrapyramidal symptoms (motor restlessness, dystonias, pseudo-parkinsonism) have occurred with prochlorperazine.

Other Adverse Effects reported with one or more phenothiazines: Some adverse effects are dose-related, others involve patient sensitivity, some occur more frequently in patients with special medical problems, for example, mitral insufficiency or pheochromocytoma.

Opisthotonos, oculogyric crisis, hyperreflexia, dyskinesia, sometimes lasting months or years; *grand mal* convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of C.N.S. depressants, atropine, heat and phosphorus insecticides; headache, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states, hypotension (sometimes fatal); cardiac arrest; pancytopenia, thrombocytopenic purpura, eosinophilia; lactation, galactorrhoea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been reported, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

NOTE: Sudden death has been reported though a relationship to phenothiazine administration has not been determined. In some cases the cause appeared to be asphyxia due to failure of the cough reflex; in others, no cause could be determined.

Supplied: Bottles of 50.

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American Fertility Society Schedules Meetings

The American Fertility Society announces its Third Post Graduate Course in conjunction with the Annual Scientific Meeting to be held at the Washington-Hilton Hotel, Washington, D.C., March 18, 19 and 20, 1970.

Members and non-members are invited to participate in this excellent review and educational program. The post-graduate course is offering eight seminars with nationally and internationally known moderators participating and leading each session. The titles are as follows:

Course I. The Physiology and Treatment of Ovulatory Defects

II. Surgical Approach to Infertility Problems

III. How to Evaluate the Infertile Couple

IV. The Male Factor

V. The Role of the Brain and Nervous System in Human Reproduction

VI. Advances in Basic Reproductive Physiology

VII. Chromosomal Abnormalities & Genetic Counselling in Infertility Problems

VIII. Family Planning and Problems of Contraception

Each course will have a limited number of participants. Certificates will be awarded upon completion of the course. Registration fee for the Post-Graduate course will be \$75.00 total (including meals).

The Annual Scientific Meeting of the American Fertility Society will follow the Post-graduate course with an excellent program to include round table

discussions. Non-members will pay a \$20.00 registration fee for the Annual Meeting.

For additional information, please contact:

The American Fertility Society
Herbert H. Thomas, M.D., Sec.
944 South 18th Street
Birmingham, Alabama 35205

All-Day Workshop

Wednesday, March 4th, 8:30 a.m. to 3:30 p.m.

Subject: "Community Resources for Education of the Handicapped"

Place: Pacific Lutheran University—Xavier Hall.

Registration: 8:30 - 9:00

Registration forms and programs may be obtained in advance by contacting Mrs. Kay Thompson, 4340 South J, GR 4-2185.

9th National Conference On Therapies for Advanced Cancers

August 20-22 (Thursday-Saturday), 1970, University of Wisconsin Post-Graduate Center.

Sponsor: Division of Clinical Oncology, University of Wisconsin.

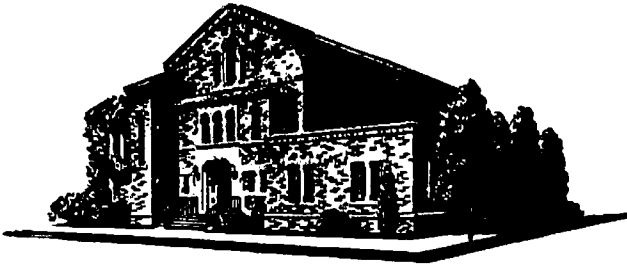
Chairman: Fred J. Ansfield, M.D., Professor of Clinical Oncology

Information from program coordinator: R. J. Samp, M.D., University Hospitals, Madison, Wisconsin 53706.

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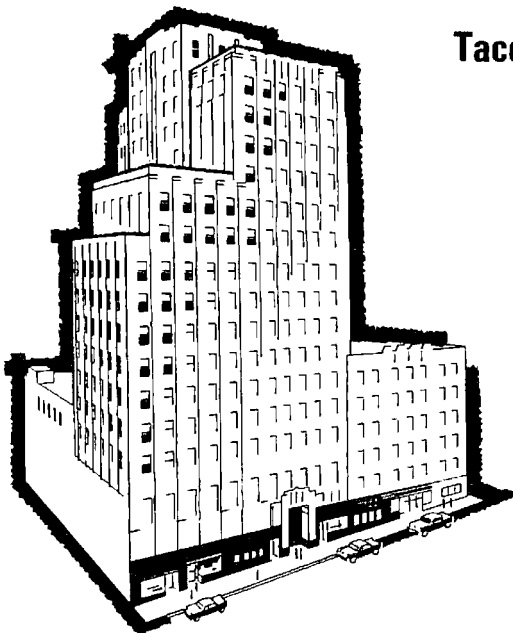
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Power Boat Racing, Anyone?

The Tahoma Drag and Ski Club is in need of the aid of a doctor to be present at each of our races for the coming year, the dates of which will be: May 24, July 12, and August 23, 1970. There is also a possibility that we will hold another race either the first or second Sunday in April.

The races we hold are drag and circle boat races, and the locations have not been finalized as of this date. We do know, however, that the July race will be held on Capitol Lake near Olympia. All races are APBA sanctioned.

We are a small non-profit organization, and at this time unable to offer much in the way of a fee for these services, save an honorary membership to our club. This matter is open for discussion before the club, and we are confident that something could be worked out.

Anyone interested in helping us out could contact this club by mail at the address given below, or by phone at SK 2-7628 evenings, or GR 4-3076 during working hours. Any assistance would be greatly appreciated.

Ellen Curtis, Secretary
Tahoma Drag and Ski Club
4909 North 29th
Tacoma, Wa. 98407

HAVE YOU PAID YOUR AMPAC DUES?

Scientific Program for WSMA Annual Meeting

Spokane members of the WSMA Scientific Program Committee have been working on preliminary plans for the Scientific Program at the 1970 WSMA Annual Meeting since November 15, 1969. The meeting will be held at the Davenport Hotel, Spokane, on September 20-23, with the Scientific Program scheduled for September 21, 22 and the morning of the 23rd. The program committee would like to develop a program which will include general scientific sessions, specialty sessions, a general practice session for prescribed credits, round table discussions and several courses.

Abstract of Papers Requested Early

Physicians who plan to submit abstracts of papers for consideration are encouraged to submit the abstract as soon as possible. This will allow an early determination of the specialty sessions which will be presented. Members of the WSMA Scientific Program Committee are:

J. Thomas Rulon, M.D., Chairman—
ENT

Richard E. Ahlquist, M.D.—Surgery

Michael A. Donlan, M.D.—Pediatrics

C. Gordon Edgren, M.D.—Psychiatry

Thomas H. Jones, M.D.—General

Practice

Robert C. Maher, M.D.—Ophthalmology

John A. Moyer, M.D.—OB-GYN

John H. Phillips, M.D.—Internal
Medicine

Richard L. Pokorny, M.D.—Anesthesiology

Copies of abstracts submitted to Dr. Rulon at the Washington State Medical Association Office, 444 N.E. Ravenna Boulevard, Seattle 98115, will be forwarded to committee members for consideration at the next meeting of the committee in Spokane.

A GOOD SAMARITAN?

by

JAMES L. VADHEIM, M.D.

A "Good Samaritan" is thought of as one who renders aid, performs acts of mercy, or lends a hand when the occasion demands. Most members of the medical profession believe they have a moral obligation to fulfill this role of a "Good Samaritan". Unfortunately, the actions of a small number of physicians in their relationship to other doctors does not qualify them for this role. The appalling increase in medicolegal suits with the resulting exorbitant cost of protective insurance is too familiar to all of us. A number of these lawsuits can be traced to third party actions.

The third party could be a nurse, a ward aide, an elevator girl, or anyone rendering patient care in the hospital. The patients often assume anyone who renders service is capable of answering their questions. We have little or no control over the behavior of individuals who provide hospital service. However, we should be able to depend on constructive support from our fellow physicians. I wonder if this is always true: We are all aware of the fact that complications can occur following any illness, that these are particularly frequent in the surgical field, that they often arise following dismissal from the hospital, and that the attending physician may not be available when they occur. When a second physician is called his attitude may well influence the confidence that patient has in the original doctor.

With the above considerations in mind I would like to pose the following question: On seeing this patient do you make remarks similar to the following, each one of which has been the basis for a threatened or an actual legal action?

"WHO sewed you up like that?"

"We don't treat fractures like that any more, that's obsolete."

"I'll get you a good doctor!"

"You're all full of wire sutures—no wonder you hurt."

"All that wire will have to come out. We don't use that any more."

These phrases are a few of the number which have been called to my attention through discussions with local colleagues. Other examples of our lack of ethical behavior to each other in a third party situation can best be posed as the following questions:

(a) Do you render treatment beyond that necessary for the emergency situation and do you fail to return the patient to his physician when the latter is available?

(b) Do you subject the patient to a number of expensive and often unnecessary procedures knowing full well that the attending physician would perform the same services for little if any cost to his patient?

(c) Do you create in the mind of the patient antagonism towards his physician by either derogatory remarks or hints that he has been mistreated, abandoned, or overcharged?

(d) Do you fail to notify the attending physician of the patient's complication?

(e) Lastly, do you make statements of fact without having the complete knowledge of the original situation and its subsequent management?

If you are guilty in any manner of one or all of the above questions, no matter how heroic you may appear in the eyes of the patient, you will never be classed as a "Good Samaritan" by your colleagues.

THE ADVENTURES OF J. RODERICK DELEHANTY

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YOU ARE INTERESTED
IT NEUTRALIZES 300TIM
STOMACH ACID. WHICH R
TO ME ON MY WAY HERE

ONCE HE GETS ON
WINGEL THERE'S NO
STOPPING THIS GUY —
LET'S STEP OUT FOR
SOME AIR .

I KNOW WHY
YOU'RE SMILING.
YOUR HEARING AID'S
TURNED OFF.

WHO'S THE
PROGRAM C



Modell

... you up like that? ... your colleagues.

? UH, WHERE WAS I? OH, YES, THE STABILIZED SHORT POLYMER PROBABLY WITHOUT ACID REBOUND. I KNOW BOTH GOOD TASTE AND IN THE FACT THAT THE ACTIVE INGREDIENT WEIGHT IN THE CASE OF A FUNNY THING THAT HAPPENED THERE WAS THIS—UH....



I'D LIKE TO PUT THE HEXITOL ON DELEHANTY.

TO THINK I COME TO THESE MEETINGS TO BE ENLIGHTENED

I WISH HE'D GO A LITTLE MORE IN DEPTH ON THAT HEXITOL STABILIZED BIT.

I TOLD THEM WE OUGHT TO PAY FOR OUR SPEAKERS.



I CAN HEAR HIM. LET'S MOVE IN THE BACK

GREAT SPEECH, DELEHANTY. BY THE WAY, DO YOU HAVE ANY WINGEL ON YOU?

SAY, DELEHANTY, DINNER LEFT ME A LITTLE OUT OF SORTS. CAN YOU SPARE A COUPLE OF THOSE NON-GRITTY TABLETS?

AS PROGRAM CHAIRMAN, DELEHANTY, I HAVE A FEELING THAT I'M GOING TO NEED SOME WINGEL VERY SOON.

NO REFLECTION ON YOUR PUBLIC SPEAKING, DELEHANTY, BUT I LIKE WINGEL BETTER.



How about you? Could you use some WinGel? Just write J. Roderick Delehanly c/o Winthrop Laboratories Dept. CB-1, 90 Park Avenue, New York City. Rod will expedite a clinical supply of both the liquid and the non-gritty tablets.

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WHO sewed you up like that?"

your colleagues.

I do not advocate deliberate misrepresentation to a patient. I do believe that honesty must be the rule, as all of us do. I would like to suggest, though, a few rules for the profession to follow in the above-mentioned situation. Adherence to these would eliminate one of the causes for medicolegal excesses of our times and would make for a healthier working relation among competitors within our professional community.

1. Render an opinion only after the facts are completely familiar to you.
2. Do everything you can to enhance the stature of the attending physician in the mind of his patient.
3. Render only the measures which are necessary at the least possible expense to the patient.
4. Make certain that the patient is returned to his physician when the latter becomes available.
5. Inform the attending physician as to the sequence of events which occurred during his absence.
6. Never make either derogatory remarks or critical statements. You were not present at the initial management of the patient and only the physician who rendered that management is the final authority on the situation.

If you follow these rules you have retained the leading role of a "Good Samaritan" not only to the layman but also to your fellow physician.

As a last and summarizing statement, remember that anything you either do or say to provide the spark which ignites the flame of a medicolegal action reflects indirectly upon you. Not only does this cause an increase in your malpractice insurance cost; but, far more important, is the fact that your Profession's dignity and integrity has been further lowered in the eyes of the lay-

man—this at a time in our history when our public relations is at a very low ebb indeed.

Malpractice Rates Getting You Down? Get Answers Feb. 10

Will your malpractice insurance rates keep going up, up, up, UP?

If you're one of those physicians who has been unhappy — and who isn't? — about the drastic increase in professional liability insurance premiums, better show up at the Medical Society meeting on Tuesday, Feb. 10. Come loaded with your questions and expect to get some straight-from-the-shoulder answers.

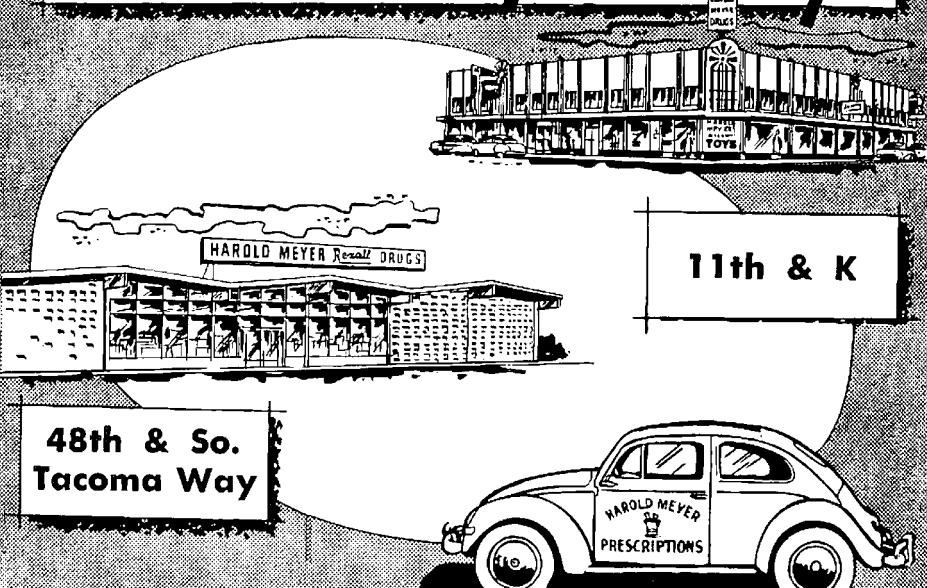
On hand to answer questions will be representatives from Aetna Insurance Co., which carries the coverage on the vast majority of physicians in Washington State. Also on the hot seat will be an attorney from the law firm that counsels the Washington State Medical Association, plus a representative of the Public Laws Committee of the State Association.

The meeting will not be just a listing of excuses for the recent premium increases, but will also present some of the potential solutions to the problem that have been tried in other areas. The panel will also discuss measures which local physicians might carry out to reduce the threat of malpractice suits in this area, as well as to stem skyrocketing insurance rates.

Aetna representatives will be William Sacre, Underwriting Manager, and Phil Bollard, Claims Manager, both of Seattle. Dr. Robert Reeves will be the representative from the Public Laws Committee, and the attorney on the panel will be Mr. Allen Billett of Tacoma.

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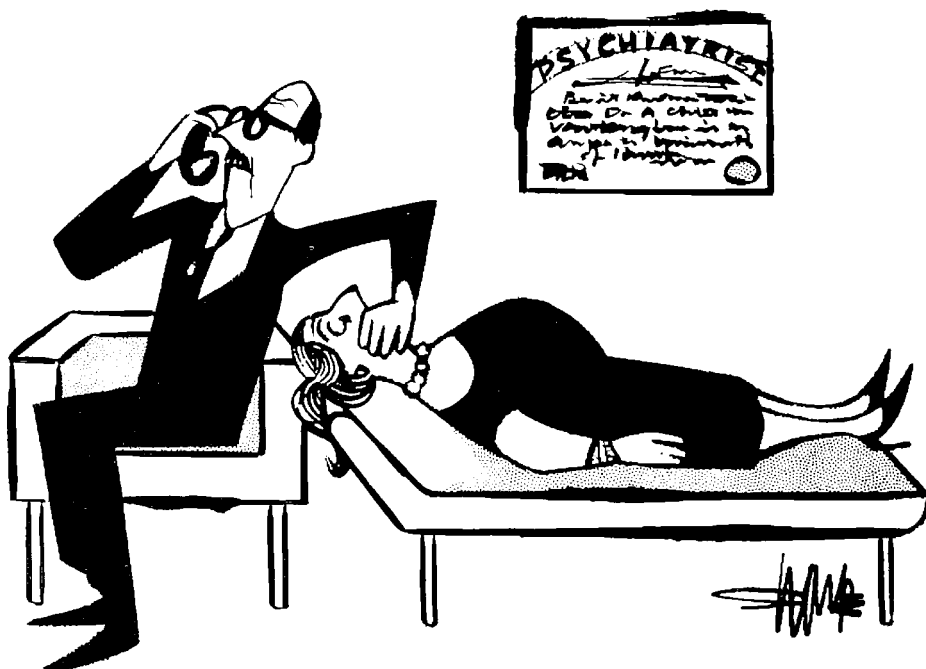
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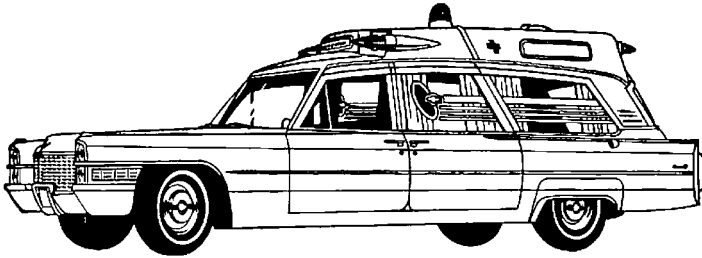
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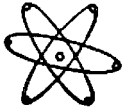
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"I'M GLAD WE HAD THIS LITTLE CHAT,
DOCTOR — I DIDN'T REALIZE HOW
NAIVE YOU WERE!"

Courtesy Medical Society Magazine Group

WOMAN'S AUXILIARY PAGE . . .

AUXILIARY OFFICERS 1969-1970

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

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Membership.....	Mrs. Jack J. Erickson Mrs. Richard Link
Safety and Disaster Preparedness.....	Mrs. James R. Stilwell
Historian.....	Mrs. William H. Goering
By-Laws.....	Mrs. Thomas A. Smeall
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Publicity.....	Mrs. Dudley Houtz
Bulletin.....	Mrs. Bernard Pipe
Telephone.....	Mrs. James Krueger Mrs. Edmund A. Kanar
Finance.....	Mrs. Robert W. Osborne Mrs. Robert Burt
AMAERF.....	Mrs. David Hopkins
Social.....	Mrs. Thomas B. Murphy Mrs. Robert Florence
Speakers Bureau.....	Mrs. Francis Hennings
Community Health Service.....	Mrs. Robert Crabill
Today's Health.....	Mrs. Ernest Randolph
Representative Council on Smoking.....	Mrs. Carl Ekman
Representative Council on Aging.....	Mrs. George Moosey
International Health.....	Mrs. Theodore R. Haley
Cook-Book.....	Mrs. David Dye Mrs. John F. Kemman
Cook-Book Tasting Luncheon.....	Mrs. Mills Lawrence Mrs. Alva Miller
AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

WHAT'S NEW

Being human, and average housewives as we all are (well, maybe YOU are above average), we often find ourselves in a cooking rut . . . the same old stand-bys day after day. Along comes the Tasting Luncheon and voila, what's new? Answer: Some great dishes! After last year's luncheon I scurried home to bake the Crab Lasagne . . . it's now one of our favorites. I'm looking forward to "tasting" something I haven't tried yet . . . we all love surprises! The Committee has promised a wide variety of "tastes" this year, along with two lines to speed serving. Come along and bring one favorite guest on Friday, February 20.

DIAL YOUR HOSTESS

"Many are called, but some don't arrive." Forgive me for tampering with the Scripture but this is to emphasize a reminder from your Hospitality Committee. They ask that if you indicate to the Telephone Committee you will be at the meeting and then find you must miss, please notify your hostess at least twenty-four hours before the meeting. When 89 are expected and 72 arrive, there is preparation of extra food, a waste of time and money. Understandably there will be unexpected emergencies, but for other reasons, please consider the problems of the Hospitality Committee.

FEBRUARY MEETING

FRIDAY, FEBRUARY 20, 1970
12:00 Noon

COOKBOOK TASTING LUNCHEON

St. Mary's Episcopal Church
10630 Gravelly Lake Dr. S.W.

Co-Chairmen:

Mrs. Alva Miller

Mrs. M. Edward Lawrence

Program

Arts and Crafts Display

Chairman

Mrs. Marilyn Bourne

AMA-ERF

AMA-ERF Chairman Carol Hopkins reports receiving 66 donations at Christmas for the sum of \$2,185.00. Congratulations to the Pierce County Medical group for their support, and to Carol for her efficient organization of the project.

FASHIONS

Liz Murphy and Shirley Kemman, Co-Chairmen of the March 20th Fashion Show, plan to have tickets available at the Tasting Luncheon. If you are not going to be there and want tickets, contact Grace Kanda, 1716 Academy, Sumner, Wa. 98390. This exciting spring gala will be held at the Tacoma Country and Golf Club with no-host cocktails at 11:30 a.m. Luncheon will be served at 12:30 with the Bon Marche presenting the fashion show at 1:30. Tickets are priced at \$5.50. Reservations are limited and tickets will be on a first come, first served basis, according to Shirley.

WOMAN OF THE YEAR

Auxiliary has nominated our highly-qualified member, Ruth Brooke, as our choice for Tacoma's Woman of the Year. President Sherry reports that we have also suggested that the American Cancer Society is our preference for our share of State philanthropic funds.

NEW BOARD MEMBER

Vivienne Ehly has been appointed by President Sherry as Auxiliary's representative to the Mental Health Board. Vivienne, the wife of psychiatrist Jay Ehly, is a nurse, having a Master's Degree from Boston University in Child Psychiatric nursing. She shares an office with her husband, working part-time, and is also the mother of Dean, 2, and Dianna, 5 months. The Ehly's have been Tacoma residents for two years. Florida is their native state.

At the January meeting Auxiliaries heard Dr. Ehly's discussion of the drug problem in our community. Such was the interest in his definitive talk that his scheduled 20-minute speech was prolonged by a question-and-answer period into one hour.

THE "AYES" HAVE IT

Have you ever been a member of the Nominating Committee? If so, you understand this committee's difficult task. President Sherry suggests that you respond to them in the affirmative, if you are called. Remember the old saying, "A busy child is a happy child." It applies to adults, too. Did I just make that up?

CONDOLENCES

Auxiliary wishes to extend deep sympathy to Margaret McBride whose father died recently.

—INEZ M. PIPE.

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For any additional information regarding our Program, please telephone Personal Enuresis Service at Seattle, CH 2-4048. Local physician references are also available upon request.

Sincerely,

Francis A. Woodcock, President
Personal Enuresis Service

AUXILIARY MINUTES OF JANUARY MEETING

The Pierce County Auxiliary meeting was called to order January 16, 1970, at 12 noon at the home of Mrs. Philip Grenley. Sherry Johnson, president, thanked our hostess and the co-chairmen of the luncheon, Mrs. Ted Haley and Mrs. George Gilman. Their committee, Mrs. James Hazelrigg, Mrs. Arthur Wickstrom, and Mrs. Leo Annest.

The minutes of the previous meeting and the treasurer's report were deferred.

I. Committee Reports

A. Cookbook Tasting Luncheon.

Edith Lawrence reported that the luncheon will be held at St. Mary's Episcopal Church on Friday, February 20. She announced that names from the

membership book will be called for food donations. Sign up sheets for volunteers to cook were also passed around at the meeting. There is a limit of one guest per member.

B. Fashion Show

Elizabeth Murphy reported that the price for the fashion show has been set at \$5.50 per ticket. Tickets will be on sale at the cookbook tasting luncheon.

C. AMPAC

Marilyn Mandeville reported that AMPAC membership dues are now \$20.00 annually for the husband and \$5.00 for the wife.

II. Announcements

A. March of Dimes

Hellen Kittredge, chairman of the March of Dimes, made a plea to individuals to support the March of Dimes. Helen said there has been no major fund raising drive since 1966.

B. Legislative Day

Marilyn Mandeville announced that legislative day for the State Auxiliaries is Wednesday, January 28th, at 10 a.m. at the State Capitol.

C. Nominating Committee

It was announced that the nominating committee would meet in the next few days to nominate a slate of officers for 1970-71.

III. Old Business

A. Woman of the Year

It was moved and seconded that Ruth Brooke be our candidate for the "Woman of the Year."

B. State Auxiliary Donation

A motion was made by Dorothy Grenley that our suggestion for the State Auxiliary annual donation be the Cancer Society. Helen Whitney seconded this motion.—*Motion Carried.*

IV. Program for the Day

Dr. Jay Ehly, a Tacoma psychiatrist, gave a very topical and informative talk entitled "Drug Abuse." His comments regarding parent-child relationships were of special interest.

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WE NEED YOUR HELP

The goal of the Poison Information Center, and the Pierce County Medical Society Poison Prevention Committee, is to reduce the number of ingestions of this type by encouraging the widespread use of these children-resistant containers by our local pharmacies.

The Poison Information Center, at Mary Bridge Children's Hospital, has consistently had a significant number of children under the age of 5 years, accidentally ingesting prescription medication in the past 6 months.

Most of these medications were prescribed for adults, and it is usually these medications which are most harmful to the little ones.

Our records show that none of these prescriptions were in the child-resistant containers, such as Libby-Owens or Palm-N-Turn. These containers have shown, repeatedly, in local and nationwide studies, to reduce the number of accidental ingestions of this type. The additional cost of these containers is minimal (.5c more).

Please encourage pharmacies to use these containers, by signing the enclosed cards and mailing them to the pharmacies most frequently used in your practice. It should be remembered that in the cases of Parkinsons, paralysis, arthritis, etc., the regular containers may still be obtained by asking for them on the prescription. Usually this type of patient is the only group of adults that experience difficulty with the child-resistant containers. As they represent a small percentage of the population, it does not warrant the continued widespread use of the regular container.

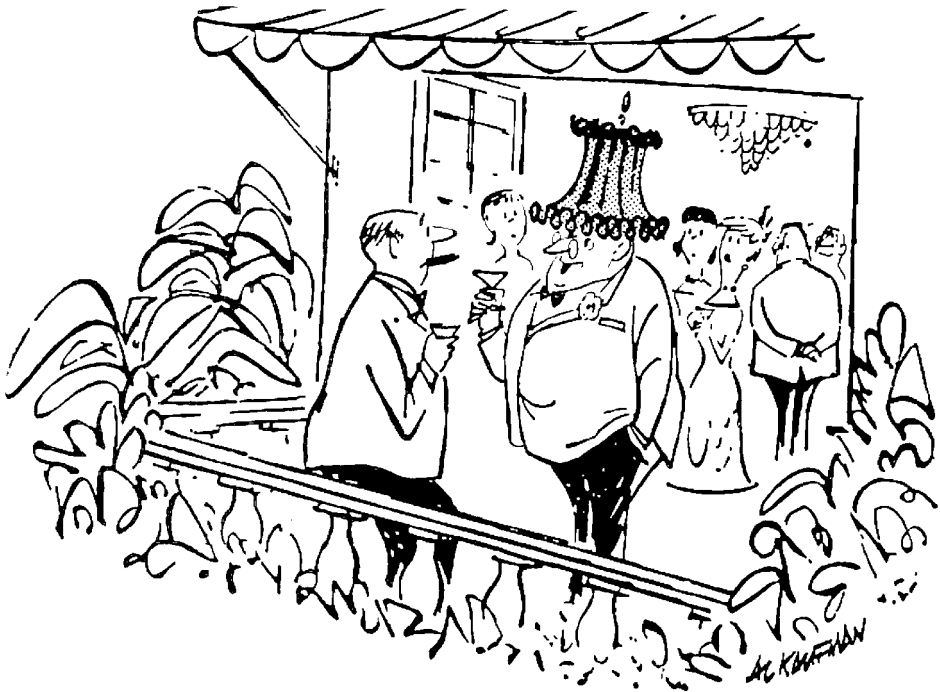
According to our information, Washington State Medical Society has endorsed the labeling of all prescriptions, as to drug and dosage. If you desire to have all your prescriptions labeled this way, also check the box provided for this purpose on the cards.

Thank you for your co-operation.

Sincerely yours,

MARY BRIDGE CHILDREN'S HOSPITAL
James L. Schneller, M.D. Chairman:
Poison Information Center Committee,
M.B.C.H.; Chairman: Pierce County
Medical Society Poison Prevention Committee.

SAVE THE DATE !
PHYSICIAN - DENTIST FIELD DAY
FRIDAY, MAY 22
TACOMA COUNTRY & GOLF CLUB
Mark Your Calendar NOW!



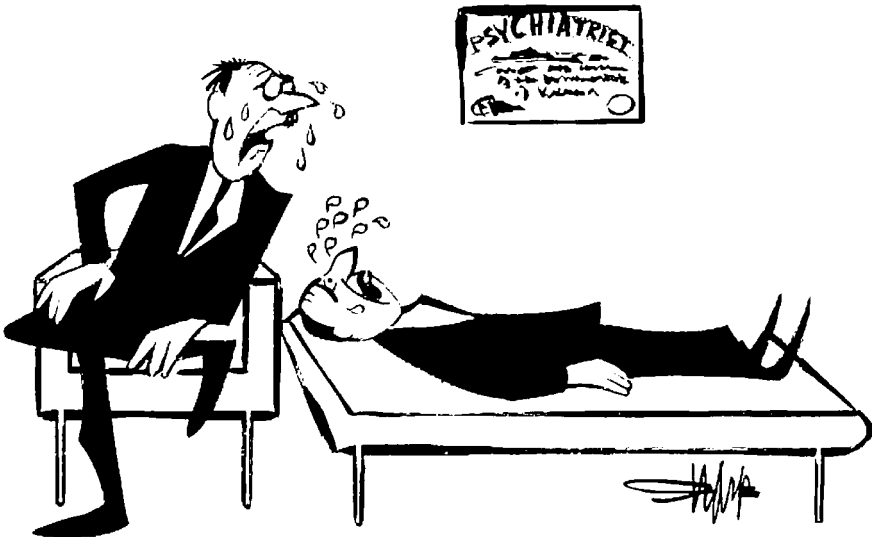
"I do this at every party soon as it gets out I'm a doctor."

Courtesy Medical Society Magazine Group



"I'M TAKING YOU OFF STARCHES!"

Courtesy Medical Society Magazine Group

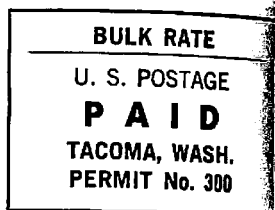


"I KNOW JUST EXACTLY HOW YOU FEEL — I BOUGHT THE SAME STOCK!"

Courtesy Medical Society Magazine Group

Pierce County Medical Society

Medical Arts Building
Tacoma, Washington 98402



MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

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PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

MARCH 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 3



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
MARCH 10**

Pierce County Medical Society

1970

OFFICERS

President Robert M. Ferguson
 President-Elect Robert W. Florence
 Vice-President Richard T. Vimont
 Secretary-Treasurer George A. Tanbara
 Executive Secretary Judy Gordon

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W. Ben Blackett	Theodore J. H. Smith
Robert P. Crabill	Richard T. Vimont
Dale D. Doherty	Don G. Willard
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Robert W. Florence	Wayne W. Zimmerman

DELEGATES

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Robert W. Florence	Edmund A. Kanar
Kenneth D. Graham	Robert W. Osborne
Charles C. Reberger	

ALTERNATE DELEGATES

Dudley W. Houtz	D. A. Marlatt
Vernon O. Larson	William W. Mattson, Jr.
Joseph G. Katterhagen	John S. May
Paul B. Smith, Jr.	

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

Grievance

Wayne W. Zimmerman, Chairman	
James D. Lambing	Charles P. Larson

Credentials

John Alger, Chairman	
James Early	E. A. Kanar
J. McNeerthney	

Program

Richard T. Vimont, Chairman

Public Relations

Leo Annest, Chairman

Public Health

Harlan P. McNutt, Chairman

Television

John Comfort, Chairman	
James Billingsley	Robert M. Ferguson

Civil Disaster

Arthur Wickstrom, Chairman

Entertainment

William Rohner, Chairman

Diabetes

Bernard Rowen, Chairman

Legislative

Stanley Tuell, Chairman

Mental Health

Harlan P. McNutt, Chairman

School Health

O. A. Harrelson, Chairman	
DeMaurice Moses	T. Clark
Alan Sobul	

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James L. Schneller, Chairman

Health Planning

Robert B. Whitney, Jr., Chairman

Liaison

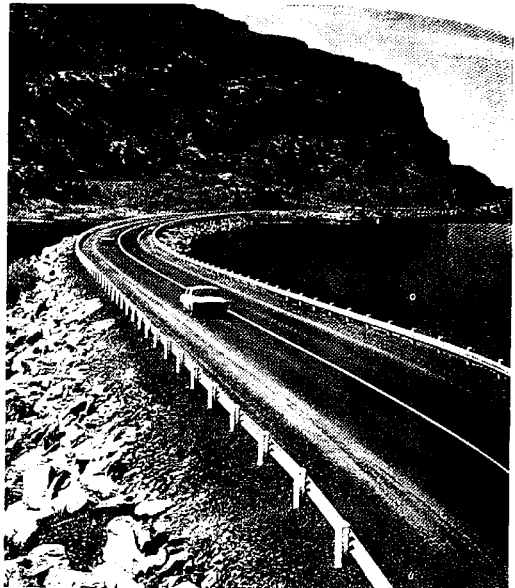
Dental—Kenneth Graham	
Pharmacy—Lt. Col. Robert G. Scherz	
Optometrics—Paul Smith, Jr.	

Editorial Board

Charles C. Reberger, Editor	
Marcel Malden	Stanley W. Tuell
Robert A. Kallsen	George A. Race

Auxiliary News Editor

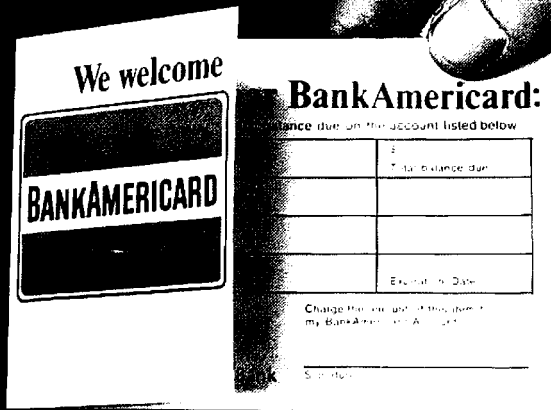
Mrs. Bernard Pipe
 Business Manager
 Judy Gordon



COVER PHOTO: Near Grand Coulee—
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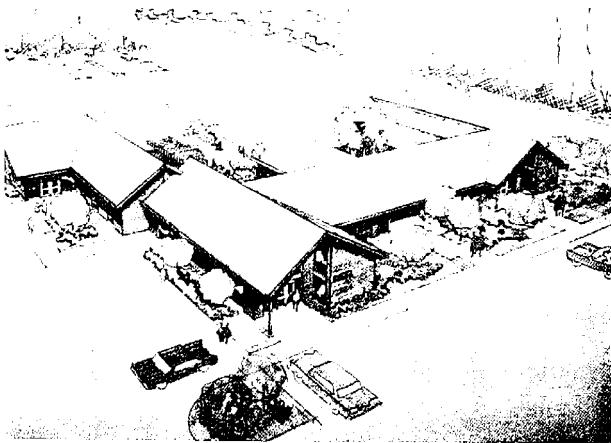
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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, March 10

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

1. PANEL DISCUSSION OF THE ANSWERING SERVICE

Dr. J. Kanda
Dr. G. Hoover
Mrs. Lorna Jacobson
Mrs. Gladys Ryder

Any questions or situations for discussion may be submitted to Dr. Vimont either in writing or by verbal communication prior to March 10.

2. MOVIE PRESENTATION: "ALDOSTERONE"

Story of a "Hormone" with monographs and self evaluation forms.

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

• • • • •

March Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 Tac. Orthopedic Society—6 p.m.	3 Staff of Tacoma General—6:30 p.m. C.P.C. of Mary Bridge 8 a.m.	4 Surgery Grand Rounds—T.G.H. 8-9 a.m.	5 Pierce County Pediatric Society 6:00 p.m. C.P.C. of St. Joseph's—8 a.m.	6 Hematology, Oncology Study Group—TGH 8 a.m.	7
9 Staff of Good Samaritan 7:30 p.m.	10 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge—8 a.m.	11 OB-GYN Conf. T.G.H. 8-9 a.m.	12	13 Hematology-Oncology Study Group—T.G.H. 8 a.m. Staff of Allenmore Hospital—7:15 a.m.	14
16 Staff of St. Joseph's 7:30 p.m.	17 Tacoma Surgical Club 6:30 p.m. C.P.C. of Mary Bridge 8 a.m.	18 Medicine Grand Rounds—T.G.H. 8-9 a.m.	19 C.P.C. of St. Joseph's—8 a.m.	20 Hematology-Oncology Study Group—TGH 8 a.m.	21
23 Pierce County AAGP—6:30 p.m.	24 Tacoma Acad. of Internal Medicine 6 p.m. Cardiac Study Grp. T.G.H.—8-9 a.m. C.P.C. of Mary Bridge—8 a.m.	25 Path. Cancer Con.—T.G.H. 8-9 a.m.	26 Tacoma OB-GYN Society	27 Hematology-Oncology Study Group—T.G.H. 8 a.m. Staff of Mary Bridge 12:15 p.m.	28
30	31				

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trust

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BANK OF WASHINGTON

President's Page

Most of the physicians in the Seattle-Tacoma area are aware of overtures made by the Upjohn Company (and others) during the past year or two to introduce Multiphasic Health Evaluation programs into this part of the country. There is little doubt in anyone's mind that the advances made in recent years in automation, data processing and storage and computer techniques will in some fashion find their ways into the practice of medicine—hopefully to the benefit of both patient and physician. The only question is how, by whom, in what form, and under whose direction.



On the evening of February 20th, an invitational meeting was held in Seattle concerning this subject, hosted by a Seattle law firm of which Gordon S. Clinton is senior partner. This firm has been retained by the

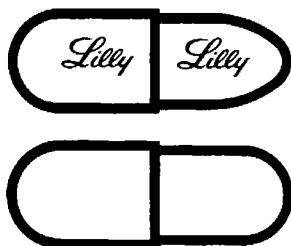
Upjohn Company to represent it in its efforts to establish a non-profit Foundation composed of representatives of organized medicine in this area. It is envisioned that this Foundation would in turn direct the Upjohn Company in its efforts to establish Multiphasic Health Evaluation centers in the Seattle-Tacoma area. Present at the meeting were:

Drs. Thomas F. Sheehy, King County Medical Society; B. T. Fitzmaurice, King County Medical Bureau; Arnold J. Herrmann, Pierce County Medical Bureau; Robert M. Ferguson, Pierce County Medical Society; Donal R. Sparkman, Washington-Alaska Regional Medical Program; Leon Aller, Washington State Academy of General Practice; William Hamlin, Washington State Society of Pathologists; George Tanbara, J. G. Katterhagen, Sherman Williamson, Boeing Company; S. P. Lehman, King County Screening Committee; Mr. William Watts, Chairman of the Executive Committee; Mr. Richard N. Schwenk, Snohomish County Medical Bureau.

It was not expected that those invited to the meeting would ultimately constitute the membership of the "foundation". The proposals of the Upjohn Company were set forth by Dr. Edward M. Wood of Tacoma.

This concept has far-reaching ramifications—medical, social and economic. It will be discussed at the next regular meeting of the Medical Society, at which time it is hoped that the membership will express itself, either pro or con, regarding this proposal.

—ROBERT M. FERGUSON, M.D.



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Editorially Speaking

In the old Doctors Hospital it was customary to use the Chief Nurse's office as a place to console a grieving relative. It was a business office and it looked like what it was. In the new Doctors Hospital there is a chapel, the Rosenblatt Memorial, which is small, intimate and tastefully furnished.



The Doctors Hospital, however, is nondenominational even though its patients, doctors and nurses are not. The taking up of valuable floor space for an obviously religious purpose might be questioned by some, but the chapel has proved its worth. It has provided privacy for receipt of unhappy news, dignified discussion of delicate family matters and simple meditation.

The functional use of a chapel in a non-denominational hospital suggests a look at religion and medicine in general. About four years ago the Medical Society had a program devoted to this subject. This discussion and subsequent activities contributed in large measure to the expansion of the hospital chaplaincy program now conducted by the Tacoma Volunteer-Hospital Chaplaincy Association.

Initially these ministers rotated on a day to day basis, but the need for improved continuity resulted in a shift to rotation on a week-long tour of duty. The interest remains high and the patients appreciate these services. The weak points of the program were reviewed in a seminar held at TGH last February 10.

This seminar indicated that we have gone a long way from the polarization of doctors and preachers at each extreme of the healing ministry. This time it was the physician panelists who emphasized the need for meaningful spiritual support and it was the preachers who warned of adding to the patients' fears with threats of hell fire and brimstone and to their feelings of guilt with chastisement for their sins.

It was generally agreed that there remains much to be done: training of paramedical personnel in what to do until the chaplain comes, consulting with physicians and nurses in ministering to patients' needs, and, as one of the physician panelists brought out, occasionally ministering to the needs of nurses and physicians. The focus of this seems to

be obvious: a trained, smooth chaplain with fulltime responsibility as a hospital minister acting as religious consultant, coordinator and educator.

TG would seem to be a good place to start. Possibly Medicare and insurance groups might frown on a non-denominational hospital's providing a chapel and office space to a "nonscientific" chaplain. But the seminar panelists agreed that the care of the sick, their friends and their relatives is often less a science than an art. And the art involves both the spirit and the soma.

The healing team concept has real merit. If you would like to participate in future seminars, please contact Rev. Grenville Daun, Chairman, Tacoma Volunteer-Hospital Chaplaincy Association. He can be reached at Bethany Presbyterian Church, but LDS's, RC's, AC's, GO's, SDA's, Zionists, Anti-Zionists, et al. are welcome.

—C. C. R.

ODI-UGN Summer Campership

The ODI-UGN summer campership committee has met twice and has asked me to thank all the physicians for their previous excellent cooperation in examining the boys and girls prior to their summer camp experience. Your continued assistance is much needed.

Any examination in the previous twelve months should suffice unless there has been a medical change and of course this exam should be adequate for the following twelve months for school, athletics, swimming, etc.

The recommended Pierce County Medical Society forms will be used. Recruiters from each of the multiservice centers (Hilltop, South side, East side, R.E.O. and M.O.R.E.) will contact the physician's office. All effort will be made to have the child go to his own personal physician. It is again asked that these examinations be donated. All attempts will be made to schedule these well ahead of time, but please be tolerant.

It has been recommended that these children be brought into the year-round program for Girl Scouts, Campfire Girls, Boy Scouts, YMCA and Boys Club rather than just for a one or two week camp experience. It is also hoped that the physician will consider them as regular patients.

If this is distributed among the large numbers of physicians as has been done in the past, no one office should have a sudden large influx of patients.

—GEORGE A. TANBARA, M.D.

HAVE YOU PAID YOUR AMPAC DUES?

DRUG-DRUG INTERACTIONS

An increasing number of mechanisms have been found where one drug modifies the action of another. Some of these interactions involve one drug being prevented from reaching the site of action. Three such mechanisms are:

1. Interference with absorption (cupid-thyroxine),
2. Induction of hepatic microsomal enzymes (phenobarbital-coumadin),
3. Inhibition of transport into adrenergic neurons (imipramine-guanethidine).

Alertness to the possibility of such interactions is required, especially in hospitalized patients or in out-patients with chronic diseases where multiple drugs are commonly employed. Since the large number of drug-store interactions challenges the memory capacity, an understanding of the mechanisms is essential if they are to be anticipated and dealt with. *The Journal American Medical Association*, June 9, 1969.

For this reason we are compiling information on drugs in the pharmacy so that it will be available for the medical profession.

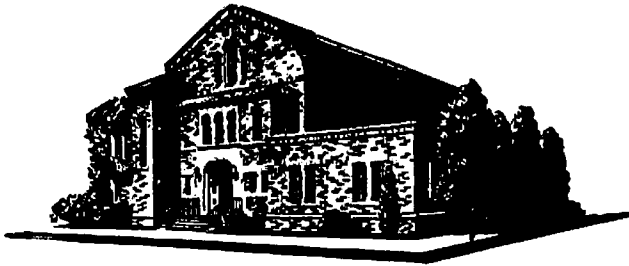
—TOM JONES, R. PH.
St. Joseph Hospital Pharmacy

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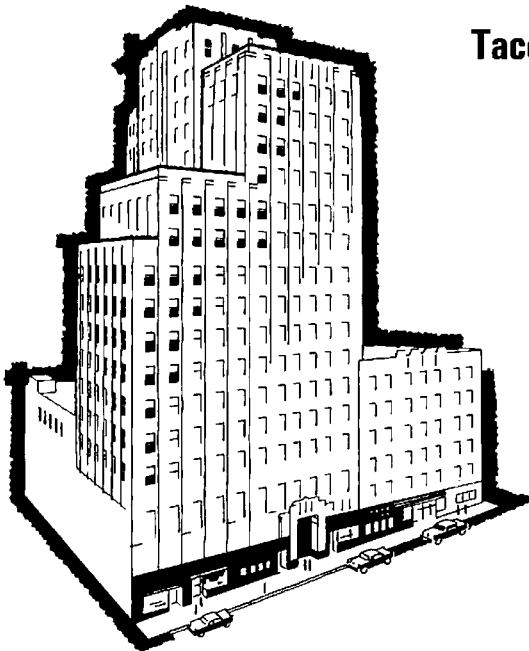
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IN MEMORIAM

S. F. Herrmann

A noticeable void in medical circles occurred a few years ago when S. F. Herrmann retired, and now death has ended the career of this man who was indeed a rarity. He had medical judgment and surgical ability far superior to most, and a wide variety of interests outside the medical field, which he pursued with diligence.

His friends called him "Sig." He was loved and admired by all those who knew him well and held in high esteem and respect by professional men and laymen alike. We are all aware of the recognition as a surgeon which was accorded him locally, and there are few medical families in the Tacoma area whose surgical needs were not attended to, at some time, by Doctor S. Herrmann. This recognition extended to other boundaries as well, as he was one of the true instigators of real surgical progress throughout this area and set standards to which we all should aspire. He was highly thought of by the fellow members of the various out-of-town surgical groups to which he belonged and his absence at any of the meetings was always a matter of concern and disappointment. He was truly a "Surgeon's Surgeon."

The strict discipline of his youth was followed throughout his life. He possessed a most orderly mind and filled each day with productive and stimulating activities. Only perfection was acceptable to him and he expected the same from those about him. Mediocrity, complacency, and dishonesty were not tolerated. He was a man of high integrity, completely honest with himself and his contemporaries. He expressed his opinion readily and was remarkably frank in his conclusions. He was quick to recognize and congratulate the success of others. He never boasted of per-

sonal achievements and when he was the recipient of praise, he frequently tried to modify such recognition by citing his failure, as he was his own greatest critic.

Perhaps Sig's outstanding quality was a thirst for knowledge that was never completely satisfied. Amazingly, the purpose of his last trip, a trip to Mexico, was to attend an art school at an institution which granted him full college credit on completion of the course. However, aside from his frequent role as a student, he was a fine teacher himself and shared his knowledge freely with those about him. As a consultant he had no equal. His opinion was often sought after and he always responded with thoughtful and helpful answers. He attended many medical meetings and his meticulous review of the program highlighted many a session.

Next to Dr. Herrmann's outstanding ability and proficiency as a surgeon and his passion for the getting and giving of knowledge, stands his dedication to the goal of world peace. He actively participated in organizations which dealt with that subject and freely gave himself to peoples throughout the world. His travels under the auspices of "The People-to-People Program" and his missions on the "Hope Ship" are examples of his dedication to make this a better world. Few of us will forget Sig; and, certainly not those of us who had the privilege of enjoying his companionship, as I did, in the years we officed together. His loss is a loss not only to the community but to the surgical and medical professions in general and particularly to the Pacific Northwest. But, he left so many things—a wonderful family, a multitude of grateful patients, a widespread recognition, and a host of friends wherever he went. We should be grateful that he was spared to us this long.

—JAMES L. VADHEIM

Allenmore Grand Rounds

At noon on the third Friday of each month Grand Rounds are held at the Allenmore Hospital Doctor's Lounge. A light lunch is provided and the program usually consists of two separate presentations of cases or medical subjects. At the last meeting held on February 20, 1970, the case presentations were made by Dr. Galbraith and by Dr. McNerthney.

Case No. 1: Dr. Galbraith presented a 55 year old woman with loss of weight extending over three months before she was seen. A flocculent density was apparent in the left lower lobe with decreased breath sounds. There was no change following a two-week follow-up with antibiotics. On bronchoscopy material was found in the left lower lobe bronchus which resembled a foreign body and when this was removed some purulent exudate appeared from behind this material. Pathologically this material appeared to be necrotic tissue.

Although the patient was to return in one week, she came back in two months and a repeat x-ray was similar to that seen previously. She refused bronchoscopy and several days later returned cyanotic with clouding of the whole left lung. The bronchoscopy was permitted and this time the lesion looked like a cyst below the carina. A biopsy of this revealed undifferentiated sarcoma, classed as a myxosarcoma.

This patient was explored. No adhesions of note were encountered. The hilar nodes were not enlarged. The left lower lobe was completely indurated by the neoplasm and a left pneumonectomy was done.

The gross and microscopic findings were presented in photographs and slide projections. Various investigators

have regarded this as rhabdomyosarcoma, liposarcoma, or myxosarcoma. The microscopic similarity of these tumors was emphasized and also the dismal prognosis of these tumors when they occur in the extremities.

This patient was presented as a two-year followup. She is still doing well and has no evidence of the recurrence of her lesion. This case will be reported, since it is apparently the first lesion of this kind to occur in the lung parenchyma.

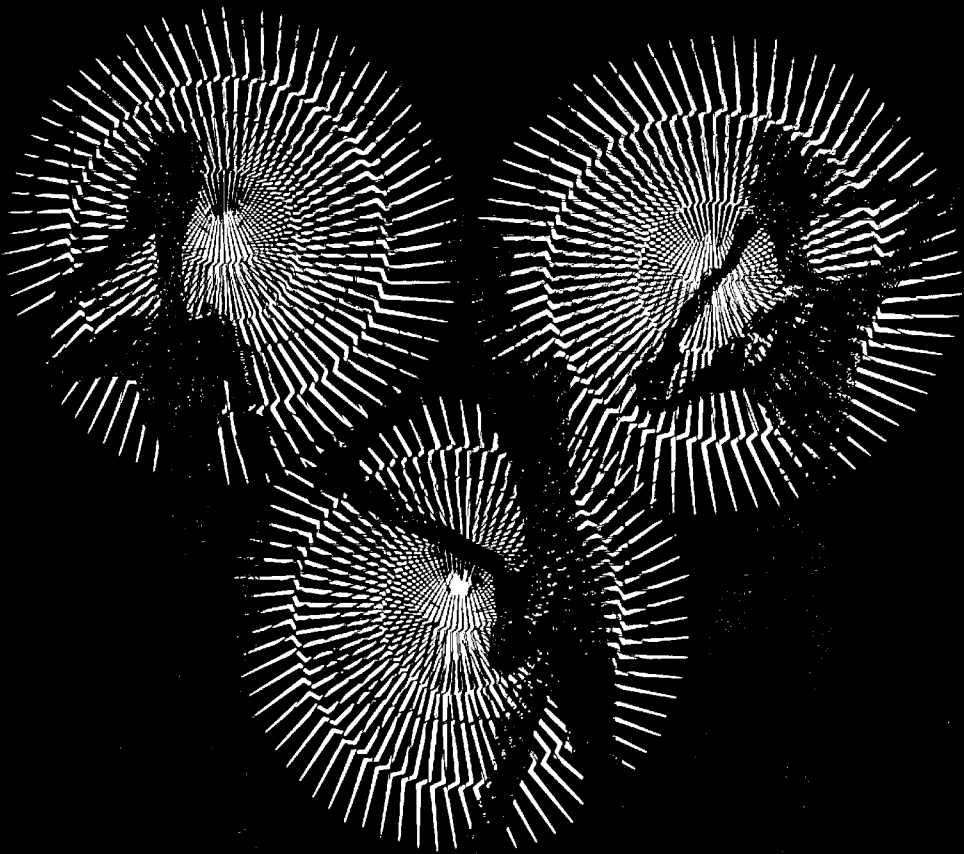
Case No. 2: Dr. McNerthney presented a 29 year old Gravida III, Para III woman in her second marriage. She had delivered about eight weeks before she was seen with her present illness, and two weeks before she had been seen for her six-week check and that examination was normal.

Her chief complaint on admission was low abdominal pain. Her pulse was 116 and she was moderately febrile. KUB and chest films were normal. The CBC showed a 28,000 white count with 10 grams of hemoglobin.

The question was raised of possible PID. During the night her temperature rose to 101°. She was on antibiotics continually. The white count fell to 13,700 and the hemoglobin also fell to 9 grams. The hemoglobin check at 8:00 P.M. revealed an 8.5-gram level.

The progressive fall in hemoglobin was felt to be significant and the abdomen was tapped. There was no return at first. The tube was permitted to run into the receptacle and shortly later the receptacle became filled with blood.

The patient was taken to the Operating Room and through a low abdominal incision a ruptured corpus luteum follicle was found along with about 200 cc. of blood in the cul-de-sac. The corpus luteum was not felt logically to account for the large amount of blood



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Usage in Pregnancy—Safe use of this preparation in pregnancy or lactation has not been established, as no animal reproductive studies have been performed; therefore, use of the drug in pregnancy, lactation, or in women of childbearing age requires that the potential benefit of the drug be weighed against its possible hazards to the mother and fetus.

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...not felt logically to
actions. Various investigators account for the large amount of blood

Notes From the Hematology-Oncology Study Group

Much advance has been made in the treatment and prognosis of malignant lymphomas. One of the major factors responsible for the improvement in prognosis has been the acceptance of the concept of staging.

"Staging" refers to defining as accurately as possible the location and extent of disease prior to treatment. There are various systems of staging, but the Hematology-Oncology Study Group has accepted the following as a guideline to its program.

Stage I—Disease limited to one nodal area, e.g., single cervical node or single inguinal node.

Stage II—Disease limited to contiguous nodal areas on one side of the diaphragm, e.g., cervical and mediastinal involvement.

Stage III—Disease on both sides of the diaphragm without extension into non-nodal areas, e.g., cervical, mediastinal and retroperitoneal node involvement.

Stage IV — Extensive involvement above and below the diaphragm with extension into other organs, such as liver, lung parenchyma, etc.

Staging the patient thoroughly before treatment dictates the selection of treatment modalities which in turn improve the accuracy of prognosis.

Next month these notes will include the various diagnostic tools and procedures that are used in staging.

—J. G. KATTERHAGEN, M.D.

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and palpation of the abdominal organs revealed a soggy bleb on the spleen. A new incision was made and the spleen was found to be split.

The patient had denied blunt trauma to the abdomen but apparently there had been a family scuffle and it was presumed that during this the spleen had been injured.

This presentation pointed out the advisability of leaving the peritoneal tube in even though the first return is clear. Dr. Galbraith indicated that if spontaneous appearance of blood was not obtained even after waiting, an abdominal Irrigation with Ringer's solution would have been advisable before considering the tap negative. The other emphasis here was the necessity to conduct a thorough search for multiple points of bleeding.

IN MEMORIAM

Leland J. Bland

Word has been received here of the death of Dr. Leland J. Bland on February 19, 1970, at the Mayo Clinic where he had been under treatment since January 11, 1970.

Dr. Bland was born on May 11, 1904 in St. Louis, Missouri, and graduated in 1932 from Rush Medical College. He took a residency at Cook County Hospital and moved to Tacoma in 1943 where he was in general practice. He continued in this practice until shortly before his death.

Dr. Bland was a respected member of the Pierce County Medical Society and will be missed by the members of this group.

—ROBERT A. O'CONNELL, M.D.

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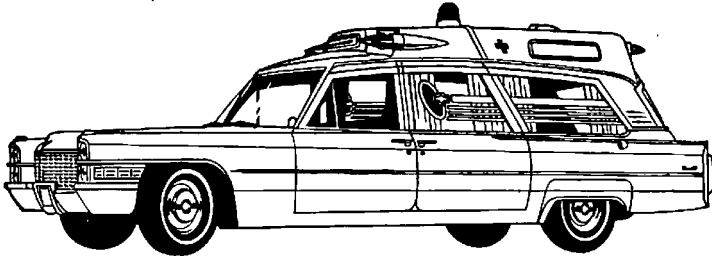
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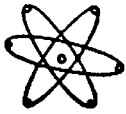
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Courtesy Medical Society Magazine Group

WOMAN'S AUXILIARY PAGE . . .

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After the very successful Tasting Luncheon last month, we are now looking forward to the March 20th Luncheon and Fashion Show, co-chaired by Liz Murphy and Shirley Kemmen. Tickets were sold at the Tasting Luncheon, and if you don't have yours at this late date, you may contact Grace Kanda, 1716 Academy, Sumner 98390. Members and guests will gather for no-host cocktails at 11:30 a.m., luncheon at 12:30, and the fashion show, presented by the Bon Marche, at 1:30 p.m. Tickets are \$5.50.

WELL-BABY CLINIC

You should know about the Well-Baby Clinic, which began operation February 19 at St. Mary's Episcopal Parish Hall in Lakewood. Future clinics will be held the first Thursday of each month starting April 2, 1970, at 9:00 a.m.

The clinic staff will include Mrs. Rebecca Tarry and Mrs. Margaret Osborn, public health nurses; Mrs. Joyce Perry, licensed practical nurse; and Drs. David Sparling and William Coyner. Additional help will be provided by the Lakewood Junior Women's Club.

Children between the ages of 3 weeks and 5 years from low-income families or those families unable to afford a visit to their own physicians are eligible. All SDPA supported children are accepted, including foster children.

TIDBITS

Did you know that . . .

Kathleen Skrinar has been appointed to the board of The Human Relations Commission for the city of Tacoma . . . Norma Smith, mother of six, is pursuing a degree in Sociology at the University of Puget Sound . . .

"A light exists in spring
Not present on the year
At any other period,
When March is scarcely here."

Emily Dickinson's poetic expression on the joys of spring finds a sympathetic audience at this time of year when each sunny day promises an unusually early blossoming for our Puget Sound country.

Jeanne Judd and husband are touring the South Sea Islands . . .

Phyllis Erickson is on the State Board of the League of Women Voters . . .

Lorna and Bob Burt will fly to France in early summer to join their daughter, Carolyn, who has been studying in Rennes this year with the UPS Studies Abroad program . . .

Bev and Kenneth Graham are welcoming a baby son, their fourth child, born February 9th . . .

Joanne Johnson, our president-elect, was once an instructor in medical-surgical nursing at Mayo Hospital . . .

Helen and Bob Florence's daughter, Jane, is a Daffodil princess, representing Stadium High School . . . the second of their lovely daughters to be so honored.

NOMINATED

Nominating Committee Chairman Dorothy Grenley has presented the following slate of officers for 1970-1971: President, Joanne Johnson; President-elect, Nadine Kennedy; 1st Vice-President, Judy Brachvogel; 2nd Vice-President, Rena Link; 3rd Vice-President, Phyllis Erickson; 4th Vice-President, Carol Hopkins; Recording Secretary, Janet Anderson; Treasurer, Dee Wickstrom; Dues Treasurer, Florence Dean.

—INEZ M. PIPE.

HELP

There is a problem for patients looking for a physician to take care of his medical needs. If a private patient has to contact 5 or 6 physicians before being able to obtain care, a public assistance or a patient unable to pay for his care has a tenfold problem. If anyone doubts this, try using a pseudonym to obtain medical care.

As a result of a questionnaire circulated among the Pierce County physicians last Fall, the following physicians have indicated that they will be willing to see patients regardless of finances. Their names will be given to the Department of Public Assistance, military service centers, Public Health Department and hospitals. Any omissions or others desiring to have their names added please notify the Pierce County Medical Society office. It is realized that each office already cares for these patients in their own manner and this certainly is appreciated. This list is to be hopefully used to avoid further frustration for the patient.

Doctors Anwar, Banfield, Betteridge, Bond, Brigham, Dodge, Duffy, Dye, Ehly, Ekman, Ellis, Gilman, Godfroy, K. Graham, Haley, D. Johnson, M. Johnson, Kase, Katterhagen, Kemp, Klein, Lawrence, Mattson, Millett, Misovsky, Moses, Origines, Osborne, Spangler, Tisdale, Tanbara, Tuell, M. Vozenilek and Zimmerman.

—GEORGE A. TANBARA, M.D.

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For any additional information regarding our Program, please telephone Personal Enuresis Service at Seattle, CH 2-4048. Local physician references are also available upon request.

Sincerely,

Francis A. Woodcock, President
Personal Enuresis Service

C.O.M.E., Progress Report

The College of Medical Education formed by the Continuing Education Committee of the Pierce County Medical Society and the University of Puget Sound is currently conducting two courses at the University campus.

The course for physicians "Coronary Care" has proved successful and was therefore offered the second time. This class meets every Wednesday evening and will continue through April 1.

The Continuing Education program for nurses "Current Drug Therapy" also meets every Wednesday evening and will terminate March 11. The attendance at this course is heavy and continued demands indicate that it should be repeated for others.

The overall response to the Continuing Education Program has been enthusiastically received by both nurses and physicians. Future courses will soon be announced.

—J. G. KATTERHAGEN, M.D.,

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JU 8-1711 JU 2-3777 JU 2-3778

Last Month's Meeting

An unusually filled auditorium greeted the participants in the Medical Malpractice Litigation Seminar. The reading and approval of the minutes closed out the business of the Society. Panel moderator Stan Tuell warned us that one of every five in the auditorium would be faced with a malpractice suit before retirement.

William Sacre, Underwriting Manager for Aetna Life and Casualty Company, pointed out the rising malpractice insurance rates and explained that the insurance companies are not trying to gouge doctors. Rather there is a wholesale flight by insurance companies away from handling medical malpractice at all. Aetna has been serving without interruption in the Tacoma area since 1913. Mr. Sacre read some paragraphs from the National Observer article on malpractice problems in California which labeled this as a crisis. Attorneys, he read, concede that the most important causal factor has been the liberal attitude of the courts not only in breathtaking awards but in stretching the statute of limitation into nonexist-

ence. This has brought about the capability of bringing suit just about anytime. Mr. Sacre stressed that if a risk cannot be rated it is not insurable. The erasure of the statute of limitation prevents rating. This "tail" of malpractice liability means that the premiums paid in 1960 must cover a claim made in 1980 or 1990 for the alleged misdoing way back when the rates were lower.

Essentially, said he, people now expect good health as a constitutional right and will sue if they don't get it.

The case presentation by Phil Bollard, Claims Manager for Aetna, brought out the rising cost of closing out claims where there isn't even a settlement or a suit. Now, there seems to be no way of really closing these out. What seemed to be an unreasonable claim yesterday may seem a reasonable one tomorrow. "How do you adjust the premium for 1970," he asked, "to take care of the case which finally comes to light in 1986?" In some of these old cases the doctors have retired, the nurses may have died or moved away, and the office records may be faded or even irretrievable.

SAVE THE DATE!
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Phil Bollard, Claims Manager for Aetna Life and Casualty in Seattle, discusses awards and costs of medical defense in medical malpractice litigation trials. Panelists seated at the table (left to right) are: William Sacre, Underwriting Manager for Aetna Life and Casualty, Seattle, Allen Billett, Defense Attorney, Tacoma and Robert L. Reeves, M.D., Olympia, member WSMA Public Laws Committee.

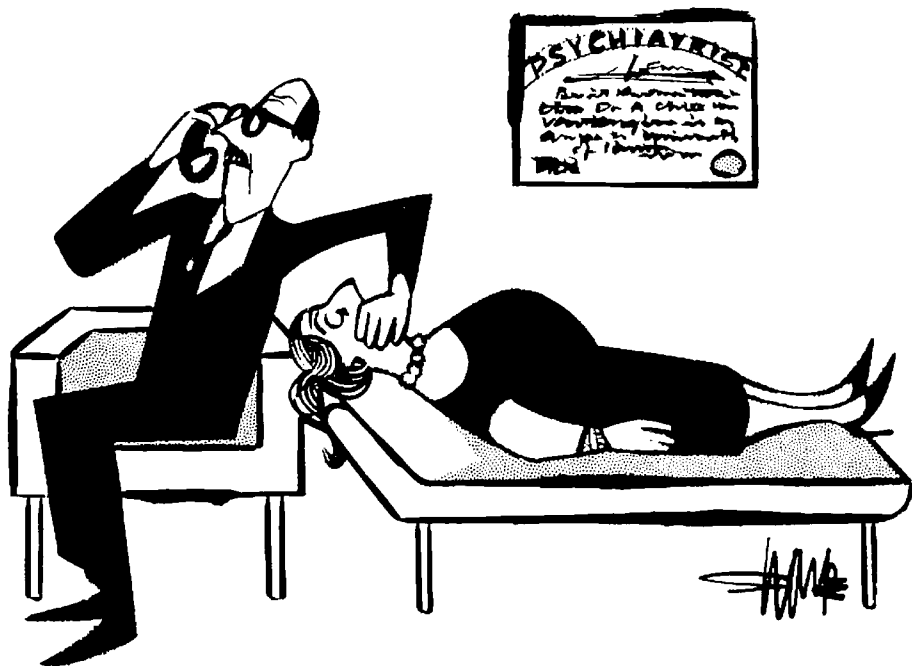


Occipital view—how many can you identify? This picture puzzle of assorted bald spots shows a portion of the excellent attendance at the malpractice seminar at the February Society meeting.

Bob Reeves, a member of the Washington State Medical Association Public Laws Committee, stressed the detrimental effect of the malpractice climate. The patient has to pay, however indirectly, for the rising malpractice costs; the doctor can't even dare to practice without coverage and, even if coverage is available, a bad malpractice climate discourages the influx of new doctors. He outlined the many activities of the WSMA Public Laws Committee and stressed the importance of doctors' taking the time to discuss the proposed legislative changes with their elected representatives. The American Trial Lawyers, he said, are opposed to practically any change.

Allan Billett, Tacoma attorney, joined the other three panelists for questions.

In response to the question of contingency fees, Mr. Billett expressed disapproval of the practice. This seemed to originate with the automobile insurance litigation and has been troublesome in this area of insurance also. Bill Mattson asked about using a trip-type insurance machine, possibly installed in the hospital, for the patients but it was pointed out that even if the patient had a bad trip and collected his machine insurance, he still had the right to sue the doctor, hospital or whatever. The questions went on and on, and small discussion groups could be seen on St. Helens and Market Street long after the meeting ended.



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MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

APRIL 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 4



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
APRIL 14**

Pierce County Medical Society

1970

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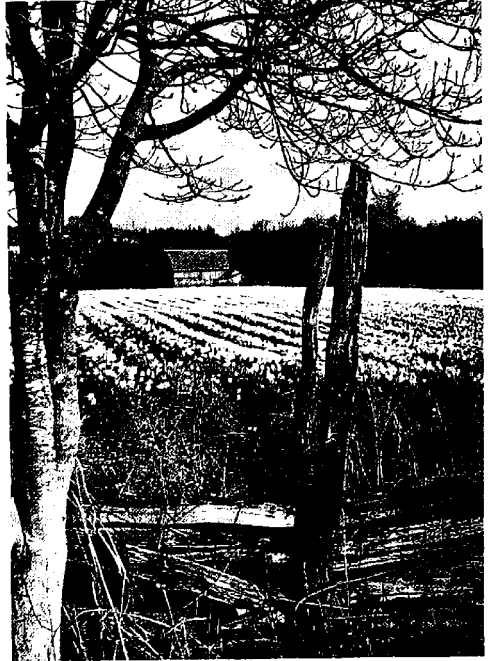
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Cover photo courtesy of Lee Merrill.

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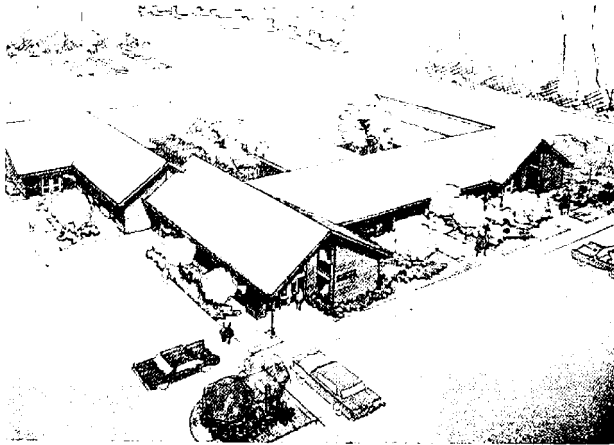
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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, April 14

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

"AMBULATORY SERVICES - 1970-1980"

**Robert Thomas, Executive Director
Regional Health Planning Council, Inc.**

Social Hour: 6:00

Dinner: 6:45

Honan's Restaurant

• • • • •

April Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Surgery Grand Rounds—T.G.H. 8-9 a.m.	2 Pierce County Pediatric Society 6:00 p.m. C.P.C. of St. Joseph's— 8 a.m.	3 Hematology, Oncology Study Group—TGH 8 a.m.	4
6 Tac. Chap. American Psychiatric Assoc.	7 C.P.C. of Mary Bridge—8 a.m.	8 OB-GYN Conf. T.G.H. 8-9 a.m.	9	10 Hematology- Oncology Study Group—T.G.H.	11
13 Staff of Doctors Hospital 6:15 p.m.	14 Pierce County Medical Society 8:15 p.m. C.P.C. of Mary Bridge 8 a.m.	15 Medicine Grand Rounds—T.G.H. 8-9 a.m.	16 C.P.C. of St. Joseph's— 8 a.m.	17 Hematology- Oncology Study Group—TGH 8 a.m.	18
20	21 Tacoma Surgical Club 6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	22 Path. Cancer Con.—T.G.H. 8-9 a.m.	23 Tacoma OB-GYN Society	24 Hematology- Oncology Study Group—T.G.H. 8 a.m.	25
27 Pierce County ACGP—6:30 p.m.	28 Tacoma Acad. of Internal Medicine 6 p.m. C.P.C. of Mary Bridge 8 a.m.	29 Medicine Grand Rounds—TGH 8-9 a.m.	30		

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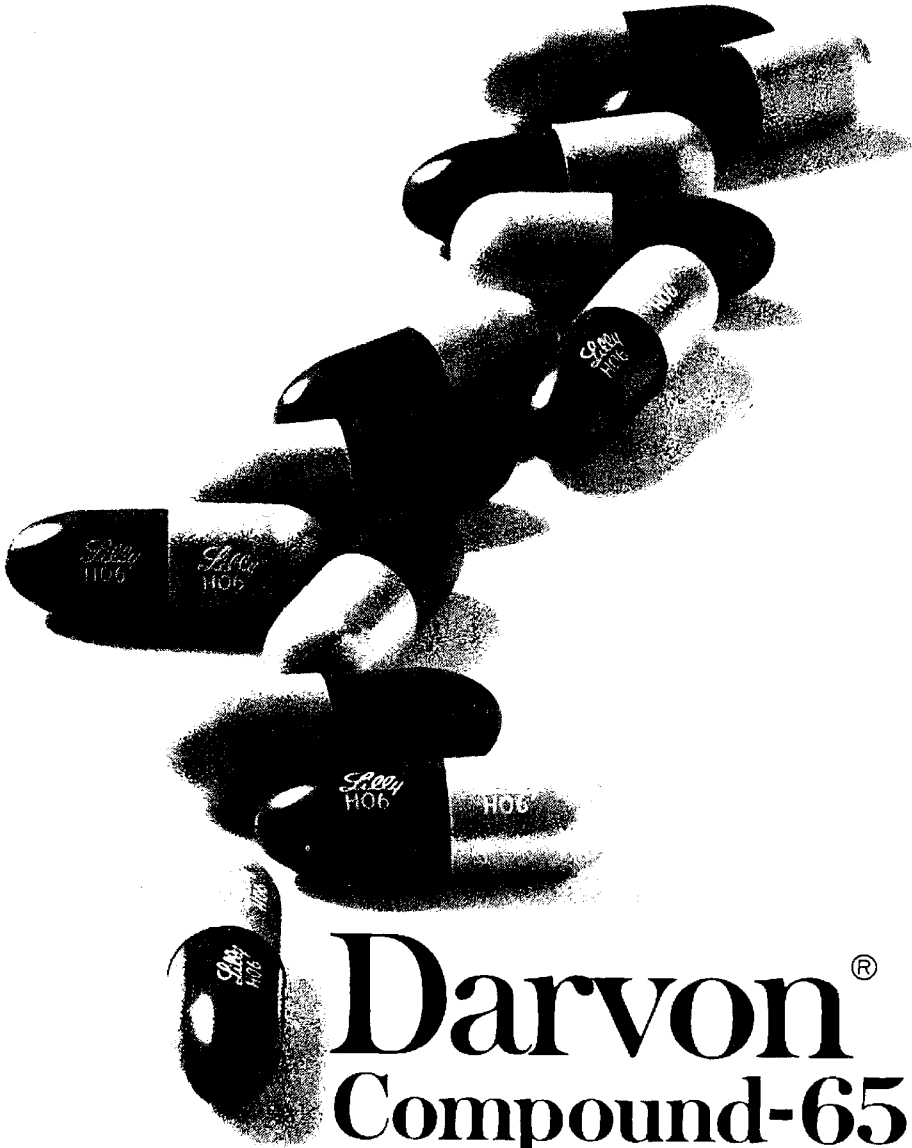
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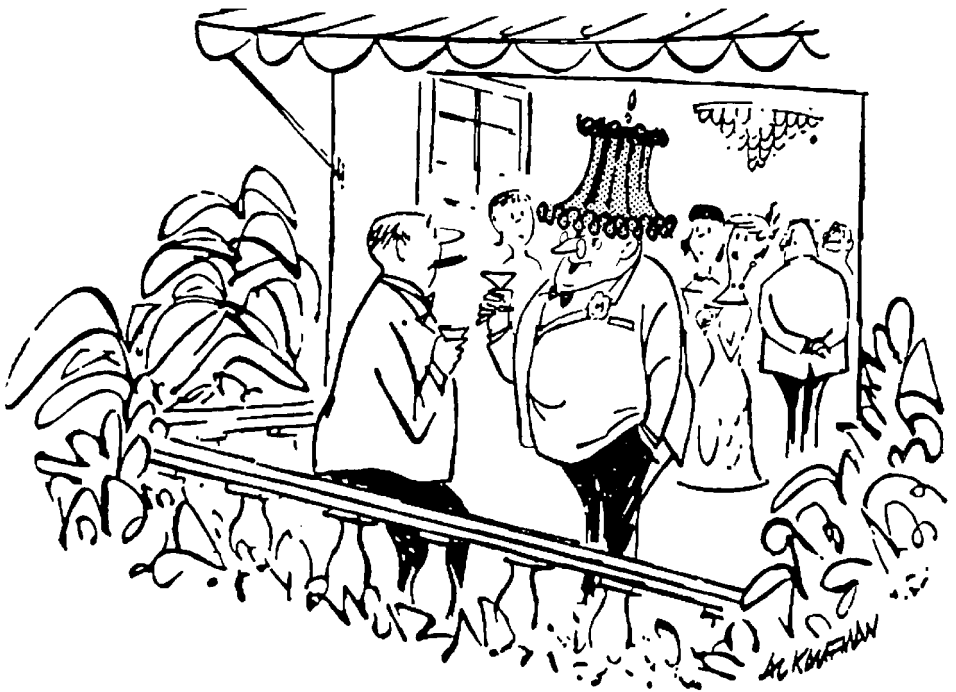
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Courtesy Medical Society Magazine Group

SURGICAL CLUB TO HOLD ANNUAL MEET



Gael R. Frank, M.D.

The 39th Annual Meeting of the Tacoma Surgical Club will be held Saturday, May 2, 1970. The guest speaker will be Gael R. Frank, M.D., Associate Professor of Orthopaedic Surgery and Fractures, University of Oklahoma Medical Center.

The morning session will be held in Thompson Hall at the University of Puget Sound. The registration fee of \$5.00 is waived for interns and residents. Anatomical dissections and demonstrations which make this meeting unique will be shown from 9:00 a.m. to 12 noon. It is planned that demonstrations relating to athletic injuries may be seen.

Luncheon will be held in the Student Union Building at the University of Puget Sound, and the afternoon session, beginning at 2:00 p.m., will include the following:

"Anatomy of the knee related to diagnosis and treatment of knee injuries in the athlete." Gael Frank, M. D.

"The treatment of tibial shaft fractures." Loy E. Cramer, M.D.

"Cholecystectomy without drainage." Charles J. Galbraith, M.D., and (by invitation) William S. Sullivan, M.D.

"Spontaneous rupture of the esophagus." J. Lawrence Smith, M.D.

"The use of Epsilon Aminocaproic Acid (AMICAR) to reduce blood loss after trans-urethral resection of the prostate." Robert W. Osborne, M.D.

"Metabolic aspects of peripheral nerve repair." L. Stanley Durkin, M.D.

"Diagnosis and treatment of Slipped Upper Femoral Epiphysis." George C. Gilman, M.D.

The evening session, the annual banquet at the Winthrop Hotel in Tacoma, will begin with a social hour at 6:30 p.m. and dinner at 7:30 p.m. The address of the evening will be "Limb Replantation" by Doctor Frank, presenting experience in this field at the University of Oklahoma Medical Center.

MEDICAL OFFICE ASSISTANTS TRAINING

Clover Park Education Center is currently training medical office assistants. We feel that a well prepared assistant can help to free the registered nurse from many receptionist and clerical duties. Our students are also being trained to directly assist the physician with his patients.

The curriculum for medical office assistants is comprehensive in both the medical and clerical aspects. Actual clinical experience in the physician's office plays an integral part in this program.

We are presently seeking permanent or temporary employment for these students. If you are interested, please phone JU 4-7611, extension 64 between 8:00 am. and 3:30 p.m. on weekdays.

—(MRS.) MARIE HALL, R.N.

CONSUMER CREDIT COUNSELING SERVICE

The Consumer Credit Counseling Service of Tacoma-Pierce County is now operating at 2220 6th Avenue, Tacoma, Washington. This is a non-profit community service and was born from the effort of a group of Tacoma credit people who have for some time been concerned about the rising rate of personal bankruptcies in the Pierce County area. The service provides guidance for people with credit problems in paying their debts, and counseling on budgets to help them re-establish themselves after a debt problem.

The staff selected to operate the service consists of Wayne C. Koecke and Mellie Simonson. Mr. Koecke has a background of banking and finance dating back to 1953. Over fourteen of these years were with the Capital Finance Company as manager. Mrs. Simonson is well known in the Medical and Dental professions. She has 25 years experience in medical office management and collection positions.

The new office is open to the public and referrals may be sent at this time. Any overburdened patient should be informed of this service. With budgeting advice, hopefully a program can be worked out to allow them to resolve their problem without resorting to the bankruptcy courts. Further information regarding this service may be obtained by calling the office at FU 3-3826.

—DAVID L. SPARLING, M.D.

Note: The program is well conceived and directed. Similar programs have been very effective in Portland and Seattle and for longer in Eastern cities. Support by the Medical Society is being considered by the Executive Committee.

Notes From The Hematology-Oncology Study Group

In the last issue of "The Bulletin" were discussed malignant lymphoma and the processes of staging. Staging has become of great importance in deciding the treatment of the patient. In Stage I, II, and most Stage III situations the patients are candidates for radiation therapy, either cobalt or Cesium. On the other hand, all Stage IV patients become candidates for consideration for chemotherapy.

The staging requires the usual history and physical examination, CBC, platelet count, reticulocyte determination, Coombs test, chest x-ray, intravenous pelography, bone marrow and retroperitoneal lymphangiography. Recently some of us have been using the abdominal exploration in selected patients to differentiate accurately those patients in Stage I or II from those in Stage III ("Cancer", October, 1969).

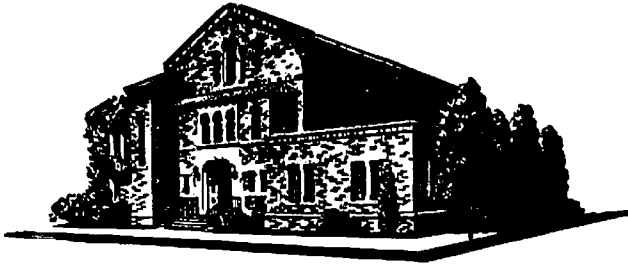
Staging is critical in answering the question as to whether cure is to be obtained or merely control of the disease. A patient with a malignant lymphoma should not be treated either with radiotherapy or drugs until complete staging has been done.

In the next issue the role of abdominal exploration in this staging process will be discussed further.

—J. G. KATTERHAGEN, M.D.

Editor's Note: Dr. Katterhagen sends this report from Houston, Texas. He claims he wrote it in the airplane flying at 32,000 feet over Arizona. He has asked for comments from the readers in regard to the retroperitoneal node examination by surgical exploration.

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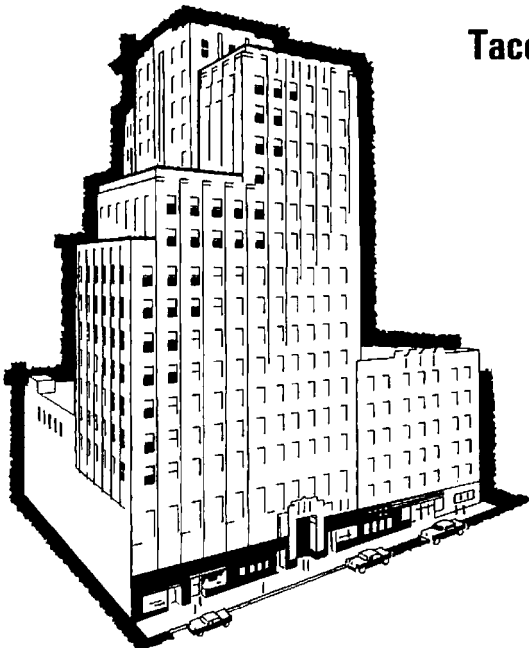
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GEORGE A. RACE

Note: The Editorial Board of the Bulletin felt it wise to honor the retired members of our Society while they are alive. The customary obituaries will continue, but this is the first of a series of articles on our retired members.

In pursuing his career, John Steele has criss-crossed the United States many times. Almost symbolically, he was born near the geographical center of the country — in Perry, Iowa, and this was but the beginning of a traveling career which first brought him and his family to Olympia, Washington, where he received his high school education. He graduated there in 1909, went south to the University of California for his medical school training, then headed for Rochester, New York, for his internship.

He must have lived on trains at this stage of his life, for he returned to the then Camp Lewis just long enough to be sworn in as first lieutenant in the Medical Corps of the U. S. Army and was promptly sent first to Ft. Riley, Kansas, for indoctrination and then to Camp Dodge, Iowa, where he was permanently stationed. In these days of jet travel, it is difficult to recall the amount of arduous traveling he must have done in those slow trains with their hard seats, smoke and layers of coal dust.

John's Army service included several interesting highlights. In 1918, he was gathered with his division in Iowa waiting to go overseas when the great flu epidemic hit the country. He was kept behind to care for the local troops. John still shakes his head sadly as he recalls, "We lost 850 wonderful boys from that one outfit."

While still in the Army, he played basketball on one team while coaching

another team, then switched to coaching the Division baseball team in the Spring. Most of his ball players were from the various teams of the old Western Association and, to put it mildly, they knew a little more about baseball than John. Graciously, or perhaps wisely, he pretty much let them run their own show.

Horseback riding was featured at Camp Dodge and, after the flu epidemic waned, he had more time to drill and to ride. He received a Certificate of Equitation for excellence in riding. The final test for this certificate consisted of going over a four foot hurdle with both feet out of the stirrups and hands clasped behind the neck. Many a bruise accumulated before he was able to do this feat.

While at camp, 90 doctors were billeted in his barracks. A new transfer arrived one day who was a country doctor and accustomed to rising with the roosters. At 4:30 of his first morning, he jumped out of bed and belted, "Rise and Shine." One hour later, all the other medics were still busy sorting out the shoes they had thrown at their "country cousin."

John was busy doing orthopedic surgery at Camp Dodge when he developed tuberculosis and was sent to Denver for six months. The cure was fortunately permanent. He then entered the Reserve Corps of the U. S. Public Health Service and was sent first to Denver and then to the old Cushman Hospital here in Tacoma. He was instrumental in changing Cushman from an Indian School to a Veterans' Hospital.

His brother, Glenn, was in general practice in Tacoma at that time, and John joined him. As an active side interest, he was the medical director of the Mountain View Tuberculosis Sanatorium which took care of about 100 adults and 30 children. Having learned the technique of artificial pneumothor-

ax while at Denver, he became the first doctor to perform this procedure in Pierce County. Over the years, he's given thousands of them, as well as pneumoperitoneums. In 1928, he went back to Saranac Lake in New York to take a course in the care of T.B. He brought back with him one cc. of Peetie's tuberculin and thus chalked up another first — the first Mantoux test in this area. Tuberculosis in those days was a fairly common disease and he and a visiting nurse conducted T.B. clinics all over Pierce County once a year.

John was affiliated with his brother for 25 years. He well remembers an old Swede who was one of Glenn's patients in a little hospital called the Tacoma Sanatorium run by a Dr. Blair. It was located about where Buckley King is now. The Swede was to have a gastric operation for a peptic ulcer and, about the time they were to take him in for surgery he came walking through the main entrance of the hospital dressed in his street clothes.

"Where have you been and what have you been doing?" fumed Glenn.

"Val," replied the Swede, "yew wouldn't give me any breakfast here today, sew I vent home and had some there. Now, let's yust operate."

"Needless to say," adds John, "we postponed it a day."

Another man of about 86 came into his office complaining that his sex life was "falling off."

"When did you first notice this?" asked John.

"Twice last night and once this morning," replied the old fellow.

John swears this is true. But apocryphal or not, it points up one of his most lovable traits. For years, he has been known as a first class raconteur — a local Georgie Jessel. He has never been at a loss for a story or an appropriate quip, all delivered with profes-

sional timing. He's heard the cry of "let's hear one more story from his audiences time and time again and he's never failed to leave them laughing.

For the past 47 years, he has limited his practice to diseases of the heart and lungs, and this sub-specialty has kept him well occupied. During these years, he has been a member of numerous medical organizations. In addition, he was president of the Pierce County T.B. Association for five years, president of the Washington T.B. Association for two years, and president of the Pierce County Medical Society for one year. A series of recent illnesses, however, forced his retirement from practice, and he is now recuperating at home with his wife Mary.

Next to medicine, golf has been his second love and he has played it with much pleasure over the years. He is an honorary member of the Fircrest Golf and Country Club. The recent spring weather has really awakened the old instincts and Mary has already complained about the number of glasses he's broken while practicing putting in the living room. As soon as his strength returns, he's heading back to that first tee to crank up his driver and send another screamer down the fairway.

Nurses Receive Awards

Scholarships from the Medical Society Scholarship Fund were awarded to twelve students in March.

The following recipients, all students at St. Joseph's Hospital, were recommended by the hospital's scholarship committee: Evelyn Bowen, Sandra Birchall, Phyllis Brooks, Linda Dickerson, Laurel Gunnarson, Janice John, Sally Johnson, Christine Oberg, Gwenda Piety, Mary Selleck, Jeanette Bricker, and Tamie Williams.

THE ADVENTURES OF J. RODERICK DELEHANTY

J. RODERICK DELEHANTY ADDRESSES THE COUNTY SOCIETY

—AND NOW GENTLEMEN, A MAN WHO NEEDS NO INTRODUCTION TO THIS DISTINGUISHED GROUP— YOUR FRIEND AND WINGEL'S J. RODERICK WHAT'S HIS NAME—





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WHO'S THE PROGRAM CHAIR

Modell

all delivered with profes- Bricker, and Tamie Williams.

...K? UH, WHERE WAS I? OH, YES, THE STABILIZED SHORT POLYMER PROBABLY EFFECT WITHOUT ACID REBOUND. I KNOW SMOOTH GOOD TASTE AND IN THE FACT THAT ACTIVE INGREDIENT WEIGHT IN ME OF A FUNNY THING THAT HAPPENED T. THERE WAS THIS—UH....

...U?

I'D LIKE TO PUT THE HEXITOL ON DELEHANTY.

TO THINK I COME TO THESE MEETINGS TO BE ENLIGHTENED

I WISH HE'D GO A LITTLE MORE IN DEPTH ON THAT HEXITOL STABILIZED BIT.

I TOLD THEM WE OUGHT TO PAY FOR OUR SPEAKERS.

I CAN HEAR HIM. LET'S MOVE IN THE BACK



GREAT SPEECH, DELEHANTY. BY THE WAY, DO YOU HAVE ANY WINGEL ON YOU?

SAY, DELEHANTY, DINNER LEFT ME A LITTLE OUT OF SORTS. CAN YOU SPARE A COUPLE OF THOSE NON-GRITTY TABLETS?

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The average individual practicing physician has been so busy doing a great job of caring for his patients that he hasn't applied himself to solving the complex social and economic problems that are intertwined with the problem of delivery of adequate health care to the greatest number of citizens. That's where the professional planner comes in—with his computers, his charts and his statistics—to show the doctors a better way to do it. To keep professional planners, commissions and councils from taking over the practice of medicine, doctors must be knowledgeable. They must be able to match fact with fact, idea with idea, knowledge with knowledge.

That's why, in November of 1966, the Washington State Medical Education and Research Foundation was set up by the Washington State Medical Association.

"What's That?"

Unfortunately, too many Washington State physicians still say "What's that?" when the Foundation is mentioned, even though it has been an actively functioning organization for over three years. Here are a few of the Foundation's accomplishments, some as joint efforts:

1. Set up a "Data Bank", a compilation of statistics about distribution and availability of physicians, hospitals, medical facilities, paramedical person-

nel, specialists, and population in all communities throughout the state.

2. Established "Medex", a program for training physicians' assistants to take over many of the routine duties that use up a physician's valuable time. Medex in Washington State is now making use of 15 such assistants, drawn from the 30,000 trained corpsmen who are discharged from the armed services each year. The trial program here has drawn national recognition. (See *Medical World News*, Jan. 23, 1970)

3. Completed an extensive survey of continuing medical education as pursued by physicians of this State.

4. Completed a statistical review of infant mortality in the United States, with a comparison to other nations, and also comparing Washington State with other states.

5. Conducted a special seminar on comprehensive health planning attended by 170 physicians.

6. As a special contract, conducted a survey of the medical facilities in the Grand Coulee area of Washington.

Other projects are underway or being considered, all with the intent of broadening the scope of knowledge about subjects related to the delivery of adequate health care.

When government health planners come to Washington State, you—the physician—will be able to meet them on even terms, through the efforts of your Washington State Medical Education and Research Foundation. Just call it "The Foundation".

Such worthwhile ventures can't function without financial support. Physicians of Washington State will do well to actively support their Foundation when the opportunity arises.

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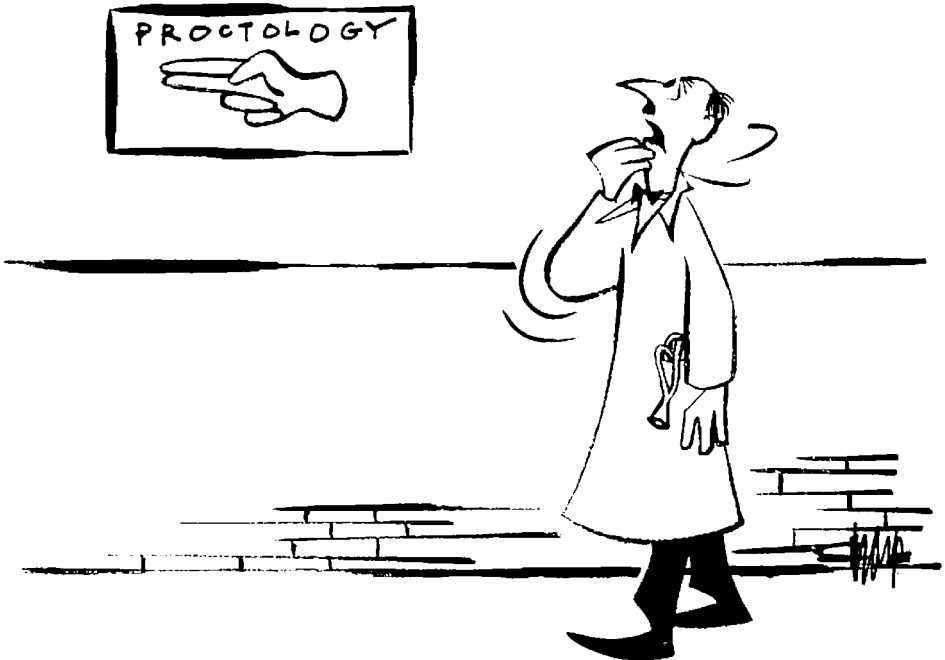
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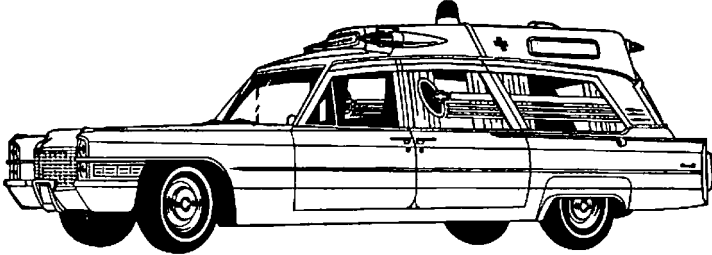
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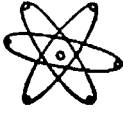
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Courtesy Medical Society Magazine Group

WOMAN'S AUXILIARY PAGE . . .

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Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katherhagen

LUNCHEON MEETING

Friday, April 17, 1970—12 Noon

Mrs. Marcel Malden, Hostess
4139 Madrona Way

Co-Chairmen:

Mrs G. W. Bischoff

Mrs. James Billingsley

Program Speaker, Dr. Thomas Morgan

Now that we have enjoyed the "lighter side" of Auxiliary with the last two events, namely, the Tasting Luncheon and the Fashion Luncheon, we have a change of pace in April with a business meeting and a fine program. Nadine Kennedy, Program Chairman, has asked Dr. Thomas Morgan, Assistant Dean of Curriculum at the University of Washington Medical School, to speak on the general changes in medical education. According to current literature, they are many indeed. Some of you have sons planning a medical career. It will be most interesting and enlightening to hear just what is ahead in new types of medical education.

President Sherry announces that Dr. Robert Ferguson, President of Pierce County Medical Society, and our two advisors, will be invited to attend this meeting.

BOARD MEETING

The Tacoma Lawn Tennis Club is the place, and the time is Monday, April 6, at 10:30 a.m., for the spring Board Meeting, at which all committee reports are due. So Chairmen, get busy at that typewriter and sum up the year's accomplishments of your committee.

WITH MAY FLOWERS

While we are speaking of meetings just a reminder of the May meeting at the Tacoma Golf and Country Club. This annual luncheon is the traditional time to honor Pierce County Auxiliary past presidents and all are encouraged to attend on Friday, May 15, at noon.

THE "MIDI"

If you would like to avoid April showers this year, how about a trek east of the mountains to Pasco? Oh, it

rains there, too? Well, anyway, Mid-Year Conference, April 22nd and 23rd at the Red Lion Inn in Pasco, will be an enjoyable occasion and an opportunity to see friends from all over the state. Pierce County members who will brighten the scene are Jeanne Judd, Dorothy Grenley and Lorraine Sulkosky.

MORE BUSINESS

President Sherry wants you to remember that the nominating of officers for Auxiliary is a democratic process and anyone is free to nominate from the floor at the April meeting. The only requirement is that you have the permission of the person nominated that she will serve. Also, it is reported that the Nominating Committee had its chores made easier by the pleasant affirmative response of everyone contacted for office. Aren't you the nicest people?

FORGET-ME-NOTS

Even though we are a month late with our thank-yous, Auxiliary wishes to extend thanks to Mabelle Miller, Edith Lawrence and Toni Bourne, for a beautifully executed and most successful Tasting Luncheon and Hobby Show. Your organization and hard work, along with the fine foods prepared by skillful Auxiliary cooks, made the event a memorable one. Bow gracefully, girls!

We have "thank-yous" too for Liz Murphy and Shirley Kemman for March's Fashion Luncheon. The daffodil decorated Tacoma Country Club was a lovely setting for a variety of spring fashions, presented by the Bon Marche. Only someone who has handled the myriad details of such a production can realize the time and effort our Chairmen expended for such a smooth-sailing afternoon. Two more bows, please!

CASUALTIES

Ski injuries to date . . . Vivienne Ehly in a cast from a knee injury . . . Also Norma Smith's husband, Larry, recovering from surgery, following a ski injury at Sun Valley. Be careful!

SOMEWHERE IN APRIL

Your correspondent will be on the "high seas" when this Bulletin arrives . . . I hope to send you my impressions of Expo '70, if all goes well. Sayonara!

—INEZ M. PIPE.

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Letter to the Editor:

Dear Sir:

I think all of us should read the memo we received regarding the legislative news and the wrapup of the 1970 special session. It is extremely illuminating to read what was accomplished and I think it gives a greater hope that all of us can accomplish more in a legislative way if we all get behind those bills which are obviously essential to good modern medicine. I think particularly we should note the bills that we were instrumental in defeating, but we must also remember that these are perennial bills which we must constantly be fighting at almost every session.

I am surprised, of course, not at the statement that the chiropractic bill, SD 103, legislating for payment for chiropractic into all disability programs failed, but that we were the only group opposing the bill. It seems almost incredible that insurance companies also were not in the forefront in defeating such an obviously obnoxious and unreasonable bill.

I don't know how many of us realize that continual attempts are being made to require our own medical bureaus to include osteopaths and chiropractors as "members".

I thought I would just write this letter stating that it certainly gave me a little more respect for our legislators to hear that these bills were defeated and that we did help in creating the passage of those bills which obviously needed our help. I would even go so far as to suggest that most of this memo be read at our next County Society meeting for the sake of those who failed to receive or failed to read the newsletter.

Sincerely yours,

—RODGER S. DILLE, M.D.

Board Of Trustees Approve Formation of New Prereview Panel

The board of trustees of the Pierce County Medical Society approved the formation of a joint Medical-Legal pre-review panel. The panel will include six members from the Bar Association and six physicians appointed by the President of the Medical Society and will also have two representatives from the Pierce County Hospital Council.

If it functions as expected it will ameliorate two specific problems: (1) it will lessen the number of actual suits filed against physicians and (2) it will solve the "Conspiracy of silence" regarding medical testimony for patients with legitimate malpractice claims.

It will meet informally and hear in confidential fashion the facts presented by the patient and his attorney and the facts from the doctor's side of the allegations then with thorough deliberation will reach two conclusions. (1)

there is or there is not sufficient evidence to substantiate probable negligence on the part of the physician or hospital and (2) if there is probable negligence there is or there is not any permanent disability resulting therefrom.

The conclusions are provided to the patient and to the doctor involved. The panel makes no estimate of financial amounts needed to settle such actions and its deliberations are not available for subsequent court actions that may follow. The expenses of the panel will be shared by the patient and the doctor involved.

Further, if there is negligence and the patient does not have an MD expert in that field, the Medical Society will provide an expert to work with the patient and the attorney thus avoiding the "conspiracy of silence".

It is proposed the panel function for one year and then evaluate its true value.

WAYNE W. ZIMMERMAN, M.D.
Chairman, pro-temp.

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Unusual Cases Presented Last Month

At the Hematology-Oncology Study Group Meeting on March 6, Dr. Kenney discussed the side effects of radiation therapy. His discussion of marrow suppression was illustrated by the presentation of a 69-year-old man with lymphadenopathy. Histologically these were of lymphoblastic lymphosarcoma type.

Two weeks later therapy was started but it was then noted that he had some mediastinal widening. The therapy was aimed at the inguinal and pelvic ports to include the deep pelvic nodes. Dosage was 200 rads per day for five days each week with a total of 4000 rads being given over a thirty-day period. Customary white count done at one week after initiation of therapy was 4000.

On the eleventh week from the time of diagnosis therapy was started aimed at the mediastinal and supraclavicular nodes. Therapy was limited to 150 rads per day in consideration of the low DBC, and over a week the WBC went from 4100 to 2800 to 1900. Therapy was discontinued at the end of this week and it was anticipated that the WBC and platelets would pop back as they usually do after a rest period for

SAVE THE DATE!
PHYSICIAN - DENTIST FIELD DAY
FRIDAY, MAY 22
TACOMA COUNTRY & GOLF CLUB
Mark Your Calendar NOW!

the patient. Therapy was resumed to complete a 4000-rad delivery. The hemoglobin also fell from 15 grams at the beginning of this completion period to 11 grams.

This process proceeded to pancytopenia over a period of eight months. He was transfused, given Halotestin and steroids (prednisone). The WBC continued to fall below 1800, and the platelets fell below 40,000. The marrow showed a complete washout of nucleated cells.

This case was of considerable interest because it was the only one known to show this kind of complication following this degree of radiation therapy. To balance this case, another patient was presented who also had lymphosarcoma without radiation but who eventually wound up with the same type of aplastic marrow.

The latest therapy for total marrow aplasia was discussed. Being investigated currently is the use of a marrow bank. The patient must be treated drastically before such bank marrow implantation, namely, by a total "kill" dose of Cytosin prior to the implantation of the marrow.

Two other rather unusual cases were presented. One of these was a 34-year-old man who started smoking at age 13 at a rate of two packs per day. His presenting complaint was recurrent thrombophlebitis with priapism. The latter required a vascular shunt, but it was necessary to keep this patient continuously heparinized in order to prevent recurrence of the priapism. For the time being, he was regarded as a hypercoagulable state victim with cause unknown. Four months later he came in with a dry cough and a small mass in the supraclavicular area which on tissue examination proved to be anaplastic carcinoma. There was only slight mediastinal widening. There had been no back symptoms, and with the unusual history of smoking it was felt

that pulmonary origin was more likely than pancreatic.

It was noted that the undifferentiated character of the lesion suggested a good potential radiation response with overall very poor prognosis. The treatment plan will be Cesium therapy. Reference was made to a British series where with bronchogenic carcinoma, 500 patients were treated with surgery and 500 patients were treated with 5000 roentgens. Statistically the survival seemed better on the radiation side. The patient had been seen at the University of Washington and there it was suggested if regression is obtained, resection should be considered. The main problem here is no one knows where the primary is and there is some question of what to resect, if anything is to be resected. This confusion in therapeutic planning suggested to the group that possibly it would be better to prevent bronchogenic carcinoma than to try to find ways to treat it.

The incidence of priapism with malignancy is low, but in the last sixteen cases of priapism reported in the literature, all were accompanied by malignancy. These were white patients. Very rarely this also occurs in thrombocytosis and is not unusual in Negroes with SS hemoglobin. The case emphasizes the importance of considering malignancy in any patient with priapism.

Another unusual case presented was the one of a 60-year-old woman with multiple myeloma with no protein in the urine and no myeloma spike in the serum on electrophoresis.

She presented feeling perfectly well but had a bump on her head and a lump in the angle of the jaw. X-rays showed extensive mottling of the head bones, but the lump in the jaw proved to be a soft tissue mass. The bone marrow was full of myeloma cells and the tumor on the head was also myeloma. T-4 was moderately compressed. Immune protein electrophoresis showed

a wipeout of IGA and IGM with a normal IGG.

In spite of these alterations the patient continues to feel well.

X-ray therapy was recommended for the local lesions with tangential direction of Cesium radiation to the jaw. Cyclic alkanon will also be used in a dosage schedule of 2 mg/kilogram for four days. This will be done each month and supplemented with Prednisolone at 60 mg per day. 3000 roentgens will be delivered to each lump. Procarbozene will probably be added to this regimen.

There was some discussion about the lack of usefulness of nitrogen mustard and it was felt by the study group that if nitrogen mustard is given cyclically, this might work as well as Alakanon. It was also felt that in myeloma Cytoxine might have a useful role if administered cyclically.

The usefulness of such intense therapy was challenged facetiously by one of the group. It was the general consensus that everyone treated will eventually die in spite of the statement now seemingly repeated more often than ever before that good health is a constitutional right which will be guaranteed by the Federal Government.

Physician Sought By Industrial Dispensary

The Industrial Dispensary of the Puget Sound Naval Shipyard has a position available at this time for a competent physician.

This letter is being written with the thought that possibly some member of your Society might be interested if he were aware of the situation.

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Anyone in your Society who is interested in further information concerning this position may contact by mail or telephone, E. W. McBratney, M.D., Medical Department, Industrial Dispensary, Puget Sound Naval Shipyard, Bremerton, Washington 98314, telephone 478-2258, Area Code 206.

Sincerely yours,

E. W. McBRATNEY, M.D.
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- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Monday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

MAY 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 5



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
MAY 12**

Pierce County Medical Society

1970

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COVER PICTURE: Skiing in the Northwest at White Pass.

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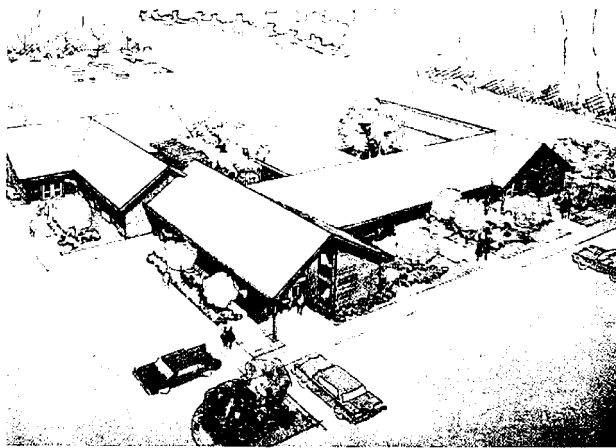
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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, May 12

MADIGAN OFFICERS CLUB

**Scientific Program
Presented by Staff of
Madigan General Hospital**

Social Hour: 6:30

Dinner: 7:00

• • • • •

May Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Hematology, Oncology Study Group—TGH 8 a.m.	2
4 Tac. Orthopedic Society—6 p.m.	5 C.P.C. of Mary Bridge—8 a.m.	6 Surgery Grand Rounds—T.G.H. 8-9 a.m.	7 Pierce County Pediatric Society 6:00 p.m. Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's— 8 a.m.	8 Hematology- Oncology Study Group—T.G.H. 8 a.m.	9
11 Pierce County Medical Society 6:30 C.P.C. of Mary Bridge 8 a.m.	12 Pierce County Medical Society 6:30 C.P.C. of Mary Bridge 8 a.m.	13 OB-GYN Conf. T.G.H. 8-9 a.m.	14 Mary Bridge Cardiac Conf. 6:30 a.m.	15 Hematology- Oncology Study Group—TGH 8 a.m.	16
18 Tacoma Surgical Club 6:30 p.m. Cardiology Conf. TGH—8 a.m.	19 Tacoma Surgical Club 6:30 p.m. Cardiology Conf. TGH—8 a.m.	20 Medicine Grand Rounds—T.G.H. 8-9 a.m.	21 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's— 8 a.m.	22 Hematology- Oncology Study Group—T.G.H. 8 a.m.	23
25 Pierce County AAGP—6:30 p.m.	26 Tacoma Acad. of Internal Medicine 6 p.m. Cardiac Study Group TGH 8 a.m.	27 Path. Cancer Con.—T.G.H. 8-9 a.m.	28 Mary Bridge Cardiac Conf. 6:30 a.m.	29	30

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Courtesy Medical Society Magazine Group

The Case of the Ouija Board

By GEORGE A. RACE, M.D.

"Get down on your knees! Get down and pray to the Lord Jesus Christ! You must pray to be saved! Get down, children. Are you praying, John? Are you praying, Frank? Henry, pray with us. You've got to have faith! You've got to have faith in the Lord Jesus Christ! We must pray to be saved or we will all go to Hell! Hell, do you hear me, Hell!"

These words came screaming from the second floor of a farmhouse as I stood on the front porch waiting to be admitted. The time: two A.M. I had received a telephone call a half hour earlier from John H., a distracted young man who said that his mother was "not feeling well." I asked what the trouble was and he answered that she was "a little bit upset." I could hear her strident screams even over the telephone and it was obvious his calm words didn't truly describe whatever was really going on out there. I dressed right away and drove to the house.

In answer to my knock, a boy of about nine came to the door. His appearance shocked me for he had on a loosely-tied, blood-stained bathrobe and his face was covered with blood. Blood was dripping from his hair and hands and he regarded me with a wild, haunting stare.

"Hi," he said simply, "I'm Greg." I asked him what was the trouble and he, too, remarked, almost casually, "Something's wrong with mother."

Meanwhile, the harsh screeching continued from upstairs. "Peace! Our salvation is in peace! Pray, children! Pray for peace! Kneel down and pray to the Lord Jesus Christ!"

I asked Greg to show me the way and he led me through the kitchen and preceded me up a flight of stairs. I stopped for a minute and glanced

upwards. Two other boys, one about twelve, the other about seventeen, were kneeling on the floor of the upstairs hallway, with their hands clasped in prayer. They, too, were covered with blood and their hair was matted with it. I swept the upstairs scene with my eyes, I happened to look straight above me, and what I saw froze me with fright. For Greg was leaning over the balustrade, holding a glass pitcher directly over my head.

The early morning hour, the eerie atmosphere, the hysterical screaming, the unexplained blood and now this were all I needed. I hurried back through the kitchen and out the door to my car. I backed up with a gnashing of gears and as I drove out of the farmyard, I could see Greg in my rear view mirror frantically waving to me.

I drove swiftly to town, called the sheriff's office and explained the circumstances to them. Within fifteen minutes, a sheriff's car with two deputies and I drove into the yard and the men joined me as I re-entered the house. We went up the stairs, where the boys were still kneeling in prayer, and while the men stood in the hallway, I opened the door of the bedroom, from which the screaming continued unabated.

The scene I found was unworldly. A double bed was stripped to the mattress, with the blankets and sheets piled in soggy lumps on the floor. Water, stained with blood, flowed over the floor. On the bed, from the light of a single, dull lamp which glowed in a corner, I could see the husband of the patient lying on his back, stark naked, covered from head to toe with blood. His wife sat on his stomach, and she, too, was completely nude. While she screamed, she emphasized her remarks by pounding him in the chest with her fists. She occasionally shoved his head

back into the mattress, as she implored him to save his soul and those of his children. Now and then, she grabbed a frightened puppy from the floor, pushed it into her husband's face and screamed, "Save the puppy! The dog loves you, Herman! Save the puppy, save yourself!" The dog would squirm and scratch, finally jump out of her arms and cower in the corner, only to be grabbed by her a minute later.

I realized I could never treat her under these hysterical conditions and that it would be best to remove her to more restricted surroundings. I asked the sheriffs to take her to the county hospital, which had restraining facilities. They entered the bedroom with me and advanced towards her with an open blanket, hoping to envelope her in it. But with screams, kicks and wildly waving arms, she kept the men away. After much scuffling, the sheriffs finally half-dragged, half-carried her out of the bedroom by her legs and pulled her down the stairs, her hips bumping on each step. She continued a constant barrage of exhortations as she was pulled through the house and out into the yard.

When they reached the patrol car, the men tried to put her into the back seat but she stiffened her body so that her arms stuck out from one side of the car and her legs from the other. Whenever the sheriffs would fold up one set of extremities, the other set would shoot out, so that they were unable to close both back doors at the same time. They struggled with this "now you have her, now you don't" routine for several minutes, finally got both arms and both legs folded at the same time, locked both doors and drove away with her to the hospital.

I went back into the house where the three boys and the husband were busy washing themselves. I gave Herman, who seemed to be the only wounded one, first-aid and arranged to meet

him in a near-by hospital to suture a few of his deeper wounds. Then he put on a bathrobe and we went downstairs and sat in the living room with the boys. Herman shook his head slowly from side to side.

"It was a nightmare," he said finally, "a regular nightmare. Who'd have ever guessed it would turn out like this?"

"What," I asked.

"That ouija board," he explained. "That damn ouija board! That was at the bottom of the whole trouble." He stopped again. "I brought a ouija board home a month ago," he explained to me. They were on sale at a local discount house, but it was more of a joke than anything else. She latched onto it as if it contained all the secrets of the universe. She would ask it all sorts of questions and carefully spell out the answers. After a while, it told her there was an urgent need for spiritual salvation; that if we weren't saved, we would all die. And it went on to say that the only way we could be saved would be for all of us to be baptized in my blood."

He cradled his head in his hands and again shook his head from side to side in disbelief.

"This religious frenzy of hers got stronger and stronger until she finally decided that tonight was the night. She took a glass pitcher, cracked it against a wall to produce a sharp edge, and then . . ."

"You see," interrupted Greg, "that's what I was trying to show you."

"Yes," continued his father, "she took this roughened pitcher and cut my chest to make me bleed. Then she forced each of the boys to kneel in front of me while my blood dripped over them and she baptized them in the name of the Lord." He stopped a moment to rest, then went on. "I know you've been wondering how she could

(Continued on Page 17)

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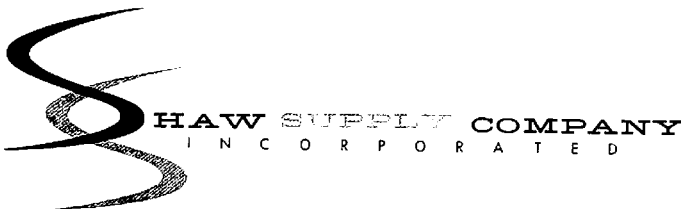
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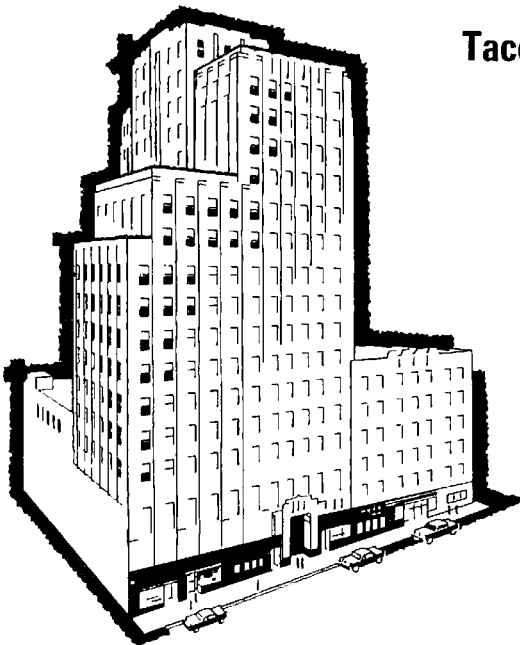
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Quote Without Comment:

A noted legal scholar has resolutely defended the lawyers' contingent fee system as protecting doctors from unfounded or weak medical malpractice claims.

David J. Sharpe, Professor of Law at George Washington University, stated that every plaintiff's attorney must carefully screen claims of malpractice, because he simply can not afford the expense of taking a losing case.

Writing in TRIAL, the nation's only legal newsmagazine, published by the American Trial Lawyers Association, Sharpe pointed out: "Every plaintiff's attorney is aware, as he listens to a potential client tell his story of alleged malpractice, that the contingent fee is contingent on winning. Whatever the percentage the attorney charges, he gets nothing if his client wins nothing."

"Moreover," he said, "if the client loses, the attorney gets nothing for his time, and yet he pays in full for all the expensive overhead costs."

While some claimants may turn to other attorneys, and a few eventually get representation, Sharpe notes that most claimants who have been turned down by an attorney are persuaded that they have no cases or can't win, or they simply get discouraged by the time, effort and uncertainty of the whole litigation process.

Physicians' hostility to lawyers, especially plaintiff's lawyers, Sharpe said, are based on major misunderstandings of the legal world of medical malpractice cases.

First, because it is unethical for a doctor to make his fee contingent upon the outcome of litigation, it is difficult

for him to accept the fact that the lawyer's contingent fee system is ethical in every state in the country.

Second, the medical "grapevine" quickly carries news of large dollar amounts being sought in malpractice suits, but little or nothing about the smaller settlements before trial, the majority of jury findings in favor of defendant doctors, and verdicts comprising a fraction of the original amount sought.

These make up an overwhelming majority of malpractice actions, Sharpe insists, but "none of these limitations ever catches up with the first grapevine report that Dr. X has been sued for a million dollars."

The notion that big verdicts are swollen by big contingent fees, thus swelling the physician's malpractice insurance bill, completely overlooks the fact that the average malpractice insurance payout is small, according to available figures.

Finally, Sharpe notes, physicians seem to forget that the lawyer's contingent fee is contingent upon winning, and that losing costs the attorney a lot of his own money, to cover the expenses of trial preparation.

"Nobody can make a physician like the contingent fee system in medical malpractice litigation," Sharpe concludes. "But he could understand that the system protects many physicians from a lot of weak malpractice claims, if he will just remember what the plaintiff's attorney knows: that 30 per cent of nothing is nothing."

—American Trial Lawyers Association news release.

TGH Doctor --- Director Conference

Members of the Medical Staff, Tacoma General Hospital, will meet Saturday, May 23, 1970, at the Hilton Inn with the Hospital Board of Directors to discuss problems of mutual interest.

Planning and development conferences of this type have been held in 1962 and 1964. Some of the results of these discussions are now seen in the intensive care and specialty wards of the hospital, the comprehensive program of medical education with active library support, and outpatient emergency services.

In a rapidly developing and increasingly complicated world of medical care those with responsibility for guiding these changes find communication to be a necessity. Great advances have been made in medical skill, emphasizing the imperative need for efficient delivery of these skills to the community. Certainly community leadership as represented on the Hospital Board must be continually aware of the attitudes and concerns of the doctors.

Hospital economics are strained, often because doctors may make demands that result in costly and inefficient service. Busy with an office practice, the doctors have little energy to guide hospital administrators in becoming more efficient. They are, however, especially qualified to do so. A pattern of cooperative building is to be sought with the ultimate good of the patient and all those concerned foremost in consideration.

A tentative program distributed to the conferees lists doctors, Board members and those concerned with administration and planning. Formal presentations are expected to lead to general discussion from which guidance will

come to policy makers in the future. Since all those invited have something to give or gain, a large attendance is expected. Each is urged to return his registration card immediately if he has not already done so.

—MERRILL J. WICKS, M.D.

Notes From The Hematology-Oncology Study Group

In the last issue of the Bulletin we discussed the tools used in "staging" of the malignant lymphomas.

An area of controversy has built up around the concept of abdominal exploration as a useful tool in the staging process. One school of thought maintains that even after such examination as retro peritoneal lymphography and liver scanning we cannot be sure that there is or is not malignant lymphoma below the diaphragm and that a careful abdominal exploration will give a 90 to 95 per cent accurate picture.

The opponents of this concept bring arguments forth concerning unnecessary surgery with questionable effects on the long term prognosis.

From a personal standpoint I favor abdominal exploration on selected cases and I would refer you to the article by Kaplan et al concerning this subject ("Cancer" Oct. 1969).

—J. G. KATTERHAGEN, M.D.

HAVE YOU PAID YOUR AMPAC DUES?

(Continued from page 12)

do this. I'm a man and I'm larger than she is. But I tell you, doctor, tonight she had the strength of ten men. I don't know where she got it, but I could no more fight her off than I could fly. There was something hypnotic about her, too. She had these boys in the palm of her hand. She actually had them believing that what she was saying was right and true. It's been a nightmare," he concluded as he had begun, "a long, steady nightmare. And I'm sure glad it's over."

I went over and put my hand on his shoulder. No words were necessary. He had been through a horrible experience and I knew that his emotional wounds, and those of the boys, would take much longer to heal than the cuts he had.

"I'm glad I could be of some help," I said rather lamely.

"Do you think that hypnotism had something to do with it, Doc?" asked John, the oldest boy.

"What do you mean?"

"You know—that time you hypnotized Ma a couple of years ago."

And then I remembered. She had been allergic to all the caine derivatives and had to have six teeth extracted. She had asked me about the usefulness of hypnotism, which I did occasionally. I did hypnotize her and her extractions were simple and painless. But I realized then that that was the last time I had seen her until tonight.

"No," I said, "I don't think the hypnotism had anything to do with this episode."

"That's the only reason we called you," John said. "You know—to take the spell off her."

"Wouldn't you have had me come if you didn't think she had a spell?"

"Naw, Doc. She'd have got over it in time."

"But I'll bet, after all this business, you've got a pretty good idea how reliable these ouija boards really are."

To my surprise and utter dismay, he answered, "You know, Doc, they've really got something there. I asked it several questions and, by gosh, it gave me the right answer every time!"

New Relative Value Study

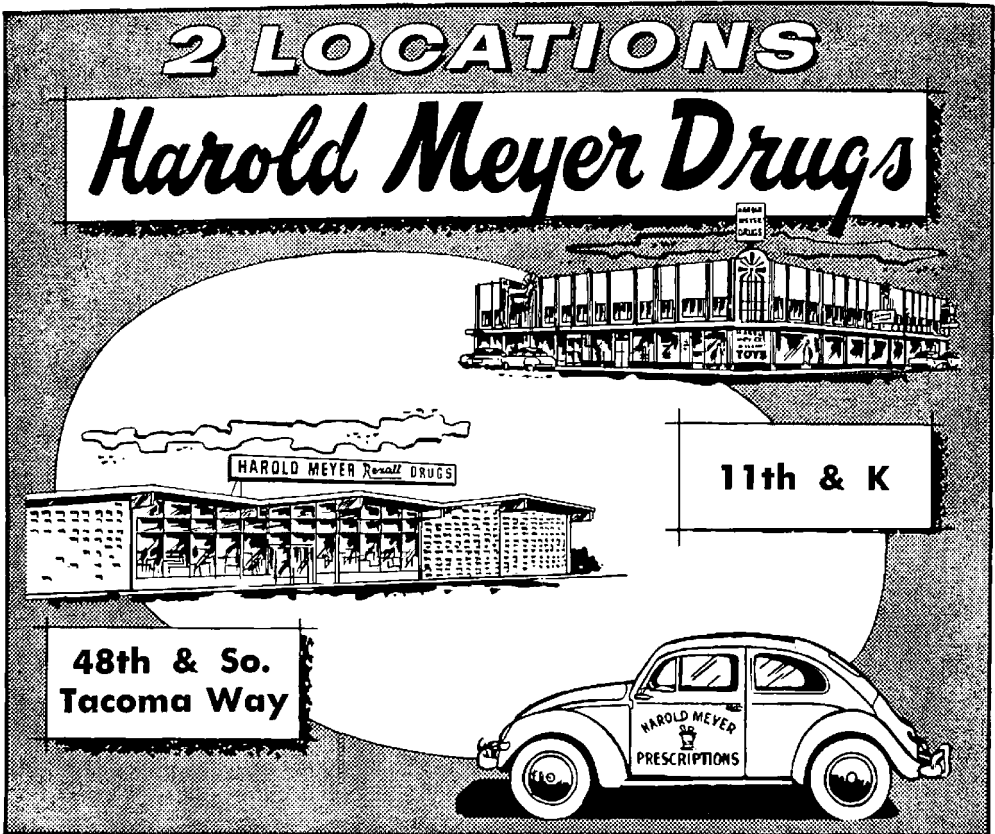
The 1969 California Relative Value Study will be considered by the WSMA Committee on Relative Value Study. John H. Lindberg, M.D., Seattle, is Chairman. The Committee will call on all specialty organizations, County Medical Societies and Bureaus in the course of its study. The 1969 RVS is designed to keep up with changing scientific environment and economy and includes 1,200 more procedures than appeared in the 1964 edition. The Committee will make a preliminary report to the WSMA House of Delegates in Spokane in September, 1970 and probably will submit a final report and recommendations at the Annual Meeting in September, 1971.

Drug Abuse . . .

The WSMA is in the process of preparing suggestions on how County Medical Societies and individual physicians can be effective in assisting and in providing leadership to communities, where desirable, in tackling problems of drug abuse. In the meantime, the WSMA Central Office has Drug Abuse Information and Speakers' Kits available to individual members who request them. The Kits contain reprints from the literature; bibliographies; model speeches for delivery before high school students and other youth groups . . . and to civic clubs and other adult groups; and television and radio panel scripts.

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- 26 William R. Conte
- 28 George C. Gilman
Robert H Fortiner
- 30 James G. Billingsley
Jerry Williams
- 31 Bryan M. Archer
Hugh A. Larkin
Joseph D. Martin

Special One-Day Institute For Physicians and Hospital Administrators

On Sunday, June 28, 1970, Seattle University and the Washington State Department of Health will co-sponsor a special institute on alcoholism for physicians and hospital administrators, as a part of a five-day institute for all concerned disciplines. Write for detailed brochure to Institute On Alcoholism, Seattle University, Seattle, Washington 98122.

Anticoagulant Potentiation --A Danger In Drug Therapy

The following patient profile indicated the significance and importance of drug interactions in clinical therapy:

Day 1—Meprobamate 400 mg. qid;
Chloramphenicol 250 mg. qid;
APC with Meperidine prn.

Day 2 — Phenylbutazone 100 mg.
qid; Heparin 5000 units stat
and in 8 hr. Warfarin 50 mg.
Prothrombin determination
76%.

The pharmacist noted that Phenylbutazone interacts with Warfarin resulting in an elevated prothrombin time. Other interactions with Warfarin included possible potentiation by Chloramphenicol and the Aspirin in APC with Mereripine; also possible antagonism by Meprobamate. This information along with a publication on Warfarin interactions was placed on the patient's chart for the physician.

Day 3—Warfarin 25 mg.; all other medications continued. Prothrombin determination was 54%.

Day 4—Warfarin discontinued. All other medications were contin-

ued. Patient's prothrombin determination was 13.5%.

Day 5—No Warfarin given. All other medications continued. Prothrombin determination was 15% content.

Day 6—Phytonadione 10 mg. I.M. All other medications continued except Warfarin.

Day 7 — Chloramphenicol discontinued. Phytonadione 10 mg. IM.

The above is presented to point out the importance of drug interactions, especially with Warfarin. Expected responses to single drug therapy may be exaggerated by concomitant administration of other drugs and their effects may be prolonged or reduced.

With current patient profiles and available information we shall attempt to alert the physician as to any possible interaction occurring.

Reference: Hansten, Philip D.: Oral Anticoagulant Drug interactions, (Hospital Formulary Management), January 1969 pp 20-22.

—Tom Jones, R. Ph.

Assist. Director of Pharmacy
St. Joseph Hospital

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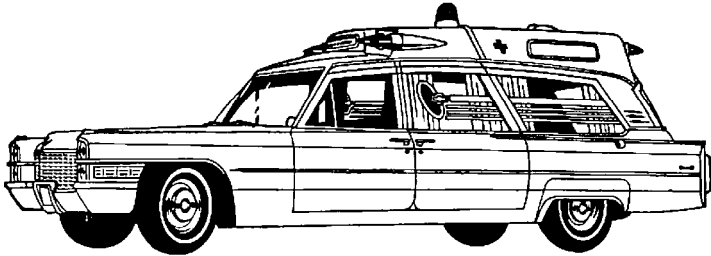
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WOMAN'S AUXILIARY PAGE . . .

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Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

The following slate was presented and approved at the April meeting.

- President—Mrs. Ralph Johnson
- President-Elect—Mrs. Herbert Kennedy
- 1st Vice-President—Mrs. Max Brachvogel
- 2nd Vice-President—Mrs. Richard Link
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- 4th Vice-President—Mrs. David Hopkins
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Discussion on Resolution rebutting recent adverse publicity accorded the medical profession.

Contributions have been made to the Poison Control Center and Tacoma Youth Symphony.

Thanks to Mrs. Vincent Murphy and Mrs. John Kemman for a fine job of running the Fashion Show. And thanks also to Mrs. Mabelle Miller and Toni Bourne—the Cookbook Tasting Luncheon was a smashing success.

A thousand of the cook books are on hand to sell. Cookbook chairmen are Mrs. David Dye and Mrs. John Kemman.

In the absence of Mrs. Pipe and Mrs. Baer, who are vacationing, the following notes were provided by Janet Anderson.

MAY MEETING

Friday, May 15—12 Noon
Tacoma Country & Golf Club
Luncheon \$3.25
(Must pay if reservation made)

HAVE YOU PAID YOUR AMPAC DUES?

COLLEGE OF MEDICAL EDUCATION OFFERS THREE COURSES

Currently, the College of Medical Education (C.O.M.E.), the joint venture by the Pierce County Medical Society and the University of Puget Sound, is sponsoring three individual courses in the area of medical education. The following are the courses being offered this Spring.

1. "Doctor to Teacher about School Children"—A course for school nurses and teachers covering such subjects as epilepsy, psychometric tests, emotional aspects of school under-achievement, reading and writing disabilities, physically handicapped children.

2. "Current Drug Therapy"—The second time that this course has been offered: covering cancer drugs, antibiotics, cardiac drugs, contraceptives and other pharmaceuticals.

3. "Dealing with Emotional Problems in Medical Practice"—A seminar type course for physicians.

—J. G. KATTERHAGEN, M.D.

Last Month's Meeting

With some interest being displayed locally in the manner of approaches to more efficient handling of the ever increasing outpatient visits in the local hospitals, Program Chairman Dick Vi-mont asked Mr. Robert Thomas, executive director of Regional Health Planning Council, Inc., to provide us with a survey of what's going on in health planning.

Mr. Thomas explained that his own organization had its origins with the Federal matching fund program and at the outset its primary obligation was to explore health delivery systems and to provide information to medical facilities, principally, in their programs of building and development. President Johnson, he said, in signing the Com-

prehensive Health Planning Act, envisioned a sweeping review of medical care including such things as environmental needs, manpower, alcoholism, perinatal mortality and services to Indians and migrants. Implementing legislation has now mandated health planning. We are therefore forced to seek development of different systems or imposition of different systems from those in common use today.

Mr. Thomas pointed out that the health care package in the United States is now running about sixty billion dollars per year and it is anticipated that this will triple by 1980. It is expected that fourteen to fifteen per cent of the total tax money will be spent in the medical care complex. He sees, as a result of the Federal activities, a creation and support of ambulatory services, diagnostic and treatment centers, and general relocation of medical practice out of offices to a hospital base. The triage center idea is popular with the Government in order to keep patients out of hospital beds. Other Federal priorities include consideration of all levels of subacute care with interest in providing progressive levels of care in single institutions. The program also includes high priority for mental health and a cradle to grave type of practice, including visual checks and dental examinations and hygiene.

The diagnostic and treatment center concept brings concern to planners. There are forty-three hospitals in the four counties of the Puget Sound Region; and, if these hospitals cannot develop, in cooperation with their medical staffs, these "improved" methods of delivery, the Government will impose them.

Ambulatory care, he said, is the kick-off point of these programs. The group practice aspect is expected to be fixed by 1980. The Government is showing great favoritism to the Kaiser type health programs. The question now is,



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how to initiate such programs, and to relate them to the Federal Government's pressures and also to local community needs. He asked whether major facilities locally can join forces to create in Tacoma a working diagnostic and treatment center or centers. Specifically, he asked whether the Pierce County Medical Society could reach a common base to provide direction to this kind of establishment.

No other body, he explained, than the Medical Society can really effect a change of this type satisfactorily. There is a general tendency to splintering within various medical societies and this, he warned, is poor business. He cited the Federal franchise of hospitals as being in the offing. This is already a fact in California where no hospital can do anything without the approval by a local planning body. Medicare and other funding agencies provide the muscle to enforce this program by refusing to reimburse nonconformants.

Other services will be seriously affected by this Federal attitude. Emergency, pediatric and obstetric practice are all coming under the gun in the very near future. Region X is already being established in Seattle by the Department of Health, Education and Welfare, and this single office will have a staff of four hundred ready to go to work in September in an attempt to bring these programs to realization.

The discussion which followed this presentation was lengthy. Mr. Thomas, acting as the harbinger of troubled times, occasionally had his role confused by the audience and several times had to explain which side he was on. Our Society, however, had, at the Executive Committee meeting several hours before, voted to continue our contribution to the planning group represented by Mr. Thomas. Five-sixths of the Pierce County Medical Society membership missed one of the most objective, unbiased and informative presentations for some time.

AMA Annual Convention Offers Top Program To Interest All

Chicago, the city with a proven knack for news and a demonstrable warmth of reception for all, will host the 119th Annual Convention of the American Medical Association June 21-25.

Combining the world's largest medical meeting with the nation's convention capital provides the ideal opportunity to present a comprehensive scientific program in incomparable facilities. For the "medical family," it will all be there—postgraduate education presentations for physicians, community service stimuli for their wives in the Woman's Auxiliary concomitant meeting, and recreational diversions for their sons and daughters.

The hub of the Scientific Program (which is published in its entirety in the May 4 issue of JAMA) will be the International Amphitheatre on Chicago's Near South Side. This huge complex, site of many of America's

most memorable political conventions, is fully air conditioned and its expanse permits presenting the entire AMA scientific program on one floor under one roof.

Over 10,000 physicians in general practice and all the specialties are expected to attend, together with another 20,000 allied health professionals and guests.

Approximately 450 scientific and industrial exhibits will be staffed by pharmaceutical manufacturers and suppliers of medical materials and services and by many of the world's most prominent medical researchers and practitioners. All 23 sections of the Scientific Assembly will be represented. Four general scientific meetings will be addressed to Coma and the Diagnosis of Death, Conception Control and Abortion, The Role of Allied Health Professions in the Delivery of Health Care, and Family Life and the Physician.

Among the special exhibits will be fresh tissue pathology, fractures, pulmonary function, resuscitation, arthritis, and laboratory medicine.

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Seven sessions under the Section of Special Topics will cover suicide, adverse reactions, drug interactions, neurological surgery, occupational diseases, plastic and maxillofacial surgery, and nuclear medicine. In addition, the 10th Multidiscipline Research Forum will present 50 papers prepared by prominent scientists.

The AMA Annual Convention is also the time for honoring those who have made major contributions to medicine. Among the citations to be conferred are the Hektoen and Billings Awards, the Joseph Goldberger Award in Clinical Nutrition, the Distinguished Service Award, the Scientific Achievement Award, and the Citation of a Layman for Distinguished Service.

The scientific program will also feature an extensive motion picture program, the high school student winners of AMA honors for their exhibits presented at the 1970 International Science Fair, and the winning exhibitors from the Student American Medical Association competition. The Fireside Grand Rounds are still another outstanding opportunity for physicians to discuss medical interests with eminent colleagues.

SAVE THE DATE!
PHYSICIAN - DENTIST FIELD DAY
FRIDAY, MAY 22
TACOMA COUNTRY & GOLF CLUB
Mark Your Calendar NOW!

Hours of attendance at the Amphitheatre will be 10 a.m. to 5 p.m. on the opening day, Sunday, June 21, and from 8:30 a.m. to 5 p.m. on successive days to the closing on Thursday, June 25.

A special consideration is that physicians *only* will be admitted in the Amphitheatre up to 12 noon on *Tuesday, Wednesday and Thursday*. This provision will permit physicians to visit at greater length with exhibitors and concentrate upon the special features, lectures, and other scientific programs.

Another service provided by the AMA will be free bus transportation between major downtown hotels and the Amphitheatre each day. The shuttles will operate from 9 a.m. to 3:30 p.m. Sunday and from 8:30 a.m. to 3:30 p.m. on following days to the Amphitheatre; the return schedule to hotels from the Amphitheatre will be 9:30 a.m. to 6 p.m., Sunday, and 8:30 a.m. to 6 p.m. thereafter. Still another transportation convenience will be provided on Wednesday and Thursday for departing registrants: the Continental Air Transport Company will schedule bus service at 30 minute intervals from the Amphitheatre direct to O'Hare International Airport at \$2 per person. On Wednesday, the buses will operate between 2:30 and 5 p.m. and from 2 to 4:30 p.m. on Thursday.

Physicians who find they have too many bases to cover can be well-briefed on the meeting highlights by viewing the special closed circuit TV programs transmitted to sets in downtown hotel rooms. The telecasts will present major news of the scientific program, actions of the AMA House of Delegates, special events, and topics for women's interest. The telecasts will be presented in color for the first time this year. Viewing hours will be: Sunday, 5 p.m.-midnight; Monday through Wednesday, 7-9 a.m., 5 p.m.-midnight, and Thursday, 7-9 a.m. In addition, the convention's *Daily Bulletin* will be published

and distributed in hotels throughout the week.

Receptions, luncheons and dinners for alumni organizations and specialty groups will abound and these "time-tables" will also be carried *JAMA* May 4.

Among the most colorful programs during the Convention will be opening of the AMA House of Delegates at 2 p.m., Sunday, in the Grand Ballroom of the Palmer House, and the Inaugural Ceremony installing Walter C. Borne-meier, M.D., as the Association's 124th president, also in the Ballroom at 5 p.m., Wednesday, followed by the President's Reception at 6 p.m. in the Monroe and Adams Rooms of the Palmer House.

The House of Delegates will meet each day in the Palmer House, except on Monday when the reference committees discuss resolutions introduced by the state delegations.

The Women's Auxiliary to the AMA will hold its 47th Annual Convention Sunday through Wednesday at the Drake Hotel.

Chicago is a popular summer vacation city, and the special program for youngsters and teenagers of medical families promises a memorable and educational visit. Several exciting tours, all departing from and returning to the Drake Hotel, include swim and sight-seeing parties, a theater-dinner night at a country playhouse, tours to museums, zoos, newspaper plants, the police academy, the Board of Trade and the University of Chicago campus, and boat cruises on Chicago's magnificent lakefront.

For each physician's convenience, advance registration forms are being published periodically in *JAMA*. There is no advance registration for Auxiliarians, but the desk will open at 11 a.m. in the Drake Hotel, Sunday, June 21. Information on youth activities programs is being sent to officers of state and county Auxiliaries for relay to their memberships.

Population Problems Film Recommended . . .

The Clark County Medical Society, at its March meetnig, showed the film "Beyond Conception" produced by the Population Dynamics Co., 13201 Ninth Avenue, N.W., Seattle, Wash. 98177. The film, in color and of 20 minutes in length, was received so enthusiastically that the Society purchased the film from the Population Dynamics Co., for \$275.00; and plans to make it available to any recognized groups in the Vancouver area, such as Clark College classes, P.T.A., and to the Clark County Health Department for showings.

The film starts with a general discussion of the population explosion in the Northwest, the limited resources of the land and what will happen if the population continues to grow as it has in the past. The second half of the film is on specific methods of birth control, such as the pill, the loop, etc. with diagrams. It is a diagrammatic description of ways to prevent conception. The film has been widely acclaimed by the groups that have accepted it for viewing. The Society makes no rental charge.

Abuse of Talwin (brand of pentazocine) . . .

The Department of Labor and Industries has experienced some difficulty with drug dependence resulting from prescription of the subject drug, particularly in its injectible form. The WSMA Committee on Industrial Insurance and the WSMA Executive Committee urge physicians to exercise desirable caution contained in the drug package insert and in the letter sent to all physicians by Winthrop Laboratories on August 28, 1969.

Professional Liability . . .

Practically all sections of the state have now been covered by WSMA-sponsored Seminars on Malpractice. Heaviest attendance in county society history has been recorded. Doctors should make it a point to talk often with State Legislators in their areas about seriousness of problems and point out that WSMA will present a package of "relief" legislative bills at 1971 Session. Insurance companies explained their problems at Seminars and their future in field is not bright. AMA is working on possibility of national program but this presents many problems. Other consideration is transferring this to casualty insurance system financed by consumers with awards based on loss or impairment schedule regardless of cause of damage or injury. But best current bet is to talk often with Legislators and exercise caution in practice.

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Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Thurs. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

JUNE 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 6



PIERCE COUNTY MEDICAL SOCIETY

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

Pierce County Medical Society

1970

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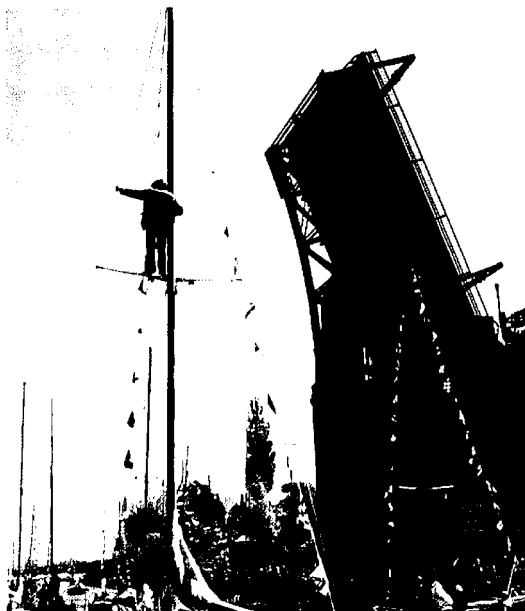
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COVER PICTURE: A view from the top
—Seattle opening day.

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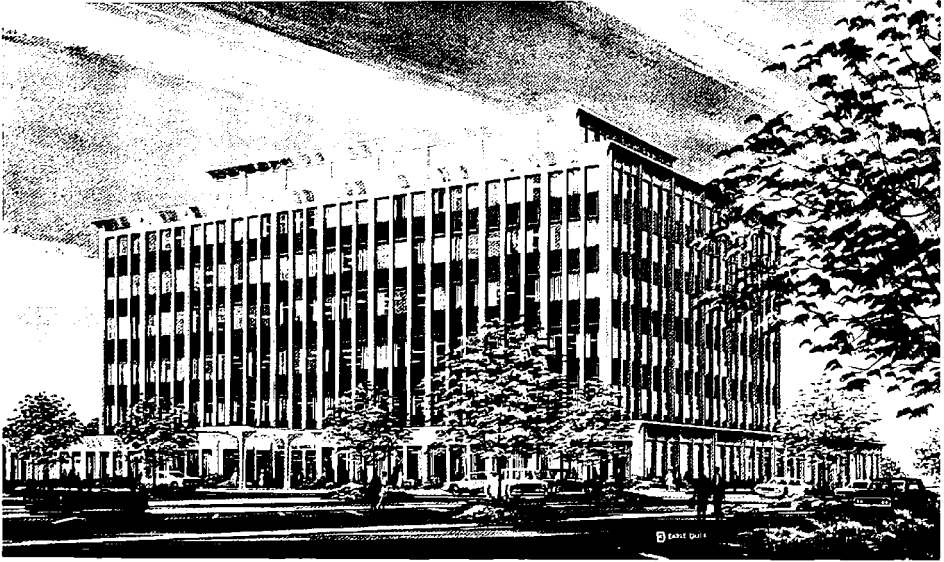
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June Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Tac. Orthopedic Society—6 p.m. Tac. Chap. American Psychiatric Assoc.	2 Staff of Tacoma General—6:30 p.m. C.P.C. of Mary Bridge—8 a.m.	3	4 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's—8 a.m.	5 Hematology, Oncology Study Group—TGH 8 a.m.	6
8 Staff of Good Samaritan 6:30 p.m.	9 C.P.C. of Mary Bridge 8 a.m.	10	11 Mary Bridge Cardiac Conf. 6:30 a.m.	12 Hematology-Oncology Study Group—T.G.H. 8 a.m.	13
15 Staff of St. Joseph's 7:30 p.m.	16 C.P.C. of Mary Bridge 8 a.m.	17 Staff of Lakewood General 6:30 p.m.	18 C.P.C. of St. Joseph's—6:30 a.m.	19 Staff of Allenmore Hospital—7:15 a.m. Hematology-Oncology Study Group—TGH 8 a.m.	20
22	23 Cardiac Study Group TGH 8 a.m. C.P.C. of Mary Bridge—8 a.m.	24	25	26 Staff of Mary Bridge 12:15 p.m. Doctor-Lawyer Golf Tourney T. C. & G. C. Hematology-Oncology Study Group—T.G.H. 8 a.m.	27
29	30 C.P.C. of Mary Bridge 8 a.m.				



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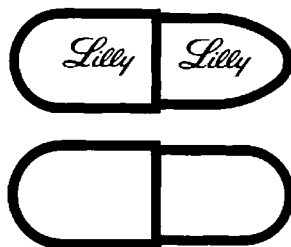
I trust you will believe me when I say there is more than one doctor in Pierce County and, I am sure, the country over who was angered and frustrated by the "documentary" on health care presented in April. At the risk of using a trite device, I would remind CBS that Webster defines documentary as having an *objective* quality. There are few practicing physicians of any experience who would not readily admit that American medicine has many shortcomings, and in some areas and in some situations they are relatively glaring. Other aspects of medicine in the United States are second to none in the world—a fact given token, if any, recognition in the CBS programs. Those vitally and knowledgeably concerned with health care delivery—physicians, hospital administrators and boards, medical educators, State agencies—are concerned about the problem, are working very hard toward possible solutions, have been doing so a good deal longer than has the production staff of CBS, and with considerably less sensationalism. The presentations of April 20th and 21st were typical contemporary marvels of truths, near-truths and falsehoods, all bound expertly together with bias and innuendo.

It is interesting to conjecture whether the considerable resources and energies of The Columbia Broadcasting System might ever be directed toward reporting the countless committee meetings and seminars of "organized medicine" going on all over the country on local, state and national levels regarding the problems of health care delivery. Physicians are not blind to these problems. The doctors are not all rich, fat and unfeeling. The complexities of bringing adequate health care to the entire population of this country are staggering, and they will not be brought one step closer to solution by "National Health Insurance", the panacea most obviously left in the minds of most viewers of those programs.

The membership of the Pierce County Medical Society most strongly urges that some provision be made, on television, to present some very pertinent facets of the problem of American health care as a public service in the true sense.

Very truly yours,

ROBERT M. FERGUSON, M.D., *President*
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IN MEMORIAM

Dr. Joseph B. Harris
June 7, 1915 - May 18, 1970



We were saddened to learn of the death of our colleague and friend, Dr. Joseph B. Harris, who died suddenly at his home on May 18th.

Joe was known to all of us as a cheerful, friendly man devoted to his patients and family. His passing leaves a void in our community.

Dr. Harris was born in Midlothian, Texas, on June 7, 1915. He graduated from Washington University Medical School and took his internship at St. Louis City Hospital. In 1941 he entered the Army and served until 1946 here and overseas. After the war he was a member of the reserves and attained the rank of Lieutenant Colonel.

Dr. Harris took his residencies in internal medicine at the Veteran's Administration Hospital at Temple, Texas, and at Houston. He practiced briefly in Texas and began practicing in Tacoma in 1952. He was a member of the Pierce County, Washington State and American Medical Associations. He was a member of the Tacoma Academy of Internal Medicine, Washington Heart Association, Washington Diabetes Association and the Northwest Society for Clinical Research. He was also a member of the Elks Lodge and the Tacoma Country & Golf Club. He is survived by his wife, Margaret, his daughter, Lael (Mrs. Robert Schock), a son, Joseph, and two grandchildren.

His passing grieves us deeply. We shall miss our friend, remembering the words of John Donne, ". . . any man's death diminishes me, because I am involved in mankind; therefore never send to know for whom the bell tolls; it tolls for thee."

—GEORGE S. KITTREDGE, M.D.

Contracts Awarded for U.W. Hospital Complex

The University of Washington Board of Regents recently awarded contracts totaling more than \$24 million for the first two phases of new teaching space to be provided in the Health Sciences-University Hospital Complex.

The Howard S. Wright Construction Co., was awarded a \$17,803,050 contract for the first phase, which will be a seven-story addition to the Health Sciences Building with five stories above grade. The addition will be built in front of the present structure, along N.E. Pacific Street. It will provide additional classrooms and teaching laboratories, headquarters for the School of Nursing and an enlarged Health Sciences Library. Included in the project is a new pedestrian bridge across N.E. Pacific Street.

Baugh Construction Co., was awarded a \$6,418,000 contract for the second phase, which will provide additional teaching and departmental space for the clinical medical departments by adding eight stories to the BB Wing of the Health Sciences Building, adjacent to the Hospital.

Estimated completion of these phases is the summer of 1972, when the University can begin accepting additional qualified students in all health-related professions. By total completion of all phases, expected in 1974-75, the health sciences student body will be approximately doubled from 2,700 full-time students to about 4,000.

"This expansion will help us meet the growing health needs of the state," said Dr. Robert L. Van Citters, dean of the School of Medicine and chairman of the Division of Health Sciences. "The critical shortage of trained health workers in Washington makes it essential

that our student body be expanded immediately. Support of the voters was voiced in Referendums 15 and 17, and in additional appropriations by the State Legislature."

Financing of the project, the University's largest single construction job to date, is approximately half from local and state funds and half from federal sources. The award of the contract is subject to the concurrence of the U.S. Public Health Service.

The project, spread over five phases, will have a total estimated cost close to \$45 million, which includes major additions to the University Hospital and the School of Dentistry, as well as remodeling of areas vacated by those moving to new quarters.

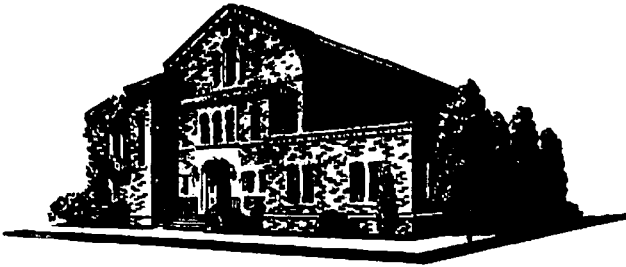
The Division includes the Schools of Medicine, Dentistry, Nursing, Social Work, Pharmacy and their allied professions. It was established by the 1945 Legislature.

Features of the new construction include self-teaching carrels in several departments, a communications center which will use new audio-visual methods to prepare teaching materials, and additional space for service departments such as the vivarium and stores. Classrooms and laboratories can be converted to larger or smaller space as dictated by class requirements.

Dr. Van Vitters pointed out that many Washington residents qualified for medical school last year could not be admitted to the University of Washington because of a shortage of facilities. Other schools and colleges in the health field, similarly affected by shortages, also were turning away qualified applicants.

Project architects are Naramore, Brady, Bain & Johanson, who were also architects for the original Health Sciences Building and University Hospital.

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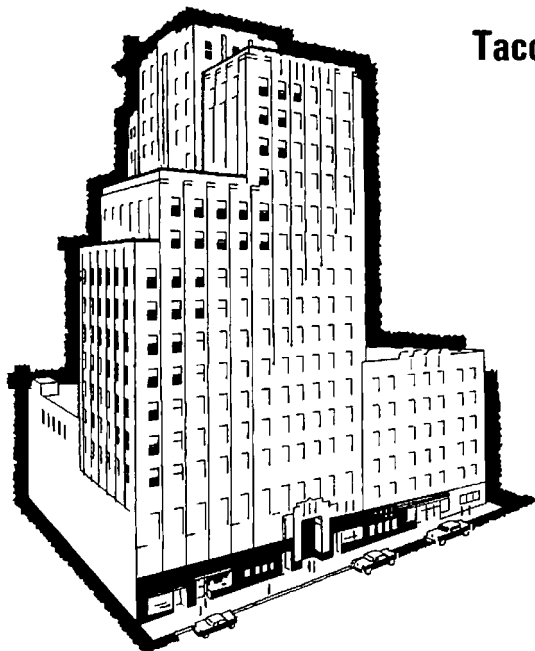
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QUALITY CONTROL?

To The Editor:

As physicians, we are all vitally concerned with quality control for our patient's care. In recent times, federal agencies, in this case the Food and Drug Administration, have increasingly played a role in determining what is officially "right". Unfortunately this type of committee government does not always result in the hoped for utopia of quality. This has been proven by incidents such as the proscription of tannic acid, cyclamates and currently even the Pill. In these cases, the proof of human toxicity was based on at most, sketchy evidence. It is ironic that there are so many other potentially dangerous environmental hazards whereas they have been picked for nation wide emphasis.

Recently, on April 17, 1970, there appeared a sequel to these misadventures. As one of the increasing number of "drug warnings" arriving on physicians' desks, this warned of the use of certain radiographic contrast material in specific forms of angiography which has in fact been used for many years by numerous teaching institutions and others in practice with fairly uniform reports that this was the contrast material of choice.

As it turned out, the contrast material is indeed safe in its *previous* formulation but unfortunately, the FDA insisted on a *change* in formulation which has now resulted in the death of two patients and many other episodes of complications. Fortunately the number of patients involved is limited because of the fortuitous lack of wide availability of this medium, particularly at the level of the practicing physician.

Here, "Big Brother" has made a decision apparently based on arm chair

thinking that has in this case actually *produced* a problem which was non-existent previously. Although the present Commissioner of the FDA is a physician, it is apparent that those making decisions should perhaps be less subject to political pressures and more subject to physician influence. Obviously decisions will have to be made less impulsively and supported by more adequate data both laboratory and clinical in nature.

—KENNETH E. GROSS, M.D.

Editorially Speaking AMPAC

Your attention is drawn to the recent mailing from AMPAC regarding activities nationally and in the State of Washington.

Whatever your political persuasion, it is evident that this is the time (if not already too late) to organize activities relative to the 1970 elections.

One point in particular bears emphasis that was reported in the AMPAC *Political Stethoscope*, namely, that it is the legislature elected at this Fall's elections that will have the privilege and power of redistricting based on the 1970 census. This will inevitably magnify the effect of those elected and be reflected in legislation passed in the next decade.

As with AMA, AMPAC is no more and no less than its membership makes it. Those who can and wish to, be active politically. Those who cannot at least be well informed! Did you know Tacoma has two members on the State of Washington AMPAC Board of Directors? As listed in the AMPAC bulletin, they are Dr. C. J. Galbraith, and Dr. J. M. Shaw. It is this board that determines which candidates receive AMPAC support so be sure to let them know *your* choices.

—ROBERT B. WHITNEY, JR., M.D.

Joint Medical Society Meeting at Madigan General Hospital

The May meeting of the Pierce County Medical Society was held on Tuesday, May 12, 1970, at Madigan General Hospital in conjunction with the Thurston-Mason County Society. A no-host social hour at 6:30 p.m. was followed by a buffet dinner and an excellent scientific program presented by Madigan Hospital staff physicians.

Following the social hour and dinner, the meeting was adjourned to the Medical Auditorium where the joint meeting, which was well attended by civilian and military physicians, was opened by Colonel David L. Deutsch, Acting Commander of Madigan General Hospital.

The professional program was introduced by Colonel Albert W. Stratton, Chief of the Department of Surgery at Madigan, and three papers were presented.

The first paper reported three cases of traumatic occlusion of the internal carotid artery. The clinical history and findings commonly associated with this lesion was discussed by Major Albert Zilkha. He pointed out that this is a grave lesion prognostically but with early detection and surgery, some salvage can be obtained. The typical lesion was described as occurring just cephalad to the bifurcation of the common carotid artery, and in the currently reported series of three cases, there was one survivor. Other reported cases of occlusion of the common carotid artery have been intracranial and are not amenable to surgery.

The second presentation was given by Lieutenant Colonel Joseph A. Ionno and was an excellent discussion of the Army's experience with acute meningococcal disease. As yet, no adequate explanation has been forthcoming for

the predilection of recruit populations to develop meningococemia and meningitis. Appropriate treatment measures were discussed.

The final presentation was an interesting review of Madigan General Hospital's new prenatal program presented by Lieutenant Colonel William McIlroy. The program is designed to minimize physician time expended and at the same time to increase the length of time the expectant mother is actually in contact with the physician in a counseling role. The use of pre-recorded films for teaching purposes is emphasized and with multiparaous patients, certain visits were limited to routine laboratory checks and blood pressure recording.

The meeting was then adjourned with no business session being held.

The meeting was well attended and the papers well received.

—R. B. W.

Administrator Tours Children's Hospitals

Fred A. Pritchard, Mary Bridge Children's Hospital Administrator, recently completed a 10-day tour of various children's hospitals on the West Coast. Pritchard visited hospitals in Denver, Salt Lake City, Los Angeles, Fresno, Oakland, San Diego and Seattle.

Purpose of the tour, Pritchard said, was to study the overall layout of the various hospitals with special attention to intensive care units, burns centers and staffing procedures.

Pritchard became administrator of Mary Bridge Children's Hospital on March 30. He previously served for three years as assistant administrator at Yakima Valley Memorial Hospital.

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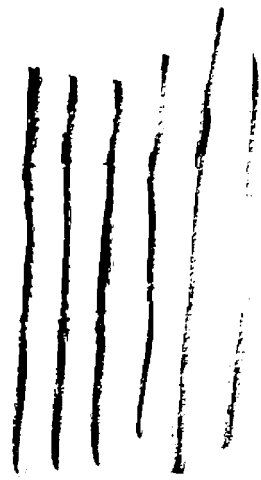
SHORT P... I'D LIKE T... POLYMER... DELEHAN...



Explanation has been forthcoming for at Yakima Valley Memorial Hospital.

AUDIENCE.
STABILIZED
ANK YOU
NTION ON
' SEEM...

I USE WINGEL, BUT
DO I HAVE TO TAKE
DELEHANTY, TOO?



HE SHOULD
FORGET THE
SPEECH AND
GIVE US
THE GOODS.

I LIKE
HIS
LETTERS
BETTER.

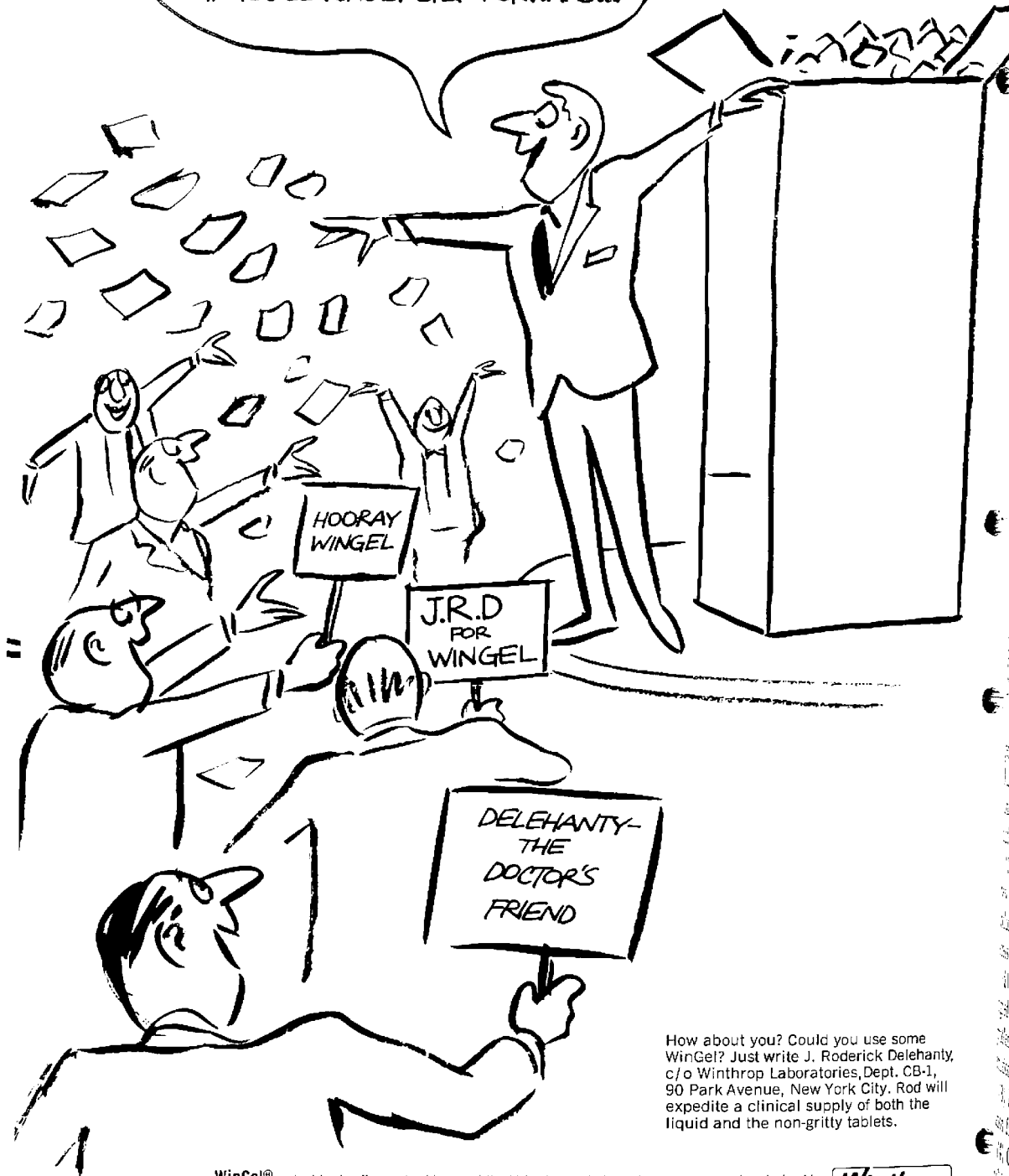
THIS FELLOW
DELEHANTY. IS HE
FOR REAL?

HE'S THE
ORIGINAL
WINGEL KID.

I SUPPOSE
IF I DON'T
SWITCH TO
WINGEL, HE'LL
BUG ME
FOREVER.



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Explanation has been forthcoming for at Yakima Valley Memorial Hospital.

WSMA Holds Special Meeting on Screening

A special Washington State Medical Association meeting was held on April 2, 1970, in Seattle regarding the Multiphasic Health Evaluation program proposed by the Upjohn Company. This meeting was a successor to the earlier special meeting described by Dr. Ferguson in the "President's Page of an earlier issue of the Bulletin.

The meeting was attended by a wide range of representatives, primarily from Western Washington, who represented most phases of medicine related to Multiphasic screening. Tacoma's representation included Drs. Ferguson, Herrmann, Katterhagen, Charles Larson, Reberger, Tanbara, and Whitney. Dr. Wood was present in his capacity as representative of Upjohn Company.

The meeting consisted of a presentation by Dr. Wood followed by comments from a panel consisting of Dr. Paul R. Lauer, Everett; Dr. Robertson, Dr. Watts, and Dr. Katterhagen.

Dr. Wood requested a specific or general endorsement of the concept of Multiphasic Health Evaluation. His concept of this form of evaluation includes the following points:

(1) Evaluation and application of new instrumentation and technologies including not only baseline testing but stress testing.

(2) Automated medical histories designed not only to identify medical problems but also to localize social and emotional difficulties.

(3) Identification of "at risk" population for various types of disease.

(4) Capability of rechecking abnormalities through an on-line computer, thereby reducing false positives.

(5) A system of follow-up through the medical community to allow utili-

zation of the information obtained.

(6) A data bank to permit comparison with past data as necessary and to allow the capability of epidemiologic studies.

The panel discussion included many pros and cons with the general consensus being that some method of increasing volume of health care delivery was necessary. It was generally agreed that this would in no way reduce the average physician's workload but could indeed increase substantially a demand for follow-up services.

The conference was summed up by Dr. Parker, President of the Washington State Medical Association, following which he designated Dr. Lauer and his Washington State Medical Association Committee on Multiphasic Screening to further consider data obtained at this meeting and to report to the State Medical Society. The "Foundation" concept was not generally endorsed and no action was taken on this proposal by Dr. Wood which would have set up a body to advise industry on application of Multiphasic Health Evaluation.

—R. B. W.

News From the College Of Medical Education (COME)

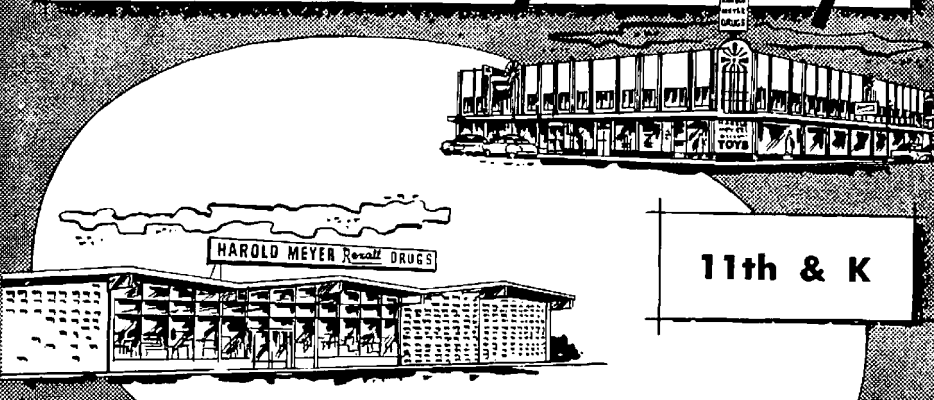
No courses will be offered over the summer months. However, in the July Bulletin the curriculum for this Fall will be announced.

I know through personal conversation that many of you have ideas pertaining to the "C.O.M.E." in regard to topics, speakers, dates, etc. Please jot them down and send them to "C.O.M.E.", University of Puget Sound, c/o Mr. Dale Bailey, Tacoma Washington.

—J. G. KATTERHAGEN, M.D.


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Lewis Litvin
- 5 James Vadheim
- 8 Jack J. Erickson
- 10 Harold Lueken
- 11 Jack Mandeville
- 12 David BeMiller
- 13 Erna Guilfoil
- 14 Karl Humiston
Thomas O. Murphy
John Stutterheim
- 15 S. R. Krishnamoorti
George Tanbara
- 16 Juan Cordova
- 20 George Batey
John Kennedy
Robert Voynow
- 21 Leo Annest
Jack Lee
- 22 Thomas Elder
Marcel Malden
- 24 George Barnes
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State Surgeons Will Hold Clinical-Fun Session in Idaho

Golf, fishing, and an organized boat trip on Lake Coeur d'Alene will be the recreational features, and panel discussions of surgical interest will be featured at the annual meeting of the Washington State Chapter of the American College of Surgeons to be held at the North Shore Motor Hotel in Coeur d'Alene, Idaho, on July 9, 10 and 11.

"Care of Critically Ill Patients with Post-operative Complications" is the subject for a breakfast panel discussion on Friday, July 10. The Saturday morning panel will discuss "Care of the Multiple Injury Patient." Other topics of interest will be "Management of High Intestinal Fistula, Recent Advances in Wound Healing, and Current Problems in Medical Education.

Doctors Joel Baker and J. Englebert Dunphy will be guest speakers at the meeting, according to Chapter President Dr. Robert E. Jensen of Spokane.

Thursday, July 9, has been set aside as a day for recreation, which will include a golf tournament and a boat trip. The scientific sessions will be at the North Shore Motor Hotel in Coeur d'Alene, Idaho. Those wishing to attend should make advance reservations with the Hotel. If they are full, they will make reservations for you in nearby facilities.

Scientific sessions will be held all day Friday and Saturday, the meeting concluding with a Saturday evening banquet with entertainment.

Poison Prevention Group Presents Slides

At the recent meeting of the Pierce County Poison Prevention Committee a set of slides, "Little People and Big Poisons", was presented. The slides, along with the pamphlets, "Poison and You", are available for presentation by volunteer speakers.

The following have agreed to be available as speakers for Poison Control Programs: Dr. B. A. Bader, Dr. Charles Kemp, Dr. David Sparling, Col. Scherz (Madigan), Harrison Ford, Herbert Duncan (Training Co-ordinator, St. Joseph's Hospital), Irma Huff, Fred Fropf, and Mr. Paul Mitchell.

The slides, the pamphlets, and the list of speakers with their telephone numbers will be kept at the Poison Information Center, Mary Bridge Hospital, Tacoma, Wash., BR 2-1281.

In order to defray the expenses for these projects we are asking each group who will benefit by this service to send a donation to Mrs. Fern Evans, R.N., Treasurer, 407 14th Ave., Puyallup, Wash. 98371.

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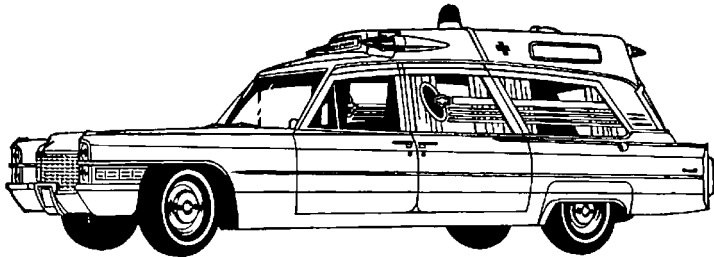
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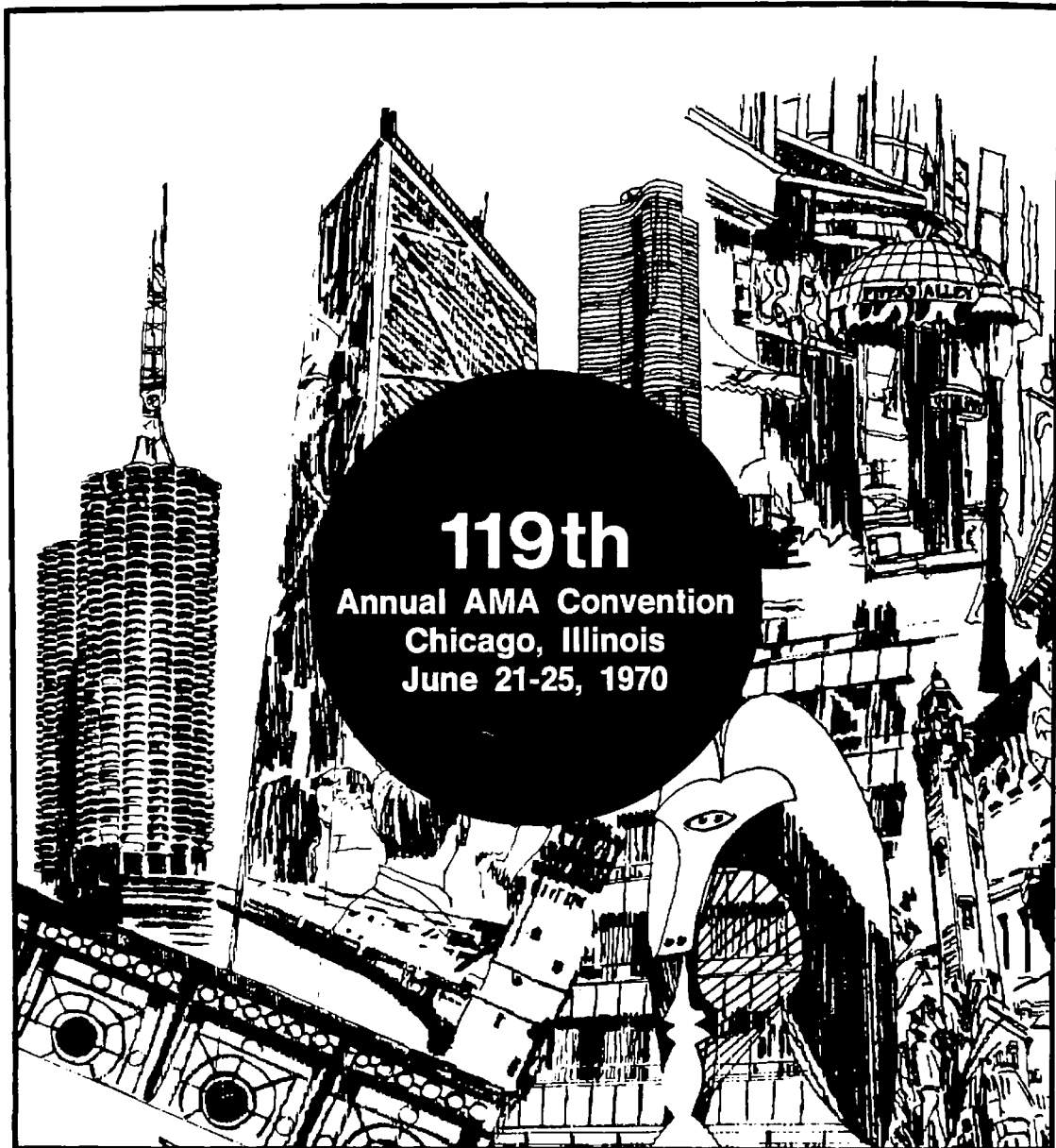
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Check it carefully. Then use the housing and advance registration forms appearing in *JAMA* and the *American Medical News* to insure your place at the world's largest medical convention.

WOMAN'S AUXILIARY PAGE . . .

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AMPAC.....	Mrs. Wayne W. Zimmerman
Minute Women.....	Mrs. George Tanbara Mrs. Vernon O. Larson
Fashion Show.....	Mrs. Vincent Murphy Mrs. John F. Kemman
Student Recognition Comm.....	Mrs. Charles C. Reberger Mrs. Joseph Katterhagen

GENERAL MEETING, MAY 15, 1970

The May meeting of the Women's Auxiliary to the Pierce County Medical Society was called to order at 1:20 p.m. by President Sherry Johnson at the Tacoma Golf and Country Club on May 15, 1970.

The hostesses were Mrs. Thomas Murphy and Mrs. Robert Florence.

Sherry introduced Mrs. Ralph Schaeffer, who was the Auxiliary's

first President. Several Past-Presidents were being honored at this meeting.

Kathleen Skrinar gave a report on the mid-year conference in Pasco. Highlights of her reports covered ideas from various county auxiliaries from fund raising projects to community services. She suggested that, for a better understanding of the state auxiliary, attendance at a mid-year conference is most informative.

The Auxiliary supplied Tacoma General Hospital with coffee and cookies for two days during National Hospital Association Week.

Helen Kittredge made a plea for the March of Dimes Program for a mass immunization against rubella. There was some discussion. Dorothy Grenley had received correspondence from the Executive Director of the Tacoma March of Dimes, Mr. Willard Jones, requesting our support. There can be no mass immunization until it is originated by the State Health Officer. Dorothy Grenley made a motion that the Auxiliary send a letter to the State Health Officer strongly encouraging the prompt implementation of this very vital immunization program. Edna Back-up seconded the motion, *motion carried*.

Sherry Johnson then handed the gavel to the new President, JoAnn Johnson. JoAnn introduced the new Executive Board to the membership. It was explained that due to the size of the full board (30 or so members), the Executive Board will meet once a month, and there will be three general Board meetings for the year.

A brief report on the Joint Board meeting (Pierce County Medical Society and the Auxiliary) was given. JoAnn reported that there was an exchange of ideas. We were reassured by the Society on some of our pro-

grams. It was decided to look into the Nursing Scholarship Program and, last, but not least, we were reassured that the Annual Dance is a worthwhile function. It was announced that the September meeting will be a coffee. There will be a speaker from the League of Women Voters to give us a brief resume on the ballot issues. Also, we hope to have speakers pro and con on the pending abortion bill.

Committee Chairmen for the coming year were announced by JoAnn Johnson. There being no further business, the meeting was adjourned at 2:30 p.m.

—MARYLN BAER, *Secretary*.

Auxiliary's year begins and ends with the lovely May luncheon. It is also a welcome opportunity to honor the many past presidents who attend.

The feeling of "a job well done" by Sherry Johnson and her Board, was in the air at the May 15th meeting at the Tacoma Country Club. Co-Chairmen Helen Florence and Ruth Murphy planned a beautiful affair for which we all say "thank you." Entertainment by the four Youth Symphony members was a definite plus. President-Elect JoAnn Johnson was installed by President Sherry. JoAnn then introduced her committee chairmen and gave a brief summary of projected plans for 1970-71. A few changes contemplated, according to JoAnn, will include the review of some board positions to make a tighter and more workable group; the Executive Board of elected officers will meet monthly and the General Board will meet the required number of times; closer communication between the Medical Society and Auxiliary will be maintained so that misunderstandings in medical policy will not occur; and there will be an emphasis on increased membership in the coming year. Regarding the latter, Jo-

Ann points out that Pierce County Society is the second largest society in the state but Pierce County Auxiliary is NOT the second largest Auxiliary. As we are the only ones who can reverse these figures, it is a challenge for the membership to seek others who might enjoy the participation in Auxiliary work.

SEPTEMBER SONG

Although the September meeting seems far in the future during the long, lazy days of summer, it will arrive as surely as men on the moon, and this one is being planned as a general meeting for all, including prospective members. You'll want to come for the usual reasons and for the fine program your committee is preparing. More details later.

THE TIME IS NOW

Dues Chairman Florence Dean soon will be reminding you that now is the time for all good gals to come to the aid of their Auxiliary. Her reminder will be in the form of a notice of dues payable. You could make it easier for her by sending your check now. Her address is: 4234 West Soundview Drive, Tacoma 98466.

MUSICAL KIDS

Tacoma is justly proud of the selection of her Youth Symphony to participate in the festival in Switzerland this summer. Auxiliary is also proud of the three members of that organization representing medical families. Alice Reberger, a Wilson High School sophomore, who plays the cello, is the daughter of Dr. and Mrs. Charles Reberger; Joe Pembroke, viola player, is the son of Dr. and Mrs. Thomas Lawley, and Wade Thuline, French horn player, is the son of Dr. and Mrs. Thuline of Buckley.



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EXCHANGE OF IDEAS

At the instigation of our new president, JoAnn Johnson, a group from the Medical Society met with representative Auxiliary members recently to discuss issues relevant to both. JoAnn reports that subjects under discussion were nursing scholarships with updating information about such, and the possibility that the two groups could combine funds to use them to the best advantage. The Para-medical committee will look into this further. Other areas of discussion included the smoking and drug problem, the Abortion resolution, and the Anti-Pollution measures. This meeting was considered informative and helpful, and there was unanimous agreement to have similar meetings in the future.

REMEMBER THE COOKBOOKS

Lorraine Sulkosky's enthusiasm for selling Pierce County Cookbooks is something we will always have with us, like . . . say, smog? But unlike smog, her enthusiasm creates a refreshing, exhilarating atmosphere, and because of it, she really sells Cookbooks . . . thirty-five in the last two months . . . can any of us equal that? Because of Lorraine's long association with the Cookbooks her name is synonymous with them and when anyone wants one, it is Lorraine's phone that rings.

Kit Larson and Kimi Tanbara are taking over as Cookbook chairmen now and their combined enthusiasm will have to reach great heights to equal that of Lorraine. However, if you will tuck a few Cookbooks in that travel luggage this summer, you might find someone who hasn't heard of the Pierce County Cookbook and think of the pleasure you'll bring her.

CONDOLENCES

Auxiliary members were saddened to hear of the sudden death of Dr. Joseph Harris on May 18. We extend our deepest sympathy to Margaret and family.

THANKS, JANET

Janet Anderson kept us afloat with news in the Bulletin last month during my absence. Nicely done, Janet!

CRUISING

A five weeks' cruise on the S.S. Lurline practically ruins one for ever returning to the grim realities of life. I am "coming to" again slowly so bear with me. Expo '70 is everything great that you've heard about it, but the Japanese people are the really wonderful show.

—INEZ M. PIPE

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Surgical Club Hears Of Limb Replants; Mattson New Prexy

The 54-member Tacoma Surgical Club awarded new membership certificates to three Tacoma surgeons at its 39th annual clinical meeting on Saturday, May 2. Another feature of the evening banquet session at the Winthrop Hotel was the address by the guest speaker, Dr. Gael R. Frank, Associate Professor of Orthopedic and Fracture Surgery at the University of Oklahoma.

Dr. Frank showed fascinating movies of replantation of a right upper extremity that had been torn off at mid-humerus in a high-speed laundry machine. A cosmetically excellent, partially functioning limb was preserved. Dr. Frank's group had prepared themselves for such a venture by performing 16 replants of limbs in the dog laboratory. An interesting observation was that the rate of limb survival was significantly better in those limbs separated from the host for 4 to 6 hours than it was in those separated for only one to 4 hours.

DOCTOR - LAWYER GOLF TOURNAMENT

FRIDAY, JUNE 26TH

TACOMA COUNTRY & GOLF CLUB

Avery Wins Award

Club President Wayne Zimmerman announced that Dr. Bill Avery won the award for the best dissection at the morning session of anatomical demonstrations. Dr. Avery had demonstrated the radical dissection of the groin. Second place award went to Bob Yekel and Les Salmon of Bremerton for their neck dissection.

New members inducted were Del Prewitt, Jose Garzon, and Jim Stilwell.

Secretary Art Wickstrom announced that 140 physicians attended the all-day meeting, 158 nurses and other para-medical personnel were on hand for the Friday afternoon demonstration of the anatomical dissections.

In the final brief ceremony of the day, Dr. Zimmerman relinquished the Presidency to Dr. Bill Mattson, who announced that he is already laying plans for the 1971 meeting.

Whitacre Named State Medical Examiner

G. Marshall Whitacre, Tacoma Internist, has been appointed to a three-year term as a member of the State Board of Medical Examiners. The appointment was made by Governor Evans from a number of candidates recommended by the Washington State Medical Association.

Dr. Whitacre graduated from Northwestern University School of Medicine in 1943 and his office is at the Tacoma Medical Center. He was President of the Pierce County Medical Society in 1962 and until recently was a Trustee of the Washington State Medical Association.

*Man may escape from rope and gun
Nay, some have outliv'd the doctor's
pill.*

—John Gay (1685-1732)

Antimicrobial agents have resolved many perplexing problems, but they have created others. The list of untoward effects is enormously long; there are many reasons for this rising incidence. Certainly the number of agents available for use and the number of people exposed to these drugs is increasing daily. Furthermore, people are experiencing repeated exposure to some agents over an extended span of time. This may exert a conditioning influence upon patients for the future emergence of adverse reactions. As time goes on, physicians seem more inclined to switch antibiotics or experiment with drug doses, routes and duration of therapy. Often such procedures are detrimental to patients. Obviously, greater awareness and better documentation and reporting of drug reactions by physicians had added a factor. But it would seem there is a true ever-increasing incidence of adverse drug reactions.

One word of caution concerning any new so-called nontoxic antimicrobial agent must be given. The full potential of any drug to demonstrate its capacity to produce adverse effects requires time; when larger numbers of people are exposed to the drug for a longer interval—then we may make rational judgments on its efficiency and/or toxicity.

—*Diseases of Medical Progress: A Study of Iatrogenic Disease* — Edited

by Robert H. Moser, M.D., F.A.C.P.

Notes From The Hematology-Oncology Study Group

In recent issues of the Bulletin, we have been discussing the workup or "staging" of lymphoma. Using the technique of "staging" as previously described, we divide it into Stage I - IV.

Stage I, II and some stage III patients are all, generally speaking, treated with irradiation—either cesium or cobalt. Some stage III and practically all stage IV patients are treated with chemotherapy.

When we elect to treat malignant lymphoma with cobalt or cesium we are shooting for an extended remission or "cure". Using tumoricidal doses of irradiation with extended fields, our 10-year survival for stage I and II Hodgkins is 90% to 60% respectively. A patient with Hodgkins disease who survives 10 years has no greater likelihood of re-developing his or her disease than the general population.

The name of the game in chemotherapy is the use of three and four drugs concomitantly in treating stage III and IV of malignant lymphoma.

Recent drugs such as Velban, Matulane, Oncovin, and Cytosan etc. have far greater value than the older drugs such as N-Mustard used alone. 80-90% of stage IV in Hodgkins should remain in an objective remission for periods of time greater than 8-10 months when using combinations of drugs.

The improved statistics in malignant lymphoma are really due to three main reasons:

1. General adoption of the staging process.
2. The development of the "high energy" machine—cesium and cobalt—using tumoricidal doses over extended fields.
3. Newer chemotherapeutic drugs, used aggressively, in combination and series.

—J. G. KATTERHAGEN, M.D.

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MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

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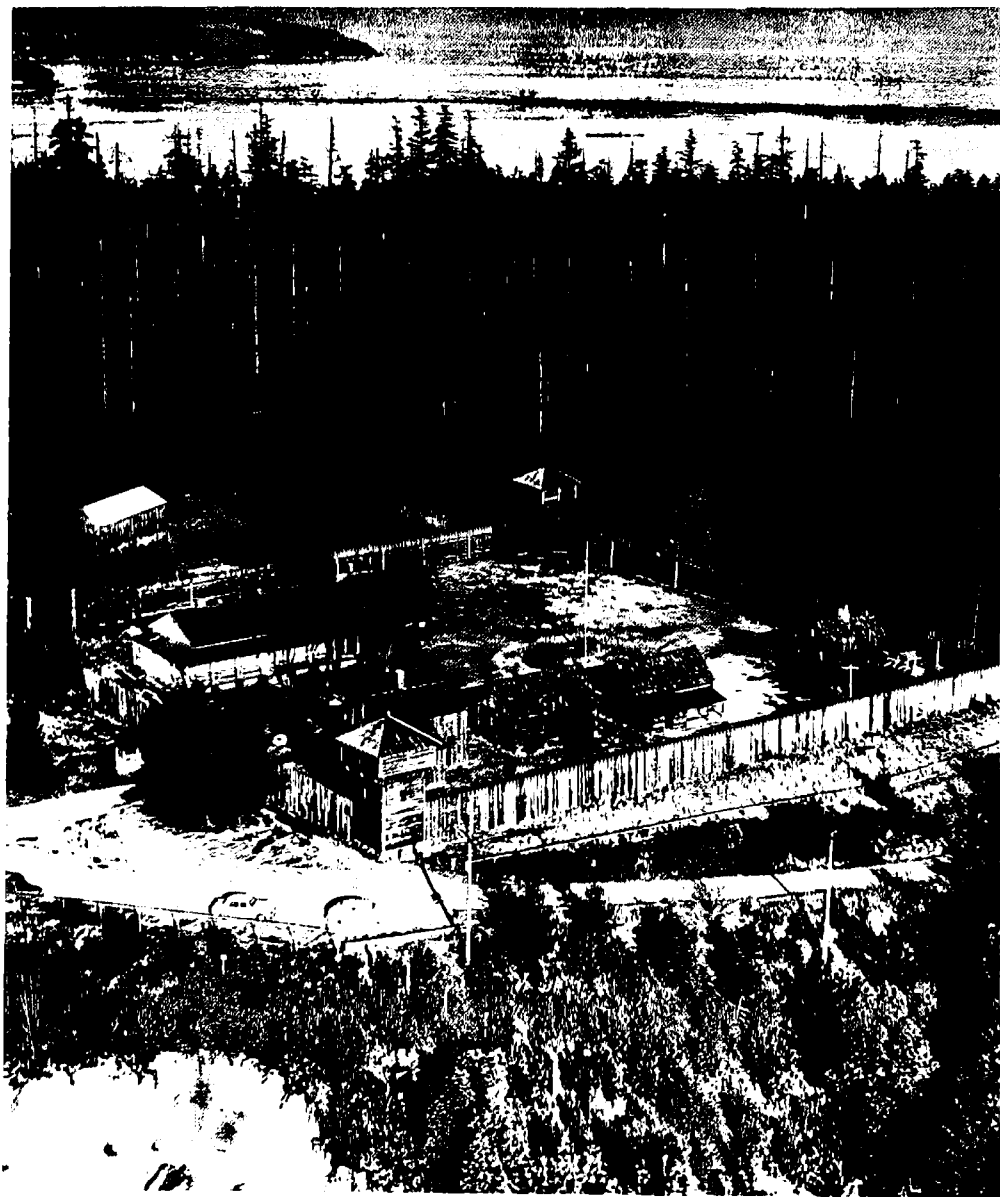
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

AUGUST 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 8



PIERCE COUNTY MEDICAL SOCIETY

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

Pierce County Medical Society

1970

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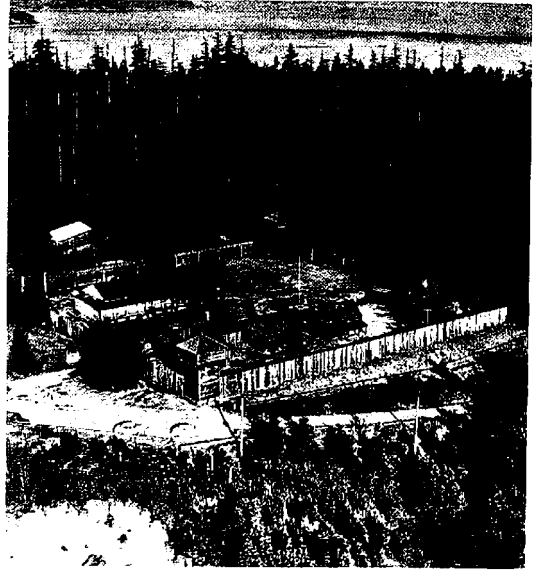
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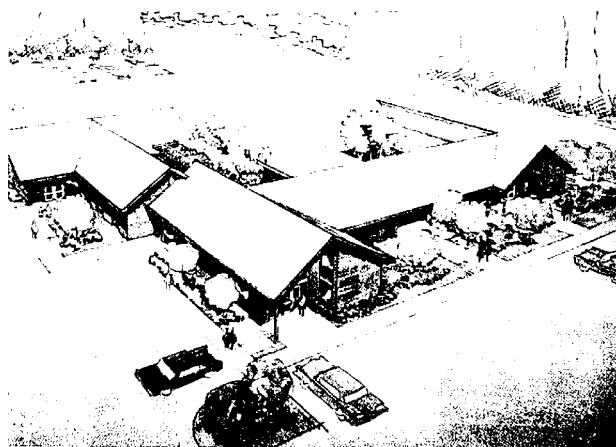
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August Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				Hematology, Oncology Study Group—TGH 8 a.m.	1
3	4 C.P.C. of Mary Bridge 8 a.m.	5	6	7 Hematology- Oncology Study Group—T.G.H. 8 a.m.	8
10	11 C.P.C. of Mary Bridge 8 a.m.	12	13	14 Hematology- Oncology Study Group—TGH 8 a.m.	15
17	18 C.P.C. of Mary Bridge 8 a.m.	19	20	21 Hematology- Oncology Study Group—T.G.H. 8 a.m.	22
24	25 C.P.C. of Mary Bridge 8 a.m.	26	27	28 Hematology- Oncology Study Group—T.G.H. 8 a.m.	29
31					



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

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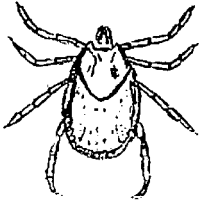
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Tick Paralysis

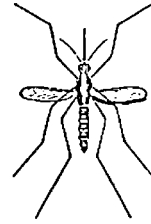


On May 19, a 4-year-old boy was hospitalized near Spokane with flaccid paralysis of his legs and marked weakness of the upper extremities. He was afebrile and had been in good health until the onset of symptoms the previous night. Cerebro-spinal fluid was normal. Total body scrutiny revealed an engorged wood tick attached to the scalp amidst a thick crop of hair. The tick was removed; following 24-36 hours of supportive therapy, the boy had returned to full strength. The child's family gave a history of an outing in some nearby woods several days prior to the onset of illness.

Tick paralysis, a rare and serious disease, has been recognized in many parts of the world, including the North-western United States and adjacent parts of Canada. During the past 25 years, 14 cases with one fatality have been reported in Washington. Symptoms are attributed to a neuro-toxin secreted by the female *Dermacentor andersoni*. Complete and rapid recovery can be expected following removal of the tick from the afflicted individual, if paralysis has not progressed too far.

This incident serves as a reminder that ticks, people and the sun have all come out in the open. Other tickborne diseases known to occur in the Northwest at this time of year include Rocky Mountain Spotted Fever, Colorado Tick Fever, Tularemia and Relapsing Fever. Persons frequenting fields and woods should dress protectively and thoroughly check themselves for ticks at the end of each day.

Arthropod-Borne Encephalitis



One human infection with St. Louis encephalitis virus and none with Western Equine encephalitis (WEE) virus were confirmed in Washington during 1969. Surveillance conducted through the Washington State Department of Agriculture in cooperation with the U.S. Animal Health Division revealed 22 confirmed and 92 clinically compatible cases of WEE in horses. These occurred in most parts of eastern Washington and were most frequent in July and August. The apparent rarity of WEE in humans during a year of apparent high incidence in horses is unexplained.

The degree of risk which will prevail in eastern Washington this summer is unknown. Prevention in man is by mosquito control and individual protection against mosquito bites. Physicians suspecting this infection are urged to submit acute and convalescent serum specimens for confirmation.

Experience in medical care of emergent problems outside the hospital is extensive in military organizations. In communities within the continental United States, people who are suddenly struck by injury or severe illness often are further from a hospital in time and further from treatment than a wounded GI in the jungles of a combat zone half a world away. Basic to the difference is the use of trained paramedical personnel to deliver early care beyond ordinary first aid.

In investigating an improvement of our current systems, St. Joseph's Hospital is initiating a trial program in cooperation with several local and State agencies. The plan involves one year of training of military corpsmen who have left the service. These people will be introduced to the unique situations of civilian practice and problems of emergencies within our own community. They will work in the emergency room, in areas of surgery, in respiratory care and have a formal college level program at Tacoma Community College. These people will be schooled in evaluation of emergent problems so that patient's critical situations can be stabilized and temporarily checked to allow evacuation to a medical treatment center. The major difference in approach to this emergency medical technician is that of delivery of emergency care to an injured or ill patient prior to evacuation back to the hospital.

The military helicopter evacuation system and private means currently in effect at St. Joseph's Hospital, will supplement this program. It is the intent of those organizing the formal E.M.T. teaching that this program will support all hospitals in the community. The plan currently under evaluation includes an emergency kit and the presence of the properly trained emergency medical technician on a 24-hour basis at St. Joseph's Hospital. An emergency call will bring the transporting helicopter to the hospital to pick up this individual and his air mobile kit. They will then go to the scene under the direction of the local authorities and Highway Patrol and the individual will assess the immediate needs, doing whatever he can to best stabilize the patient prior to his removal to a hospital.

We visualize the system as the first step in training an increasing number of personnel in this medical field hoping that they can serve in communities isolated from full medical coverage and

assist the physicians in those communities as an emergency service. At the present time, corpsmen who have been serving in various medical fields in the military have limited capabilities for employment or careers in our civilian system. We hope that this will allow a gateway through which interested men may be exposed to health careers in surgical technician, respiratory care, laboratory technology and x-ray technology fields. The inclusion of college credits in this basic one-year program allows the individual an opportunity to progress and to develop in any of the careers to which he is exposed and becomes interested subsequent to this initial training.

Certainly the utilization of this resource in improving the numbers of people in medical care will benefit all of us in the medical field.

—JAMES G. BILLINGSLEY, M.D.

Regional Library Giving State M.D.'s Prompt Service

Doctors of this State, including those in Pierce County, are making increasing use of the new Pacific Northwest Regional Health Sciences Library at the University of Washington, now completing its second year. The library received 12,800 requests for articles or books in its first year of operation and this figure increased to 22,768 in the 1969-70 year. Of these, 22,386 requests were accepted and nearly all of these filled, either at the library or from a related source.

Service has been prompt. 76 per cent of the requests were filled within 2 days after the request was received, and 82 per cent filled within 3 days.

Local physicians may make requests for references from the library through any of our local medical libraries.



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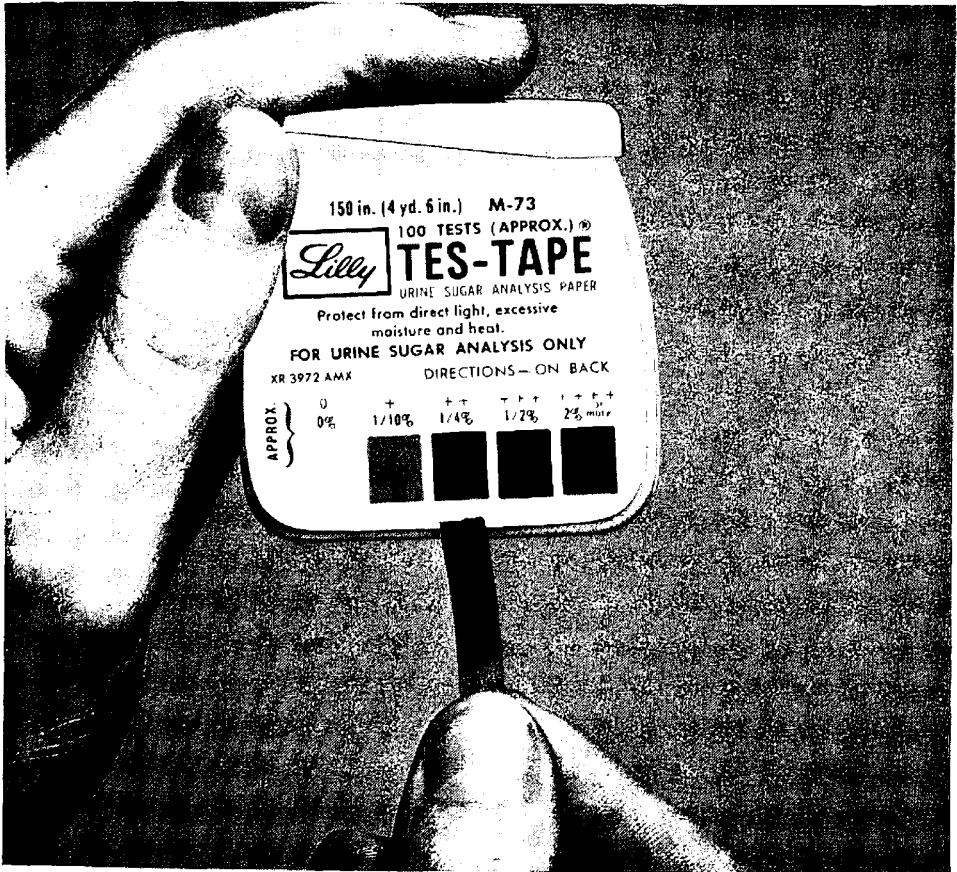
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Notes From The Oncology-Hematology Study Group

Little good can be said for the cigarette habit; at a recent session of the Hematology-Oncology group another damning fact was brought forth against the cigarette industry.

It would seem that of all physicians, a urologist is as far anatomically removed from the ill effects of cigarette smoking as possible. Recently, however, Doctor Herbert Kennedy, when speaking on cancer of the bladder, strongly incriminated cigarette smoking as a causative factor. He cited strong evidence that those who smoke have a much greater chance of developing this carcinoma than a non-smoker.

This is just another nail being driven into the coffin of the cigarette smoker. All physicians accept cigarette smoking as a causative factor in the development of cancer of the tongue, larynx and lungs. The relationship between cigarette smoking and these tumors appears to be the direct contact of the cigarette smoke on the epithelium of these organs. However, it now appears that the end metabolites of the smoke that is absorbed through the lung and finally excreted in the urine also has the ability to promote cancerous growth.

So, if you are a resident of "MARLBORO COUNTRY" over and above a regular chest x-ray possibly a yearly urinalysis would be in order.

Support your local urologist through a cancer checkup.

—J. D. KATTERHAGEN, M.D.

HAVE YOU PAID YOUR AMPAC DUES?

Doctor-to-Doctor Program

by
GEORGE A. RACE

Perhaps unknown to most of us, a very personal people to people program is being fostered by the World Medical Association with the full cooperation of the American Medical Association. It recognizes the great need for the sharing of knowledge and technical information not only among developing nations but also among larger industrial nations.

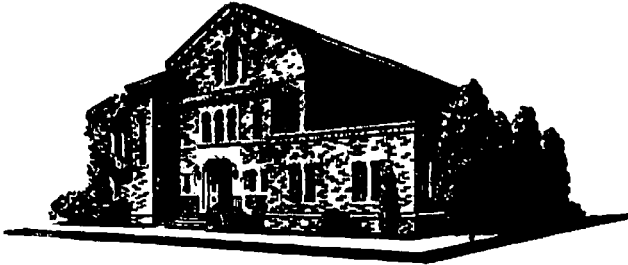
A program has therefore been devised whereby current medical literature is supplied by American doctors to overseas physicians. An attempt is made to "match" doctors in the same field of medicine or of a subspecialty, and the journals are then sent overseas on a regular basis, with the donor providing the postage.

It is recommended that the magazines be sent periodically and *not* in bulk, as this may involve customs problems for the recipient. It is also requested that only current journals be sent regularly. These may be mailed in a large manila envelope or rolled in wrapping paper and tied with string.

The donor physician is encouraged to write a letter of introduction when sending his first journals. He may wish to describe his medical interests and some personal data in order to establish greater rapport. By this means, it is hoped to establish better international communication within the medical profession.

Should you be interested in participating in such a program, write to the A.M.A. Doctor to Doctor Program, 535 No. Dearborn, Chicago, Illinois 60610, and be sure to send them the names of specialty journals and/or other medical periodicals which you receive on a regular basis.

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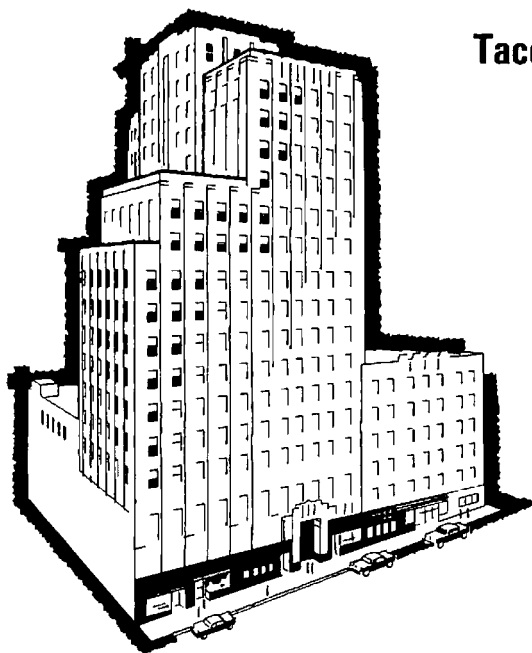
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Dr. David Wilhyde Joins St. Joseph's Path. Team

Dr. David Wilhyde recently joined the staff of the St. Joseph Hospital Pathology Department.

A native Tacoman, Dr. Wilhyde is a 1952 graduate of the University of Puget Sound (College of Puget Sound then), where he earned his Bachelor's Degree in Chemistry. He attended medical school at the University of Washington, earning his M.D. in 1960. He interned at the University of Chicago Clinics and served his residency in Anatomic Pathology at the University of Washington Affiliated Hospitals.

Since that time his career has taken him to Children's Hospital Research Foundation in Cincinnati, Ohio, where he was a Fellow in Pediatric Pathology, and to Dayton, Ohio, where he served as Director of Pathology in the new Children's Hospital there.

In 1969 he returned to the Pacific Northwest. Here he changed his field from Anatomic Pathology to Clinical Pathology, serving his residency at Tacoma General Hospital.

Dr. Wilhyde resides with his wife, Alice, and their two children.

Scientific Program Set Mon. Thru Wed.

The WSMA Scientific Program Committee has arranged a program beginning Monday morning September 21, and ending Wednesday noon, September 23. General Scientific Sessions are scheduled all day Tuesday and Wednesday morning. General sessions will include Round Table Discussions and a program on drug abuse. Dr. Robert L. VanCitters, Dean, University of Washington School of Medicine, will discuss new directions in medical education; Dr. Theodore J. Phillips, Director, Div-

ision of Family Practice, University of Washington School of Medicine, will discuss family practice and the medical school; Dr. Richard A. Smith, Director of the MEDEX program, will present a progress report during a General Session Tuesday morning, September 22.

Specialty Sessions include ENT, Ophthalmology, General Practice, Internal Medicine, OB-GYN, Orthopedics and Surgery. Three courses and two demonstrations will be offered. Courses include Chromosome Analysis, Electrocardiography and Sports Medicine. A Cast Application Demonstration is scheduled Tuesday afternoon and Wednesday morning, and the Washington/Alaska RMP, Education and Support Unit, will offer new approaches to continuing medical education Monday through Wednesday.

Twelve scientific exhibits will be displayed each day from 9:00 a.m. through 5:00 p.m. in the Elizabethan Room of the Davenport Hotel. Technical Exhibits will be located in the Hotel Lobby and Mezzanine area.

Other Events

The Annual Meeting of the Auxiliary to the Washington State Medical Association will be held in the Ridpath Hotel, Spokane, concurrently with the WSMA Annual Meeting.

The golf tournament of the Washington State Medical Golf Association will be held at the Spokane Country Club with morning and afternoon tee-off times, Monday, September 21. For the first time, a tennis tournament is scheduled on the same day. No fishing derby is planned.

Physicians are invited to exhibit oils, water colors, sketches, pen and ink, pastels, graphics, sculpture or salon photographs. Photographs should be mounted on 16" x 20" exhibit board. Wives of physicians who do work in one

of the above media also are welcome to submit their work. The exhibits are non-competitive and you should contact Edward V. Johnston, M.D., 312 8th Avenue, Spokane 99204, concerning entries you would like to submit this year. Accepted works will be displayed in the Davenport Hotel during the WSMA Annual Meeting.

Golf, Tennis, Art, Science, On WSMA Program in Spokane

For the first time in its history, the Washington State Medical Association will include a tennis tournament in its sports program at the annual meeting to be held in Spokane September 20-23. Monday, September 21, will be sports day for both the tennis players and the golfers, with latter having both morning and afternoon tee-off times. There will be no fishing derby.

The hot subject of "Relative Values" for fee schedules will get a thorough going over on Sunday, Sept. 20, at a seminar on this subject.

Likewise, the subject of Quality Control will be reviewed during the first session of the House of Delegates on Sunday afternoon.

Your Chance to Sound Off

As always, the best place for individual members to sound off will be in the reference committee sessions, where all resolutions and committee reports to come before the House of Delegates will be reviewed and subject to informal discussion. Reference committees will meet on both Monday and Tuesday.

The scientific session will last from Monday morning to Wednesday noon,

and will include sessions on general practice and all the major specialties. The fascinating MEDEX program which has brought national recognition to Washington State will be discussed by the "father" of the program, Dr. Richard A. Smith, of the University of Washington. Dr. Robert L. VanCitters, new Dean at the University Medical School will be on the program discussing the revolutionary new trends in medical education.

While the doctors meet at the Davenport Hotel, the women's auxiliary of the State Association will hold a concurrent meeting at the Ridpath Hotel, also in Spokane.

Health Sciences Library Announces New Bibliographic Service

The Pacific Northwest Regional Health Sciences Library, which serves the states of Washington, Oregon, Alaska, Montana, and Idaho, is pleased to announce a new bibliographic service called AIM-TWX.

We are now able to submit reference questions by means of a TWX connection directly to a computer and receive a small number of citations immediately. The data base is that of the *Abridged Index Medicus*, from 1966 to date.

This is an index to 100 clinically oriented English-language journals. Requests may be sent to us for answer by return mail.

Please send your questions to:

MEDLARS Center, Pacific Northwest Regional Health Sciences Library, University of Washington, Seattle, Washington 98105.

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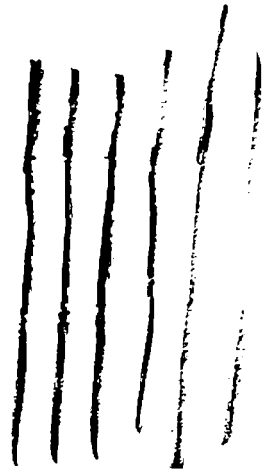
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WSMA Annual Meeting Sept. 20-23, in Spokane

The 81st Annual Meeting of the Washington State Medical Association will be held in the Davenport Hotel, Spokane, September 20-23, 1970. The July issue of *Northwest Medicine* contains the preliminary scientific program offered during the Annual Meeting. A "Desk Copy" of the general and scientific program will be mailed to WSMA members in the first half of August.

A survey of County Medical Societies, Medical Service Bureaus, Speciality Groups, State Agencies and the Health Insurance Council resulted in considerable interest being shown in the 1969 California Relative Value Study. Physicians and third party payers are reviewing the second edition of the Current Procedural Terminology, published in 1970 by the AMA. Also under review is the 1970 Blue Shield Coding and Nomenclature Manual. The seminar will provide physicians an opportunity to hear reports and discussion on the advantages and disadvantages of the 1969 California RVs, the AMA's CPT and Blue Shield's Coding and Nomenclature Manual.

The First Session of the House of Delegates is scheduled for Sunday afternoon, September 20. A special program on Quality Control will be included in the opening session. Reference Committees will meet Monday, September 21, and Tuesday, September 22, offering all members the opportunity to discuss resolutions and committee reports. The final session of the House of Delegates will begin Wednesday morning, September 23.

Aid In Settling Claims

The newly published second edition of the Current Procedural Terminology (CPT) is now offered to physicians as an aid in settling claims for compensation through insurance companies or Medicare and Medicaid. It is a uniform system of terminology and coding which provides a method to describe diagnostic or therapeutic procedure. The format of this second edition is similar to the first in its alphabetical and numerical listing of procedures and the use of special headings and sections. CPT is priced at \$2, less 50 per cent discount on medical society orders; from American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Checks must accompany orders.

Consent For Treatment Of Minors . . .

During '69 and '70 sessions of Washington Legislature the following laws were enacted (with WSMA support) relating to medical treatment of minors. 1969 laws in effect, permit minors fourteen or older to seek treatment for venereal disease, allow an 18-year-old to donate blood to voluntary, non-compensatory blood program, eighteen year olds and older to donate all or parts of body for transplant, research or education.

Effective May 14, law enacted during '70 special session permits eighteen year old to consent to medical treatment without need for approval or consent by parent or guardian. (See Page 273, April issue *Northwest Medicine*, for full text of law.)

A note of caution—the WSMA Legal Counsel has warned that physicians should take extra care in being sure patient in above categories understands nature and purpose of treatment.

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Lawyers Outdrive, Out-Putt Doctors; Sink Hole-In-One

Paced by attorney Stan Burkey with a low net of 65 for the day, Tacoma lawyers dominated the fairways and greens at the Tacoma Country and Golf Club when they clashed with the physicians at their annual field day on June 26. Burkey shot an even par 72. Aside from a tie for low net in the 16-and-over handicappers division by Dr. Tom B. Murphy, the lawyers held undisputed firsts in each division. Murphy tied with Ray Graves, each with a net 69.

Chuck McClure led the low handicappers with a net 68, followed closely by Dr. John Comfort with 69. Charles Fogg had a net 66 in the 10-15 handicap division, with a physician again coming in second—Horace Anderson with 67. Lawyer Dick Monaghan won the Callaway division with an unmentionable gross and a net of 70.

Hole in one

Dr. Marsh Whitacre was closest to the pin on the 6th hole amongst the low handicappers, but his victory was overshadowed by the most spectacular event of the day, a 148-yard tee shot by barrister George Gagliardi that flew



George Gagliardi kisses his hole-in-one-ball

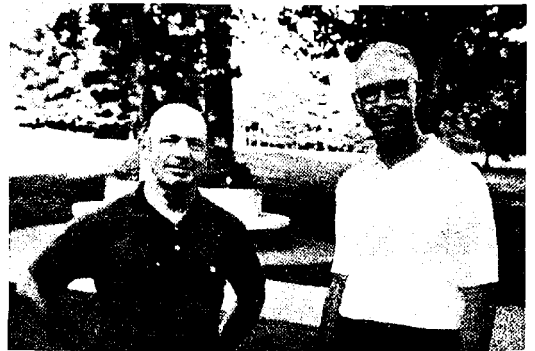
from tee to cup without touching a blade of grass. Tom Murphy again helped uphold the honor of the doctors by being closest to the pin on the same hole, amongst the high handicappers.

Perennial long-driver Marsh Whitacre wasn't in line when they passed out the prizes for long drives. Chuck McClure led the low handicappers on both the 9th and 14th fairways. Dr. Horace Anderson had long drive on 9 in the second division, but attorneys led all divisions on hole 14.



Jerry Kohl, left, congratulates George Gagliardi on his hole in one, while tournament chairman Larry Ghilarducci looks on. Stan Burkey, low net champ is on the right.

The doctors really couldn't lose everything in the "Horserace" putting competition held in the evening, since each team of two was made up of a doctor and a lawyer. Horace Anderson teamed with Stan Burkey to edge the field in this competition.



Horace Anderson and Stan Burkey take putting honors



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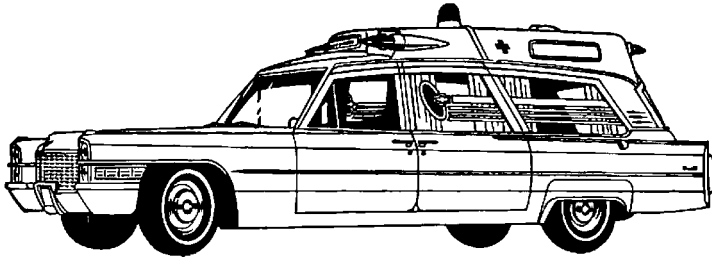
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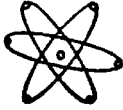
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Davenport Hotel, Spokane**

WOMAN'S AUXILIARY PAGE . . .

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 Mrs. David W. Millett
 Speakers Bureau.....Mrs. Kiyooky Hori

Randolph for taking care of all the details.

On the same library shelves is a copy of TODAY'S HEALTH GUIDE, an accredited medical text from the AMA for the general public. Authored by physicians from all over the country, it is highly recommended. We are fortunate in being able to buy it, or sell it, for \$5.00 and some of this money remains in Auxiliary treasury. If you would like a copy for your library, or need a useful gift, place your order through the Auxiliary.

CHRISTMAS IN AUGUST

Our Christmas card project results in close to \$2,000 which we contribute to AMAERF. As you know, this money is for medical students and medical schools in the way of the Student Loan Guarantee Fund. In fact, each dollar we give puts \$12.50 to work in loans made by a commercial bank, giving the medical student adequate credit to guarantee his bank loan.

Toni Bourne is chairman of this committee and will be contributing her creative talents in designing the card for this year. Toni is being kept busy this summer taking care of the donations that arrive and are welcome at all times. This is an appropriate way to say "thank-you" to another physician for his care, or to send a memorial. It does seem fitting indeed when you consider it in terms of individuals, perhaps your children, or any talented young person who desires to become a physician.

MEDICAL SERVICE DIRECTORY

Patsy Crabill has finally begun to enjoy summer after distributing thousands of copies of the Medical Service

President JoAnn Johnson has some informative words for us all regarding TOADY'S HEALTH, AMAERF, MEDICAL SERVICE DIRECTORY, AMPAC, and, well, read on . . .

TODAY'S HEALTH

Did you know that Pierce County Medical Society and Auxiliary is contributing to every school in the county? This is done by giving a subscription for TODAY'S HEALTH to the school libraries, where students and teachers alike use it for reference and occasional assignments. Our thanks to Charlotte



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Directory. This was a tremendous job well done . . . and last week we received a request from the Department of Public Assistance for 300 more copies. The Directory is very well received and appreciated. We are investigating further methods of reproducing the information on a mass scale.

AMPAC

The seventies are really here . . . and so is campaign time again! Let's help AMPAC. They've helped us by promoting over 80% of the attempted legislation in our behalf. Please call me (this is JoAnn speaking) if you're interested in working on AMPAC.

WANT A JOB?

Anyone interested in helping with the Explorer's group? Warning . . . these are young adults with keen inquiring minds bent on a scientific career and have already decided on a medical or medically allied profession. Again call JoAnn.

STUDENT RECOGNITION

Our first attempt at student recognition for a member of a medical family had this response from one of the recipients, Kevin Duffy from Sumner. He states: "I am writing to thank you for the award you bestowed upon me on the night of my graduation. It was truly a welcoming shock to hear my name called at graduation. When I filled out the questionnaire earlier this year, I thought I had a very slim chance of winning." As Kevin thanks the medical group, I would like to thank the committee who did a fine job in selecting the candidates.

SEPTEMBER COFFEE HOUR

Save the date of Friday, September 18, at 10 a.m., for meeting new members and greeting old friends. You will

be informed of the location and the program via your faithful committee. Lest you forget . . . dues are due!

NATIONAL AUXILIARY

The National Medical Auxiliary is a working force of great potential. Have you ever really thought about it

When this group convenes yearly at the same time as the AMA convention, more than 1,000 physicians' wives are in active attendance. Many have been working months in advance preparing for the success of this meeting.

During the 1970 convention held at the Drake Hotel in Chicago, from June 21-25, Auxiliary President Mrs. John M. Chenault of Decatur, Alabama, presented a check for \$498,950.69 to Dr. Robert C. Long, president of the American Medical Association Education and Research Foundation. The contribution represented an increase of \$70,000 over last year. Mrs. Chenault noted that Physicians' wives contributed a total of \$4,196,083.46 to the foundation since the Auxiliary adopted the project in 1951. How is that for an achievement?

Largest contribution to the current total came from the California Auxiliary—\$72,514. Auxiliaries in Nebraska, Louisiana, Hawaii, and Maryland received awards for having the highest percent of increase over the past year, while West Virginia, Michigan, Tennessee, and Wyoming Auxiliaries were cited for the largest per capita donations. Six County Auxiliaries received achievement awards, one of which was Grays Harbor from our own state.

Let it be noted that Washington State Auxiliary was honored for its outstanding work in the field of traffic safety. Mrs. Ruth Roos, chairman-elect of the Women's Conference of the National Safety Council, presented the Council's Award of Honor to the Washington Auxiliary for its aid in obtaining the

necessary signatures for the implied consent legislation.

Included in the "Resolution on Health Care of the Poor," passed by the AMA, a paragraph read, "RESOLVED, that the Woman's Auxiliary to the American Medical Association recommend that the Program Development Committee implement this program on Health Care of the Poor to include Indian, migrant and ghetto care." This places a direct responsibility on all Auxiliary members to be aware of the health needs in her community. Speakers repeatedly emphasized the goal of Auxiliary as "Service in the Seventies," adding that the focus of the group this next year will be on the responsible adult in the health picture.

Mrs. G. Prentiss Lee of Portland, Oregon, is the new president-elect, and Mrs. Willard C. Scrivner of East St. Louis, Ill. first vice-president. Director for the Western area is Mrs. Lyle F. Murphy of Long Beach, California.

On a smaller scale the Washington State meeting in September will give you an opportunity to see your state Auxiliary in action. Dates are September 20, 21, 22, 23, at the Davenport Hotel, Spokane, Washington.

—INEZ M. PIPE

CRUISE DOCTOR

We were two days out of Hong Kong, steaming steadily along at 22 knots on the cruise ship S. S. Lurline, the morning I awoke head-achey, throat-achey, and speechless.

I need more help than we packed in our travelling medical kit, I thought as I made my way aft on "A" deck toward the comforting sign "Doctor" showing dimly down the passageway. Although it was just 10:00 a.m. and the ship's

bulletin listed doctor's hours from 10:00 to 11:00 a.m., a half dozen patients were ahead of me, leaning against the corridor wall. I later learned that two more were inside the tiny cubicle of a waiting room which was just large enough for two chairs and a table holding packets of Marezine sporting a sign, "Take one."

As the line lengthened Nurse "Jolly" popped out periodically taking names and temperatures and checking new arrivals. "Just a short wait, dears," she promised. In the meantime we felt very much in the way of various crewmen, stewards, waiters, and others using the corridor in the line of duty. However, I finally reached the inner sanctum, an office, slightly larger than the waiting room. The nurse indicated that I seat myself on the end of the examining table.

Dr. Robert du Roy, a tall, sun-tanned man in mid-years, writing at his desk, suddenly turned to me, perfectly serious faced, and asked, "Burial at sea, I presume?"

"The sooner the better," I croaked back at him.

My husband and I had met Dr. du Roy several evenings earlier in the ship's lounge, the doctor in a talkative mood, and I, in good health, so I was not too surprised by his dry humor, having had a sample of it previously. "Tell us about the routine of a ship's doctor," I had asked of him that evening.

"It's a great life, I love it," he enthused. "Where else could you live on a glamorous cruise ship for six to eight weeks, enjoy a party every evening, free room and board, and clear \$1,000 a month?" And if you are handsome and fancy-free like Dr. du Roy, I thought, also enjoy the company of the attractive widows and divorcees aboard?

"I got the job by applying for it," continued the Los Angeles physician and surgeon. "One of the main requirements of a ship's doctor is that he be a qualified surgeon." He told us that the ship's doctor is hired as physician to the crew and he draws his salary for that. His care of the passengers is extra. Dr. du Roy has scheduled office hours of one hour in the morning and two hours in the afternoon. He is available at all times for emergencies by a call to the ship's telephone operator.

The ship's doctor on the S. S. Lurline has something over 1,000 people in his care . . . and how would you like to keep that many stomachs steady in a raging Pacific storm? Or how would you like to operate or set a bone with your feet on an unsteady deck? Or remove an appendix or diagnose measles with no laboratory to back you up? Dr. du Roy considers all of these possibilities as part of his job and has had to cope with all of them at some time during his several cruises on Matson ships.

Dr. du Roy is a graduate of the University of Colorado Medical School and has had several residencies at eastern hospitals. He considers geriatric problems such as heart disease, one of the main cares of the ship's physician. With so many senior citizens aboard cruise ships he must be alert to the problems confronting them on strenuous tours ashore where they often overtax themselves. Stomach upset incurred on foreign shores is another common ailment.

A number of colds and respiratory infections plagued the passengers aboard the Lurline's Expo '70 cruise. After all, in such "togetherness" aboard that floating hotel that type of infection spread rapidly. However, it ran its course and all turned up happy and healthy for sight-seeing in Japan, Tai-

wan, Hong Kong, the Phillipines, Guam and the Hawaiian Islands.

From where we sat Dr. du Roy's position as a ship's officer seemed very pleasant indeed. He was seeing the world with new ports of call intriguing him on every voyage. He mentioned especially the extensive cruise to the South Seas including stops in Australia and New Zealand.

A Seattleite, Dr. Arthur Lewis signed on as ship's doctor for the Lurline's South American cruise last winter. He admits he was very busy during the eight weeks' at sea but pleasantly entertained, and satisfied with the experience. Dr. Lewis' leave of absence from his Seattle practice was capably covered by his son, Dr. Arthur Lewis, Jr., who is in practice with him.

—Inez M. Pipe



ACTION AT THE MAY AUXILIARY MEETING—Jo Ann Johnson (President), Dee Wickstrom (Treasurer) and Nadine Kennedy (President-elect).

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MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

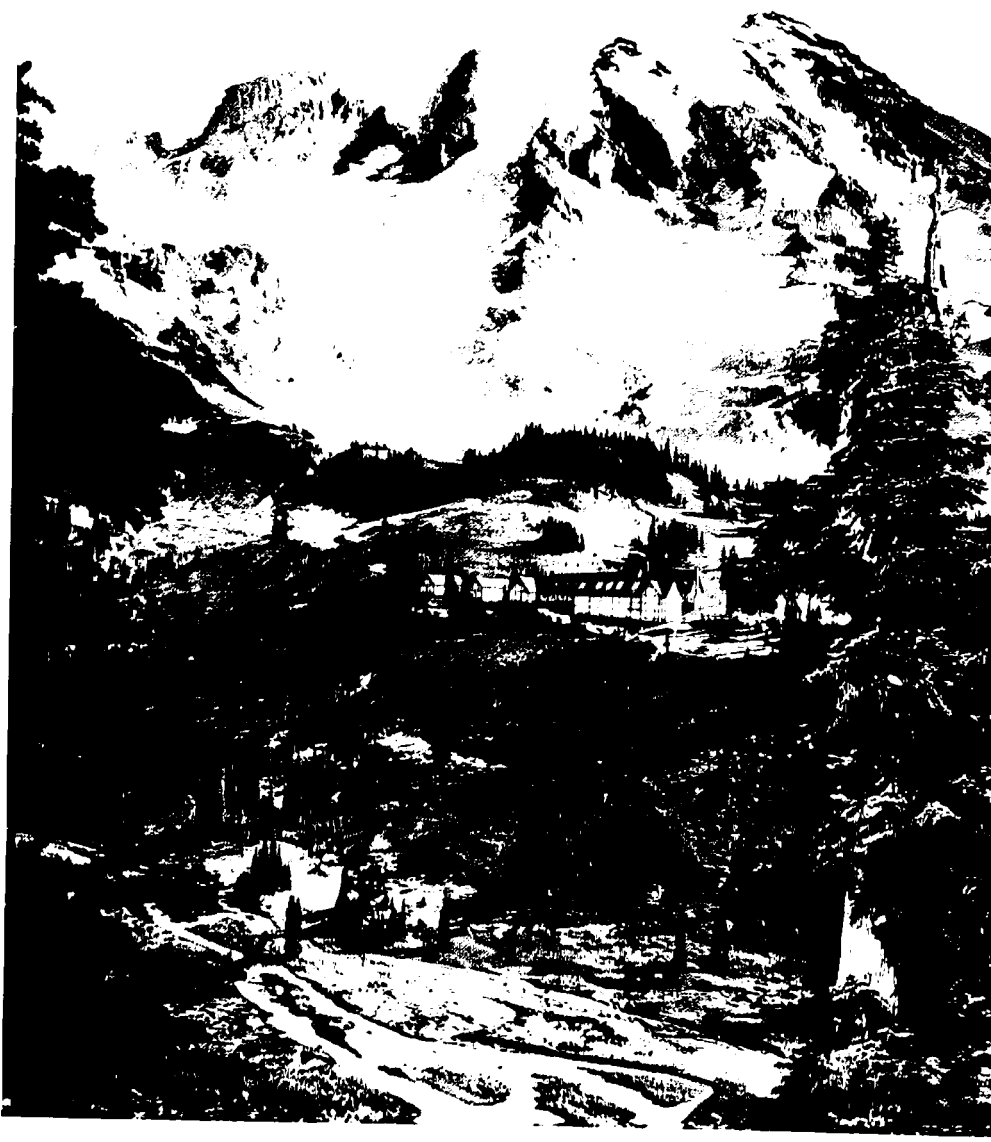
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

SEPTEMBER 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 9



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
SEPTEMBER 8**

Pierce County Medical Society

1970

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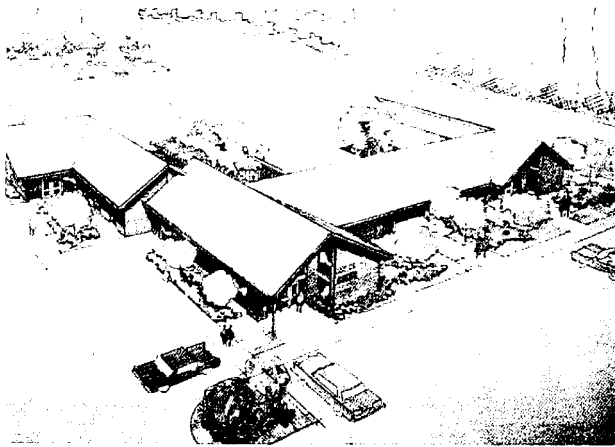
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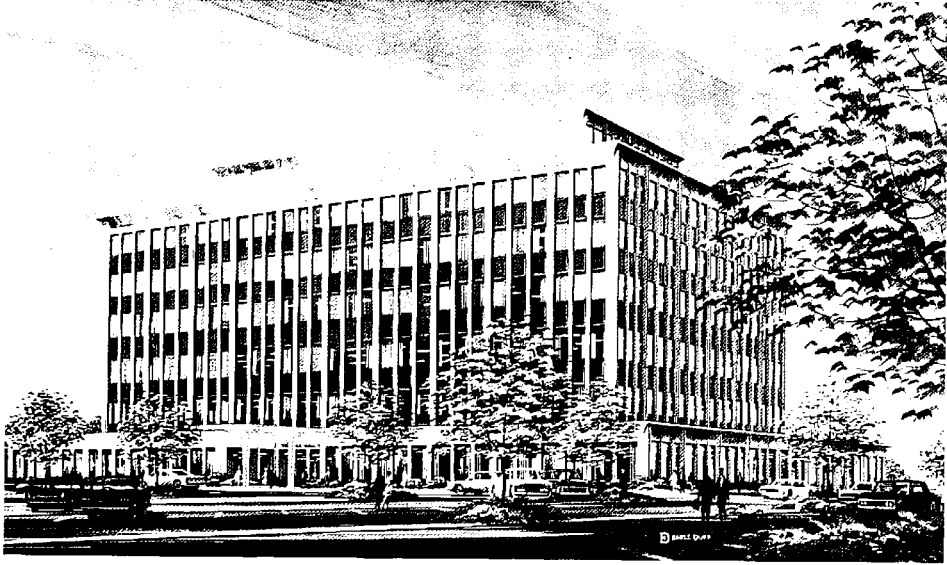
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September Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<p style="text-align: center;">1</p> <p style="text-align: center;">Staff of Tacoma General— 6:30 p.m.</p>	<p style="text-align: center;">2</p>	<p style="text-align: center;">3</p> <p style="text-align: center;">Pierce County Pediatric Society 6 p.m.</p>	<p style="text-align: center;">4</p> <p style="text-align: center;">Hematology, Oncology Study Group—TGH 8 a.m.</p>	<p style="text-align: center;">5</p>
<p style="text-align: center;">7</p>	<p style="text-align: center;">8</p> <p style="text-align: center;">Cardiac Study Group TGH — PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m. — C.P.C. of Mary Bridge</p>	<p style="text-align: center;">9</p>	<p style="text-align: center;">10</p>	<p style="text-align: center;">11</p> <p style="text-align: center;">Hematology- Oncology Study Group—T.G.H. 8 a.m.</p>	<p style="text-align: center;">12</p>
<p style="text-align: center;">14</p> <p style="text-align: center;">Staff of Good Samaritan 6:30 p.m.</p>	<p style="text-align: center;">15</p> <p style="text-align: center;">Tacoma Surgical Club—6:30 p.m. — C.P.C. of Mary Mary Bridge</p>	<p style="text-align: center;">16</p> <p style="text-align: center;">Staff of Lakewood General 7:30 p.m.</p>	<p style="text-align: center;">17</p>	<p style="text-align: center;">18</p> <p style="text-align: center;">Hematology- Oncology Study Group—TGH 8 a.m. — Staff of Allenmore Hospital 7:15 a.m.</p>	<p style="text-align: center;">19</p>
<p style="text-align: center;">21</p> <p style="text-align: center;">Staff of St. Joseph's 7:30 p.m. — WSMA ANNUAL MEETING</p>	<p style="text-align: center;">22</p> <p style="text-align: center;">WSMA — Tac. Acad. of Internal Medicine 6:30 p.m. — Cardiac Study Group TGH—7:30 a.m.</p>	<p style="text-align: center;">23</p> <p style="text-align: center;">WSMA</p>	<p style="text-align: center;">24</p>	<p style="text-align: center;">25</p> <p style="text-align: center;">Hematology- Oncology Study Group—T.G.H. 8 a.m. — Staff of Mary Bridge 12:15 p.m.</p>	<p style="text-align: center;">26</p>
<p style="text-align: center;">28</p> <p style="text-align: center;">Pierce County AAGP — Staff of Puget Sound General Hospital</p>	<p style="text-align: center;">29</p>	<p style="text-align: center;">30</p>	<p style="text-align: center;">31</p>		



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Discussion by W.S.M.A. Delegates of Problems
and Resolutions to Be Considered
at the State Meeting

• • • • •

Social Hour: 6:00

Dinner: 6:45

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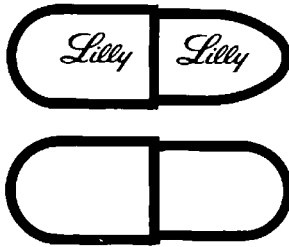
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Hot Dogs Aplenty At St. Jo's Annual Picnic at Hidive

There were plenty of hot dogs and heaps of potato salad available all day long at Picnic Area No. 1 at Hidive Resort on Surprise Lake on Thursday, July 23, when St. Joseph's Hospital held its annual picnic for staff and employees. Besides nurses and other hospital employees, a considerable number of staff doctors were there with their wives and families. Dr. Frank James again helped to spark-plug the affair.



Five picnickers with movie-star glasses and smiles to match: Jan O'Connell, Pauline Bader, Eloise McNerthney, Anne Katterhagen and Emily Barronian.



Bill Avery, Stephanie Tuell, Margaret and Tom West, and Esther Avery.



Art O'Leary, Gale Ketterhagen, Bud Bader.

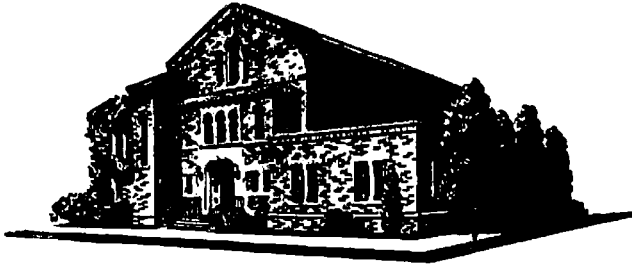
Handicapped Swim Water Safety Program

Like to swim? Like to see children having fun? Come lend a hand in the handicapped swim program at the YMCA. Mondays during the school year, physically handicapped youngsters from the public schools are taught to be water safe. For some, this is their only form of recreation. No experience is needed — only willingness to hold, either in the water or in the dressing room. You will be trained on the job and a *babysitter is available* for your pre-school children.

Some doctors' wives who have participated enthusiastically in this heart-warming activity are Loes Gay-Balmaz, Jeanne Judd, Marilyn Mandeville, Betty May, Edith McGill, Evelyn Osborne, Donna Prewitt, Barbara Teats, and Helen Whitney. Barbara Barronian was among the teenagers who carried on the program during the summer months.

Orientation will be at the YMCA Monday, September 28th, at 9:30 p.m. Come, find out what it's all about.

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PHYSICIANS' AND HOSPITAL SUPPLIES

teacher in the mission school who could read, write and speak English. Tataua's letters for the next two years were a constant source of excitement. Written in a beautiful Spencerian script, each one told about his island, his family, his work and his fishing. Packages of clothing, toys for the children, supplies for the school were sent to him by surface mail when they were too heavy and by airmail when light enough to be within our budget. Finally, in the spring of 1969, an excited Tataua wrote that they were starting an airstrip on his island. Immediately Jeanne and I began making plans and eventually Quantas and Fiji Airways agreed to accept our passage.

Our South Pacific trip began from Los Angeles February 21st with a long overnight flight to Tahiti. Following Tahiti came visits to Moorea and Bora Bora, the home of Bali Hi, then on to New Zealand and Australia and finally Fiji. After a few days rest we boarded the twin prop-jet Hawker Siddley long before dawn for the long hop to Tarawa, stopping for fuel at Funafuti. After a night's stop on Tarawa we took off in an even smaller aircraft for the final morning hour's run to the goal of our years of dreaming—Butaritari.

Approached from the air, Butaritari resembles in shape a hockey stick with its broad southern base and long curving handle stretching eleven miles to the north. Covered with a dense forest of cocoanut palms, the atoll is a dark green on the powder blue tropical ocean. The airstrip, hacked out of the luxuriant palm forest, is a brilliant white of pressed coral. Despite the illusion that there never would be enough room to land, the little plane succeeded and soon we were shaking hands with Tataua and his wife Buriti, he dressed for the occasion in a white shirt and a pair of trousers I had sent to him and she in a pretty dress that once had belonged to Jeanne.

"What will our meeting be like!" Tataua had often written in his letters and now it was really happening. Leading us to the shade of the palms at the side of the runway, he introduced us to his family and friends, who waited near an ancient flat bed truck on which two straight chairs had been placed as seats of honor for the ride to Ukiangang village where we would live. Squatting and sitting on the rest of the truck bed the smiling and soon singing Gilbertese rode along. Four times in the six miles to the village the old truck had to stop for water for its leaky radiator. We needn't have worried about meeting another vehicle on the narrow coral road, there aren't any!

As the old truck wheezed to a stop in Ukiangang village, Tataua pointed to a beautiful, brand new thatched house and said, "There your house. I hope you are comfortable to live in." We could hardly believe our eyes. Eighteen by thirty-six feet in dimensions, our house had two rooms, one half was living room and one half bedroom. The walls were made of straight vertical pandanus poles lashed together with cocoanut fibre twine. The roof, a thick thatch of pandanus grass shed the rain completely and insulated us from the tropical sun. The floor was of pressed coral and covered with woven pandanus matting. Into the living room came the chairs from the truck to accompany a rough hewn table and, in the corner, of all things, an old but serviceable kerosene refrigerator, stocked with tinned Australian butter, a roasted chicken, tinned cheese, fresh eggs from their chickens, young cocoanuts for their milk, papaya—tree-ripened and up to two feet long and even a half dozen cans of Australian beer, probably bartered off of the last copra boat.

In the bedroom the women of the village unpacked our luggage and tied up our mosquito netting over our beds

and spread the sheets we had brought. "Bring your own mosquito netting and your sheets", Tataua had written. "We have not these. The mosquitos do not bite bad but bring your mosquito netting", he had warned.

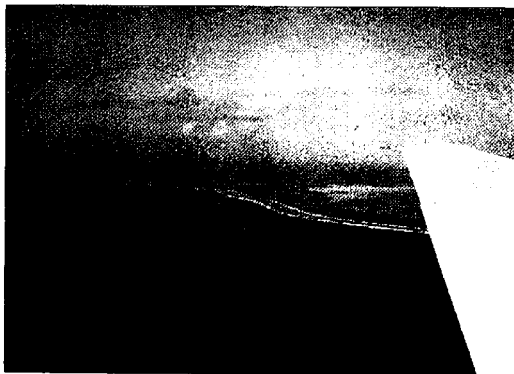
Behind our house was a thatched bath house and latrine built for us alone and spotlessly clean. A piece of plywood covered the coral floor to protect our bare feet while we sloshed water onto ourselves from three large tubs. A short distance away was the cook house where Tataua's daughter Mosarin cooked our meals whenever it was not a village feast which occurred at least once each day.

"While you here we have—what you call it—" here Tataua stopped, searching for the word in English. "Holiday?" we suggested. "Yes, yes, that is it—holiday" he answered. "Just singing, dancing and feasting!" True to his word, there was no school, no work and the native singing and dancing went on, it seemed, almost endlessly. The harmony of their voices is marvelous and while we could not understand the words we understood in general their meaning. Since our return, Tataua has sent us a translation of the Gilbertese song they composed, painfully extracted from his Webster's dictionary. The song is about our house which they built for us, its name "Tacoma in Ukiangang", about the men and women who worked on it and how we came on the "big bird" to live in it. "Ukiangang" is the Gilbertese word for where the wind always blows.

The native foods were, for the most part delicious. Tree ripened papaya and bananas were plentiful. Silver colored fish were some of the best we have ever eaten and reminded us of the pike of northern Minnesota. The chicken was tough always, no matter how it was cooked. All the cooking was done over open fires of cocoanut husks

and the taro and breadfruit, prepared several different ways, resembled sweet potatoes, scalloped potatoes or the best mashed potatoes or potato chips you ever ate. For the farewell feast the night before our departure a pig was killed with much ceremony and the roast pork was out of this world.

The five days we spent on Butaritari as the first "tourists" ever to go there were some of the most exciting and memorable days of our lives. As the little plane banked low over Ukiangang village we waved to the upturned faces of our Gilbertese friends whom we had come to know as the happiest people we have ever met. Possessing perhaps, less material wealth than any race of people on earth, they have, instead, a happiness that is constantly reflected in their songs, their dances and their smiles—a happiness that springs from their love of their children, of each other and of their fellow man and of a simplicity of life on their little island, blessed as it is with a never ending supply of natural foods and all the raw materials they need for their sustenance and economy. If ever there were a paradise on earth it would have to be—Butaritari.



Butaritari Island from window of approaching plane.



Antekana airfield, Butaritari Island, thatched terminal building, daughters of Tataua Kauriri, Mosarin on my wife's right and Mary on her left.



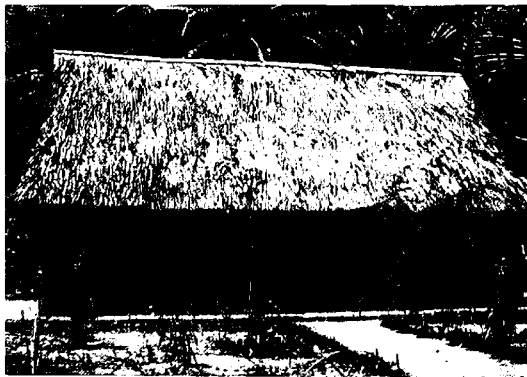
Red beach, where I first set foot on the Island during its invasion in World War II.



Old Japanese bomber on Yellow Beach just as I had seen it 27 years ago.



The people of Ukiangang, they love to have their pictures taken.



"Tacoma in Ukiangang", the beautiful thatched house built for our arrival by the natives of Ukiangang village.



A typical Gilbertese thatched home.



The author and his wife with host Tataua and his wife Buriti in front of "Tacoma in Ukiangang".



Butaritari island's medical service: two pretty Gilbertese nurses.



Native dancer at the Maneaba, Gilbertese community meeting house.



Saying farewell at the airstrip: Tataua and his family.



Tataua Kauriri and the "old man" of Ukiangang village.

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 - 12 Myron A. Bass
 - 13 Eldon C. Blizard
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 - 16 Francis W. Hennings
 - 22 J. W .Bowen, Jr.
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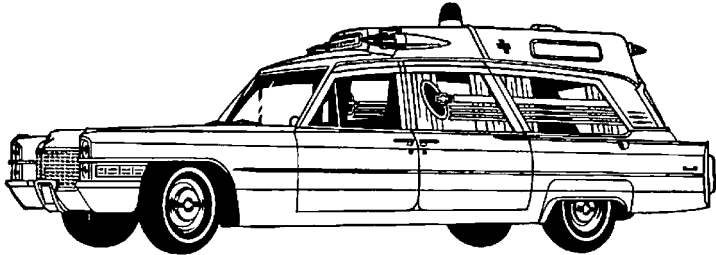
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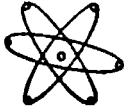
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September 20 21, 22, 23, 1970

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WOMAN'S AUXILIARY PAGE . . .

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Cookbook.....	Mrs. Vernon Larson Mrs. George Tanbara
Dance.....	Mrs. Ralph V. Stagner Mrs. Ronald Spangler, Jr.
Tasting Luncheon.....	Mrs. K. Royce Hansen Mrs. David W. Millett
Speakers Bureau.....	Mrs. Kiyooky Hori

This luncheon helps to publicize and sell our cookbooks. President JoAnn Johnson reminds us that the Cookbook sale is our only money raiser this year and asks that we give it an "all out" promotion.

STUDENT RECOGNITION

Last month the name of Kevin Duffy, one of the students selected for recognition by the Auxiliary, was published in the Bulletin. We would like to add the name of Mary Sobba, daughter of Dr. and Mrs. Walter L. Sobba, the other student selected. Mary wrote that it was a great honor for her to receive the recognition and that she plans to enroll in the School of Nursing at the University of Washington.

YEAR-BOOK

The Year-book will be ready for distribution at the September meeting. President JoAnn wishes it emphasized that the Auxiliary year runs from June to June and that dues should be paid pronto. Please send your check to Florence Dean.

STUDENT NURSES

The outstanding young women chosen to receive the Auxiliary nursing scholarships will be introduced at the November meeting. From St. Joseph's Hospital, Linda Dickerson, with a grade point of 3.54, is the junior recipient, and Janice Sutton, with a 3.3, is the senior chosen. Mrs. Sara Semmons is the junior and Mrs. Cheri Lyman, the senior, from Tacoma General. both girls are outstanding academically, Pacific Lutheran University girls chosen are Barbara Laine, junior, and Linda Nelson, senior. Congratulations!

COFFEE HOUR MEETING NEW MEMBERS WELCOME

Friday, September 18, 10:00 a.m.
Hostess:: Mrs. George Kunz
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CIRCLE OCTOBER 16

Again we are reminding you of the October Tasting luncheon. Co-Chairmen Genevieve Hansen and Roberta Millett are working on preparations for the best-ever luncheon and are depending on your support. Christ Church, 310 North K, is the new location this year.



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TACOMA FEATURED ON TV

Tune in the 9 a.m. Telescope show on KING-TV, Thursday, September 10, to hear host Howard Hall recognize some of the outstanding community projects of our city. President JoAnn, active in the Town Hall lecture series, will discuss the distribution of Town Hall funds to such groups as the Tacoma Youth Symphony, Ambylophia Screening program of Kappa Delta, Hilltop Center, and Lakewood Youth Center.

SPOKANE BOUND

A number of Tacoma physicians and their wives will be attending the state meet in Spokane, Sept. 20. Among delegates to the Auxiliary sessions will be: Jeanne Judd, Dorothy Maier, Donna Ferguson, Dorothy Grenley and Helen Florence.

RUBELLA

The Governor's Rubella Immunization Campaign will get underway in October. Five to eight-year-olds are the first group to be considered in the planning planning. President JoAnn announces that Auxiliary help will be needed, with specified information to be discussed in the near future.

—INEZ M. PIPE

**Notes From the
Hematology-Oncology
Study Group**

It becomes quite amusing at times to see the over-reaction of certain segments of the public population and also certain arms of our Federal Government. This was beautifully exemplified in the recent furor over cyclamates. There was sketchy evidence that possibly cyclamates in certain ex-

perimental animal populations would produce bladder tumors and possibly other neoplasms. This evidence was only gained after feeding these animals extremely high doses of cyclamates that, for all practical purposes, would be almost impossible to reproduce within the human population. Nevertheless, on the basis of this evidence, cyclamates through one means or another, have been withdrawn from the consumer's table.

The over-reaction is exceedingly interesting because we have had in our midst now for many years, another, in a sense, food substance in which the evidence is overwhelmingly in favor of this substance causing or accentuating many morbid conditions and fatal diseases. This substance is tobacco which is capable of causing or accentuating diseases within the oral cavity, the lungs, the heart, the urinary bladder, etc.

Over the last 5-10 years good statistical data has accumulated that cigarette smoking causes or aggravates cancer of the tongue and oral pharynx; cancer of the larynx and also notoriously bronchogenic cancer of the lung. The high incidence of chronic bronchitis and obstructive pulmonary emphysema amongst cigarette smokers leaves little for debate. The association of cigarette smoking and atherosclerotic heart disease appears quite clear and most recently, as was noted in a previous issue of the Bulletin, there is now suggestive evidence that cancer is also incriminated in transitional cell carcinoma of the urinary bladder.

If the F.D.A. can remove cyclamates from the market shelves, it would seem that they could do more than place a simple warning on cigarette packs that it might be "hazardous to your health" and also ban cigarette advertising from television. However, we as physicians also have a responsibility to our patients and their families in regard to

cigarettes and it appears paradoxical on our part that in some hospitals of the Pierce County area cigarettes are still sold in the lobbies; while on the floor above, a young father might be dying of advanced pulmonary emphysema or lung cancer. In a recent article of the "Annals of Internal Medicine" a letter of interest from a physician of another part of the country noted that their local Medical Society was instrumental in removing the sale of cigarettes from all hospitals within their County.

"CANCER CURES SMOKING".

—J. G. KATTERHAGEN, M.D.

T.G. Short Stay Unit Offers Better Care, Less Expense

A new experiment that is intended to increase the efficiency of patient care—and hence reduce the overall cost of health care in the community—is underway at Tacoma General Hospital. It is the new "short stay unit", housed in the newly remodeled 3-B wing of the hospital. Staffed by three nurses during daytime hours only, the unit will provide short stay bed-patient care mainly for patients who are in the hospital for a few to several hours for surgical procedures done under local or block anesthesia, or in some instances for minor or brief surgical procedures done under general anesthesia.

A flat rate fee will be charged for the use of the short stay unit, considerably under the daily rate for other hospital beds. Two previous inequities will be corrected by the new system, it is hoped. One is the full daily charge previously made to a patient who came into the hospital as a bed patient for only part of the day. The other is the fact that patients who had minor sur-

gery often had skilled hospital personnel attending them for 2 or 3 hours—dressing, undressing, waiting and being observed—with no compensation to the hospital for these services. Furthermore, much-needed beds will be released for full-time patients throughout the rest of the hospital.

Mr. Robert Flynn, hospital administrator, emphasizes that the new system is on a trial basis, in regard to services, personnel, hours, and fees charged, and further adjustments may be necessary in order to attain the goal of maximum efficiency and quality of patient care at as low a cost per patient as possible.

Notes From the College of Medical Education

C.O.M.E. has announced the starting dates for several courses this fall. The first course is "Current Drug Therapy for L.P.N.'s". It will start Monday evening, September 21, 1970 at 7:30 p.m. This course is open only to L.P.N.'s and is similar in structure to the Current Drug Therapy Course offered for R.N.'s this Spring.

"Current Trends in Medicine" is the second course and it will also start on Monday evening, September 21, 1970 at 7:30 P.M. This covers current developments in many areas of clinical medicine and is open to all paramedical personnel including R.N.'s, L.P.N.'s, medical technologists, x-ray technologists and all other associated paramedical personnel.

For registration information please contact the "College of Medical Education", University of Puget Sound.

—J.G. KATTERHAGEN, M.D.

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Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each Month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

OCTOBER 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 10



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
OCTOBER 13**

Pierce County Medical Society

1970
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COVER PICTURE: Summer recreation on Puget Sound.

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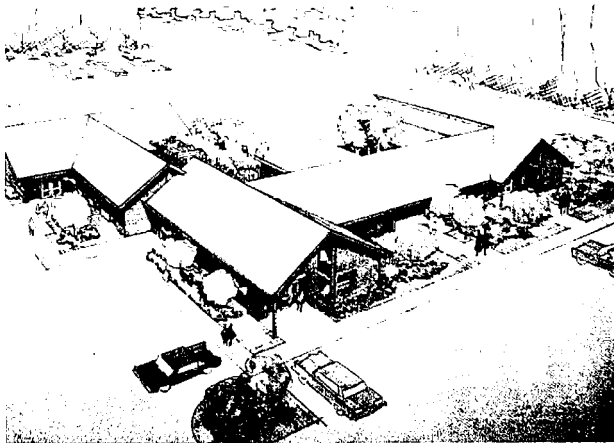
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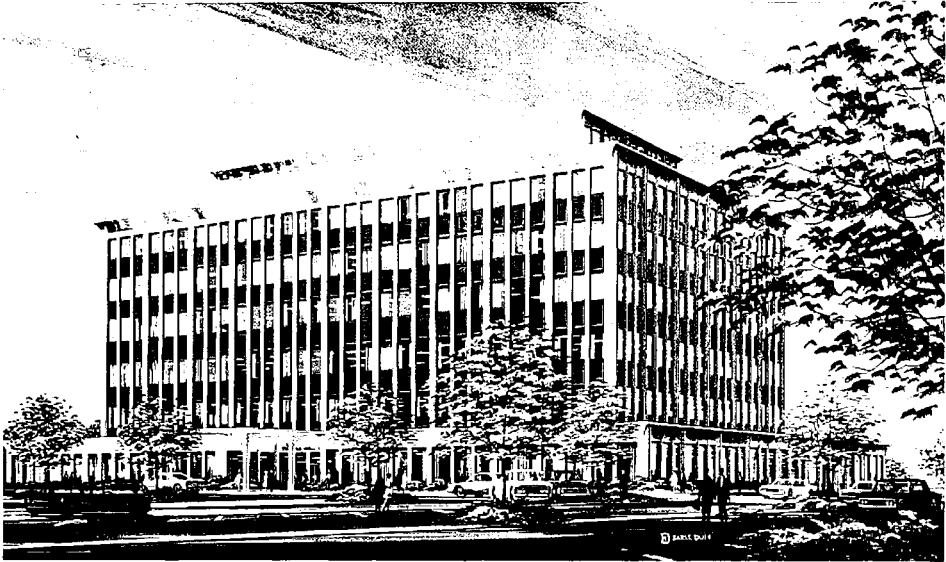
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October Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Mary Bridge Cardiac Conf. 6:30 a.m. ————— Pierce County Pediatric Society 6 p.m. ————— C.P.C. of St. Joseph's— 8 a.m.	2 Hematology, Oncology Study Group—TGH 8 a.m.	3
5 Tac. Orthopedic Society—6 p.m. ————— Tac. Chapt. Am. Psych. Assoc.	6 Cardiac Study Group—TGH 8-9 a.m. ————— C.P.C. of Mary Bridge	7 Surgery Grand Rounds—T.G.H. 8-9 a.m.	8 Mary Bridge Cardiac Conf. 6:30 a.m.	9 Hematology- Oncology Study Group—T.G.H. 8 a.m.	10
12	13 PIERCE COUNTY MEDICAL SOCIETY 8:15 p.m. ————— Neurology Study Group—TGH 8-9 a.m. ————— C.P.C. of Mary Mary Bridge	14 OB-GYN Conf. T.G.H. 8-9 a.m.	15 Mary Bridge Cardiac Conf. 6:30 a.m. ————— C.P.C. of St. Joseph's 8 a.m.	16 Hematology- Oncology Study Group—TGH 8 a.m.	17
19	20 Tacoma Surgical Club 6:30 p.m. ————— Cardiac Study Group—TGH 8-9 a.m. ————— C.P.C. of Mary Bridge	21 Medicine Grand Rounds—T.G.H. 8-9 a.m.	22 Mary Bridge Cardiac Conf. 6:30 a.m. ————— Trauma Conf. St. Joseph's Hosp. 8 a.m.	23 Hematology- Oncology Study Group—T.G.H. 8 a.m.	24
26 Pierce County AAGP	27 Tac. Acad. of Internal Medicine 6:30 p.m. ————— Neurology Study Group—TGH 8-9 a.m. ————— C.P.C. of Mary Bridge	28 Path. Cancer Con.—T.G.H. 8-9 a.m.	29 Mary Bridge Cardiac Conf. 6:30 a.m.	30	31



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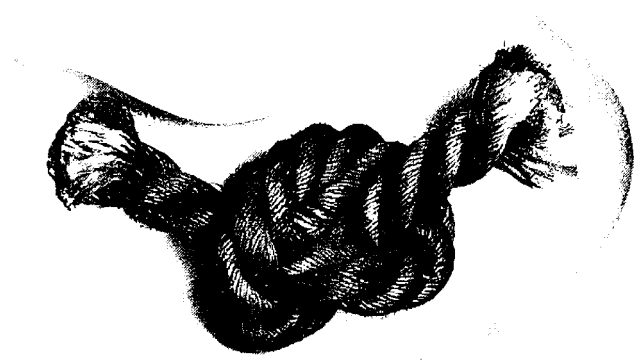
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Social Hour: 6:00

Dinner: 6:45

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Warnings: Caution patients about concomitant use of alcohol and other C.N.S. depressants because of possible additive effects. Also caution against activities requiring mental alertness (driving, operating machinery). Use in pregnancy, nursing mothers, and in women of childbearing age only when necessary. An inhibiting effect on lactation may occur.

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Other Adverse Effects reported with one or more phenothiazines: Some adverse effects are dose-related, others involve patient

sensitivity; some occur more frequently in patients with special medical problems, for example, mitral insufficiency or pheochromocytoma. Onisthotonos, hyperreflexia, akathisia, dyskinesia, sometimes lasting months or years; *grand mal* convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of C.N.S. depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) and atropine, heat and phosphorus insecticides; headache, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states, hypotension (sometimes fatal); cardiac arrest; pancytopenia, thrombocytopenic purpura, eosinophilia; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually reversible Q and T wave distortions—have been reported, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

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To The Editor:

It is my pleasure to announce the second winner of the Gordon Medical Scholarship Program (see *American Medical News*, Dec. 1, 1969, p. 3 and April 20, 1970 p. 6; *Modern Medicine*, Dec. 15, 1969, p. 64 and June 1, 1970 p. 175; *Rocky Mountain Medical Journal*, Dec. 1969, p. 4; *Medical Annals of the District of Columbia*, Jan. 1970, p. 68 and May 1970 p. 284; *North Carolina Medical Journal*, Dec. 1969 p. 502).

Robert Petrusky of Linwood, New Jersey, has been chosen the recipient of the 1970 Dr. Benjamin Lee and Dorothy Gordon Memorial Scholarship. Mr. Petrusky, a Phi Beta Kappa graduate of Rutgers, has received \$5,000 to attend the Medical School of the University of California at Los Angeles. This has been awarded by the Scholarship Committee of the Atlantic County Medical Society.

The Dr. Benjamin Lee and Dorothy Gordon Memorial Scholarship has been donated by the undersigned and has been used as a model to encourage physicians to donate similar \$5,000 scholarships through their County Medical Society to enable worthy local pre-medical students to attend medical school.

The first winner of the Gordon Medical Scholarship was Nicholas P. Lang. His scholarship was donated by Dr. Anderson Nettleship and Dr. Mae Banwell Nettleship. Mr. Lang is now attending the Medical School of the University of Arkansas.

I am most interested in hearing from anyone who would like to contribute a \$5,000 medical scholarship to one of their local premedical students through their local medical society.

With warm personal regards, I am

Sincerely yours,

MAURICE B. GORDON, M.D.
6917 Atlantic Avenue
Ventnor, N.J. 08406

Volunteer Physicians Needed For Tacoma Rescue Mission

Reverend Raymond L. Marvin, the Executive Director of the "Tacoma Rescue Mission", is nearing completion of his out patient facilities at 1512 Pacific Avenue. This out patient facility will provide basic and preventative medicine for the indigents who use this facility for their needs.

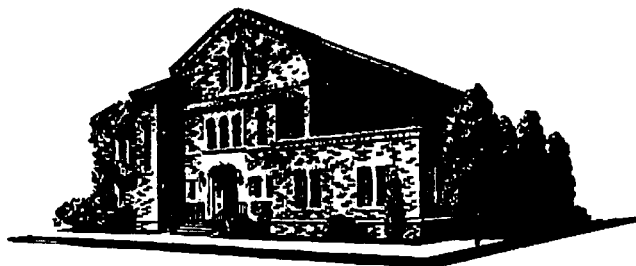
It is expected that this facility will be open approximately 2 days a month to provide the out patient needs for these people. If you are so inclined to donate a few hours a month for this needy cause, please contact Rev. Raymond L. Marvin at his office, which is FU 3-4462, or at his home, MA 7-3620.

—J. G. KATTERHAGEN, M.D.

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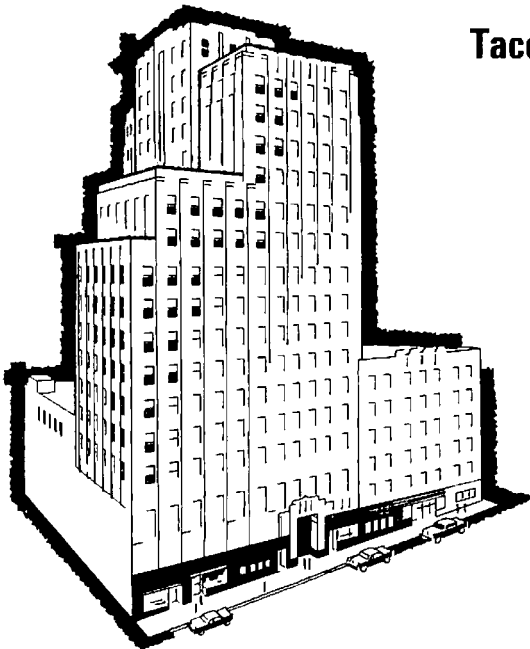
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Dr. J. H. Ehly Writes Gov. Daniel J. Evans Re: Skyriver Rock Festival

September 11, 1970

The Honorable Daniel J. Evans
Governor
State of Washington
Capitol Building
Olympia, Washington

Dear Governor Evans,

I am writing to share with you my concern over events which I observed first hand on Sunday, September 6, 1970, at the Skyriver Rock Festival near Washougal, Washington. I have been a psychiatric consultant to the Narcotics Center of Tacoma - Pierce County for the past year and one half and in this capacity have worked extensively with addicts and drug abusers of many kinds. As such, I felt I was going to the festival with a certain knowledge of, or feel for, the attitudes, values, and behavior patterns of the typical drug users. As it turned out this experience in no way prepared me for the scenes and events which I witnessed at the festival. For the most part the people who were in attendance on that Sunday afternoon were a lawless group of individuals interacting in a style in which the crudest most wanton behavior; blatantly repudiating American values, morals and ethics; was the order of the day. The progressive feeling of shock, disbelief, fear, and total alienation which I registered during the five or so hours I was at the fair (my first rock festival) may reveal my own naivete regarding the happenings at these events. After carefully reviewing newspaper articles describing the fair during its first week of operation, however, I cannot but feel that my lack of preparedness was partially based on the inaccuracy of this press coverage.

I had some vague expectations as to what I might be confronted with at the festival. Looking back now I thought I would see some brightly attired college intellectuals with long hair and beards lying around a grassy meadow indulging in the use of marijuana, wine or beer, and listening to rock music. I even anticipated that some of the more far out individuals might be "tripping" on LSD. Part of my motivation for being in attendance was to learn first hand how to deal effectively with a patient on a "bad trip."

As I approached the gate to the festival area, traffic was held up. To pass the time I took out a movie camera to photograph these conditions. I was promptly warned by a departing participant that I had better put my camera away. He explained that when he had taken a picture inside the festival grounds his life had been threatened by a young man with a drawn ten inch hunting knife. He further reported that to his amazement, the forty or so people who were witnessing this incident made no move whatsoever to restrain the individual who was threatening him with the knife.

I had responded, along with a number of other Tacoma physicians, to a request for volunteer medical assistance at the fair. Having been furnished with a medical pass, entrance to the festival grounds was uneventful. Passing between two of the booths which had been erected in a semicircle ringing the central area of the festival, I entered the fair grounds. It is difficult to convey the feelings which were evoked in this situation. Milling around and roaming through the area were hundreds or thousands of shabbily dressed young adults. Some were openly selling drugs of all descriptions including heroin, cocaine, and "mexican reds," a small candy-like pill which proved to contain some form of poison

in a small amount to jolt the nervous system, (probably strychnine or arsenic.) These drugs were being sold with the hard sell technique of a fair grounds hawker. The people were sullen, not smiling. The "flower children" or intellectuals were nowhere in sight. There was an air of nervous expectancy and rebellion. I felt the mood of this mass of people was volatile and dangerous to say the least.

I made my way to the medical tent where I expected to be able to relax having sought out a situation with which I would be familiar, i.e., treating medical illnesses. This was not the case. The medical facilities were provided by the Open Door Clinic of Seattle. As a volunteer physician not affiliated with that organization, I expected to be augmenting the existing medical staff. As it turned out on my arrival at the clinic there was no other physician present. The personnel there were, however, treating patients without the guidance or supervision of a physician. In charge was a young man named "Doctor Ron," a former military corpsman, who was diagnosing and treating illnesses, performing minor surgery, as well as prescribing and administering drugs both orally and by injection. In short, he was openly practicing medicine without a license.

I had anticipated the personnel of the clinic facility to have a sympathetic attitude toward the drug users. What I found, however, was not only sympathy but support for the use of these illegal and dangerous substances. A clinic official who was present by the name of J. D. informed another volunteer physician that he was not to treat "bad trips" with the use of tranquilizers or sedatives because "it interferes with the learning process." I had occasion to check out this belief with Mr. D. in my conversation with him and in ad-

dition found him incredulous when I informed him that my experience with the effects of the hallucinogenic drugs was in the treatment of the long term psychotic reactions which they sometimes produce. He did not argue with this revelation but simply avoided any further communication with me during the remainder of my time at the clinic.

There were several principles which the personnel at the clinic seemed to be guided by in their treatment of patients at the festival which eventually led to my leaving. One object of treatment seemed to be to keep the person in condition to remain at the festival. For instance, antibiotics were being given on a day to day basis with no encouragement to either seek outside medical help or to provide treatment for a period of time which would effectively treat the illness. All attempts were made to keep the participants within the festival grounds. It was with great reluctance that one young woman, very ill with pneumonia, was taken by ambulance to a nearby hospital.

The general lack of professionalism in the clinic personnel as well as the illegal practicing of medicine by "Doctor Ron," and the misguided principles under which the clinic was being operated, eventually led me to question my usefulness under those circumstances, and I left the area short of the time I had intended to spend there. Since returning to Tacoma I have been in touch with a number of the other local physicians who worked in the clinic as I did. The observations, opinions, and emotional reactions expressed above for the most part reflect those experienced by the other doctors. To a man they were concerned by the fair activities themselves and in particular the operation of the Open Door Clinic.

In these fast changing times it is difficult for an individual to accurately discern the meaning of a particular incident or event in our society. I shudder however, when I consider the social, moral, and political implications of events such as the Skyriver Rock Festival. I would hope that intervention or control of rock festivals could be effectively brought about at the state level. The large numbers of young people who are magnetically drawn to these events, and who are physically, morally or psychologically victimized by them, dictates that control measures be developed and enforced.

Yours truly,

JAY H. EHLY, M.D.

Editor's Note: Published with permission of Dr. Ehly.

From the College of Medical Education

The College of Medical Education started the Fall quarter of 1970 with two courses late in September. The first of these courses is designed for practical nurses and it deals with drug therapy. This course has previously been successful when attended by physicians and was given twice for registered nurses. It has now been modified and adapted to give to an audience of licensed practical nurses.

The second course, which also started in September, is designed for workers in various paramedical fields. It is designed to offer information about recent developments in various fields of medicine, developments concerned not only with diagnosis and treatments, but especially with various technical innovations in medicine. Subjects discussed

will include applications of computers in medicine, modern rehabilitation procedures, technical advancement in radiology, nuclear medicine, etc.

This Fall the College did not schedule any structured courses for physicians. We felt that we would like to encourage physicians to attend at clinical meetings in various hospitals. By providing actual clinical cases at these conferences we hope to offer our colleagues practical experience in dealing with various clinical situations. We hope that all will participate and any physician who has a case suitable for a conference can contact the Coordinator for that particular conference and will have an opportunity to present this case for further discussion.

These conferences will be held at Tacoma General Hospital, at St. Joseph's and elsewhere in accordance with published announcements. We are anxious to make the point that these conferences do not represent just a hospital conference but are meant to be presented as an effort of the whole medical community of Pierce County. The actual place where the conferences are held simply represents convenient physical arrangements.

The Mary Bridge Children's Hospital grand rounds will continue to be presented at 8 o'clock in the mornings on Tuesdays weekly. In addition on Tuesdays at 8 o'clock in the morning at Tacoma General Hospital cardiology conferences will alternate with neurology conferences. Clarence Anderson is Coordinator for the cardiology conferences and Marcel Malden for the neurology conferences. Wednesday mornings will continue to see grand rounds at Tacoma General Hospital. There will be clinical pathology conferences on alternate Thursdays at St. Joseph's Hospital. Friday mornings at Tacoma General Hospital the oncology group will meet as before.

As you can see a rather varied intellectual fare is offered to all and your wide participation is invited. Later on we hope to hear from you about these conferences and what you would like us to do in order to improve them.

In January the College will offer a formal ten weeks course in Sexuality and Sex Education for the Physician. This course will differ from others in that it will be managed by Dr. Nathaniel Wagner of the University of Washington exclusively and will be offered more in the form of a round table presentation and discussion rather than a formal ex cathedra lecture. Further information about it will be mailed to all as soon as it becomes available.

Also in January we hope to repeat the highly successful course for teachers and for April we are planning another discussion course on controversial subjects in medicine. There is plenty of time for you to make suggestions in relation to the latter and we will welcome suggestions both as regards topics and discussants. The Coordinator in the course on controversial subjects in medicine will be George Barnes.

All the members of Committee on Continuing Medical Education are readily available to you and will be glad to discuss any topics with you.

—MARCEL MALDEN, M.D.

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Sincerely,

—JIM BILLINGSLEY and GEORGE KUNZ

Institute Offered By Operating Room Nurses

The Association of Operating Room Nurses in the Evergreen area will be presenting a Regional Institute on Operating Room Nursing October 23 and 24, 1970, at the Winthrop Hotel. National and local speakers will be present for the two-day Institute.

A.O.R.N. Evergreen includes the surrounding cities of Olympia, Bremerton, Aberdeen, Puyallup, Shelton and Tacoma. Lucille M. McDonald, R.N., Operating Room Director of Tacoma General Hospital, is the General Chairman for the Institute. Prominent local physicians participating in the program are Drs. W. Zimmerman, K. Gross, E. Kanar, G. Kenney, R. Osborne, and J. Stilwell.

The membership is continually striving for excellence and is most proud that the president-elect for National A.O.R.N. is Ruth Bramhall, R.N., Operating Room Supervisor at Mary Bridge Children's Hospital.

St. Joseph Hospital Gets New Administrator



Sister Margaret Hudon has been named Administrator of St. Joseph Hospital, Tacoma, succeeding Sister Mary Colma, who has been transferred to Baker, Oregon, to assist in the opening of a new hospital facility.

Sister Margaret has come "home" to Tacoma after spending five years in administration at St. Anthony's Hospital in Pendleton, Oregon. She had previously spent twenty-five years in hospital management at St. Joseph.

Sister Margaret is a native of Sandpoint, Idaho, and joined the Sisters of St. Francis in 1940. She has served as Hospital Treasurer, Accountant, Personnel Officer, Purchasing Agent, and Comptroller prior to becoming Administrator.

She is a member of the American Hospital Financial Management Association and served as President of the Washington Chapter. She is also a member of the National Association for Hospital Development and has served on the Executive Boards of both

the Washington and Oregon Conferences of the Catholic Hospital Association.

Sister Margaret Hudon was formerly known in Tacoma as Sister Patricia Francis. In keeping with recent changes in the church, she has adopted her baptismal name.

St. Joseph Hospital, founded in 1891 by the Sisters of St. Francis of Glen Riddle, Pa., has 245 beds, a psychiatric care unit of 24 beds, a medical staff of 200, and 600 employees.

Sister Colma, who also came to Tacoma from Pendleton, directed the planning of a new facility construction program which is rapidly nearing completion. She had been Administrator since 1964.

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C. B. Ritchie
- 19 Marvin L. Bourne
David T. Hellyer
Vincent M. Murphy
- 20 Dumont Staatz
- 21 Buel L. Sever
- 22 James K. Symonds
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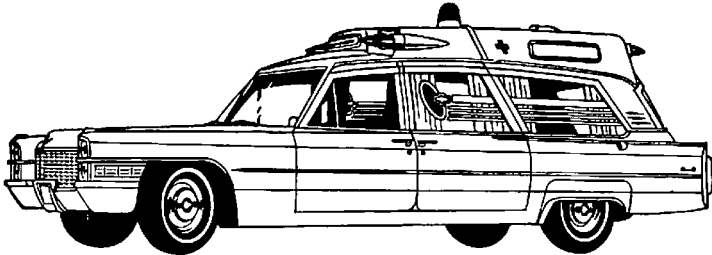
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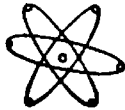
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WOMAN'S AUXILIARY PAGE . . .

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Tasting Luncheon.....	Mrs. K. Royce Hansen Mrs. David W. Millett
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*I saw old Autumn in the
misty morn
Stand shadowless like
Silence, listening
To silence.*

—THOMAS HOOD (1827)

The definitive spell of autumn arrives with the month of October. In Auxiliary our introductory September meeting to welcome new members is past and we are launched on the year's projects, the first being the much anticipated Tasting Luncheon on Friday, October 23, at 12 o'clock.

Those of us familiar with this annual affair are beginning to drool in expectancy, and this year there will be an even greater variety in the recipes. According to Co-Chairmen Genevieve Hansen and Roberta Millett a member may bring one guest and obtain tickets at the door for \$1.50 each. The location is Wells Hall, 310 North K Street. Entrance is on the K Street side, and please note the signs. Those bringing food will have a five-minute parking privilege to deliver their contribution at the 3rd Street entrance. Again note signs for your convenience. The Chairmen have added several attractions to the luncheon, including a listing of the name of each recipe served. These lists will be found at the Cookbook counter. Last year 82 members "cooked" for the luncheon. Your telephone committee will be calling soon.

With one thousand Cookbooks to be disposed of this year we are well on our way toward that \$3,000, as \$150.00 already has been collected in September.

Another plus added to the luncheon will be a talk on flower arranging by Mr. Wayne Peepers of Mountainview Florists.

Oh, oh, lest we forget AMAERF! Toni Bourne will have a display of Christmas cards and stationery at the Tasting Luncheon. This is a satisfying way to get a head-start on Christmas. Be sure to take time to see the samples available.

ATTENTION PLEASE

An informal Board meeting will be held at 10 a.m. on Tuesday, October 13, in the Doctor's Staff room at Alenmore Medical Center.



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STATE VISITORS

The November meeting gives us the opportunity to greet our state President, Mrs. Marion Phillips of Spokane. After a completely social meeting such as the Tasting Luncheon, a nice change of pace is afforded the membership by hearing from the state President. Convention reports, too, will bring us up to date on the serious business of Auxiliary. Let's have a large turnout to meet Marion Phillips.

WHAT IS YOUR OPINION?

"You are a physician's wife; what is your opinion?" At some time or another most of us have been asked to express an opinion relating to medical matters because we are physician's wives. We are not always ready with an answer. Be it woman's lib, abortion, sex-education or any of the related subjects it is expedient to be informed and to have some thoughts on the topic and to be able to give correct information. Perhaps you have not made up your mind about Referendum 20, but you should have more than a hazy idea that "it's something about abortion." Whatever your opinion, do be knowledgeable and able to discuss the Referendum with your friends outside of the medical profession.

THIS 'N' THAT

Good news to hear that the UW Medical School has increased its entering class to 102 from a top of 84, this to meet the demands for more physicians. This year's class will include 13 women and 10 minority students. The school has received a four million dollar Federal grant, given to all medical schools establishing a division for family medicine specialty.

And this . . . All of you who aren't winter vacationing in chilly January, do plan to hear Sallie Sue William-

son from Bellevue at the January meeting. Mrs. Williamson is a vivacious, sparkling personality and gives a show that will leave you limp from laughing. I've known Sallie Sue since college days when she was a dancer and actress, and like a rare wine, she improves with age. Pardon me, Sallie, they'll love you.

—INEZ M. PIPE.

THE PIERCE COUNTY CHRISTMAS CARD PROJECT OR WHY AMA-ERF?

AMA-ERF is for the purpose of providing financial assistance to medical schools and the betterment of public health through scientific and medical research (Institute of Biomedical Research).

The Woman's Auxiliary to the Pierce County Medical Society seeks funds for AMA-ERF. Experts estimate that the U.S.A. will need 100,000 more physicians by 1975, but many qualified people are being turned away from medical schools because of inadequate facilities. Schools with large endowments have much of their funds earmarked for other special projects and find themselves in somewhat the same situation as the schools who do not have any funds to provide more facilities. AMA-ERF provides flexible financial aid to these schools or the school you may specifically designate to receive your contribution.

We hope you feel AMA-ERF is as worthwhile a project to support as does the Woman's Auxiliary. All you need do is send in your tax deductible gift contribution for AMA-Educational Research Foundation and the Auxiliary will address and mail for you a special Christmas card to each physician in Pierce County with the names of all contributors printed on it, thus leaving you more time to enjoy the holiday season. Records of individual contributions are kept only for accounting

purposes and are strictly confidential. A thank-you card from AMA-ERF will also be sent to all contributors.

What amount should you send? Any amount, or the amount of money it would cost for cards and postage to send to your physician friends and colleagues in the community. The amount you send, whether it is small or large, is acceptable; is appreciated and is used for a great purpose.

Prior to submitting the contributors' names to the printer, contributions must be in by the *deadline date of November 15*; however there will be a one week's grace period for anyone who does not send their contribution in by the 15th. Your tax deductible check should be made out to AMA-ERF and sent to:

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A gift contribution to AMA-ERF is a wonderful way to remember a particular friend or colleague who may just happen to receive one too many ties or boxes of chocolates at Christmas.

To The Editor:

For the past few years the medical Community of North America has participated in all sorts of discussions centering on the issue of Continuing Medical Education. In order to establish the best method of imparting new information to all physicians and in order to give them an opportunity to refresh their knowledge, various methods were tried in order to determine which is most effective. Lectures, demonstrations, panels, round table discussions, large conventions, small conventions, all these and others were tried. The search is continuing for a single best

method and has not yet been found. In the last year or two Medical Education Shows destined for physicians but transmitted on the commercial television channels were widely employed. Movie programs to be viewed either individually or in small groups via special transmitters have also been tried. Such a transmitter and a large number of movie films relating to the diagnosis and treatment of cardiovascular, neurological and gynecological disorders are available in Pierce County. The equipment has been available in all hospitals in turn and is presently again in the medical library of Tacoma General Hospital.

In addition, your own Continuing Medical Education Committee has arranged lecture courses, demonstrations and other programs.

There are forces at work in the medical community which feel that such arrangements and the voluntary attendance at such lectures and demonstrations is not enough. Voices have risen to indicate that a periodic reexamination of physicians for relicensure or establishment of compulsory criteria for attendance at medical courses are necessary. One of the states which has established a compulsory program for attendance at post-graduate medical courses is Oregon. Below is printed a summary of the rules and regulations set out by the Oregon State Medical Association. Whether or not similar compulsory regulations are set up in the State of Washington will depend on all of us and our attitude to continuing medical education.

After you have read the summary you may wish to obtain the document in full and the address is provided. Any comments would be welcomed by the undersigned.

—MARCEL MALDEN, M.D.

Policy and Background Relating to the Oregon Medical Association Post-graduate Education Program, 1970, as adopted by the Association's House of Delegates in April, 1970, has been published in booklet form.

This 24-page document tells how the Oregon Medical Association Post-graduate Education Program was developed and gives details of the policies and procedures for administering the Program. Two of the most interesting features of this Program are:

1. This is the only set of standards now available that were conceived with prior knowledge that they would be a requirement for membership in the organization.

2. It is the only set of standards where specialty groups have individually established their own standards.

There is great variation between the requirements established by the different specialties, as well as between them and the general requirements. Some activities are credited by one specialty group and not by others. Where the same type of activity is credited, it frequently does not carry the same credit value, and it may or may not be a Required or Elective activity. Some types of continuing medical education activities have credit limits for some specialties and either no limit or a different limit for others. An example of these differences is the credit value allowed for presenting an original paper presented at a state or local meeting: Anesthesiology allows 25 credits maximum with no designation of the value of an individual paper; Neurology allows 10 credits for each presentation; and Pathology allows 3 credits for each presentation.

Two of the specialties, General Practice and Neurology, have divided their requirements into Required and Elective categories. The specialty of General Practice has adopted the requirements of the American Academy of

General Practice, except that the requirements for the OMA are based on the credits earned each year, instead of over a three year period of time, as for the AAGP. The specialty of Neurology uses many of the same categories used for the AMA Physicians' Recognition Award, with the exception of different credit limits in some of the categories.

Two other specialties, Neurosurgery and Otolaryngology, allow their members credit for preparing and taking the American Specialty Board for the purpose of becoming Board Certified. The OMA anticipates that other specialties such as Cardiology, Urology, Allergy, Dermatology, and Thoracic Surgery, will set up requirements for next year's program.

The following is a list of the specialties which established standards and the total credit requirements to be met by each specialty each year:

1. General Requirements: 50 credits required. (For specialists who do not have requirements established by their specialty or sub-specialty.)
2. Anesthesiology: 50 credits required.
3. General Practice: 50 credits required.
4. Internal Medicine: 100 credits required.
5. Neurology: 50 credits required.
6. Neurosurgery: 50 credits required.
7. Obstetrics and Gynecology: 100 credits required.
8. Ophthalmology: 50 credits required.
9. Otolaryngology: 50 credits required.
10. Pathology: 100 credits required.
11. Pediatrics: 100 credits required.
12. Preventive Medicine: 100 credits required.
13. Psychiatry: 50 credits required.
14. Radiology: 50 credits required.

15. Surgery: 100 credits required.

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STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of Jan., April, July and Oct.—

6:15 p.m. Doctors Hospital Cafeteria

STAFF OF GOOD SAMARITAN

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

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—7:30 p.m.

STAFF OF PUGET SOUND GENERAL HOSPITAL

Last Monday of February, June, September and November

TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC

ASSOC.—First Monday of October, December, February,
April and June.

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—6:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

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

STAFF OF TACOMA GENERAL

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

TACOMA SURGICAL CLUB

Third Tuesday of each month at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Ceccanti's

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and
August

PIERCE COUNTY PEDIATRIC SOCIETY

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

STAFF OF ALLENMORE HOSPITAL

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

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

STAFF OF LAKEWOOD GENERAL HOSPITAL

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

TACOMA OB-GYN SOCIETY

3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

NOVEMBER 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 11



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
NOVEMBER 10**

Pierce County Medical Society

1970

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November Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 Tacoma Orthopedic Society—6 p.m.	3 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge	4 Surgery Grand Rounds—T.G.H. 8-9 a.m.	5 Pierce County Pediatric Society 6:30 p.m. Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m.	6 Hematology, Oncology Study Group—TGH 8 a.m.	7
9	10 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. Neurol. Study Group—TGH— 8-9 a.m. C.P.C. of Mary Bridge	11 OB-GYN Conf. T.G.H. 8-9 a.m.	12 Mary Bridge Cardiac Conf. 6:30 a.m.	13 Hematology- Oncology Study Group—T.G.H. 8 a.m.	14
16	17 Tacoma Surgical Club 6:30 p.m. Neurol. Study Group—TGH— 8-9 a.m. C.P.C. of Mary Bridge	18 Medicine Grand Rounds—T.G.H. 8-9 a.m.	19 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m.	20 Hematology- Oncology Study Group—TGH 8 a.m.	21
23 Pierce County Chapter AAGP 6:30 p.m.	24 Tac. Acad. of Internal Medicine 6:30 p.m. Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge	25 Path. Cancer Con.—T.G.H. 8-9 a.m.	26 THANKSGIVING DAY	27 Hematology- Oncology Study Group—T.G.H. 8 a.m.	28
30 Staff of Puget Sound General Hospital					



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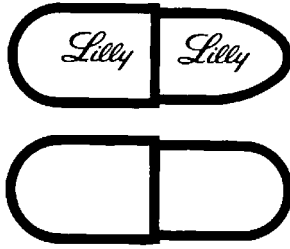
PROGRAM - - - 8:15 P.M.**Panel Discussion on the
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.

Social Hour: 6:00

Dinner: 6:45

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Guest Editorial

IT'S YOUR OWN OUTFIT

The decor of the Marie Antoinette Room of the Davenport Hotel in Spokane is, naturally, French provincial with its deep red velvet draperies and multi-tiered crystal chandeliers accenting the white of the walls and ironwork of the balcony.

The 81st Annual Convention of the Washington State Medical Association is being called to order by Speaker of the House of Delegates, Stan Tuell. The murmur of the voices of old and new friends greeting each other subsides to be replaced by the call of "here" by each delegate or alternate delegate as the roll is called. Following the announcement by the secretary that the delegates have been seated the business of the 81st Annual Convention begins.

The first session of the House of Delegates is primarily to receive reports such as the address of charming Mary Ellen Vaughn, President of the Women's Auxiliary, who briefly sketched some of the worthwhile activities our wives have been doing in the past year, the awarding to Past President Charlie Mueller the Annual Community Service Award for 1970 for the splendid work he has done for youth and his community of Bremerton and, finally, the assignments of other committee reports, resolutions and work to the various reference committees.

The reference committee is where the work of your State Association is really accomplished with the assimilation of committee reports, the hearing of testimony for and against resolutions and the final preparation of the reference committee report advising acceptance, rejection or modification by the House of Delegates at its second and final session on the closing day of the Convention, often taking long into the night.

For over 80 years this program of events has taken place in a similar format. Each year seems to bring new and more difficult problems for solution. Many years ago the delegates pondered the ethics of physician-owned pharmacies, what constituted "fee-splitting" and the role of the General Practitioner in the staff of the hospital. At its 81st Annual Meeting in September, 1970, the House of Delegates had to decide whether to support, reject or take no action on Referendum 20, the so-called abortion law; this along with other decisions involving civil defense, emergency medical services, medical aspects of sports, professional liability insurance, special programs for the handicapped child, industrial insurance, pre-paid medical insurance, peer review, relative value fee schedules and multi-phasic screening.

Pierce County can be proud of the roll played by its membership in the 81st Annual Convention. Wielding his gavel with authority but with absolute fairness and with a superb insight into the potential problems of the House of Delegates as well as an astute familiarity with Roberts Rules of Order, Stan Tuell was one of the finest to ever chair the Speaker of the House of Delegates. No less excellence was evident in the work of those delegates from Pierce County who served on Reference committees as members or chairmen.

True, the Annual Convention is also a fun thing—meeting old friends from other towns and cities, some of whom you only see but once a year, getting together with constituents of your own county medical society for breakfast or for coffee, attending the excellent scientific programs always presented and viewing the many scientific and technical exhibits which fill the hotel lobby and special rooms. Unfortunately, only Spokane and Seattle have facilities large enough to accommodate the WSMA so far, so that the annual meeting is held for three successive years in Seattle, at the Olympic Hotel and on the fourth year at the Davenport in Spokane, as this best fits the apportionment of the medical population in our state.

More important than the fun to be had is the opportunity that comes each year to every member of the State Medical Association to participate in the deliberations of his Association and to provide a helping hand in the shaping of the destiny of organized medicine in his community, his state and even his nation. No one is ever denied the privilege of speaking for or against a matter being considered by one of the reference committees even though they work long into the night, sometimes, to hear all who would speak. Any member of the association, even though he may not be a delegate, may have the privilege of the floor of the House of Delegates to speak to an issue under consideration, provided his request is honored by a majority of the delegates present. Most of all, the annual convention gives us all an opportunity to meet our colleagues, to exchange ideas, to discuss problems and to work together to improve the quality of care which we give our patients which, in the final analysis, is the whole purpose of our Washington State Medical Association and its Annual Convention.

After all is said and done, it's YOUR own outfit! What the WSMA does for you will depend on what you do for it. Want to complain about something? Go to the House of Delegates or a reference committee and tell them about it or submit a resolution that you think will improve the situation. Want to know how to take a new dog home on an airplane? Ask Bob Osborne. Want to know what it feels like to forget you had invited your wife to a luncheon? Ask Bob Ferguson! Want to join the fun and be a part of what is going on in medicine? Be a delegate or an alternate to your Washington State Medical Association Annual Convention. It's fun, it's rewarding and it's work.

—HERMAN S. JUDD, M.D.



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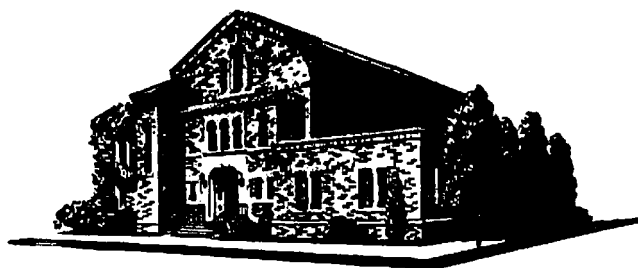
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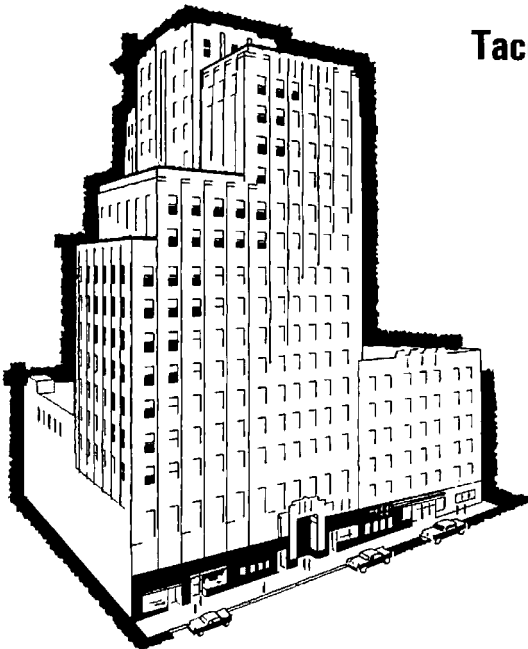
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SIBERIA AND RETURN

"Ah, Bravo, Figaro", sung in Russian sounded strange to us even in an oasis in Southern Russia. It was a hot September evening in Tashkent, USSR, as we sat through the Barber of Seville in the Opera House, fighting off sleep lost the night before on our flight from Moscow. The urge to miss nothing on this go-go trip through Russia and Siberia had persuaded us to spend this evening with local culture rather than to bed.

Travel through the back door of Siberia and through fourteen time zone changes in three days had thrown our circadian rhythm completely off schedule. We moved in an unknown world, of which we had been able to learn little in the library at home, making the dream-picture more complete.

Last summer we joined one of the pioneering groups sponsored by Alaska Air Lines in Anchorage. After an eight-hour flight to Khabarovsk in Far East Russia we spent fifteen days of intense activity at eight major stops behind the Iron Curtain.

The vastness of the country soon became apparent with our second flight of eight hours, this time and subsequently by Aeroflot, from Khabarovsk to Moscow. Here and in Leningrad we enjoyed the European atmosphere of metropolitan cities, then to be quickly transported south and east to the colorful Arabian Nights State of Uzbekistan at Tashkent and Samarkand. After a "pit stop" in Alma Alta and an unscheduled few hours in Novosibirsk, the "Science City", we arrived in Irkutsk and Siberia just north of Mongolia. Side trips to Bratsk in the Northern Forests (the Taiga) and then to Lake Baikal, a natural lake which holds more water than all the Great Lakes, emphasized the great space that is Siberia. Returning to Khabarovsk completed the circle tour in which we had covered about

17,000 miles in USSR alone, a tribute to the jet age.

We went by jet airplanes, by aging river boats, by buses that backed into parking lanes on the street when they were not jouncing over dusty Siberian roads and curbs on city streets, by subway, by train, by hydrofoil, by prop jets with balding tires and seatbelts that local people ignored or that broke and, when they worked, by elevators. We stayed in hotels where the heat is not turned on until October in spite of autumnal chill and where the plumbing in each room is determined to exert its own unique and most contrary personality. If there was running water, chances are it would be cold or flood onto the floor from a toilet with no seat or fill the room from the showers, none of which have shower curtains.

Autumn with its colorful foliage had arrived in the northern areas at the time of our visit.

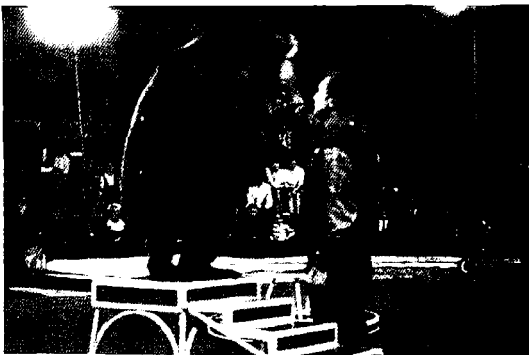


Khabarovsk, our first stop, is a city about the size of Seattle on the large salt-filled Amur River about twenty-five miles from Red China. An industrial complex, until recently this was a forbidden city. We were allowed to roam freely through leafy streets filled with curious and friendly folk and to sail the river photographing everything. Summer is short here and we found people wearing contemporarily drab clothing—except for an occasional miniskirt—suited to the chilling air. Generally nature provided the color with changing autumnal hues, however we never

seemed to be out of sight of large, brightly adorned posters of Lenin celebrating the centenary of his birth.

Here we found the shops on Karl Marx avenue and our first experience with local mores. Each shop, in the European manner, has a limited number of items; dairy products here, meat (mostly fish) there, and canned goods elsewhere. The clothing shops are similarly separated and also with limited selection. After choosing an item one finds a cashier for payment and then returns to the clerk to pick up the purchase. Frequently the stores are busy and this means standing in at least two lines for each purchase. Tourists are near the top of the pecking order in Russia, however, and may spend foreign currency at special shops (Berioska) for items not always available to the local people and at markedly reduced cost (\$6.00 Vodka for \$2.00). Juniorsized capitalists were also available on the streets trading Lenin buttons for a stick of gum. Then, too, there were sidewalk ice cream cone vendors (offering a tasty vanilla flavor only) who carefully weighed one's purchase. The local tavern proved to be a tank trailer of beer parked on the sidewalk with communal or "bring your own" glasses.

Our evening at the local circus with dancing bears and all was a special highlight in Khabarovsk.

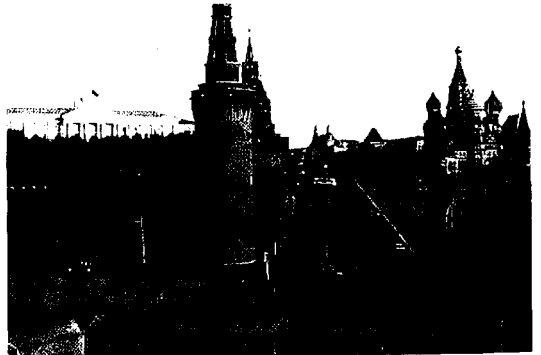


Aeroflot gave us another opportunity to see Soviet life, a system with an infinite rat's nest of passes, controls, ink

stamps and forms. Elaborate documentation of flight number, time of departure and seat numbers seemed to naught when frequently flights were oversold and once aboard one sat wherever he could. Planes always flew filled to capacity, yet every airport had its cluster of empty, unused planes sitting around the field. Passengers deposited assorted packages and heavy objects in overhead racks and neglected seat belt advice contrary to rules in America. The "No Smoking" sign was continually on, however, irritating many nervous smokers. Hard candies served on takeoff and landings with watered down apple juice in flight were standard. Occasionally time to surreptitiously lace the latter with Vodka helped the general effect. The stewardess sitting casually on the galley table without seat belt during takeoff will be hard to forget.

The people of Intourist made the trip go without seeming difficulty as long as there were no interruptions. Changes in any detail must be approved by Moscow but are possible, given enough time. An apparent exception was the efficient finding of dormitory accommodations for us near the airport in Novosibirsk when our plane was delayed by fog one night.

We explored Red Square alone the morning we arrived in Moscow. The rising sun seems to emphasize the austerity of the Kremlin and Lenin's Tomb,

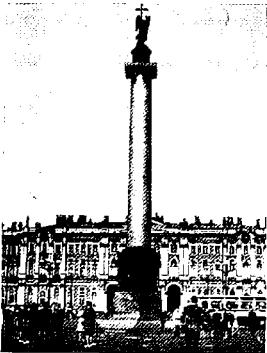


while giving a special beauty to St. Basil's Cathedral with its bouquet of nine onion domes. One finds the clutter of

the GUM Store a fascinating mixture of



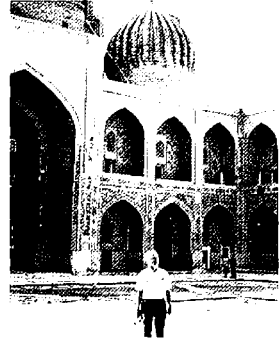
humanity and confusion. Later there were visits inside the Kremlin halls, museums, Moscow University and the industrial park with rides on the river and subway. The ballet at the Bolshoi Theater followed by Balalaika music in a cafe provided one of several outstanding evenings.



A side trip by train to Leningrad was too short. This city of art and history, built on picturesque canals and waterways, demands more than one day of exploration. Next year the tour will start here and give it more time.

Leaving Moscow our plane was delayed an hour while we sat aboard in the heat and distinctive Aeroflot odor reminiscent of a felt pen with no ventilation. Soon we found the delay to be due to an altercation in the forward compartment involving the crew and a man. He eventually ran from a hail of fisticuffs from a policeman who had come aboard. Were we to be hijacked? Not having news in English available anywhere on our trip, it was only later we learned of the hijacking of several

planes to the Middle East while we were gone.



The Uzbek people in Tashkent are modern-Moslem with colorful dress and friendly manner, at home in their bazaars and mud houses, reminding us of Tehran more than Moscow. History dominates the area, being even more apparent in nearby Samarkand. This



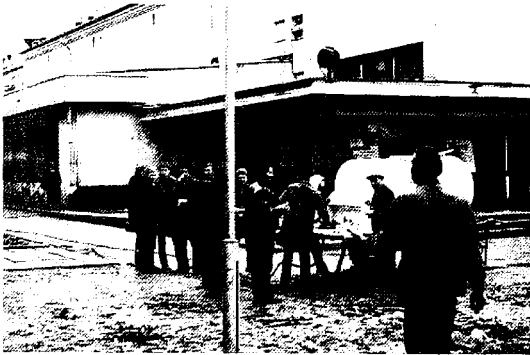
Asian oasis is 2500 years old and infiltrated by buildings of lacelike mosaic. Competing with the Taj Mahal is the beautiful Tomb of Tamerlane, the greatest Asiatic conqueror since Genghis Khan. One of our local Intourist guides resented an implication that she was Russian. She pointed out that they feel the present is only one of many periods of conquest by outsiders which in the past included Alexander the Great and Genghis Khan. We are hoping for a return visit to this very special part of the world.

Irkutz is more truly 'Siberian' by heritage and architecture. On old China trade routes and rivers like the Angara, the city dominates an area of forests and rolling hills. Old wooden

buildings are distinctive with a rich adornment of carvings on trimmings and shutters. Colonized only in the last three hundred years to hunt the sable and work the mines, some of these settlers went on to Alaska, or as they say, Russian America. A bus driver maintained that "when the American lease was up" Alaska would return to Russia. None of our Alaska travelers seemed concerned.

Nearby Lake Baikal reminds one of a wide Lake Chelan without the Cascade Mountains. The deepest lake in the world, it holds a great variety of sea life including seals, landlocked following a past age when Siberia was ocean bottom. After our ride here on a hydrofoil we survived a gala luncheon which, like gala dinners, means copious quantities of Vodka washed down with champagne. One develops the feeling of immortality during these events.

The feeling of vast spaces and loneliness of Siberia finally became truly apparent on a side trip to the North Country around Bratsk. Those who



work in this backwood station of hydroelectric dams (including one twice the size of Grand Coulee), in lumbering and in Russia's biggest pulp mill get special pay and vacation privileges because of the harsh climate. For those who hunt and fish, the area has abundant big game and no limits.

Our journey partially satisfied an abiding curiosity about Russians and their way of life. A fascination for peo-

ples with strange ways of life is not altered by visiting, it is only enhanced. Experiences come with variety and exhausting rapidity so that one wants to return, if only to savor them more fully and with more leisure. We would especially like to spend more time in the southern areas, including the Black Sea area with a return to the Caspian Sea, which we visited on an earlier trip. There was not time for extended visits to medical facilities and the quick view afforded has only made us more curious.

A strong feeling of thanks manifested by a loud cheer overwhelmed each of us when our Boeing 707 left the runway at Khabarovsk for the return to Anchorage. We all returned with a much stronger faith and love for the American system and way of life.

—JIM AND MARGE WICKS.

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Tacomans Help Spark WSMA Meet; Face Issues In Caucus

The Pierce County Medical Society delegates were on hand and in action at the September meeting of the Washington State Medical Association in Spokane. For the first time in many a year, delegates from this County held a breakfast caucus meeting on the morning of the day of the final session of the House of Delegates, to review all issues that were at stake and discuss the pro's and con's of each.

Society President Bob Ferguson not only organized and presided at the County Caucus, but he served ably in one of the key positions in the State meeting—that of Chairman of Reference Committee "A". State Trustee Dr. Jim Hazelrigg, also from Pierce, served on Reference Committee "D". The four main reference committee meetings are the basic areas of confrontation where individual members are sounded out in the effort to establish policies of the State Association. Final decisions are polished up and voted on in the House of Delegates, where Dr. Ferguson presented the report of his committee.

Dr. Herman Judd, as chairman of the Necrology Committee, rose before the House of Delegates and read with dignity the names of the 43 Washington State physicians who had expired during the year, including 7 from Pierce County.

Delegates representing Pierce County were, besides Dr. Ferguson, Robert W. Florence, Kenneth D. Graham, Herman S. Judd, Edmund Kanar, Robert W. Osborne, and Charles Reberger. Also helping to represent our area in the House of Delegates were Association Vice President Charles P. Larson, Trustees James E. Hazelrigg and Del Lambing,

and Speaker of the House Stan Tuell. The latter three were re-elected to the same positions for the coming year.

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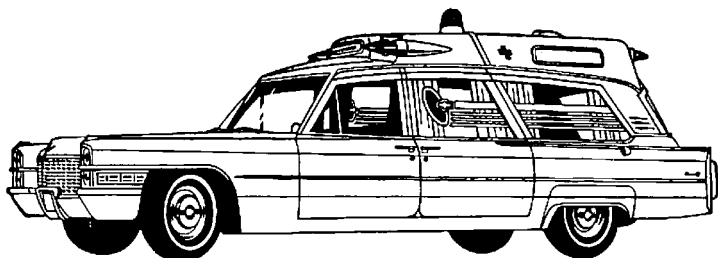
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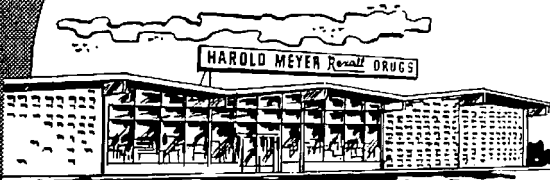
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Program — Mrs. Marian Phillips,
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What's it all about, Alfie? You'll find out at the November meeting from our State President Marian Phillips of Spokane. The lady directing State Medical Auxiliary has not just happened upon that office, as we all know. By hard work, dedication and expertise the State President capably holds the reins,

and her presentation of state auxiliary affairs will be of much interest. Mrs. Phillips will discuss programs of the county auxiliaries and outline plans for the year. She will be accompanied by the State President-Elect.

President JoAnn Johnson reminds us that we shall also meet the nursing scholarship recipients at the November meeting, plus there will be a report by the newly formed "ad hoc" committee on possible money raising projects. This committee will bring us an explanation of the Tacoma General Hospital School of Nursing Educational Round Table. You'll want to be informed.

DUES REMINDER

Lest you think we are nagging, we won't say a word about dues. Two months have passed . . . you wouldn't want to be left out as a non-contributing member. Florence Dean is the gal for whom you are looking!

"GRACIAS"

TODAY'S HEALTH is a gift much appreciated by the Tacoma and Pierce County schools. Our President's mailbox has been brimming with thank-you notes from librarians, principals, and school personnel who find this informative magazine an excellent supplement for their classroom work. It comes to them through the courtesy of Medical Auxiliary.

NOMINATING COMMITTEE

Sherry Johnson, who is chairman of the nominating committee, will be assisted by Board representatives Jean Camp and Helen Florence, and membership representatives Keaty Gross and Linda BeMiller. If you have suggestions for them please call Sherry.



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VOLUNTEER NURSES

Community Health Chairman Jane Moosey represents Auxiliary as a member of the steering committee handling the Rubella program in Pierce County from October 26th to 30th, and in the Tacoma schools November 4th and 5th. Auxiliary was asked for volunteer nurses with 54 members responding to the call. The State Health group involved with the project was most appreciative of the generous response.

AMA-ERF DEADLINE

Deadline date for the AMA-ERF Christmas card project is November 15th. Toni Bourne is offering a one week's grace period, but not one minute longer. Your tax deductible check should be made out to AMA-ERF and sent to: Mrs. Marvin L. Bourne, 1537 Weathervane Ct., Tacoma 98466. Stationery is available at this time and throughout the year. Ask Toni.

—INEZ M. PIPE

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- Mrs. Alva Miller, 9619 Lk. Steilacoom Drive S.W. JU 8-4677
- Mrs. Bernard Pipe, 12629 Gravelly Lake Drive S.W. JU 4-0825
- Mrs. Thomas Skrinar, 424 North C BR 2-0486
- Mrs. Paul Smith, Jr., 3404 No. Adams SK 2-6201
- Mrs. George Tanbara, 710 No. Yakima Ave., BR 2-5235
- Mrs. Stanley Tuell, 3650 Browns Pt. Blvd., WA 7-1117

Doctors, Nurses Air Grievances, Problems At Joint Confab

Fifty doctors and 50 nurses got together at a long-overdue all-day get-acquainted session at the Sea-Tac Motor Inn on Saturday, Oct. 17. The joint meeting of representatives from the Washington State Medical Association and the Washington State Nurses Association was the first meeting of its kind in an effort to establish better rapport and understanding between the two intimately-allied but sometimes loosely-coordinated professions.

Billed as the "first annual Washington State Physician-Nurse Conference", the meeting was set up by Dr. Harold E. King and Dolores Little, R.N., co-chairman of the WSMA-WSNA liaison committee.

Keynote speakers at the meeting were J. W. Walker, M.D., a member of the AMA Committee on Nursing, from Jacksonville, Florida, and Hildegard Peplau, R.N., the scholarly President of the American Nurses Association, from New York.

Representing local factions on the program were Tim Hayes, President of the State of Washington Associated Nursing Students (SWANS); Anne Rohweder, R.N., Coordinator, Nursing Program, Olympic College in Bremerton; Madeline Leininger, R.N., Ph.D., Dean of the School of Nursing at the University of Washington; Richard A. Smith, M.D., Director of the Medex Program; and Roy Schwarz, M.D., Assistant Dean of Admissions at the University of Washington.

Sponsors of the affair felt the joint meeting was a fruitful one and anticipate a more aggressive interest in the next annual meeting of the logical coalitions of professions.

Three physicians from Pierce County attended the meetings.

Alligators in New York

By GEORGE A. RACE

It was the beginning of an every-day kind of day at the office. I sat down at the desk and lit my pipe. My nurse, Eileen Wanous, came in, put the mail on the desk with a cheery, "Good morning, Boss," then casually dropped a bomb in my lap.

"Did you know," she asked with studied unconcern, "that there are alligators in New York City?" She started to leave.

"Now wait one cockeyed minute," I said, yanking the pipe from my mouth.

"What's so surprising?" She raised her eyelashes as if to say, "Any fool would certainly know that."

"What's so surprising?" I echoed. "I lived in New York for twenty-six years and there are absolutely no alligators in . . . wait . . . oh . . . ha, ha . . . Guess you almost got me there. Why of course there are. In the Bronx zoo, in the Central Park zoo, in the . . ."

"No," she said. "What I mean is, there are alligators in the *sewers* of New York."

"Eileen," I said, as gently as I could. "You're crazy."

"But a friend of mine read about them in a book."

"Book, shnook. The fount of all knowledge is the Tacoma News Tribune. If anyone should know, they should."

We sent a letter of inquiry to the Trib and an answer came back in a few days. Eileen and I read it together.

"Several reputable authors have stated that alligators have been found in the sewers of New York City. We do not have specific information as to how this came about, but it seems probable that some pet alligators escaped or were let free by their owners." Apparently they started as small pets in an aquarium, but gradually grew to bathtub size. They were no longer cuddly pets but snapping beasts. The owners were reluctant to kill them or to deposit them in a garbage can. What simpler means was there for getting rid of them than to flush them down a toilet? Some of them supposedly survived the swift currents, found their way to a warm, dead-end tunnel and thrived there on sewage.

"For further information," the Tribune concluded, "we suggest you read Meyer Berger's New York".

A copy of an advertisement for the book was enclosed with the provocative title, "Where in the world are there alligators in the sewers?"

Eileen didn't exactly say, "I told you so," but she spent the rest of the day purring like a satisfied feline.

A perusal of Berger's book revealed a brief reference to a Mr. Teddy May, a former New York Sewer Commissioner. It mentioned that, besides recovering murder weapons and robbery loot, he had cleaned the sewer system of a rash of alligators.

I was puzzled by such brief mention of an enticing subject, so I sent a letter to the New York Department of Sanitation. The reply, I felt, more than evened the score with Eileen. They wrote that this matter was properly under the jurisdiction of the Office of the Borough President of Manhattan, but enclosed an article from SWEEP, the Department's monthly bulletin:

"We have previously checked this matter through official sources, and have talked to engineers and others who have been in the public works field for decades. But never have we been able to obtain eye-witness confirmation that reptiles have survived gasses and other hazards and have taken up abode in our sewer system. Lack of evidence has forced us to conclude that alleged alligators are perhaps poor relations of the Loch Ness branch of the family."

An uneasy truce pervaded our office for the next few weeks, during which time Eileen and I were extra-polite to each other. I had the feeling that it wouldn't last. And I was right. I came to work one day and found a book on my desk by Robert Daley entitled, "The World Beneath the City." There was a marker at page 187 and the title of the chapter was, not surprisingly, "Alligators in the Sewers."

Won't that girl ever give up, I wondered.

Here, too, Teddy May was the hero of the hour. Following claims by his inspectors that there were alligators in the sewers and that sometimes the inspectors had escaped from the beasts

by the narrowest of margins, Mr. May swore his checkers were drunk and at first checked the checkers for clandestine drinking. But he finally descended to the area they described and, "by the beam of his own flashlight, spotted alligators whose length, on the average, was about two feet."

The book went on to describe how Teddy May finally eliminated them. Some succumbed to rat poison. Others were harassed into swimming into main lines where the swift current washed them out to sea. And a few were hunted down by the inspectors with .22 rifles and pistols in what must have been the most unusual hunting on earth—a sewer safari.

Eileen purred again. Sweetly, she said not a word about alligators, but the balance of power had definitely shifted.

In desperation, I remembered the suggestion of the Sanitation Department and wrote to the president of the Borough of Manhattan. Whereas all our previous correspondence had been a joint effort, I sneaked this one out under the cover of night. For if the answer gave her any more satisfaction, I was sure I'd have to abdicate.

The answer was five weeks in arriving and the office situation was rapidly deteriorating. But Mr. Anthony Denargo, the chief engineer of the office of Borough Works, by one fell swoop, restored my status and evened the score.

"We wish to inform you that over the past years we have had many inquiries on this subject, prompting investigation of every record available to establish the authenticity of these reports. To date we have not been able to find one shred of evidence to substantiate the claim that any such condition ever existed. In our opinion, it is a complete fallacy."

A tie! Face had been saved on either side. You know, I'd never admit it to Eileen. But the concept of big game hunting by flashlight deep in the bowels of New York City fascinated me. Hmmm. It couldn't all be fallacy, could it?

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New Techniques Tried To Secure Prescriptions

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The second is from either the young husband or the wife whose spouse is being treated for alcoholism by their "doctor in Chicago". They are going to spend an extra two weeks of vacation here in Tacoma and "would you phone in his prescription for Ritalin".

Influenza Vaccine

The following is abstracted from the recommendations of the USPHS Advisory Committee on Immunization Prac-

tices, and the MMWR, Aug. 22, 1970: Though ordinarily a disease of cyclic epidemic pattern, influenza has occurred in epidemic proportions the past 3 years. Since there has been no change in the antigenicity of the prevalent Hong Kong A₂ strain, to which many persons have been exposed, no widespread epidemic is expected this year. However, the possibility of the appearance of either influenza B or a new A strain has again prompted the recommendation of vaccine for selected groups considered to suffer the greatest morbidity risk. Priority should be given to persons of all ages with chronic debilitating diseases and to older persons in whom influenza may intensify incipient disease.

The antigenic composition of the vaccine is unchanged from that of last year, and includes the most recently prevalent A and B strains, inactivated.

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MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m. at Ceccanti's
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each month except June, July and
August—6:00 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Friday of March, June, September, December—
7:15 a.m. at New Yorker Cafe
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

DECEMBER 1970

TACOMA, WASHINGTON

VOL. XLI—NO. 12



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
DECEMBER 8**

Pierce County Medical Society

1970

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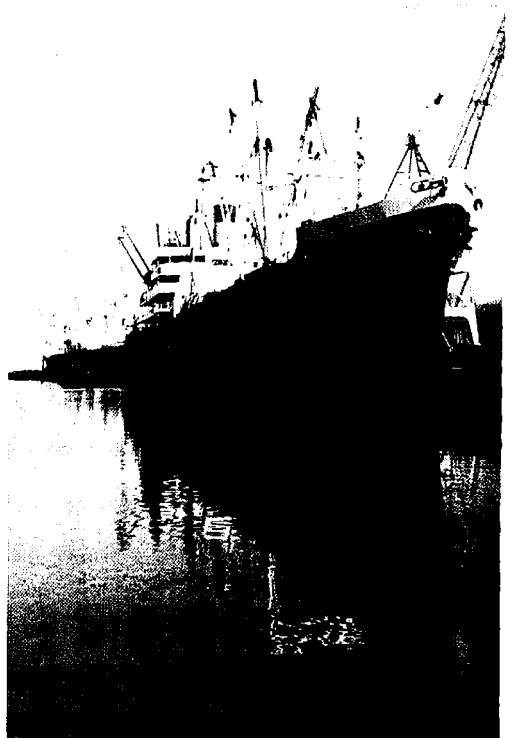
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COVER PICTURE: Ships from around the world load and unload cargo at Pier 7, Port of Tacoma.

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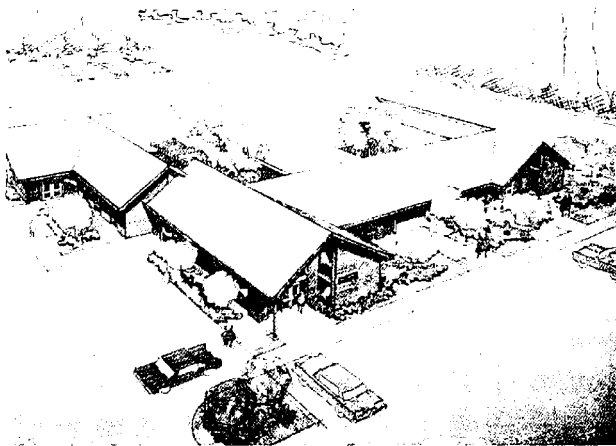
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December Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<p>1</p> <p>Staff of Tacoma General—6:30 p.m.</p> <hr/> <p>Cardiac Study Group—TGH—8-9 a.m.</p> <hr/> <p>C.P.C. of Mary Bridge</p>	<p>2</p> <p>Surgery Grand Rounds—T.G.H. 8-9 a.m.</p>	<p>3</p> <p>Pierce County Pediatric Society 6:30 p.m.</p> <hr/> <p>Mary Bridge Cardiac Conf. 6:30 a.m.</p> <hr/> <p>C.P.C. of St. Joseph's 8 a.m.</p>	<p>4</p> <p>Hematology, Oncology Study Group—TGH 8 a.m.</p>	<p>5</p>
<p>7</p> <p>Tacoma Orthopedic Society—6 p.m.</p> <hr/> <p>Tacoma Chapter of American Psychiatric Assoc.</p>	<p>8</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.</p> <hr/> <p>Neurol. Study Group—TGH—8-9 a.m.</p> <hr/> <p>C.P.C. of Mary Bridge</p>	<p>9</p> <p>OB-GYN Conf. T.G.H. 8-9 a.m.</p>	<p>10</p> <p>Mary Bridge Cardiac Conf. 6:30 a.m.</p>	<p>11</p> <p>Hematology-Oncology Study Group—T.G.H. 8 a.m.</p>	<p>12</p>
<p>14</p> <p>Staff of Good Samaritan 6:30 p.m.</p>	<p>15</p> <p>Tacoma Surgical Club 6:30 p.m.</p> <hr/> <p>Cardiac Study Group—TGH 8-9 a.m.</p> <hr/> <p>C.P.C. of Mary Bridge</p>	<p>16</p> <p>Medicine Grand Rounds—T.G.H. 8-9 a.m.</p>	<p>17</p> <p>Mary Bridge Cardiac Conf. 6:30 a.m.</p> <hr/> <p>C.P.C. of St. Joseph's 8 a.m.</p>	<p>18</p> <p>Hematology-Oncology Study Group—TGH 8 a.m.</p>	<p>19</p>
<p>21</p> <p>Staff of St. Joseph's 7:30 p.m.</p>	<p>22</p> <p>Tac. Acad. of Internal Medicine 6:30 p.m.</p> <hr/> <p>Neurol. Study Group—TGH—8-9 a.m.</p> <hr/> <p>C.P.C. of Mary Bridge</p>	<p>23</p> <p>Path. Cancer Con.—T.G.H. 8-9 a.m.</p>	<p>24</p>	<p>25</p>	<p>26</p>
<p>28</p> <p>Pierce County Chapter AAGP 6:30 p.m.</p>	<p>29</p>	<p>30</p>	<p>31</p>		



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PIERCE COUNTY MEDICAL SOCIETY MEETING**Tuesday, Dec. 8**

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PROGRAM - - - 8:15 P.M.**"Discussion of University of Washington
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Drs. Van Citters and Lein

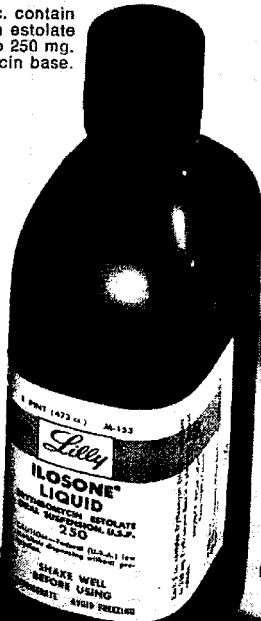
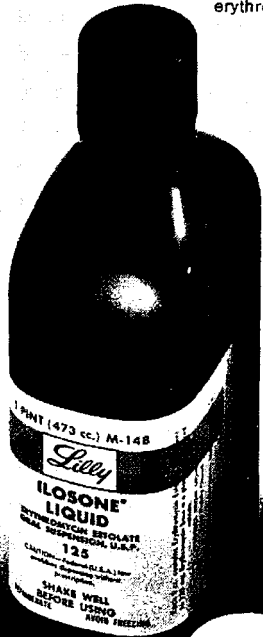
.

Social Hour: 6:00

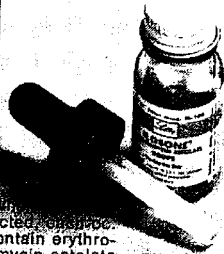
Dinner: 6:45

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Medical Staff Officers Elected

Dr. Maurice Origenes has been elected president of the Mary Bridge Children's Hospital Professional staff. Dr. Origenes graduated from the Catholic University of the Philippines Medical School in 1954 and interned at Buffalo General Hospital. He joined the Mary Bridge staff in 1967.

Dr. James Schneller was elected vice-president and president-elect. A native of Montana, Dr. Schneller graduated from St. Louis University Medical School in 1956 and interned at St. Vincent Hospital, Portland. He has been on staff here since 1968.

Dr. Robert Whitney was elected secretary. Born in Springfield, Mass., Dr. Whitney studied medicine at Yale, graduating in 1955. He served his internship at University of Minnesota Hospital and joined the Mary Bridge staff in 1965.

New executive committeeman of the staff is Dr. Stanley Tuell. A native Tacoman, Dr. Tuell graduated from Northwestern University Medical School in 1944 and interned at Swedish Hospital, Seattle. He has been on the Mary Bridge professional staff since 1955.

President of the medical staff of Lakewood General Hospital is Dr. Herman Judd, a native of Tacoma and a graduate of the 1941 class of Creighton University. Dr. Ted Haley, who was also born in Tacoma, is president-elect. He graduated from the University of Rochester in 1947.

Dr. Herbert C. Kennedy is president of the professional staff of Allenmore Hospital. Dr. Kennedy was born in Aurora, Indiana, and is a graduate of the Indiana University School of Medicine, class of '51.

Dr. Richard T. Vimont is president-elect of the medical staff of St. Joseph's

Hospital. Dr. Vimont was born in Tacoma and graduated from St. Louis University School of Medicine in 1945.

President-elect of the professional staff of the Doctors Hospital is Dr. James Hazelrigg who was born in Nebraska and graduated from the University of Nebraska in 1954.

President of the medical staff of Good Samaritan Hospital for the coming year is Dr. Walter M. Arthur, who is a 1962 graduate of the University of Nebraska.

"Where's Tacoma?" Jack Hilger's Paper Prevents Shutout

Tacoma physicians contributed quality, but a minimum of quantity, to the scientific sessions of the Washington State Medical Association meeting in Spokane in September. There were 105 physicians from our state listed in the "Index of Speakers" in the program. The "score" for the three metropolitan cities in Washington was as follows:

Seattle	59 speakers
Spokane	54 speakers
Tacoma	1 speaker

The only Tacoma doctor presenting a paper at the meeting was John R. Hilger, who presented a paper on "Nasal Deformity and Its Consequences" during the ENT Scientific Session on Wednesday morning, the last day of the meeting.

Any Tacoma physicians who feel disheartened by this lack of scientific initiative by this medical community can take heart in the fact that numerous other communities in the State each provided only one contributor to the program. Among others, there were Cheney, Enumclaw, Kennewick, and Sedro-Woolley.

There, that makes you feel better, doesn't it?

News From Committee On Continuing Medical Education

The attendance at the clinical conferences held weekly in Tacoma General Hospital has been at times encouraging, but many of you may wish to know that there is plenty of room available, even for late arrivals, although we especially invite you for 8 o'clock and gladly provide coffee and doughnuts.

This fall quarter there has been no formal course for physicians at the University of Puget Sound but a course will be starting on the 6th of January, on Wednesday, and will run weekly from 7:30 to 9:30 for ten weeks.

This course is on Sexuality and Sex Education for Physicians and will be guided by Professor Nathaniel Wagner. It's a highly practical course and promises to be most helpful to all of us in practice. We have already received many applications and, as the number of places is limited, we urge you to apply early.

The two courses which have been currently held at the University of Puget Sound, one on current drug therapy for licensed practical nurses and one on modern developments in medicine for allied health personnel, have both been over-subscribed and seem to have been highly successful. They will terminate within the next two weeks.

On the first of November, Doctor Bruce Stevenson started his two months' residency training in internal medicine at Tacoma General Hospital. This is the result of a special arrangement between the Regional Medical Program, University of Washington and your local committee on continuing medical education. There are other participating hospitals in the state, notably in

Yakima, Spokane and Wenatchee. These programs hope to acquaint physicians in residency training with the ways medicine, surgery, family practice and others are conducted in major community hospitals which are distant from the university and its unified courses.

We welcome Doctor Stevenson to Tacoma and hope that this program will continue successfully.

Finally, let me remind you that members of the Committee on Continuing Medical Education are always ready to listen to any of your suggestions and to help you in any way they can.

—MARCEL MALDEN, M.D.

Arterial Catheterization Danger Reported By Tacoma Surgeons

Fellow surgeons were warned of the potential hazards of arterial catheterization in a paper presented by Doctors Thomas O. Murphy and Clinton A. Piper at the North Pacific Surgical Association during its annual meeting in Spokane, November 13 and 14. The Tacoma surgeons commented on the increasingly commonplace usage of this and similar procedures by a number of different specialties, noting that the relative simplicity of the technique might lead some physicians to ignore the possibility of significant complications.

The entire range of complications was reviewed and discussed. Dr. William R. Sweetman, Portland surgeon, was formal discussant for the paper, which stimulated considerable informal discussion.



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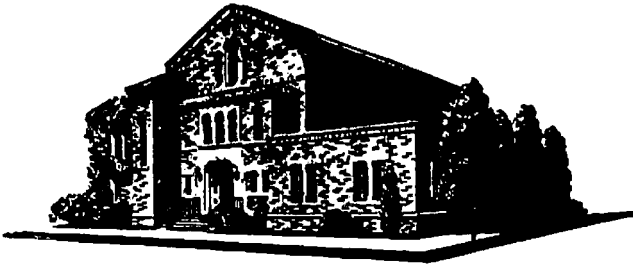
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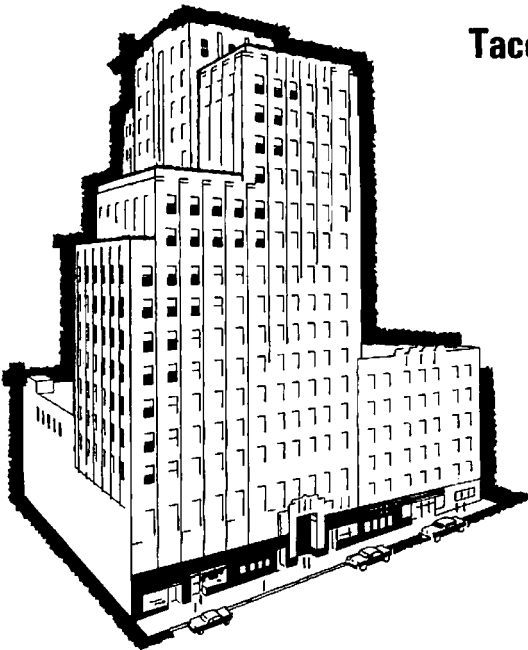
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PIERCE COUNTY HEALTH COUNCIL

The Pierce County Health Council is the locally and regionally recognized health planning organization for Pierce County. It is the local arm of the Puget Sound Comprehensive Health Planning Council.

The Pierce County Medical Society has participated in the council's organization and development with the active involvement of Paul Bondo, James Hazelrigg, Orvis Harrelson, Stanley Mueller, George Tanbara, Charles Reberger, Richard Vimont and others.

All council activity to date has been accomplished by the membership without any staff assistance. Planning money now generated in Pierce County and funneled through the Pierce County Health Council to the regional body will provide matching funds from the regional federal grant for local staff services.

The membership of the health council is convinced that the planning for the health needs of our community is important and can be realistically accomplished with the staff services of a planner.

The following includes the objectives and history of the health council organization and activity to date:

Membership: Community wide representation of health care consumers and providers with 51% minimum membership of the consumer group.

Purpose: To promote and improve the quality of life for people in Pierce County.

Mechanism: Comprehensive planning—health education, facilities, manpower and services—through cooperation and coordination among all agencies, groups and individuals involved in the health field.

Legislation: Comprehensive Health Planning and Public Health Services

Act of 1966 (P. L. 89-749), Partnership for Health Amendments of 1967 (P. L. 90-174).

Planners:

County—Pierce County Health Council.

Regional—Puget Sound Governmental Conference Comprehensive Health Planning Committee.

State—Comprehensive Health Planning Advisory Council.

Objectives:

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

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

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

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

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

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

7. To develop coordinated plans for the guidance of community effort to meet personal and environmental health needs—including but not limited to the utilization of medical, dental and health service organizations, voluntary health organizations, labor, governmental agencies, educational institutions and business and industry resources.

8. To provide to the public and to those in the health field information with regard to community health needs and resources and, where necessary, stimulate and/or contract for appropriate action.

History Organization

1968—Concerned people in the community agreed Health Council should be organized.

Steering Committee selected.

By-Laws presented—Delayed for inclusion of components to meet requirements for CHP (Comprehensive Health Planning).

1969—Reviewed all possible organizational structures.

Decided to organize formally with major purpose of Comprehensive Health Planning.

Recognized by PSGC (Puget Sound Governmental Conference) as Comprehensive Health Planners for Pierce County.

By-Laws accepted.

Pierce County Health Council Incorporated, Board elected—officers elected—representatives to Regional Health Planning Steering Committee selected.

Recommended to PSGC names for Pierce County delegates-at-large for regional steering committee.

Reorganized Council structure for future action.

1970—Recognized by Resolution of the Pierce County Commissioners as the Comprehensive Health Planning Organization for Pierce County.

Activities

1968—Community agencies and organizations sharing health information and plans.

Action Committees established . . .
School Health — Health Directory —
Smoking and Health — Sex Education
— Comprehensive Health Planning.

All Action Committees developed projects affecting the community.

1969—Action Committees continue projects.

Liaison established with Human Relations Commission, Urban Coalition, Model Cities Design for Progress.

Proposals reviewed for acquisition of Mountain View General Hospital and presented recommendations on bidding specifications.

REO given assistance with grant application for a project to assess health needs in rural Pierce County.

1970—Local Health information compiled.

System developed for identifying health issues, investigating and proposing alternative solutions.

Health issues tackled during 1970:
Transportation as a barrier to health care.

Coordinated information and referral service.

Grant proposals from Pacific Lutheran University, School of Nursing and community mental health center reviewed.

Continuing dialogue between major hospitals in relation to future plans to meet community needs.

Pierce County Health Council

649 County-City Building

Tacoma, Washington 98402

Telephone: FU 3-3311, Ext. 385

News From C.O.M.E.

Shortly your College of Medical Education will complete its two current courses. The courses have been "Current Trends in Medicine" and "Drug Therapy for the L.P.N".

All physicians are invited to attend and participate in "Sexuality and Sex Education For the Physician". This will begin Wednesday, January 6, 1971, from 7:30 P.M. to 9:30 P.M. and will continue every Wednesday thereafter for 10 weeks.

Further courses both for physicians and other health professionals will be announced for this winter and spring.

—J. G. KATTERHAGEN, M.D.

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J. RODERICK DELEHANTY AT THE COUNTY MEDICAL SOCIETY



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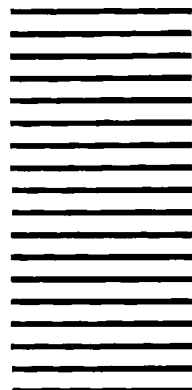
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—J. G. KATTERHAGEN, M.D.

American Board Of Family Practice

Family Practice was recognized and approved as a specialty in February 1969, by a joint action of the Liaison Committee of the Advisory Board for Medical Specialties and the Council on Medical Education of the American Medical Association. In February 1970, 2,078 physicians took the first board examination, which was a two-day examination given in various parts of the country. 81% of those taking the examination passed. These physicians, together with the passing candidates from the second exam, to be given in February 1971, will constitute the Charter Members of the American Board of Family Practice.

Eligibility to take this examination is determined by three different categories: 1) Successful completion of a three year family practice residency. 2) Current membership in the American Academy of General Practice with re-certification in the immediate past six years, which means that 300 hours of approved continuing medical education courses must have been attended. 3) The third is a combination of the residency and practice requirements.

Two unique provisions of the new specialty are: 1) No grandfather clause and 2) periodic re-certification.

The examination given in February 1970, consisted of multiple choice testing, film testing and program testing. Thirty-six major medical centers throughout the United States were designated as testing sites. Each candidate for certification was tested by the same procedures regardless of his classification (i.e. resident or practicing physician). Certification by the American Board of Family Practice is valid for a six year period, after which re-evaluation and re-certification will be

necessary by a similar type of examination as the original test.

Future training for this Family Practice specialty might be best summarized by a quotation from E. Morris Backett from the conference sponsored by the Family Health Care Program in the Harvard Medical School:

"The family doctor should be trained in the medical school and post-graduate courses to be patient-oriented or family-oriented and not disease-oriented. He needs to be trained to keep a continuous and comprehensive medical picture of his families, not waiting for his patients to approach him in a crisis. He needs to become a specialist in family medicine and to concentrate his training and efforts on family-centered medicine."

In summary, a number of national medical and community reports have led to the recognition of Family Practice as a specialty. This specialty is recognized as the twentieth primary specialty. It is hoped that through creation of this new board that a new meaning will be given to the primary physician and that young men entering medicine will be further interested in entering this field, now that it has certification status along with the rest of the specialties.

—JAMES M. BLANKENSHIP, M.D.

Notes From the Hematology-Oncology Study Group

During the months of November and December, the study group has concerned itself with neurological manifestations of hematological and neoplastic diseases. Several excellent reviews concerning brain tumors and pituitary tumors have been presented by Doctors Dimant and Delyanis respectively.

From these presentations and the ensuing discussions, it has become quite obvious that there has been no great "chemotherapeutic" breakthrough. The key to success with these tumors remains as before, with early diagnosis and then the primary therapeutic pathway being the surgical approach. In some cases of primary brain tumor and/or pituitary tumors radiotherapy continues to maintain a place in the therapeutic regime.

As always, the last 15 to 20 minutes of the hour have been reserved for cases of current interest. Many exceedingly interesting hematological and neoplastic cases have been presented during the last month by the physicians in attendance. Dr. Hopkins presented a follow-up of a young woman with far advanced choriocarcinoma, metastatic to the lungs, who was near death at Tacoma General Hospital in the Spring of this year and who currently now is apparently disease free and living a normal life on therapeutic doses of Methotrexate combined with hysterectomy.

All physicians are encouraged to attend this conference and particularly to bring forth their interesting problem cases at the end of the hour for presentation and consideration by the group. Just simply contact Miss Von Brooke prior to the conference and tell her of your case and it will be put on the docket.

—J. G. KATTERHAGEN, M.D.

Watch That Cork! It Could Put Your Eye Out; Here's How

If they ever put a health-hazard warning on champagne bottles, it'll probably read: "Warning: the cork from this champagne bottle can cause blindness."

Judging from sales statistics, champagne bottle corks will be popping off about 20 times as often during the coming holiday season as they do during the rest of the year and, according to records compiled by the National Society for the Prevention of Blindness, the cork zooms from the bottle at a speed of 45 feet per second. Many cases of permanent visual impairment from flying corks were reported to the Society during the past year, along with numerous cases of temporary injuries.

In a case in New York State, the jury ruled in favor of the plaintiff who suffered a permanent eye injury when struck by a flying cork and sued the bottler, claiming that the cork came out as he loosened the retaining wire.

The plastic stoppers used atop many domestic champagne bottles are even more dangerous than the conventional type, and should be handled with appropriate care. Proper technique involves chilling the bottle first, which reduces the pressure, then keeping the cork covered with a napkin while easing it off.

A CONTRAINDICATION TO RUBELLA VACCINATION

Rubella vaccine should not be given to pregnant women because of its unknown but possible teratogenicity. If vaccination of a woman of child-bearing age is contemplated, her susceptibility to rubella should first be shown by serologic test. If susceptible, the patient may be vaccinated if she is not pregnant and follows a medically acceptable regimen for the prevention of pregnancy for at least 2 months after vaccination.

If, despite these precautions, a patient is found to have become pregnant shortly before or after vaccination, we request that her physician notify his local health department.

MEDICAL SOCIETY OFFICERS NAMED



Dr. Robert W. Florence will be the 1971 president of the Pierce County Medical Society. Serving with him will be the following officers selected by the Nominating Committee:



Dr. Lester S. Baskin, president-elect; Dr. James T. Hazelrigg, vice-president; Dr. George Tanbara, secretary-treasurer. New members of the board of trustees are Drs. John Kemman, John Liewer and John Comfort. Dr. Herman Judd was named delegate and Dr. Thomas Clark, alternate delegate, both for a two-year-term.

Finch Proposal On Part C for Medicare . .

HEW Secretary Finch has made a proposal to the House Ways and Means Committee calling for an additional option to current Medicare arrangements, in what he describes as "health maintenance organizations" (essentially closed panel groups of physicians linked to facilities and providing care financed on a per capitation basis). AMA proposed to the House Ways and Means Committee that the Committee carefully examine the existing opportunities under present laws for government-funded experiments (such as Health Insurance Plan of New York City) to determine the validity of claims made for this option before taking a further step. The complete presentations of Secretary Finch and the AMA are available to interested members upon request to the WSMA Central Office.

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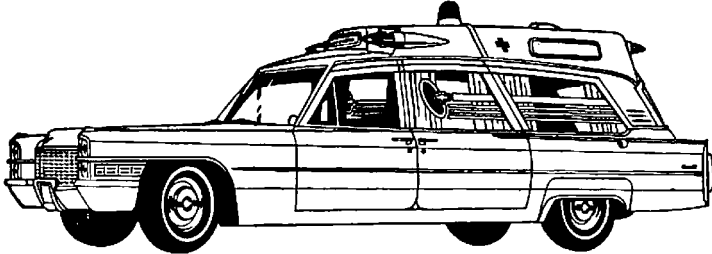
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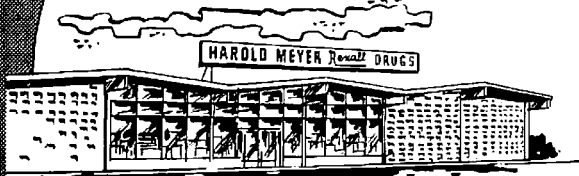
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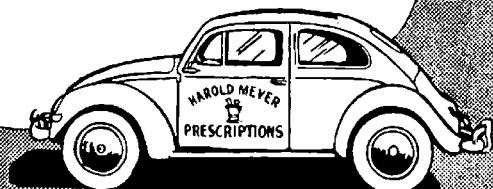
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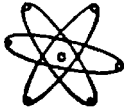
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NO MEETING IN DECEMBER

Friday, January 15, 1971

Luncheon — 12:00

Tacoma Golf and Country Club

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Medical-Dental-Legal

Program—Mrs. Don Williamson of
Bellevue—"The Hat and I"

While your mind is considering the January meeting (we hope the Farmer's Almanac is wrong), let us again assure you that Mrs. Williamson is a most entertaining and knowledgeable speaker. Hats have been an avocation with her since college days when she appeared at the U. of W. football games with a conversation piece atop her head. Her hats were always clever and always her own creation. Her interest in hat-making led her to the wider interest of the history and collection of period hats. Her large assortment now includes hats from every period of our country's history and from all regions including the Southern belle's finery to the sun-bonnet of the Western plains. We think you'll have a most entertaining afternoon with this lovely and vivacious lady. Mark the date!

CHRISTMAS SHOPPING BLUES?

Do your Christmas shopping the easy way. Call Kit or Kimi (SK 9-4655 or BR 2-5235). They have THE Cookbook gift-wrapped and ready for mailing and will take the work and worry off your mind.. You know it's always a most welcome gift. Consider it for your hard-to-buy-for bachelor friends.

MERRY CHRISTMAS TO ALL!

—INEZ M. PIPE.

Speaking of the Cookbook leads me to the Tasting Luncheon report of 143 attendees and 69 Cookbooks sold. Co-Chairmen Gen Hansen and Roberta Millett planned well for convenient serving from the "groaning" buffet table. Compliments floating around from members and guests alike, mingled with the tantalizing aromas of the gourmet dishes.

Since the luncheon, two super saleswomen, Dorothy Grenley and Audrey Hori have sold 22 and 44 books respectively. Great work.



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WERE YOU THERE?

A disappointing turnout greeted State President Marian Phillips and President-Elect Peg Mosiman at the November meeting at Lois Stillwell's. Marian had praise for the work of the Child Treatment Center at Western State Hospital which she visited. She cited the value of this center which is the only one of its kind in the state. Peg Mosiman stressed the importance of giving more attention to the proper feeding of our families. Even in so-called prosperous homes there is often a nutritional lack. Did you know that the Basic 7 has been changed to the Basic 4? This is what they are teaching the elementary school children, and for those of us who no longer have school children to inform us, here it is:

1. For building muscles: Milk and milk products.
2. To glow: Meat and eggs.
3. To make ready: Vegetables and fruit.
4. To grow: Bread and cereals.

Ah ha! Not wishing "to grow", it's plain to see what to avoid.

MEDICINE FOR MISSIONS

Emilie Irvin (JU 8-4515) asks that you remember the supplies needed by Medicine for Missions. Please take some time before Christmas to ask your doctor husband to check his discarded Journals or extra samples which are so welcomed by our friends over-seas. Emilie will guide you to the collection office.

HOMES FOR YOUTH

At this season when your own home is happy with Christmas anticipation consider the many dependent children in need of a secure home. Reporting at the November meeting, Dorothy Grenley discussed the preliminary work of the Tacoma non-profit group seeking homes for these young people. She

said that a home has been purchased, furnished and staffed with house parents for this purpose. More homes are in the planning. You may join the work of this organization by sending \$5.00 to Pierce County Homes for Youth, P.O. Box No. 872, Tacoma, 98401.

WHITE HOUSE CONFERENCE

Dr. Nicolas A. Godfroy has been appointed representative from this area to the White House Conference for Children, Dec. 11th to 16th, 1970. This conference will draw representatives from all over the United States to consider proposals regarding the health and education of children. The prepared questionnaire distributed to Auxiliary members at the November meeting would produce a sampling of the female opinion on various questions to come before the group.

Public Health Notes

SKUNK RABIES

In July a Seattle woman was bitten by her pet skunk which was later proven to be rabid. This animal was one of 70 shipped to stores in Seattle and Portland from a skunk farm in Wolf Creek, Oregon. These skunks were the offspring of 14 wild, pregnant females which had been trapped in southern Oregon. The 14 litters were intermixed in shipment. Thus, any of the skunks might have: (a)—acquired rabies from the same source as the rabid pet; (b)—been infected by the rabid animal.

All 70 suspect skunks were eventually traced. Eight died in pet stores prior to being sold. Fifty were examined and found negative for rabies by fluorescent antibody test. Twelve died or escaped after being sold and were not available for examination. Because the rabies status of these 12 animals

could not be determined, 23 persons whose contacts with these skunks constituted possible rabies exposures were given antirabies treatment.

For severe rabies exposure, including bites on the hand, neck or head, recommended prophylaxis is passive immunization with antirabies serum, and active immunization by a primary series of 21 doses of duck embryo rabies vaccine followed by two booster doses.

Of the 62 suspect skunks sold, 39 are known to have bitten someone. Unlike cats and dogs, skunks may transmit rabies weeks before manifesting any clinical signs of the disease. Therefore the Public Health Service, the APHA and the World Health Organization Expert Committee on Rabies all advise that any wild animal—including one kept as a pet—known to have bitten a person should *not* be confined and observed, but *should* immediately be sacrificed and examined for evidence of rabies infection.

Many skunks offered for sale in this state have been imported from areas of the U. S. where skunk rabies is epidemic. The incubation period of rabies in a skunk is variable; periods of over 5 months have been reported. The keeping of skunks as pets is hazardous and should be discouraged.

Hippocrates on Regimen in Acute Diseases:

When pain seizes the side, it will not be improper to try to dissolve the pain by hot applications. The most powerful is hot water in a bottle or bladder, but first apply something soft to the side to prevent pain. Barley and tares may be infused and boiled in dilute vinegar . . . and may then be sewed into bladders and applied. Venesection, however, does not alleviate the pain unless when it extends to the clavicle.

. . . When you suspect strong heaviness of the head, or mental alienation, you must abstain entirely from wine, and in this case use water, or give weak, straw-colored wine, entirely devoid of bouquet, after which a little water is to be given in addition; for thus the strength of the wine will less affect the head and the understanding.

For watery eyes: Take one drachm of ebony and nine oboli of burnt copper, rub them upon a whetstone, add three oboli of saffron, pour in Attic hemina of sweet wine, and then place in the sun and cover up; when sufficiently digested, use it.

Auxiliary members at the October Tasting Luncheon at Christ Episcopal Church.



Helen Florence and Dorothy Grenley greeting guests at the buffet table.



President JoAnn Johnson and Co-Chairman Gen Hansen deep in discussion.



The buffet table awaiting guests



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Cookbook Chairmen Kimi Tanbara and Kit Larson display the Pierce County Auxiliary Cookbook.

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January 6, 1971	Introduction—How to Deal With Sexual Problems
January 13,	Development of Human Sexuality
January 20,	Morality and Sexual Ethics
January 27,	The Adolescent Patient
February 3,	Marital Counseling
February 10,	Sexual Problem Areas—Impotence and Frigidity
February 17,	Sexual Problem Areas—Homosexuality
February 24,	Contraception, Sterilization and Abortion
March 3,	The Role of the Physician in Sex Education
March 10,	Open for Discussion

Each Wednesday Evening for 10 Weeks: Beginning January 6, 1971—7:30-9:30 p.m., and Ending March 10, 1971.

Registration Fee \$50.00

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For further information or registration contact:

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MONTHLY MEETINGS

STAFF OF DOCTORS HOSPITAL OF TACOMA

Second Monday of Jan., April, July and Oct.—

6:15 p.m. Doctors Hospital Cafeteria

STAFF OF GOOD SAMARITAN

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

STAFF OF ST. JOSEPH'S

Third Monday of March, June, Sept., Dec.—7:30 p.m.

STAFF OF PUGET SOUND GENERAL HOSPITAL

Last Monday of February, June, September and November

TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC

ASSOC.—First Monday of October, December, February,
April and June.

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—6:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

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

STAFF OF TACOMA GENERAL

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

TACOMA SURGICAL CLUB

Third Tuesday of each month at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m. at Ceccanti's

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and
August

PIERCE COUNTY PEDIATRIC SOCIETY

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

STAFF OF ALLENMORE HOSPITAL

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

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

STAFF OF LAKEWOOD GENERAL HOSPITAL

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

TACOMA OB-GYN SOCIETY

3rd or 4th Tues. of Jan., March, May, Sept., Nov.