

The

PIERCE COUNTY MEDICAL SOCIETY

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JANUARY 1971

TACOMA, WASHINGTON

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PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
JANUARY 12**

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1971

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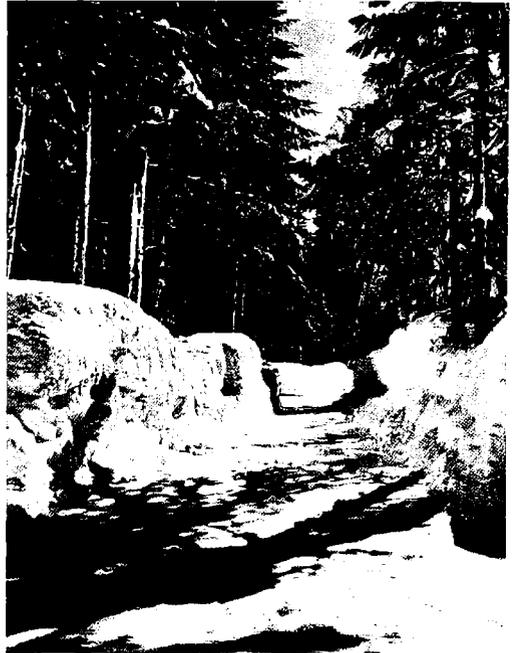
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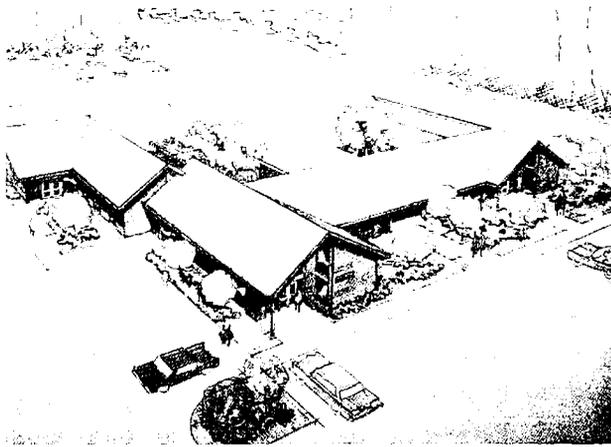
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January Calendar of Meetings

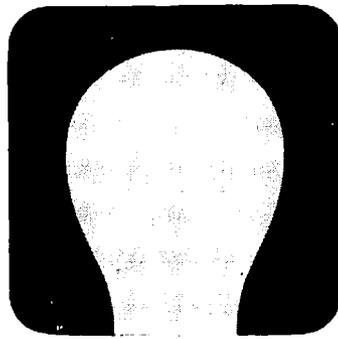
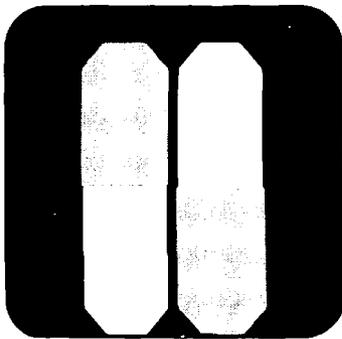
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2
4 Tacoma Orthopedic Society—6 p.m.	5 C.P.C. of Mary Bridge Cardiac Study Group—TGH 8-9 a.m.	6 Surgery Grand Rounds—T.G.H. 8-9 a.m.	7 Pierce County Pediatric Society 6:30 p.m. Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m.	8 Hematology- Oncology Study Group—T.G.H. 8 a.m.	9
11 Staff of Doctors Hospital 6:15 p.m. Neurology Study Group—TGH 8-9 a.m.	12 PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M. C.P.C. of Mary Bridge	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	19 Tacoma Surgical Club 6:30 p.m. Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge	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 Chapter AAGP 6:30 p.m. Neurol. Study Group—TGH— 8-9 a.m.	26 Tac. Acad. of Internal Medicine 6:30 p.m. C.P.C. of Mary Bridge	27 Path. Cancer Con.—T.G.H. 8-9 a.m.	28 St. Joseph's Trauma Conference— 8 a.m. Mary Bridge Cardiac Conf. 6:30 a.m.	29 Hematology, Oncology Study Group—TGH 8 a.m.	30

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PIERCE COUNTY MEDICAL SOCIETY MEETING**Tuesday, Jan. 12**

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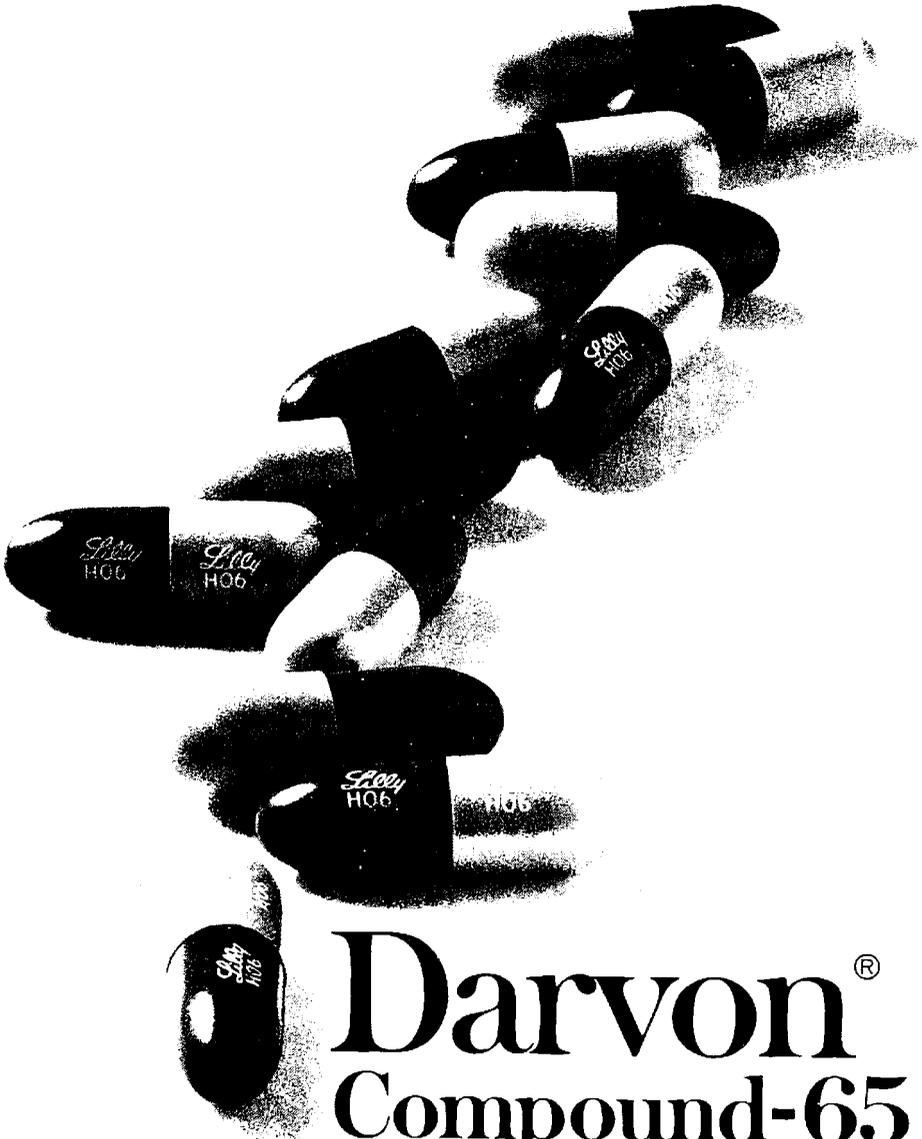
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To The Editor: The Physician and Continuing Education

Dear Doctor:

... At its Clinical Convention in December, 1968, the American Medical Association House of Delegates established the Physician's Recognition Award for participation in continuing medical education. The Award was first offered in 1969. Of the 17,000 physicians who applied, over 14,000 were found qualified and subsequently received their Award Certificate.

The purpose of the Award is to accord recognition to the physicians who participate regularly in continuing medical education and to encourage other physicians to engage in this important activity. The AMA strongly believes that all physicians should continue their education on a regular basis throughout their careers to maintain high standards of professional competence.

Application for the Award is voluntary. It is open to all physicians in the United States without regard to citizenship or AMA membership. Since a lifetime of learning is an obligation of those in our profession, the Award is planned in such a way that a physician engaged in any field of medicine may qualify.

Sincerely,

WALTER C. BORNEMEIER, M.D.

This is a reprint of a portion of a letter from Doctor Walter C. Bornemeier, M.D., the president of the American Medical Association. Most of us have received this letter but possibly some of us have not yet had an opportunity to digest its contents.

The American Medical Association not only directly encourages the present activity in the field of Continuing Medical Education but has firmly come

to indicate that it gives its blessing to the principal of annual participation in a stated number of hours of continuing medical education for all doctors. At this moment, the American Medical Association also indicates, however, that a physician who spends the prescribed minimum period of time in continuing medical education should be rewarded, not only by his increased knowledge but also by a formal recognition of his achievement in a form of the Physician's Recognition Award.

Whether or not in the future participation by physicians in Continuing Medical Education programs becomes a prerequisite for membership either in the American Medical Association or its constituent state or county societies remains to be seen, but there seems to be little doubt that pressure for such a state of affairs is mounting. Indeed, the pressure for a formal re-licensure of physicians every few years is also mounting and many people somewhere are working very hard on producing provisional working plans for re-licensure examinations of large numbers of physicians. One of the recent issues of the Bulletin of the American College of Physicians describes an examination machine, which could be programmed for medicine and is capable of checking a large number of people.

The Regional Medical Program for the States of Washington and Alaska has been very far-sighted in its early inception stages in that it provided for regionalization of continuing medical education, and many of its ideas have been widely adopted and admired elsewhere.

LOCAL OPPORTUNITIES

Here in Tacoma, our own College of Medical Education has been active and successful. The College was fortunate in having met with a great deal of support among physicians and the reception of the courses by allied health per-

sonnel has been very enthusiastic. Interestingly, this has been the experience elsewhere too. Registered nurses, licensed practical nurses, physical therapists, laboratory technicians, and others attend continuing medical education courses and in their support of such activities, put some of us physicians to shame. It is because of this that any program in continuing medical education must be judged as to its success upon its reception and effectiveness among physicians.

Two new trends are evident in continuing medical education. The one is the establishment of some methods of measurements of success of the educational courses, and the other is an increasing insistence on participatory type of course. Thus increasingly it is urged that courses should consist *not* of formal lectures and presentations but of discussion groups, panels, demonstrations, in which the audience has an opportunity to participate on a most energetic basis.

In Tacoma an effort is being made to provide continuing medical education with all variations. We have had formal lecture presentations, we have had active participation in demonstrations and the next course on Sexuality and Sex Education for Physicians will have a round-table format. A course planned for the spring quarter is essentially centered around discussions. Many clinical conferences such as the various hospitals' Grand Rounds and the Oncology, Cardiology and Neurology conferences are designed to provide practical experience and wide participation.

While the way in which these conferences have been received amongst the physicians has been good, and while generally attendance at the conferences has met our expectations, it should be stated that actual numbers attending are still very small. We realize that if we can assure an excellent demonstra-

tion, many people will come, and we are quite willing to stand or fail by our record; but we do need encouragement. We will try and bring speakers from outside, but I think we also should recognize our local Tacoma talent, and it must be very frustrating for a speaker to begin his carefully prepared presentation at 8 o'clock in the morning in the face of many empty chairs. You can show us confidence and encouragement by attending these conferences and we hope that in addition you will benefit.

A SUGGESTED STEP FORWARD

Those of you who have read the letter from the President of the American Medical Association and those of you who have read the booklet of instructions which accompanied the letter, will realize that courses run by local continuing medical education agencies and the clinical meetings arranged in the hospitals are all recognized and count towards "approved time" for the Physician's Recognition Award for 1970.

In addition to the Pierce County Medical Society, there are three major professional organizations of physicians. These are the American Academy of General Practice, the Tacoma Academy of Internal Medicine and the Tacoma Surgical Club. It is noteworthy that American Academy of General Practice along with its Tacoma chapter has for many years now demanded active participation in various continuing medical education programs as a requirement for admission and maintenance of membership. Neither Tacoma Academy of Internal Medicine nor the Tacoma Surgical Club have such requirements. Both have been "on the scene" for many years; both are widely respected. I wonder if it would be too much to hope that the governing bodies of the Tacoma Academy of Internal Medicine and Tacoma Surgical Club will consider mak-

(Continued on Page 15)



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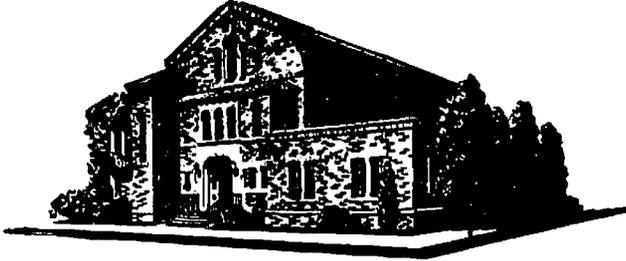
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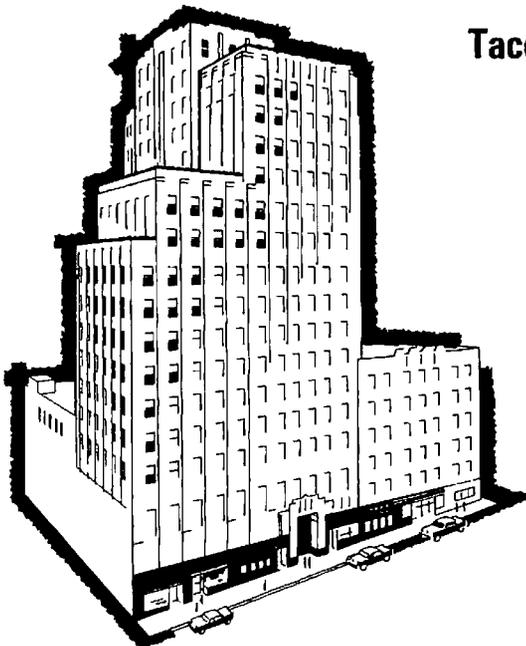
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(Continued from Page 11)

ing a requirement of attendance at continuing medical education courses (local, regional or national) a prerequisite of continuing membership in the organization. Such an act would set a good example to all of us here in Tacoma. While all three of these organizations must be concerned with important day-to-day aspects of physician's life and practice and while they must provide a means for concerted action and expression of opinion on behalf of their members, they must also maintain their basic scientific and artful medical heritage.

—MARCEL MALDEN, M.D.

AN AFRICAN SAFARI

By RALPH V. STAGNER
and FRANK J. RIGOS

We were recently asked to give a general resume of our African trip this past summer. We first began discussing the possibility of this trip about two years ago, and after several periods of uncertainty, the final plans jelled this spring and final departure arrangements were made. In preparation we were required to have immunization shots for Yellow Fever and Smallpox, the latter being endemic in most of Africa. The only other diseases of concern were encephalitis (tsetse fly transmitted) and malaria for which we took prophylactic Chloroquin. Ultimately on June 11, we departed Sea-Tac and proceeded to London, a nine hour flight on a Boeing 707. After sleeping eight hours in London, we embarked on a BOAC Viscount and arrived in Cairo about five hours later at 1:30 a.m. Fortunately, the Israeli slept in that night and after a short stop, we winged on south across the Sahara. Even from our 37,000 foot cruising altitude, bush fires set by the natives could be seen glowing below in the darkness. A short

stop was made the following morning at Entebbe, Uganda (the equator) and from there we flew 1500 miles further south, arriving in Lusaka, the capitol city of Zambia, about noon. By now, we were halfway around the world in two directions (East to West and North to South).

Zambia was formerly Northern Rhodesia, and has been under the present black government for the past five years. The country is about as large as the combined states of Washington and Oregon with only about half the population. Except for Nigeria, Zambia is the wealthiest of the nations of black Africa due primarily to its productive copper mines. The country is at an elevation of about 2700 feet above sea level and tends to be very flat. We had arrived at the start of winter in the southern latitudes, but surprisingly this was not our concept of winter because day temperatures were 85-90° and at night it was in the 50-60° range. Bright sun and a clear cloudless sky are the rule. As winter progresses the weather becomes unbearably hot and the ground cracks open and no relief comes until summer when the rainy season begins. The lower lands then become a flood plain as the rivers overflow their banks and what roads exist become impassable.



After a good night's rest in the Lusaka's International Hotel, we embarked on a two engine plane for a two hour

flight north to Mfuwe, our safari headquarters camp. There we met Neville Steyn, our professional white hunter. He was a soft-spoken, agile looking chap in his late thirties who was to be our constant companion for the three weeks we spent in the bush. Neville, a native South African from Johannesburg, had spent his life among the animals of Africa, mostly catching and exporting them to zoos around the world. He was forced to abandon this occupation because of the changing political situations most of Africa has experienced during the past ten years.

After having lunch, we departed in Neville's Toyota hunting car, and travelled 70 miles further north to our hunting camp which was located in a corridor between two immense game reserves.

Our camp of grass huts was situated on the south bank of the Munyamadzi



River. Each hut was replete with a bunk covered by mosquito netting, a desk and windows with curtains!

The camp crew had been recruited from the local villages and numbered thirteen in all. Many had moved their wives and children along and resided in huts on the opposite end of the camp area. The average pay for the natives was one kwacha (\$1.65) per day, and the government rule was that the crew had to be changed with each successive safari to allow for better distribution of earnings among the local inhabitants.

This would be about the only income opportunity these people had during the course of the year. The rest of the time they depend for survival on what maize and millet they can grow in the region's infertile soil which they till with hand tools. The children usually wear no clothes. The men were attired in multi-patched shorts while the women tend more to brightly colored dresses and scarves. The people live in small mud huts with grass roofs and these were clustered in small groups among the fields. No medical care is available and as a consequence half of the children die before the age of five. Despite the hardships, these are the happiest people one could imagine. They are most friendly and helpful. Theft is virtually unknown. Their main social events are large beer busts widely advertised by the drums. The beer is fermented out of millet and much dancing and singing goes on through the night until all of the beer gourds are empty. On their way home, these tipsy natives, their usual alertness numbed by drink, occasionally fall victims to lions roving in the darkness. As we made our daily hunting sojourn, we carried five natives with us in the hunting car. These included a head tracker, a skinner, a chap to carry our lunch and water, and two gun bearers, Kumweye and Wireless! Among the camp personnel the most important man was the cook, Joseph. He was the only local who could speak English, and he could do wonders cooking the wild game meat on which we subsisted during our three weeks in the field. He was especially grateful to us as our first medical task at camp was to cure him of a very nasty conjunctivitis (G.C.?).

For the interested hunters who may be reading this the guns used were .338 Winchester Mag. (R.S.) and a 7 mm. Mag. and a .375 H and H Mag. (F.R.). Most of the game was taken at 150 yards or less. Have you ever been

eye to eye with a cape buffalo at 25 yards? Or a bull elephant at 35 yards? Our licenses entitled us to about 33 animals apiece, but we each took 19. There were several we had no interest in; others available on the license were not seen during our stay. Several of the less numerous species such as cheetah and rhino are protected, although we saw several rhino during our daily hikes.

We were usually up at 4:30 a.m. and on our way an hour later. After driving about an hour, we would park the Toyota and then hike about six or seven miles ending up back at the car about noon. We returned to camp at this time for lunch and a nap. By 4:00 p.m. we would depart again to hunt until dark. Upon return to camp in the evening we would enjoy a hot shower and a drink before dinner. We dined on buffalo steak, roast guinea fowl or grilled impala. The best of all the meat we had was wart hog chops and fillet of bushbuck.

Game is numerous beyond belief and seldom was there a time when we were not observing some species of animal or bird. Of the latter we saw several varieties of eagles, as well as Egyptian geese, vultures, pigeons, Francolin grouse, and guinea fowl. The latter were plentiful but were skittish and hard to bring down with a scatter gun.

We were fortunate in having no bad situations develop during our hunt, but one could certainly appreciate the inherent danger. These animals are big and hard to stop. In an adjacent hunting camp, a lioness chased and caught a gun bearer, fracturing his leg and biting a large piece of flesh out of his buttock. He was driven to a hospital (too many miles away) and fortunately did survive. The hunter shot the lioness off the top of the native. Elephant grass which is ten feet high and so dense one can scarcely see ten yards in any direction hides the lions and buf-

falo during the heat of the day. It is from the cover of this grass that the lion stalks his prey. The lions lie up during the day near the kill to protect what remains from the hyenas and vultures which quickly devour anything dead. Walking quietly in that tall grass and hearing and seeing it moving mere yards away and yet being unable to determine what is causing it to move really raises goosebumps! In one such instance we chased two cape buffalo



out. On yet another occasion, we jumped three lions which had been feeding on a buffalo they had killed. A wounded animal in this grass can be a sticky business.

The rivers were full of crocodiles. They lie out on the sandbars in the heat of the afternoon. Often we could count five or six from our dining table. We took an eleven footer from the bank adjacent to the cook hut. The crocs fed on fish and were not known to be troublesome to man in our area.

We had believed before having first hand experience that the sounds often described in the African night were products of someone's imagination, but such is certainly not the case! It was most difficult to sleep as constant howls, growls, barks and snarls go on all night! The hyenas have an especially ominous howl and prow about about within yards of the camp all night. We saw their eyes reflected in the fire light on a couple of occasions. One night, a leopard chased a baboon family with great furor. Periodically lions would roar, but worst of all was a miserable hippo, nicknamed Hubert, who came up river nightly to splash, snort and roar in the deep pool below

our bank. During our last three nights in camp we found hippo tracks right past the dining hut and Neville was concerned lest the camp be torn apart some dark night by a frightened or angry hippo.

The native population looks forward to the hunting season each year because it means fresh meat which they seldom get otherwise. They eat virtually the whole animal—the stomach and intestines are especially sought after. Watching them dismantle an elephant and carry it away in large wash basins is quite a sight. The natives are unable to keep any cattle because they die immediately of the encephalitides transmitted by the tsetse fly. This is also true of dogs except for one barkless species, a small brown dog we saw occasionally in the villages. These dogs were always very thin and survived only on what they could catch. All dogs must be locked up at night as they are one of the favorite foods of the leopard.

Much to our amazement, insects were not much of a problem. The only nuisance was the small flies which rode along on our faces as we walked in the heat of the day. The tsetse flies came along occasionally and they are capable of a rather painful bite. Fortunately, there was no human encephalitis to speak of in our area. As the dry season progresses, the bugs become more troublesome. We saw only a few mosquitos, but many of the locals have chronic malaria which speaks for the fact that they are about but more so during the rainy season.

Because the new black governments have recognized the economic value of the animals as a tourist attraction, significant effort is placed on game management and preservation. Immense game reserves exist in all of the countries. Each safari group (ours was the only exception) had a government game guard riding in the hunting car to see that the laws were abided by. In their

attempt to keep ecology in balance, the game department must kill hundreds of elephants each year. Since the elephant has no natural enemies but man, his numbers must be controlled to preserve the forest. An elephant consumes up to three hundred pounds of foliage each day, and can rapidly decimate a number of trees, many of which may be simply uprooted by the elephant to facilitate eating of the leaves on the top-most branches. In the Lungwa Valley where we hunted the aerial count estimate of the elephant herd was 24,000!

At last the hunt was over. Getting off from the air strip at Mfuwe was an experience. First, the trucks had to keep driving a herd of impala off the dirt landing strip. When the plane had not arrived by dark, we thought sure we would miss our flight to Rome, but at last the plane lights came into view and with Land Rover headlights margining the field, he set down. We were to rest briefly in Rome and arrived home 36 hours later.

Our trip was everything we had hoped it would be. If the day should come when one has the time and a few shekles to spare, and would like to try a real adventure, this would be our recommendation. A similar trip can be done with cameras for less money in less time, and with much more comfort for those not inclined to hunt.

Attention Singers

We'd like to form a singing quartet of doctors from Tacoma. Particularly needed are a tenor and a baritone. Anyone interested please call George Race at the office—FU 3-4766.

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Notes From the Hematology-Oncology Study Group

Pain is a major manifestation of practically all neoplastic diseases. As we are prolonging life with the use of various modalities such as high energy cesium, cobalt and new chemotherapeutic drugs the pain factor becomes more critical in a sense as these patients live longer.

The neurosurgical approach to the pain of cancer should become an intricate part of the "team work approach" to the management of the individual patient. Dr. Stanley Durkin at one of our recent weekly conferences gave an excellent review on the neurosurgical approaches to pain using such techniques as rhizotomy and chordotomy, etc. One procedure which has fallen into disrepute but which does have a place in selective patients, is the relatively simple procedure of prefrontal lobotomy. Dr. Durkin graphically pointed out that in these selective patients frontal lobotomy is very easily performed and can have minimal side effects and can produce maximum relief from the symptoms of organic pain.

As the Hematology-Oncology conference has grown, it becomes more evident that the approach to the management of cancer must be through the "team effort". As part of the therapy team, it is quite obvious that the neurosurgeon has a place along with the general surgeon, radiologists, pathologists and medical oncologists. Too often as the patient is given his extra months or years with our newer forms of irradiation and drug control, their pain becomes the overriding factor which ultimately leads to drug addiction and other medicinal problems. The early evaluation from a neurosurgical standpoint could possibly prevent this.

White House Conference Considers Youth Problems

A Pierce County physician, Nicolas A. Godfroy, M.D., has been appointed by President Nixon as a member of the White House Conference on Youth. This conference, which was held the week of December 13, 1970, had an extremely wide-ranging scope covering virtually the entire gamut of problems of youth in America today.

Dr. Godfroy is one of two physician members from the State of Washington and he has, since his appointment, been attempting to accumulate data on the situation in Washington State to serve as a basis for recommendations.

The conference consisted of numerous panels, including a Panel on Delinquency and a Panel on Physical and Social Environment, both of which Dr. Godfroy hoped to concern himself with.

A report on the activities of this White House Conference will be forthcoming.

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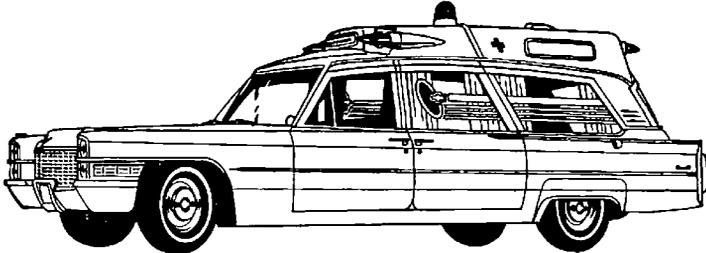
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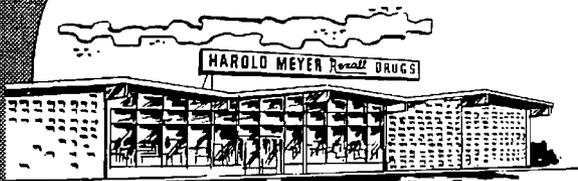
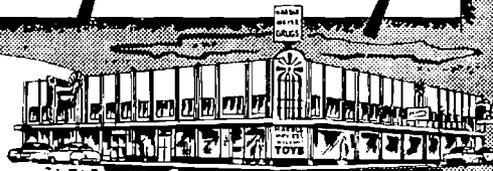
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FIRST MEETING OF 1971

Friday, January 15, 1971
Tacoma Country and Golf Club
Luncheon 12:00
Tri-Professional Meeting
Program: "The Hat and I"
Mrs. Don Williamson

DAY IN OLYMPIA

Legislative Chairman Phyllis Erickson has made plans for Medical Auxiliary day in Olympia, Tuesday, January

19th. Medical Auxiliary members will leave Tacoma at 9:30 a.m. for a ten o'clock tour of the Capitol building and a visit to the legislative session. At 11:45 the group will meet in the Rotunda to hear Gov. Dan Evans speak. This will be followed by luncheon hosted by members of the Thurston County Auxiliary.

Please call Phyllis for a reservation as soon as possible as reservations should be in by the January 15th meeting.

WORD FROM TONI

Following is AMA-ERF Chairman Toni Bourne's communique regarding the Christmas Card project (which is a stupendous amount of work as we all realize).

"To the members of the Pierce County Medical Society and their wives I would like to state that two "Firsts" were achieved with the Auxiliary's AMA-ERF Christmas card project for 1970. First, there were more contributions this year than past years, and secondly, there were more mistakes this year than before. I would like to apologize to those of you whose names I inadvertently misspelled or deleted. The following names should have read on the Christmas Card as: Dr. and Mrs. John Kemman, Dr. and Mrs. Alva Miller, Dr. and Mrs. Dumont Staatz, and Dr. and Mrs. John Flynn.

On behalf of the Woman's Auxiliary may I extend our most sincere thanks to all of you who participated in making our AMA-ERF project a success."

The correspondence involved, and the details to be checked in the handling of this project take hours of time and attention . . . Auxiliary in turn thanks you, Toni, for the effort and conscientious skill you gave to this project.

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News From W.S.M.A.

On December 9th, the WSMA President and members of the Physician Consulting and Utilization Review Committee to DPA met with the Governor, and representatives of the Division of Public Assistance.

The Division of Public Assistance will explore with the Washington State Medical Association changes in the rules and regulations pertaining to medical care in the physician's office, and methods of administering the welfare medical program.

The DPA also agreed to change the "Professional Services Agreement" by deleting the requirement that physicians must bill usual and reasonable fees "that were in effect January 1, 1969."

For your information below is an explanatory letter from Mr. Quenten L. Emery, Acting Assistant Secretary for the Division of Public Assistance:

"Dear Doctor:

"This is to clarify and confirm to physicians the Division of Public Assistance statewide fee payment policy for providing care to Medicaid patients.

"On or about September 25, 1970, you were mailed a Schedule of Maximum Allowances for payment to physicians for treating Medicaid patients. To accommodate computer process, bills can be honored only if coded according to the Schedule.

"Participating physicians may bill their usual and customary charges for these services on State Form, 9903. Payment will be made for such charges up to, but not in excess of fees computed at a factor of 6 using the schedule.

"Many physicians have already completed and returned the original (white) Agreement mailed from this office on or about September 25, 1970. This is satisfactory but, for those who have not returned the original (white) Agree-

ment, the enclosed (blue) Agreement may be completed and returned for payment of claims."

Sincerely,
 QUENTEN L. EMERY,
 Acting Assistant Secretary
 Division of Public Assistance

IMPORTANT NOTE

A physician should not bill more than the usual and reasonable fee charged to the majority of his patients.

If a physician charges the majority of his patients at a factor lower than 6, he should bill the DPA at that lower factor. He then will be paid at the lower factor at which he billed. If he charges the majority of his patients at a factor higher than 6, he should bill the DPA at the higher factor even though he will be paid by the DPA at the 6 factor.

Profiles of physicians' charges are becoming rather widely known and it would be unfortunate if a physician were to assume that charges should be made at the 6 factor when in reality he bills the majority of his patients at a factor lower than 6.

From the A.M.N. --- "fiasco" Scored

The president of the Illinois Medical Society has accused the U. S. Internal Revenue Service of blaming its own mistakes on physicians in alleging that some of them substantially underreported their Medicare incomes.

J. Ernest Breed, M.D., in a speech Oct. 10 before the Illinois Newsbroadcasters Assn. in Springfield said a management consultant firm involved in the IRS' auditing of 76 suspected cases of wrong doing did not turn up "a single one."

He quoted the management consultant firm spokesman, David Groeninger of Springfield, as saying none of the 76 audits uncovered "deficiencies on the part of doctors . . . (but) they did show deficiencies on the part of third-party insurance carriers and the IRS itself. . . ."

Groeninger, when contacted by AMN, said the problem in the cases with which his firm, Professional Management, Inc., was involved concerned IRS misinterpretations of third-party computer printouts of Medicare transactions.

The controversy began Sept. 21 when Meade Whitaker, a Treasury Dept. tax legislative consultant who has since resigned, told the Senate Finance Committee that half of 3,000 physicians and others audited for making \$25,000 or more from Medicare in 1968 had "substantial deficiencies."

A typical case as described by Groeninger might involve a medical group of four billing \$65,000 in the name of one doctor. The third-party computer printout might show that one M.D. received \$47,000 of the amount that Medicare reimbursed, yet the IRS might determine he reported only \$20,000 on his income tax form.

IRS would then assume he "under-reported" \$27,000, Groeninger said, when in fact that money would have been split among the other three members of the group.

Dr. Breed, in charging that Whitaker's statements were based on preliminary, not final audits, said it has since been determined that IRS' definition of "substantial" unreported income is \$100.

Dr. Breed called for full disclosure of all final audits in the case of the 3,000 doctors. IRS "is not too anxious to discuss" the "fiasco" at this time, he said.

"It is conceivable, since the 76 physicians on whom final audits have been completed are from several different states, that most, or all of the 1,500 physicians may be the victims of these errors," Dr. Breed said.

First Readings -- Jan. 1971



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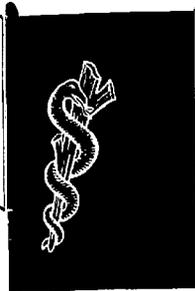
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- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND GENERAL HOSPITAL
Last Monday of February, June, September and November
- 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
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Fourth Monday of each month except June, July and
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- PIERCE COUNTY PEDIATRIC SOCIETY
First Thursday of each month except June, July and
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- STAFF OF ALLENMORE HOSPITAL
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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
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7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
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The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

FEBRUARY 1971

TACOMA, WASHINGTON

VOL XLII—No. 2



PIERCE COUNTY MEDICAL SOCIETY

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FEBRUARY 9**

Pierce County Medical Society

1971

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February Calendar of Meetings

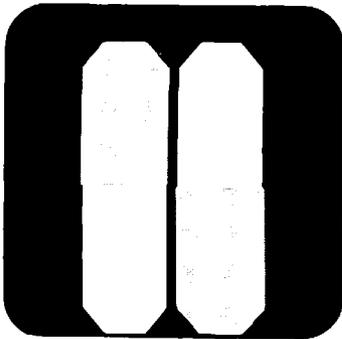
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Tacoma Orthopedic Society—6 p.m.	2 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m.	3 Surgery Grand Rounds—T.G.H. 8-9 a.m.	4 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m. Pierce County Pediatric Society 6:30 p.m.	5 Hematology, Oncology Study Group—TGH 8 a.m.	6
8	9 Neurology Study Group—8-9 a.m. C.P.C. of Mary Bridge 8 a.m. PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	10 OB-GYN Conf. T.G.H. 8-9 a.m.	11 Mary Bridge Cardiac Conf. 6:30 a.m.	12 Hematology- Oncology Study Group—T.G.H. 8 a.m.	13
15	16 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club 6:30 p.m.	17 Medicine Grand Rounds—T.G.H. 8-9 a.m.	18 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m.	19 Hematology- Oncology Study Group—TGH 8 a.m.	20
22 Pierce County Chapter AAGP 6:30 p.m.	23 C.P.C. of Mary Bridge 8 a.m. Neurology Study Group—8-9 a.m. Tac. Acad. of Internal Medicine 6:30 p.m.	24 Path. Cancer Con.—T.G.H. 8-9 a.m.	25 Mary Bridge Cardiac Conf. 6:30 a.m. St. Joseph's Trauma Conference— 8 a.m.	26 Hematology- Oncology Study Group—T.G.H. 8 a.m.	27
28					

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PIERCE COUNTY MEDICAL SOCIETY MEETING**Tuesday, Feb. 9**

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.**MANAGEMENT OF BRAIN TUMORS****Stevens Dimant, M.D.**

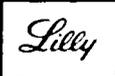
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Social Hour: 6:00

Dinner: 6:45

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President's Page

Because they are absorbed in providing health care to their patients, physicians, in general, are not aware of inflation and their steadily rising overhead costs until these factors have exerted a decided effect upon their income and its purchasing power.

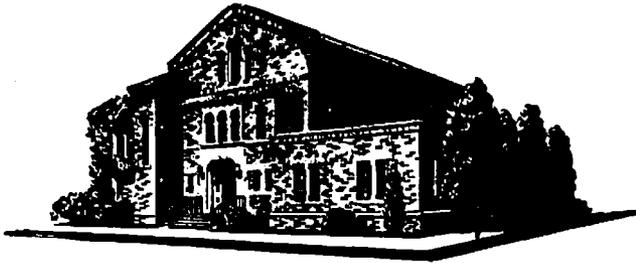
The time has come for a continuing review and adjustment of fees to compensate for these factors with annual, or at least biennial adjustments in fees to remain even with these increased costs. Waiting for 3, 4 or 5 years between adjustments makes it necessary to make large increases and results in loud criticism by third parties quoting the percentage increase in one year and failing to note the intervening years without increases.

The cost of living is rising at the rate of 6% per year and physicians overhead is going up at a rate between 12% and 14% per year. Those who have had to purchase or build new homes within the past few years are probably aware that the new home prices have increased 46% in the past six years. These figures, contrary to recent news releases, indicate that physicians are the victims of inflation and not the cause.

The Pierce County Medical Bureau Board of Trustees should be congratulated for recognizing the above facts and recently enacting an amendment to the Bureau's constitution and by-laws which will provide a committee composed of representatives of family practice, and all of the specialties which will make an annual study of usual and customary fees in the community with recommendations for any indicated adjustments to the Board. Hopefully, this will help to keep Bureau fees at a more reasonable level, and thus will influence more favorably all other fees which are related to those paid by the Bureau.

—ROBERT W. FLORENCE, M.D.

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EDITORIALLY SPEAKING

The Medical Profession unquestionably has abundant problems facing it on multiple fronts from Continuing Education to health care delivery to health care costs. Contributing to some of the problems in no little way is the comparatively poor public relations and "press" received by the medical profession in many areas.

One major confusion created or at least abetted by press coverage of medical news is the distinction between "health care costs" and "doctor's fees". An outstanding example of this occurred recently in a Copley News Service column by Irwin J. Polk, M.D., in which the column as reproduced by the Tacoma News Tribune carries a headline which is completely contradictory to the gist of the entire article itself.

The column was headlined "DOCTOR'S FEES EXPECTED TO TAKE A SHARP JUMP". In fairness to the headline writer, the first sentence of the article and also its first paragraph is "It's going to cost more to see the doctor." Had the headline writer read somewhat further in the article, however, it would have become obvious that the reason for this was not that the doctor's fees had gone up.

The author of the column quotes a New York hospital administrator and his answer to the question "How much do you bill the government for the care I [the doctor] provide to the clinic patient?"

"About six dollars a visit for the doctor's care" was the answer. Quite reasonable, the author thought. The punch line, however, (and the entire point of the author's column) was the answer to the question, "Do you charge anything for the use of the hospital facilities?" The answer to this question was "Twenty-four dollars". Of course, the author was attempting to point out that a seven dollar doctor's office call when carried out in this New York Hospital's Out Patient facilities was costing the government thirty dollars.

Incidents such as the above are but one of many occurring, and it is urged that all physicians do their part to see that the name of the medical profession is not marred by such publicity. Not only should the physician be alert to the incompetent headline writer but also he should do his part to combat politically motivated and created "crises" both by actively pointing out the fallacies and by seeing to it that in his area everything is done to provide the maximum benefit to the patient for the health care dollar.

—ROBERT B. WHITNEY, M.D.

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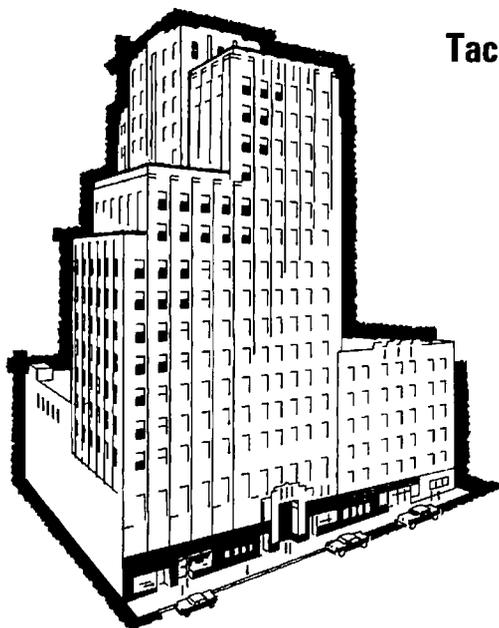
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SCOTT JONES



The moving picture, M.A.S.H., depicted life in a surgical hospital close to the front lines in Korea. The harsh realities of life and death and the loves and extra-curricular activities of the surgeons were well documented. Scott Jones, recently retired member of the Pierce County Medical Society, had a M.A.S.H. of his own a few years earlier.

As a surgeon in World War II, he was attached, at one time, to one of the front line hospitals of Dr. Gordon Seagraves, the fabled Burma surgeon. For a continuous period of time, he operated in the open, standing ankle-deep in mud and protected from the rain only by a nurse who held an umbrella over him and the patient. These conditions proved intolerable; after ten days, he developed severe lumbago and could not straighten up, so he was returned to the base hospital, which was then in Ledo.

As mentioned above, M.A.S.H. went into considerable detail regarding the loves and love life of these front-line surgeons. When questioned about this aspect of his service, Scott smiled an enigmatic type of smile and shyly murmured, "No comment." This, of course, leaves the whole thing up to our imagination.

Scott was born in Toledo, Iowa, in 1897, attended Coe College in Cedar Rapids, then the University of Chicago and finally Rush Medical School. During this time, he tried to enlist in the ambulance corps, as World War I was being fought in Europe, but was turned down because he was a pre-med student.

He served his internship in Seattle General Hospital. "The night I arrived," he recalls, "the interns were having a party, with the co-operation of the pharmacy, and soon I was the only one able to navigate. I was, by necessity, on call for the whole hospital, though I didn't know my way around a single corridor. Besides caring for the patients, I had to do my own blood counts and urinalyses, too. It was quite a night."

Scott also worked at the old King Country Hospital and for the Public Health Service in Port Townsend, then spent three years with Dr. A. W. Bridges here in Tacoma. He went to Philadelphia to study OB-GYN at the University of Pennsylvania, then became chief resident at the Providence Lying-In Hospital in Providence, R.I. He received a Master of Science degree in 1928 and returned to Tacoma.

Miss Oleva Leivestad and he had known each other in Cedar Rapids. When the Public Health position became available, he sent for her so that they could be married. On the day she arrived at the railroad station, he was busy writing his exams for the Washington state medical boards. The delay was so long that if a train had been available, she thinks, even to this day, she might have turned around and gone home. However, our hero finally arrived at the depot and they were married that night.

He returned to Tacoma in 1928— one year before the great depression began. As Mrs. Jones remarks, "We had

our own depression for one year, then everybody joined us." Scott didn't earn enough money, at first, to pay rent for his office in the Washington Building, so he arranged with Dr. LaGasa to use one of the rooms in his office in return for assisting at operations and making night calls.

Scott passed his specialty exams in 1939 and recalls he was the first in Tacoma to do so. In fact, he was a Founding Fellow of the American College of Obstetricians and Gynecologists. He was the first Vice-President for Washington for the Academy, as it was known then, and went to the National meetings for several years.

Having joined the National Guard upon returning to the West Coast, he was called to active duty in 1940. His first three years were spent in the United States, part of this time at Fort Warden. With a twinkle, he recalls the time the regular army colonel in charge of the hospital at Fort Warden called him to see a soldier. Scott diagnosed a ruptured gastric ulcer and recommended immediate surgery. The colonel wanted to put the soldier in an ambulance and send him to Madigan by way of Olympia, but Scott told him the man would probably die before he'd ever get there. The colonel promptly asked him if he could do the operation himself. "It was a simple thing to sew up the hole," comments Scott, "but the colonel insisted on telling everyone what a terrific surgeon I was—he did the operation without even looking it up in the book'."

During his assignment to Dr. Seagraves' hospital group, he was given orders to fly his hospital section 100 miles to the town of Mytkina—a mere thirty miles *behind* the Japanese lines. The hospital was divided into three planes, each of which supplemented one another in the transfer of patients. As the one he commanded neared its

destination, he noticed the pilots putting on bullet-proof vests. He asked where his was but was bluntly told that *he* was expendable. He recalls with chilling realism that as the plane swooped down at one end of the field, the Japanese were still firing from the other end. Fortunately, no one was injured.

One of his jobs, while overseas, was commanding the 70th Field Hospital. He personally oversaw the conveying of the hospital the length of the Burma Road — from Assam to Kungming, China — a distance of 1100 miles. He accomplished this feat in 11 days, with the laconic recollection, "No encounters with the enemy and no serious delays."

Many of us remember Scott Jones as a silver-haired, quiet, somewhat withdrawn man. He seemed to represent dependability and dignity. One was always impressed by his kindly, smiling eyes and his universal friendliness. He was active on the Tacoma medical scene until July, 1968 and then he did something most symbolically significant: he moved the telephone from the bedside to the den. What simpler, yet more effective method, could anyone use to signify his intentions?

He has enjoyed travel and the taking of colored slides. Stamp collecting has been a hobby for years. "Stamps!" says Mrs. Jones. "I'll bet he's spent thousands of dollars on that darned collection!"

Right now he's reading the books he's never had the time to read before. He's enjoying gardening, and dreams longingly of a trip through the Panama Canal and around South America.

Here is one man who had the good sense to retire early enough to *enjoy* his retirement and still retain enthusiasm for the future.

Edwin C. Yoder Memorial Lecture Series

Mrs. Leona M. Yoder, her son, Edwin A., and daughter, Sara Jane Yoder, have set up a trust fund to finance the cost of a permanent lecture series "by recognized leaders or authorities on various phases or branches of medicine and surgery, designed to inform local members of the profession and keep them abreast of advancements and developments."

The announcement of the memorial was made on the first anniversary of the death of Dr. Edwin C. Yoder, who was Medical Director of Western Clinic, which he first joined in 1924. Prior to that he had been an instructor in surgery at the University of Iowa.

Under the terms of the trust agreement with the Puget Sound National Bank, an advisory committee of five members is to be established. It will plan the lectures and determine the subjects to be covered and the speakers to be engaged. This committee will consist of a member of the Yoder family and four doctors, one of whom will be the Chief of the Medical Staff at St. Joseph Hospital.

It is anticipated that the initial contribution to the trust fund by the Yoder family will be enlarged by additional donations from the family and others. Funds collected by the nurses of St. Joseph Hospital on the occasion of Dr. Yoder's death are earmarked for the Yoder memorial.

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New Tacoma General Chief of Staff



Dr. Robert W. Osborne has been elected president of the professional staff of Tacoma General Hospital, succeeding Dr. Charles C. Reberger.

Other officers during Dr. Osborne's tenure as president are Dr. Dudley W. Houtz, president-elect; Dr. Arthur P. Wickstrom, vice-president; Dr. George C. Gilman, secretary. Also, Drs. W. Ben Blackett and David F. Dye, members-at-large; committee chairmen are Dr. Galen H. Hoover, credentials committee; Dr. G. M. Whitacre, internal medicine committee; Dr. Douglas P. Buttory, ob-gyn committee; Dr. Stanley W. Tuell, surgery committee.

WSMA Calls For Scientific Papers, Exhibits

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 1971 Washington State Medical Association Annual Meeting, September 19-22, in Seattle. Abstracts should be sent to Joseph W. Eschbach, M.D., Chairman, WSMA Scientific Program Committee, 444 N.E. Ravenna Boulevard, Seattle, Washington 98115.

Abstracts can be received for consideration no later than April 15, 1971 as the program committee must complete the preliminary program early in May. The program committee will review all abstracts submitted and those accepted will be scheduled for presentation during specialty or general sessions.

Applications are now available for scientific exhibit space at the 1971 Washington State Medical Association Annual Meeting, September 19-22, at the Olympic Hotel in Seattle. Exhibits will be selected on the basis of those providing new and useful techniques for practicing physicians. Applications for exhibit space may be obtained by writing to Donald R. Silverman, M.D., Chairman, W.S.M.A. Scientific Exhibit Committee, 444 N.E. Ravenna Boulevard, Seattle, Washington 98115.

The closing date for the receipt of completed applications is April 15, 1971. The Scientific Exhibit Committee will meet shortly thereafter to select exhibits to be shown.

News Briefs

Nation's average health bill last year:
Under age 65: \$210.30 per person
(Hospitals, 41%; doctors, 25%; medication, 12%; dentists, etc., 11.7%; glasses, appliances, 9.5%; and nursing homes, 6%).

Over age 65: \$692.22 per person
(Hospitals, 48.5%; Nursing Homes, 17%; Doctors, 15.5%; medications, 11.5%; eyeglasses, etc. 4.5%; dentists, etc., 4%).

A striking fact is that of the above charges, almost 50% were paid for out-of-pocket by the under-65 consumer (despite private health ins.) and nearly 25% personally paid for by over-65 or their relatives, regardless of Medicare.

Both private health insurance & Medicare cover hospitalization & surgery

fairly well—but fall down on routine health expenses.

In either case, the government paid 75% of health expenses for the over-65; less than 25% of the under-65.

The nation's entire health bill in 1969 from all sources was \$52.5 million. Of this the government paid \$18.7 million; under 65 paid \$1.8 million; and over-65 paid \$3.2 million—in addition to \$11.7 million paid by health insurance companies for all-age people. (Italics ours—Ed.).

"PERSPECTIVES" (Blue Cross of Ohio) Third Quarter, 1970 as quoted in Puget Sound C.H.P. "Newsbriefs", Nov. 1970.

Ed. Note: *Somebody's* perspective is way off!—or is the U. S. population 206,000?

SONNET AT SUNSET

On the horizon clouds with golden lining,
Boats resting on dark waves as men haul in their nets.
I never found you while the sun was shining
And I'm still searching for you as it sets!
Now flaming gold pours over cliffs and towers!
The sky's ablaze as fire touches sea!
Why are you far? This moment should be *ours!*
Come, join me! Watch the setting sun with me!
It sank below the waves; dusk has descended.
Night will fall soon. The men tied up their barge.
All other ships came home; mine, only, still at large.
Are sailing distant oceans, rivers, lakes.
Their cargo? Hope, that when the new dawn breaks,
You will stay with me, and my search be ended.

—GERHART A. DRUCKER, M.D.

Notes From the Hematology-Oncology Study Group

The study group has discussed and presented cases concerning "Disseminated intravascular coagulation" or as it is commonly abbreviated it is known as D.I.C. As physicians become more aware of the many clinical settings that produces this syndrome frequency of its diagnosis in Pierce County is increasing.

Over the last few days another case of D.I.C. occurred. This was a young woman in her early 50's in previously excellent health who presented with the classical findings of acute meningococemia and secondary disseminated intravascular coagulation. With very aggressive therapy including antibiotics, heparin, steroids and other supportive measures she rallied for a short time. However, she succumbed a few hours later. All medical evidence points to the fact that with acute bacteremias such as meningococemia the secondary complication of D.I.C. must be diagnosed and treated before irreversible shock sets in. With irreversible shock, the mortality rate, both in the experience in Pierce County and in the general medical literature, approaches 80 to 90%.

In order to make the diagnosis, we must think of it first and then with substantiation with the appropriate laboratory tests, extremely aggressive therapy using high physiological doses of heparin and/or Dextran combined with steroids appears to be the treatment of choice of the acute disseminated intravascular coagulation syndrome. Over and above these measures, of course, the primary disease whether it be infectious cause or malignant cause, trauma, obstetrical cause, of course, must be treated. This syndrome is reversible

and with increasing clinical awareness, I am sure our salvage rate will increase.

—J. G. KATTERHAGEN, M.D.

A.A.G.P. Meeting At Crystal Mountain

March 24, 25, 26. Wednesday until Friday. A series of stimulating scientific lectures will be held in the snow of Crystal Mountain.

"Survival in Sports" will be the subject.

Dr. James G. Garrich, Assistant Professor at the U. of W., Head of Division Sports medicine, Husky Team physicians will tell about football and ski injuries.

Dr. Ted Phillips, Chairman Family Practice at the U. of W., is anxious to meet our Pierce County physicians in his first real contact. Local speakers will give you their own experiences on different sports.

Wives have been invited to share the activities of the day.

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Quebec Crisis Threatens Education and Health Care Delivery

The Province of Quebec, Canada, contains 5.8 million people whose health care both for the present and particularly for the future is gravely threatened by the unilateral actions of the Province's Liberal Party government.

In July 1970, the "Health Insurance Act" was passed creating sweeping government control of medical, eye, and dental care. The medical profession in Quebec and particularly the Quebec Federation of Specialists was strongly opposed to the Act which did not allow the practice of medicine outside of the government scheme under any circumstances. When the government failed to act on their protests, the Medical Specialists struck, although sufficient coverage was maintained to allow all necessary emergency care.

This was followed in eight days by a law making it a crime punishable by a \$200 to \$500 a day fine and one month imprisonment for each day in which a physician refrained from practicing. In addition, heavy fines were provided for medical association officers. Dr. Duncan L. Kippen is quoted as saying, "The reaction to the law—which forces physicians back to the normal practice of their profession and automatically classifies those who refuse as criminals—varies from shock and disbelief to disgust and outright rage."

Not only did the restrictive "Bill 41" impose fines and criminal sentences upon physicians who refused to practice but it also removed the right of the Federation of Medical Specialists to protest and made the Canadian Medical Association their only spokesman. The

enactment of this bill and the health care plan has resulted in a thirteen fold increase in requests from Quebec either to another Province or to the United States.

The medical education facilities of Quebec are facing a particularly severe crisis both because the incentive to practice medicine in the Province of Quebec has been gravely impaired and also because much of the teaching by specialists which has previously contributed on a cost free basis will be eliminated. The latter situation arises because the Health Insurance Act roughly halves the potential income of a specialist in Quebec, thereby necessitating the elimination of volunteer activities so that full time can be devoted to practice.

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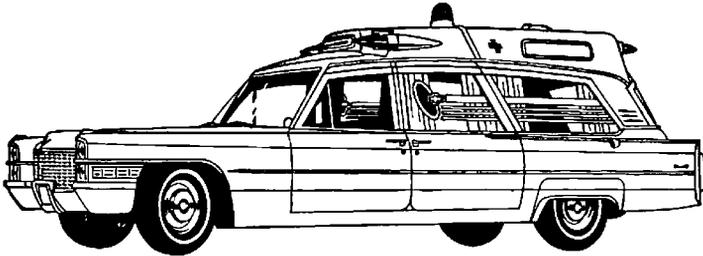
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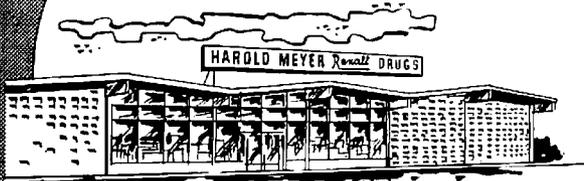
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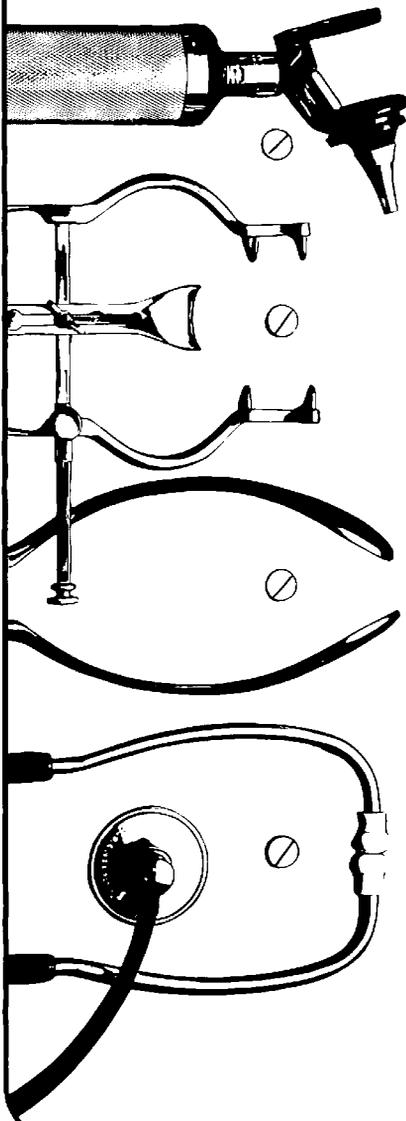


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Usual Adult Dose: 1 tablet every 6 hours, preferably after meals or with milk. Literature available upon request.

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WOMAN'S AUXILIARY PAGE . . .

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The welcoming committee at the Tri-Professional meeting.

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**COME TO THE
LUNCHEON MEETING**

Friday, February 19, 1971—12:00

Hostess: Mrs. J. G. Katterhagen
7539 Hegra Drive

(note corrected address)

Program: Dr. John Bonica speaking
on "The Pain Clinic"
University of Washington

MARCH DINNER-DANCE

Please note a change of date in the Auxiliary's annual Dinner-Dance. The new date is Saturday, MARCH 27. Do mark your calendars and start planning for this gala affair. Co-chairmen Bonnie Stagner and Nancy Spangler promise an evening to remember.

THE HAT AND I

Sallie Sue Williamson's fun performance with her many and varied hats brightened a rainy afternoon on Friday, January 15. The novel idea of a tri-professional meeting was successfully introduced. All three presidents (medical, dental and legal) presented a comprehensive survey of their auxiliary's projects and goals. It was most interesting to compare the familiar endeavors of medical auxiliary with the work of the other two. President Jo-Anne Johnson presided. Thanks go to Chairman Carol Hopkins and Program Chairman Judy Brachvogel. Rena Link and Deva Vaught provided the clever hat name tags.

STUDENT AWARDS

The winner of this year's Student Recognition Award could be from your family. In the public high-schools in Pierce county, your senior student can pick up the information blanks from the principal's office. Please remind your son or daughter to ask for one. Chairman Anne Katterhagen would like parents whose children attend private

high-schools in the area to contact her for the information. All eligible students should participate for this fine award among physicians' families. Anne's number is LO 4-1146.

FOR SALE

Copies of TODAY'S HEALTH GUIDE, for the small sum of \$2.50, may be obtained from President JoAnne Johnson. Please call JoAnne at JU 8-4168.

BIG MONEY

Did you know? The AMA - ERF Christmas card project realized over \$3,000. Toni Bourne managed the project so successfully, and physicians with their wives, supported the project so generously. Everyone line up and bow!

TAKE A COOKBOOK TO LUNCH

Is everyone tired of hearing about cookbooks? The "ayes" have it, I know. Bear with me this one more time. This was the year we were to wind up the Cookbook sales so let's keep our timing on schedule. Some of you "thought" cookbook during the holidays and really moved them out; namely, Dorothy Grenley, Aurdey Hori, Gene Hansen, Jan Anderson, and of course, our chairmen Kit and Kimi. We just happen to know about those gals and no doubt many others of you reached the two figure number in sales.

Our president suggests you come prepared to take five cookbooks home from the February meeting and spread them around. You know how easily they attract buyers if people have access to them. In this way you can make the job light by doing your share.

CONDOLENCE

Members of Auxiliary express deep sympathy to Nancy Spangler for the recent loss of her father.

—INEZ M. PIPE.

IN MEMORIAM

Mid-December one of our members who came most closely to living out our ideals quietly slipped from our midst. For well over a generation Florence Duerfeldt's life was devoted to alleviating the sufferings of others, particularly those misfortunes arising from social and emotional causes. Her activities, the movements she spearheaded, the organizations she supported and led, on a state as well as local level, her achievements, read like a page in Who's Who. But to us as her friends and fellows doctors' wives, what matters most was the spirit of sensitivity to the sufferings of others and the dedication of her whole self to do something about them.

This giving of self was far from confined to the community organization level. I shall never forget our first eleven months in Tacoma. For pre-war Tacoma, newcomers were outsiders. I actually began to feel invisible until we met the Duerfeldts and suddenly we belonged. And all during the three war years when Homer was overseas, both Treacy and Florence gave the three children and myself the unqualified personal concern and support of an enlarged family group.

Gay, intelligent, beautiful—this everyone could see. The selflessness that prompted her to withdraw her name from nomination for Woman of the Year, and the kindness behind even her closest friends never hearing her utter an unkind word about anyone—these are among the characteristics that endeared her to us and make us proud to have had her as member and as president of the Auxiliary.

To her husband Treacy, and to her children, Claire and Pryce, and to her grandchildren, we offer our most heartfelt condolences.

—KATHARINE HUMISTON

IN MEMORIAM

Dr. Joseph R. Turner, Jr., 81, a former Tacoma internist, died Dec. 23 in Monterey, Calif., where he moved seven years ago.

He was born in Tacoma and maintained private practice as an internist here for 32 years. Dr. Turner was a pioneer in the field of blood transfusion.

In 1915 he and Dr. Peyton Rous proved in their studies at Rockefeller Institute that blood preserved for four weeks could safely be used for transfusions. From 1917 to 1920 Dr. Turner served with the Army Medical Corps in France, where a British officer used the Turner-Rous findings to set up the first blood bank.

Dr. Turner served as president of the Pierce County Medical Society and North Pacific Society of Internal Medicine. He was a member of the Tacoma Academy of Medicine and Tacoma Country and Golf Club.

Survivors include his wife, Clauddeana S.; a son, Joseph R. Turner III, of Monterey; and a brother, Wililam E., of Tacoma.

Private services were held Dec. 24 in Pacific Grove, Calif.

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Internists To Meet

The Tacoma Academy of Internal Medicine annual meeting will be held March 11 and 12, 1971.

Guest speakers will include authorities in the fields of Dermatology, Neurology and Radiology. In attendance will be members of the Society and guests by invitation.

HIPPOCRATES

On Prognostics

The physician should observe thus in acute diseases: first the countenance of the patient. If it be like those of persons in health or the opposite such as: a sharp nose, hollow eyes, collapsed temples; the ears cold, contracted, and their lobes turned out: the skin about the forehead being rough, distended and parched, the color of the whole face being green, black, livid or lead-colored.

When . . . the hands are waved before the face, hunting through empty space, as if gathering bits of straw or picking the nap from the coverlet, all such symptoms are bad and deadly.

It is well when the patient reclines upon his right or left side. But to lie upon one's back is less favorable. If the patient incline forward, and sink down to the foot of the bed, it is a still more dangerous symptom; but if he be found with his feet naked and not sufficiently warm . . . it is bad, for it indicates aberration of intellect.

The excrement is best which is soft and consistent and passed in quantity proportionate to the ingesta. But if the discharge be fluid, it is favorable that they are not accompanied with a noise, nor are frequent, nor in great quantity. If the evacuations be both frequent and large, there is danger of his falling into deliquium animi. (??)

"ASK YOUR DOCTOR"

KTNT - TV -- 9:30 P.M.

February 7

"Public Health Services"

Dr. Harlan P. McNutt, Chairman

February 14

"The New St. Joseph's Hospital"

Dr. James G. Billingsley, Chairman

February 21

"Diabetes"

Dr. James D. Lambing, Chairman

February 28

"Poison Control"

Dr. Lawrence Brigham, Chairman

SEXUALITY and SEX EDUCATION

—*for the physician*

Nathaniel N. Wagner, Ph.D., Professor of Psychology and Obstetrics/Gynecology, University of Washington, will begin each session with a brief presentation followed by a round table discussion and exchange of knowledge.

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

Enrollment Limited

For further information or registration contact:

COLLEGE OF MEDICAL EDUCATION
 UNIVERSITY OF PUGET SOUND
 1500 N. WARNER
 TACOMA, WASHINGTON 98416
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JU 8-1711 JU 2-3777 JU 2-3778

**MARK YOUR CALENDAR NOW
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SATURDAY, MARCH 27, 1971
FOR THE
AUXILIARY DINNER DANCE**

Pierce County Medical Society

Medical Arts Building
Tacoma, Washington 98402

BULK RATE

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P A I 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 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

MARCH 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 3



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
MARCH 9**

Pierce County Medical Society

1971

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 President-Elect Lester S. Baskin
 Vice-President James E. Hazelrigg
 Secretary-Treasurer George A. Tanbara
 Executive Secretary Judy Gordon

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COVER PICTURE: La Venta Head
 Courtesy of Dr. Jim Fairbourn

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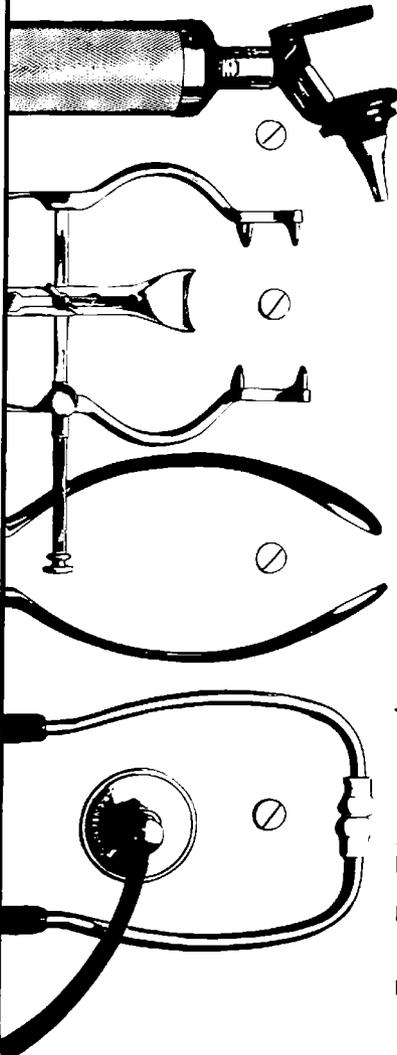
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March Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Tacoma Orthopedic Society—6 p.m.	2 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Staff of Tacoma General— 6:30 p.m.	3 Surgery Grand Rounds—T.G.H. 8-9 a.m.	4 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m. Pierce County Pediatric Society 6:30 p.m.	5 Hematology, Oncology Study Group—TGH 8 a.m.	6
8 Staff of Good Samaritan 6:30 p.m.	9 Neurology Study Group—8-9 a.m. C.P.C. of Mary Bridge 8 a.m. PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	10 OB-GYN Conf. T.G.H. 8-9 a.m.	11 Mary Bridge Cardiac Conf. 6:30 a.m.	12 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—T.G.H. 8 a.m.	13
15 Staff of St. Joseph's 7:30 p.m.	16 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club 6:30 p.m.	17 Medicine Grand Rounds—T.G.H. 8-9 a.m.	18 Mary Bridge Cardiac Conf. 6:30 a.m. C.P.C. of St. Joseph's 8 a.m.	19 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—TGH 8 a.m. Staff of Allenmore Hospital 7:15 a.m.	20
22 Pierce County Chapter AAGP 6:30 p.m.	23 Neurology Study Group—8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Tac. Acad. of Internal Medicine 6:30 p.m.	24 Path. Cancer Con.—T.G.H. 8-9 a.m.	25 Mary Bridge Cardiac Conf. 6:30 a.m. St. Joseph's Trauma Conference— 8 a.m.	26 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—T.G.H. 8 a.m. Staff of Mary Bridge 12:15 p.m.	27
28	29	30	31		

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Literature available upon request.

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PIERCE COUNTY MEDICAL SOCIETY MEETING**Tuesday, March 9**

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.**"CURRENT PROGRESS IN TREATMENT OF
CORONARY ARTERY DISEASE"****Robert Wills, M.D.**Associate Professor of Medicine,
University of Washington

.

Social Hour: 6:00

Dinner: 6:45

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President's Page

The physicians of the State of Washington recently received another bit of bad news when the Department of Labor and Industries refused to raise physician's fees to compensate for rising overhead costs and inflation.

It appears that, due to lack of surveillance on the part of the Department's administrative personnel, the reserve in the Medical Aid Fund was permitted to drop 3.5 million dollars what it should be, and this must be brought back up to the required amount.

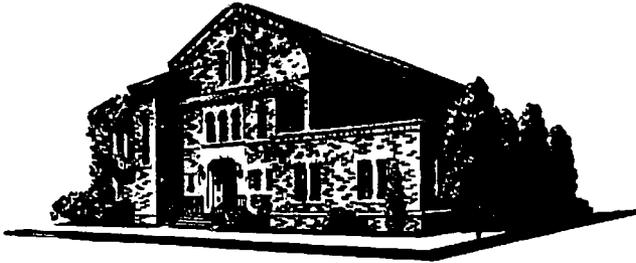
The Department must pay the going rate for hospital services, drugs and appliances, and the only group that it can pay less than the going rate is the physicians. The physicians are the only vendors to the Department for whom the Department can dictate the rate of reimbursement. So, in effect, we are making up the Department's deficit for them.

When a public hearing was held in Olympia on November 25th of last year to take up the matter of the physicians' request for an increase in fees, neither the representatives of labor nor the representatives from management—the two groups who pay the bill—spoke against the increase as requested by W.S.M.A. Industrial Insurance Committee.

Negotiations with the Department are still going on, but if they are not successful, our only recourse would be the curtailment of services to the Department. One suggestion, which would not withhold any needed treatment to the patient, would be the refusal of physicians to do special or commission examinations or to rate PPD on their own patients. Any other ideas?

—ROBERT W. FLORENCE, M.D.

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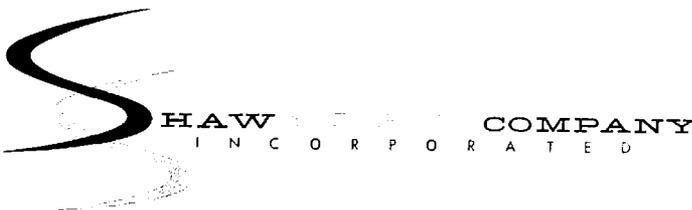
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EDITORIALLY SPEAKING

QUALITY CONTROL IN MEDICINE

In the last two years, important changes have taken place in the concept of quality control in medicine. For many years, quality control has been a byword in industry, but only recently has this expression been applied to professionals. All kinds of professional services are increasingly expensive. It is very difficult for an average layman, be he even a highly educated one, to judge the quality of professional counsel he is receiving. It is particularly difficult to judge the quality of medical counsel. The physician and the lay public are aware of the "explosion of medical knowledge" and the fact that the quantity of medical knowledge doubles every nine years. One only needs to take one of the modern self-assessment tests to realize how much has been learned since one left medical school. The concepts and analyses now available are astounding in their diagnostic precision and the realization of one's own limitations is chastening.

The cost of medical service and of hospital stays have increased. The insurance industry and the government wish to know that they are getting value for their dollar and that what we do is, at least from the cost point of view, reasonably likely to be effective and reasonably planned.

It is in this climate that the Medical Records Committees were altered to Medical Audit Committees. The concept of medical self-policing and control was not new. The surgeons have been always conscious of this and have perhaps led the field with the Surgical Committees and Tissue Committees. Now their concepts are being applied to all physicians. But whereas the evaluation of a surgical procedure, the operator's skill and the tissue diagnosis may be relatively simple, the evaluation of treatment of a medical condition such as bronchial pneumonia, peptic ulceration or chronic bronchitis can be much more difficult.

At present, not only the national but the state medical organizations are deeply involved in establishing concepts of quality control peer review and are trying to establish the criteria which could guide the reviewing committees. The task is mammoth and even then, whilst it can be relatively easily applied to hospital, quality control in the physicians' offices, where most of the medical practice takes place, is something else again.

At present, here locally, the peer review is carried out in a relatively haphazard way. A reviewing committee considers charts selected by the medical records staff and each member of the committee reviews

a set of charts according to his own set of criteria. It doesn't need much imagination to realize that even within one committee these criteria can vary widely. As a consequence there is no consistency in what is done, and many inequities can creep up.

Furthermore, I suspect that the physicians themselves are not aware that their clinical records are being reviewed from the point of view of quality of care and do not know how they will be judged.

Because of these inconsistencies, it seems to me that some standards of what is good medical care should be set. We do not need to abandon the old concepts of local differences between physicians. We can sit back and at a later date accept a set of criteria set for us by Washington State Medical Association or by staff of the University Hospital or by special committees of the American Medical Association. On the other hand, we can attempt to establish our own criteria and, if we do so, at least we will be able to base them on what our own past practices have been and what our resources are and what our customs are, and these criteria can be adapted to the peculiar circumstances and can accommodate our own idiosyncracies, likes and dislikes. It is a big task and we must not expect it to be achieved quickly, but if we were to start now and begin by establishing criteria of minimum acceptable care for say 20 most common medical conditions (for example, congestive cardiac failure, bronchial pneumonia, etc.), then we would at least have started and would quickly gain experience. Furthermore, any physician admitting a patient to the hospital would know that if he complies with a set of minimum standards, he would be safe from criticism and he would also know that if he deviated from this standard, he should show his reasons why.

I think an important side benefit from such an arrangement would be a legal one, and a demonstration that in his care of a patient a physician has complied with the acceptable standards as set by his colleagues would undoubtedly carry weight in court.

Many objections could be voiced to such a plan. It may be difficult for us to bestir ourselves and take action but I think that to undertake such action would be very worthwhile.

—MARCEL MALDEN, M.D.

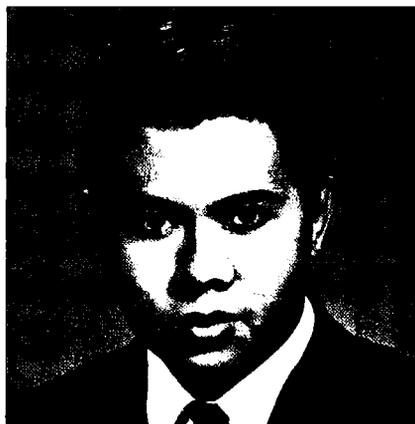
First Readings March, 1971



THEODORE CROWELL, General Practice
Western Clinic, So. 6th at K—MA 7-9151
3717 Beach Dr. SW, Seattle 98116 WE 8-0604



GEORGE P. DELYANIS, Neurology
1106 So. 4th—BR 2-8120
Res. 4824 So. 18th—SK 9-7256



ROSTOM D. RIVERA, General Practice
So. 36th & Pacific—GR 4-0561

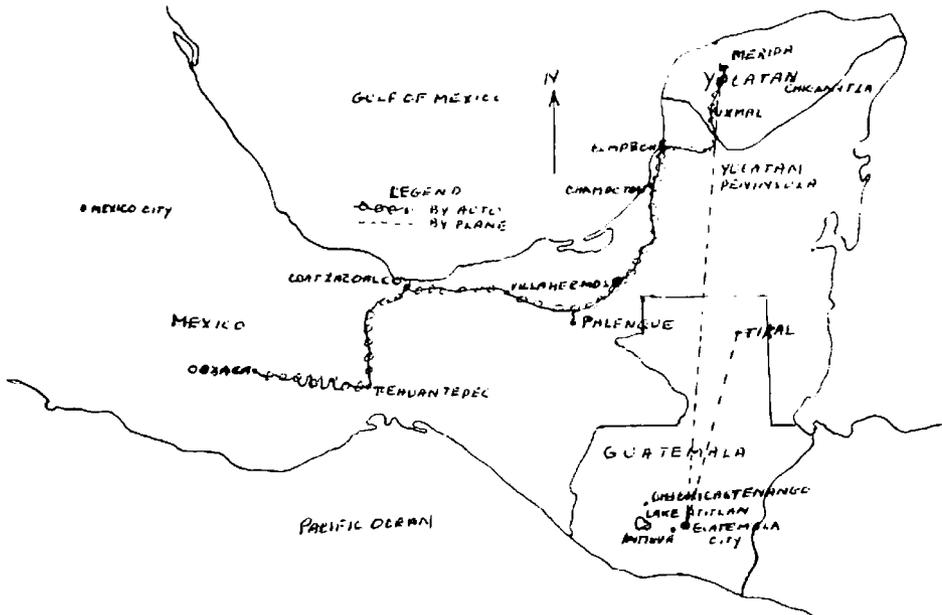


RONALD G. GALLUCCI, Pediatrics
722 So. K—BR 2-4214
Res: 816 No. Tacoma Ave.—BR 2-5209



JOSEPH H. WEARN, Pediatrics
Western Clinic, So. 6th & K—MA7-9151
2200 So. 292 St., Federal Way—VE 9-2886

Exploring Mayan Civilization

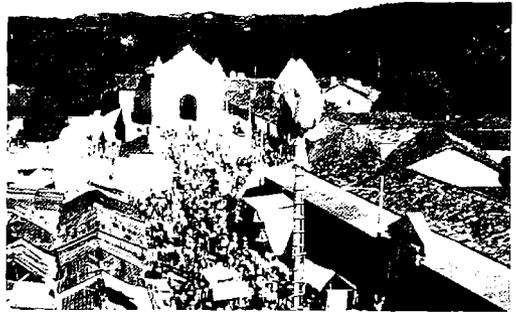


Fifteen years ago we had our first introduction to the Maya civilization, when we visited the old cities of Uxmal and Chichen Itza, in Yucatan. Somehow this wasn't enough. We have always wanted to go back to some of the more inaccessible sites just to see for ourselves the tremendous scope and variety of these ancient ceremonial cities.

We chose Tikal and Palenque, and decided to take in Guatemala at Christmas time as well. We flew direct to Guatemala City with an overnight stop in San Francisco. The streets that evening were jammed with people, young and old, all doing their Christmas shopping, or promenading until the eleven o'clock curfew which all must observe, even the tourists.

The next morning we flew in a two-motor prop plane to Tikal, passing north over the Sierra Madres, and then dropping down over a flat plain of impenetrable jungle which extends north to the Gulf of Mexico. For approximately two thousand years, this area, along with the present Mexican States

of Yucatan, Campeche, and Tabasco, as well as parts of Honduras and El Salvador was occupied by this great civilization, whose knowledge of astronomy

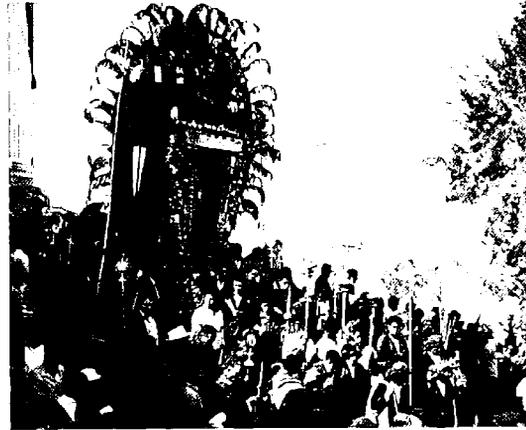


Chichicastenango, Guatemala
Street scene—church in background.

and mathematics enabled it to develop a calendar more accurate than that used in Europe one thousand years later, and its discovery of the abstract concept of zero antedated that of the Arabs by a millennium.

Tikal covered an area of about 25 square miles. An artificial plateau about 600 feet high was first constructed, and on this they built their temples, pyramids, and living quarters for their

ruling nobles and priests. These were only ceremonial cities and the Maya people lived in the surrounding countryside, in small villages in huts with thatched roofs, much as they do today. Since there is no standing water on this limestone plain, they hollowed out huge reservoirs, lined them with clay, and covered them with fitted limestone blocks to collect rain water. Raised



Chichicastenango, Guatemala
Carrying the Saint (Santo Tomas)
down the Church stairs.

causeways ran along the sides of these reservoirs and are used today as roads for access to the sites. Only a small part of Tikal has been excavated by the University of Pennsylvania, but that which has makes one awed at the accomplishment. The symmetry and design of the buildings show the Maya's tremendous knowledge of architecture and mathematics. Tikal is older than the other Mayan cities we had seen, dating back to 500 B.C., and its pyramids left us with an impression of overwhelming power because of their great bulk and lack of carving to soften their outline.

Our accommodations consisted of a platform raised three or four feet above the ground with a porch, thatched roof and walls mostly of screening, which looked out on tropical plants. The beds were good but clammy because of the humidity. We had cold water only, and

that only part of the time. Electricity came from generators, with lights out at 8:30 p.m. The meals were very plain, except for the fruit, grapefruit, bananas and papaya which were delicious. To offset this we watched bril-



Chichicastenango, Guatemala
Witch doctor building copal incense fire
with rum.

liantly colored flocks of parrots, mostly Toucans and wild golden turkeys. Spider monkeys collected in the trees towards evening and we saw our first glow worms and a small animal-like guinea pig with long legs that browsed around our hut in the early mornings. Sufficient liquids was a real problem. It was well nigh impossible to take in sufficient fluids to keep abreast of the loss due to heat, high humidity, and excessive exercise while climbing the temple. Water must be chlorinated and we used Halazone tablets, two tablets to a pint.

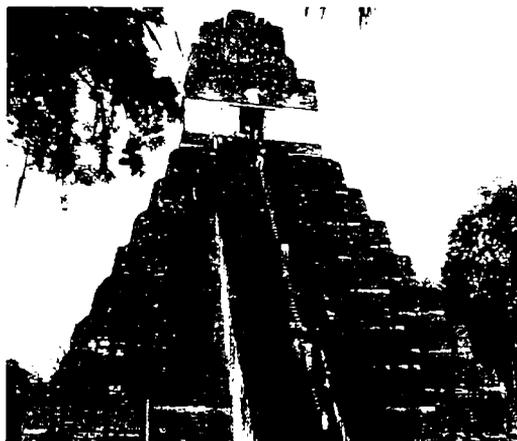
The fiesta of Santo Tomas of the village of Chichicastenango was the highlight of our tour of the highland villages of Guatemala. About 20,000 Indians were in this small village for this three day Fiesta, which was a combination of New Year's Eve, Mardi Gras, and Fourth of July thrown into one. During the ceremonies, dancing and fireworks, as well as religion, all played a serious part. Catholic services

were carried on at the same time as Pagan rites. Everything was mixed together happily, and fireworks and fire-water added to the general confusion, causing literally the downfall of a great number of Indians. There were many visiting saints, carried in procession, or

tree-shaded pools for bathing, and the many rooms of the palaces even had windows instead of being completely closed in. Many beautiful artifacts were found here, and we had the feeling that those who inhabited this city were gentle people who knew how to enjoy



Temple of Inscriptions, Palenque



Tikal, Guatemala; Mayan Temple.

taken in and out of the church at frequent intervals. Dancing continued throughout the day, depicting the Mayans from the Spanish Conquest to the present. All of this with the vivid color of the Indian dress and a sort of Hogarthian drunkenness throughout, made the Fiesta a delight for photographers and Anthropologists.

We flew to Merida, Yucatan, from Guatemala City, enroute to visit our second Mayan archeological site, Palenque. We rented a car in Merida and drove southwest along the Gulf of Mexico, going through Campeche, famous for its shrimp fishing. At Champoton, we cut inland through flat, partially cleared jungle country which is part of the huge limestone plateau which extends north of Tikal to the tip of Yucatan.

The ruins of Palenque were very different from the ruins of Tikal. Set in foothills with the jungle as a backdrop, they were smaller, more graceful and altogether delightful. It was a garden city with a walled stream, beautiful

life. Here many of the frescos and decorations, as around the "key-shaped windows" were carried out in terra cotta instead of limestone which was used in the intricate designs and symbolic figures in Uxmal, Yucatan. The grand temples of Tikal were practically devoid of figures but were architecturally awe-inspiring.

A tomb had been found in the temple of Inscriptions, that is pictured. Entering from the top platform we descended numerous steps down the well constructed, vaulted tunnel to the bottom of the pyramid. Here was a large tomb. The contents are in Mexico City. Many articles of gold and jade were found and the face of the mummy was covered with a gold mask much as the gold mask of Agamemnon at Mycenae, Greece. Decorations again were in terra cotta and a huge, beautifully carved limestone sarcophagus was in place.

Our next archeological stop was to see the La Venta heads located near Villa Hermosa. The huge stone figures and heads were found in swamps and

brought to this site where their relative positions were maintained much as they had been found. The people that carved these are known as the Olmec people and are very ancient, preceding the Mayans.

From here our trip changed to one of touring and sight-seeing, people, crops and scenery, while crossing the Isthmus of Tehuantepec to the city of the same name; then, via a very mountainous road, up to Oaxaca.

To us, the trip was worthwhile. Our interest in the archeological past, rather than being satisfied, was stimulated and the chance to observe the Fiestas and Indians of the highlands of Guatemala was fascinating. Those of you who enjoy this type of vacation certainly would not be disappointed.

—E. J. FAIRBOURN, M.D.

Tumor Board Formed By Board of Trustees

The Board of Trustees of the Pierce County Medical Society has announced the formation of the "Pierce County Medical Society Tumor Board", co-chairmen of which will be Drs. J. G. Katterhagen, M. J. Wicks and D. Wilhyde.

This Board will meet once a week and review selected tumor cases presented to the Board from all of the physicians and hospitals within the Pierce County area.

The purpose of the Tumor Board, of course, is educational and to maintain the high quality of patient care that exists today within Pierce County.

Cases will only be reviewed by invitation of the attending physician. However, there are other details to be worked out and more information will be forthcoming.

The Pierce County Medical Society Board of Trustees feels that this is a thrust in the right direction of having a county-wide Tumor Board rather than each hospital forming their own Tumor

Board with all of the problems overlapping and duplication of effort. Possibly this is the first example of county-wide physician cooperation and solidification of efforts which could be applied to other problems.

The Tumor Board will meet at Allenmore Hospital at 7 a.m. every Friday and last for one hour to one hour and fifteen minutes. The administration at Allenmore Hospital will supply not only breakfast at that time but also secretarial help for the Tumor Board. St. Joseph's and Tacoma General Hospitals have also offered secretarial help to carry out the duties of this Board.

The first meeting is planned for Friday, March 12, 1971 at 7 a.m. at Allenmore Hospital.

The Tumor Board would encourage participation from all of the physicians. Please do not hesitate to contact the co-chairmen with your thoughts and comments.

Pediatric Society Names David Hellyer

The North Pacific Pediatric Society held their 102nd meeting in Seattle at the Washington Plaza Hotel March 4 to 6.

Dr. David T. Hellyer of Tacoma is President-elect of the Society, founded in 1919, which includes members from the Pacific Northwest as well as Alaska, Montana, Idaho and Alberta and British Columbia, Canada.

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Emergency Accident & Health Helicopter Project

A hospital and a helicopter company have teamed up in a pilot project to deliver emergency health care to accident victims and others in need of swift medical attention within a 100-mile radius of Tacoma.

The joint study is being undertaken by St. Joseph Hospital and High Life Helicopters, Inc., both of Tacoma.

The hospital has installed a helipad, which will serve as the home port of the company's Fairchild-Hiller 1100 Air Ambulance helicopter during the project.

On emergency calls to remote, rural, or traffic-congested areas the hospital will furnish emergency room personnel to man the air ambulance so that they can administer to the victim prior to and during the evacuation.

Two-way radio communication will be maintained between the air ambulance and the St. Joseph Emergency Room. This not only permits St. Joseph physicians to advise the ambulance crew, but also speeds the preparation of the hospital facilities to receive and treat the airborne patient.

The cost of the study is being borne by St. Joseph Hospital and High Life.

Service is available from dawn to dusk and can be summoned by calling St. Joseph Hospital, Tacoma General Hospital, or High Life Helicopter Co. It is not necessary to enter St. Joseph Hospital to make use of the air ambulance emergency health care delivery system.

The Fairchild air ambulance, cruising at 110 m.p.h., can make a round trip to Vashon Island in 13 minutes, figuring four minutes on the ground. Other elapsed times are: Anderson Is-

land, 17 minutes; Eatonville, 34 minutes; Shelton, 38 minutes; Chehalis, 56 minutes; Morton, 58 minutes; and Hoquiam, one hour and twenty-two minutes.

Notes From the Hematology-Oncology Conference

Over the last several months the Hematology-Oncology conference has confined itself to various bony tumors. While there have been great strides made in the surgical, radiological and chemotherapeutic treatment of various cancers, it has become quite evident that in reality there have been no great advances in the treatment of the various bony and cartilaginous tumors such as osteogenic sarcoma, fibrosarcoma, liposarcoma and Ewings tumor, etc.

Early diagnosis and radical surgery, generally speaking, still is the best and only approach to the vast majority of these tumors. Some tumors such as Ewings sarcoma, in individual cases, have shown a high degree of radio-sensitivity and it is possible to obtain palliation. Chemotherapy generally remains quite disappointing. Various drugs have been used for these tumors such as intravenous Oncovin, Actinomycin-D, Cytosan and Prednisone. Individual cases, at times, show response but overall the response record is very poor to these drugs used as single agents or in combination.

The overall mortality for these tumors is high. The five year cure rate does not exceed 5%. The other unfortunate circumstance is that many of these tumors occur in the younger age group, especially Ewings' sarcoma, etc., and it seems, at times, to double the tragedy.

—J. G. KATTERHAGEN, M.D.

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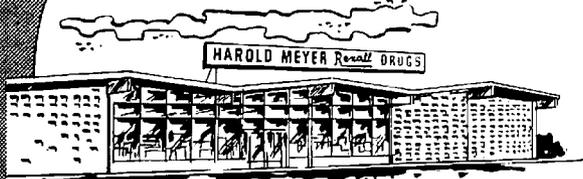
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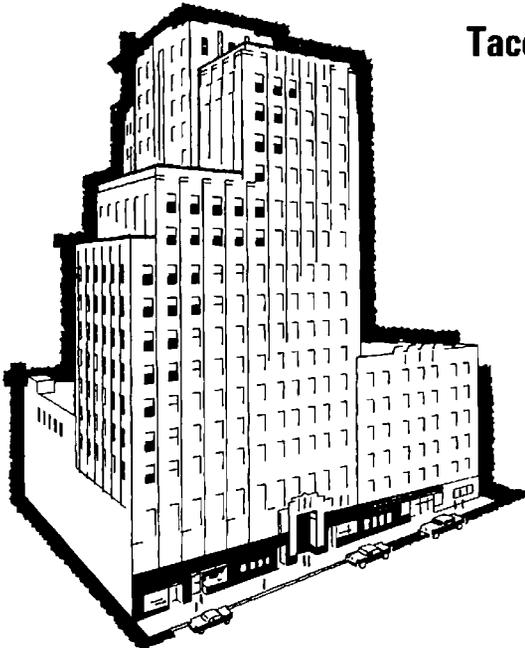
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WOMAN'S AUXILIARY PAGE . . .

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Tasting Luncheon.....	Mrs. K. Royce Hansen Mrs. David W. Millett
Speakers Bureau.....	Mrs. Kiyooky Hori

**ANNUAL DINNER-DANCE
SATURDAY, MARCH 27
TACOMA COUNTRY AND
GOLF CLUB**

File the above information carefully in your pretty head, but be sure it is under "A" for "Act now." Co-chairmen Bonnie Stagner and Nancy Spangler have completed plans for the annual event and are hoping for a large turnout. There will be a no-host cocktail

hour at 6:30, followed by a really gourmet Seafood Buffet. Dancing from 9 to 12 will complete this special evening. Tickets at \$18.00 per couple are available from Bonnie or Nancy. Please call them for reservations before the deadline of Friday, March 19th.

Our Student Award funds are realized from the proceeds of this affair and the amount available will increase with your enthusiastic support. Wives, please remind any lagging husbands that the Pierce County Medical Society heartily endorses our Student Award recognition.

MORE DATES

Mark your calendar for a general Board Meeting, Tuesday, March 9 at 10 a.m. at Allenmore Medical Center. While your pen is poised, check April 9 also for the LAST Board Meeting of the year, at which time all committee reports are due.

AD HOC COMMITTEE

The best brains of Medical Auxiliary, that is, members of the Ad Hoc Committee, are seeking new money-making projects. They welcome any suggestions from membership. Think of something you would like to do, something we could all do that will bring in funds and more funds.

1971-72 EXECES

Your nominating committee presents the following slate of officers for 1971-72.

President, Mrs. Herbert Kennedy; President-Elect, Mrs. James Hazelrigg; 1st Vice-President and Program, Mrs. James Billingsley; 2nd Vice-President and Membership, Mrs. John Alger; 3rd Vice-President and Legislative, Mrs. John Hilger; 4th Vice-President and Social, Mrs. Dale Doherty; Recording Secretary, Mrs. David Millett; Correspond-



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ing Secretary, Mrs. Robert Whitney; Treasurer, Mrs. Arthur Wickstrom; Dues Treasurer, Mrs. Robert Johnson.

The nominating committee was headed by Sherry Johnson with the following members: Nadine Kennedy, Helen Florence, Jean Camp, Keaty Gross and Linda BeMiller.

MID-YEAR CONFERENCE

With spring comes Mid-Year Conference dates, and this year's plans read like a travel brochure. "Come to beautiful Ocean Shores for a mid-week holiday on April 21 and 22." Hosted by Grays Harbor County Auxiliary at the well-known ocean resort, a special invitation is issued to husbands with a special program to interest them. While the ladies are busy, husbands may relax in the pool or on the golf course . . . or just "snooze" while soothed by the sound of the gentle surf. Oh, pack that bag!

LEGISLATIVE DAY

The wheels of government go round and round, and some members of Auxiliary have a clearer understanding of their state government as a result of the Legislative Day visit to Olympia in January. Chairman Phyllis Erickson led the Pierce County group. A slight note of alarm has been sounded with the proposed change in the Implied Consent bill. It has been proposed, and passed in the House, that Occupational Drivers be exempted from taking the breatholizer test. Chipping away at a good thing.

COMMUNITY ACTION

Dorothy Grenley represents Auxiliary on the Pierce County Health Council, a most active organization. Vivian Ehly has joined the Task Force for Drugs section of this same Council.

DR. BONICA

Those attending the February meeting heard a most informative and outstanding talk by Dr. John Bonica of the University of Washington Medical School. The history of the specialty of anesthesiology was carefully outlined by Dr. Bonica as a preface to his discussion of the formation of the Pain Clinic recently formed at the University. The nationally recognized clinic is being studied by groups from other sections of the country.

THE GOVERNOR'S THANKS

A note of appreciation for Auxiliary's assistance in the State Rubella campaign was received by State President Marion Phillips from Governor Dan Evans.

More correspondence of a plus nature included a letter from Dr. Robert Van Citters, Dean of the University of Washington Medical School, to State Auxiliary, citing the value of the increased AMAERF funds to the students. Dean Van Citters commented that these funds allow the school to broaden its base of student registration by including more minority and disadvantaged students.

—INEZ M. PIPE.

Surgical Club Sets May 1 Meeting Date

Tradition holds forth on the first Saturday of May again this year when the Tacoma Surgical Club will again hold its annual clinical meeting on that date, which will be on May 1. Member surgeons are hard at work on the program, which will feature Dr. William Blakemore of the University of Pennsylvania as guest speaker.

Dr. Bill Mattson, Club President, will announce more details of the annual event in the April issue of the *Bulletin*.

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TGH Special Conference

Thomas L. Marchioro, M.D., Professor of Surgery, University of Washington School of Medicine, will be the guest speaker at the Tacoma General Hospital Special Conference to be held Wednesday, March 31, 1971, from 8 to 9 a.m. Dr. Marchioro's subject will be "The Present Status of Organ Transplants". The conference will be held in Jackson Hall Auditorium.

Poison Control Week

In 1962 the late President John F. Kennedy declared the fourth week of March as Poison Prevention Week. Before and since that time there has been a great deal of active interest by the community to attempt to encourage people to look closely at the problem concerning accidental poisonings that occur with increasing frequency throughout the country.

The local community here in Pierce County has had, fortunately, many different groups who have been in an altruistic manner devoting their time to attempt to educate the public as to the various potential poisons that exist within homes. Some success has been met with this attempt. However, there continues to be problems every day. We physicians do not really need reminding of the persistence of this particular problem.

However, the type of poisonings that do occur seem to be changing. There appears to be a decrease in some of the household product poisonings that have occurred frequently in the past. There appears in recent years, as many of us are aware, to be a noticeable problem developing with regard to the misuse and overuse of medications. Accidental poisonings, of course, with prescription medications still remain a problem. However, we are hoping that with the increased use of the child-resistant containers that are soon to be mandatory because of the new federal legislation in this area we think that this will be better controlled. The problem concerning many public officials, as well as physicians in general, is, as mentioned, drug abuse problems.

I thought for that reason we would depart from the customary urging that physicians remind the parents of children that they should poison-proof their homes. This, of course, is still important, but instead it is the feeling that we should communicate the high inci-

dence of both accidental prescription ingestion and in recent years the preoccupation of our youth, and even adult population in drug experimentation and abuse that has occurred.

In trying to analyze the sociological problems that have occurred in the past that may in some way have promoted this, I think it is possible that we in the medical profession have in some way contributed to this problem by cultivation of a permissive attitude toward drug orientation that this society seems to possess. There appears to be an overdependence upon drugs. It could be stated that a large portion of our population has a psychic dependence on taking some medications in one form or another. If we accept this problem as actually contributing to the drug abuse problem, I think then we should as physicians begin to look critically at our prescribing habits. Perhaps we should begin some form of education with the general public as we see these individuals as private patients to encourage a more realistic and intelligent attitude toward the use of medications and drugs. I think we have all at one time or another been in an uncomfortable position where we have given some medications when it was not indicated, because the private patient has presented himself with the distinct attitude he should receive some form of medication for whatever diagnosis he has already entertained for himself. Perhaps in this way we indirectly may change this drug-oriented society, and in turn this may over the years have a decided influence over the problems we are currently facing. If each one in the medical profession would agree that as physicians we do have more than a passive role in the community's poison prevention efforts, then perhaps you would agree it is appropriate for us to spend some time reflecting over our drug prescribing habits.

—JAMES L. SCHNELLER, M.D.

January 22, 1971

Physicians' Exchange
911 Pacific Avenue
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Dear Girls:

This is a delayed note but nevertheless carries the same thought.

I wish to thank you for your many kindnesses and for the great help in the past. You have always been very pleasant, very efficient, very patient, and lastly most dependable. I have never spoken to any one of you who has given me a curt answer. There is always a cheerful voice at the other end of the line. This is amazing this day and age when courtesy does not seem to be the rule.

I want to thank each of you for a very fine year in 1970 and I want to wish you the best of 1971.

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March 7

"Parkinson's Disease"

Dr. Arthur Smith, Chairman

March 14

"New Trends in Heart Care"

Dr. C. L. Anderson, Chairman

March 21

"Obesity"

Dr. H. A. Anderson, Chairman

March 28

"Varicose Veins"

Dr E. A. Kanar, Chairman

April 4

"Aviation & Space Medicine"

Dr. Charles D. Prewitt, Chairman

Second WSMA Call For Scientific Papers

Physicians are invited to submit a brief two or three paragraph abstract, with title, of the scientific papers they would like considered for the scientific program during the WSMA Annual Meeting, September 19-22, in Seattle. Members of the Scientific Program Committee are planning scientific sessions for the major specialties, as well as general sessions, round-tables, special courses and demonstrations. Please send your abstracts no later than April 15, 1971, to Joseph W. Eschbach, M.D., Chairman, Scientific Program Commit-

tee, Washington State Medical Association, 444 N.E. Ravenna Blvd., Seattle 98115.

Exhibit Applications Available

Physicians planning Scientific Exhibits they wish considered for showing at the WSMA Annual Meeting may obtain applications for exhibit space by writing to Donald R. Silverman, M.D., Chairman, Scientific Exhibits Committee, WSMA Central Office, 444 N.E. Ravenna Blvd., Seattle 98115. Completed applications should be returned to the Association office by April 15, 1971, as the Exhibits Committee will meet shortly thereafter to select the exhibits to be shown at the Annual Meeting.

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Pierce County Medical Society

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MONTHLY MEETINGS

- STAFF OF DOCTORS HOSPITAL OF TACOMA
Second Monday of Jan., April, July and Oct.—
6:15 p.m. Doctors Hospital Cafeteria
- STAFF OF GOOD SAMARITAN
Second Monday of March, June, Sept. Dec.—6:30 p.m.
- STAFF OF ST. JOSEPH'S
Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND 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

APRIL 1971

TACOMA, WASHINGTON

VOL XLII—NO. 4



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
APRIL 13**

Pierce County Medical Society

1971

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 President-Elect..... Lester S. Baskin
 Vice-President..... James E. Hazelrigg
 Secretary-Treasurer..... George A. Tanbara
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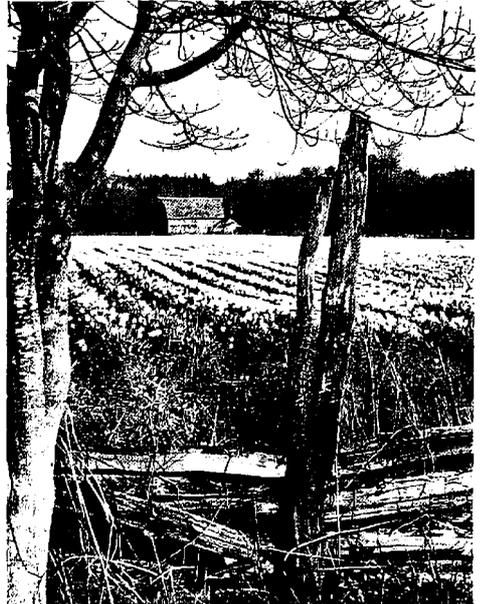
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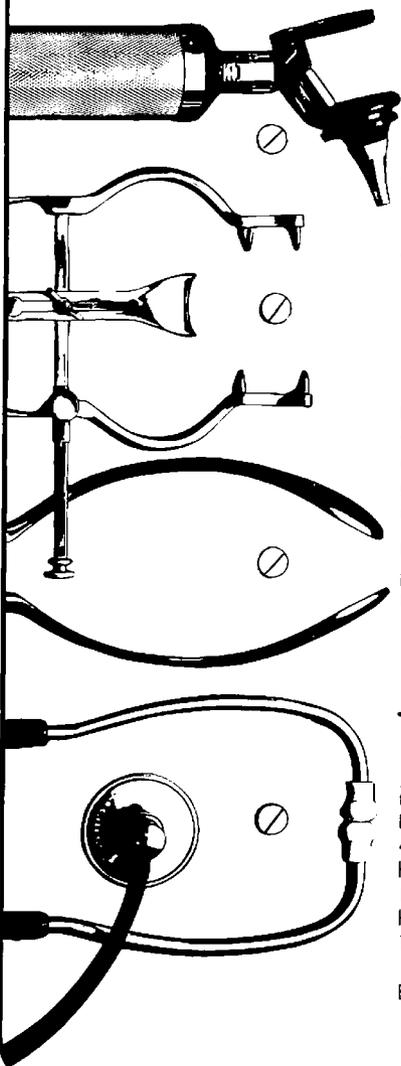
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April Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Mary Bridge Cardiac Conf. 6:30 a.m. <hr/> C.P.C. of St. Joseph's 8 a.m. <hr/> Pierce County Pediatric Society 6:30 p.m.	2 <hr/> Tumor Board 7 a.m.—Allenmore <hr/> Hematology, Oncology Study Group—TGH 8 a.m.	3
5 Tacoma Orthopedic Society—6 p.m.	6 Cardiac Study Group—TGH 8-9 a.m.	7 Surgery Grand Rounds—T.G.H. 8-9 a.m.	8 Mary Bridge Cardiac Conf. 6:30 a.m.	9 Tumor Board 7 a.m.—Allenmore <hr/> Hematology- Oncology Study Group—T.G.H. 8 a.m.	10
12 Staff of Doctors Hospital 6:15 p.m.	13 Neurology Study Group—8-9 a.m. <hr/> C.P.C. of Mary Bridge 8 a.m. <hr/> PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	14 OB-GYN Conf. T.G.H. 8-9 a.m.	15 Mary Bridge Cardiac Conf. 6:30 a.m. <hr/> C.P.C. of St. Joseph's 8 a.m.	16 Tumor Board 7 a.m.—Allenmore <hr/> Hematology- Oncology Study Group—TGH 8 a.m.	17
19	20 Cardiac Study Group—TGH 8-9 a.m. <hr/> C.P.C. of Mary Bridge 8 a.m. <hr/> Tacoma Surgical Club 6:30 p.m.	21 Medicine Grand Rounds—T.G.H. 8-9 a.m.	22 Mary Bridge Cardiac Conf. 6:30 a.m. <hr/> St. Joseph's Trauma Conference— 8 a.m.	23 Tumor Board 7 a.m.—Allenmore <hr/> Hematology- Oncology Study Group—T.G.H. 8 a.m.	24
26 Pierce County Chapter AAGP 6:30 p.m.	27 Neurology Study Group—8-9 a.m. <hr/> C.P.C. of Mary Bridge 8 a.m. <hr/> Tac. Acad. of Internal Medicine 6:30 p.m.	28 Path. Cancer Con.—T.G.H. 8-9 a.m.	29	30 Tumor Board 7 a.m.—Allenmore <hr/> Hematology Oncology Study Group—T.G.H. 8 a.m.	

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Tuesday, April 13

Medical Arts Building Auditorium

PROGRAM - - - 8:15 P.M.

"GAMBLING IN THE MEDICAL PROFESSION"

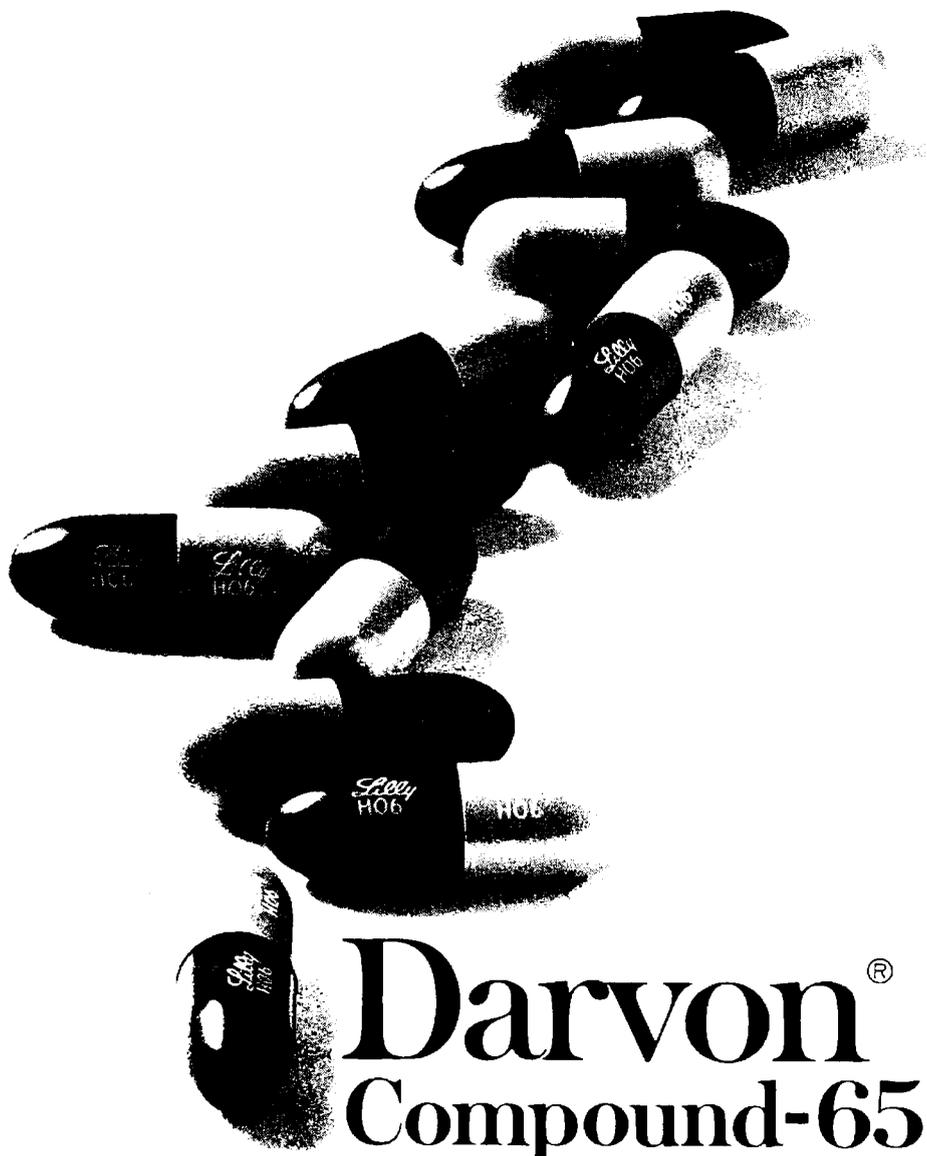
Panel Discussion By a Secret Panel

.

Social Hour: 6:00

Dinner: 6:45

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President's Page

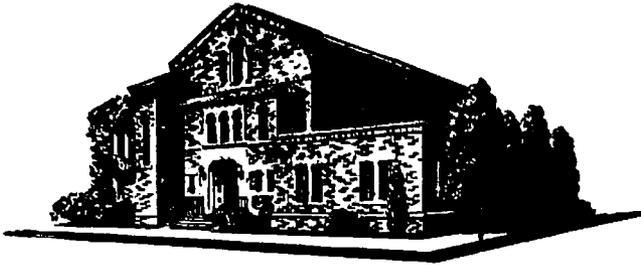
THE REASON FOR TAXES

The attempts by our federal and state lawmakers to provide us with more and more "free" services and the resulting need for more taxes to pay for these services recalls a story that seems appropriate to pass along.

The tax collector finally caught up with a backwoods farmer, and the collector was attempting to explain the government's request for its tax money. He explained that the government, like a father, protected him from his enemies, cared for him when he was sick, fed him when he was hungry, gave him an education, and for these purposes needed the money. The farmer then said, "Yes, I understand. It is like this: I have a dog and the dog is hungry. He comes to me and begs food. I say to him: 'My dear faithful dog, I see you are very hungry. I am sorry for you, and I shall give you meat.' I then take a knife, cut off the dog's tail, give it to him and say, 'Here, my faithful dog, be nourished by this nice piece of meat.'"

—ROBERT W. FLORENCE, M.D.

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EDITORIALLY SPEAKING

Guest Editorial:

A Medical Resident's Experience in Private Practice

First, a note of thanks to all physicians, nurses and paramedical personnel whose hospitality was so generously extended during my short two months in Tacoma. As a transient newcomer I certainly appreciated such rapid acceptance into the medical and social community.

As most of you know, this was the first year a "satellite" internal medicine resident was placed in Tacoma as part of the Regional Medical Program (RMP) from the University of Washington. My goal during this period was to divorce myself from the university milieu and participate in the practice of everyday medicine, where the Australian antigen, EB titer, and the like did not frequently find their way into the hospital orders.

While visiting with you I spent one to two week segments with five Pierce County internists—Drs. Malden, Barronian, Whitacre, Early and J. A. Kennedy. With one exception, each of these gentlemen are in solo practice. This enabled me to observe five entirely individualistic approaches to medical problems, demonstrating that there is indeed more than one way to skin a cat. I must say that I was most impressed with the amount of patience and compassion which busy physicians dispensed and would hope that these qualities remain with me.

Although my presence probably made a longer work day, I think that each physician enjoyed having someone with whom to discuss problems. Solo practice lends itself to routine and perhaps a questioning "partner" was somewhat refreshing.

Will Tacoma have another medical resident next fall? My report to the RMP committee was nothing but favorable and I suspect that Tacoma will be included with Anchorage, Spokane, Yakima, Wenatchee and Swedish Hospital of Seattle as part of the guest resident program. Thanks again for making my stay a pleasant one.

—BRUCE E. STEVENSON, M.D.

Academy Of Internal Medicine Holds Annual Meeting

The twenty-first annual meeting of the Academy of Internal Medicine was held on the afternoon of Thursday, March 11 and Friday, March 12, 1971 in the Nurses' Home of St. Joseph Hospital. The subject of the meeting was "Clues to Difficult Diagnosis" and the main speakers were arranged for by three groups of doctors.

Several physicians are members of the Academy, yet not strictly internists. Carlisle Dietrich specializes in dermatology. Robert Whitney practices radiology. Marcel Malden, although a practicing neurologist, is a regular member of the Academy. He had the help of two of his cohorts, Stevens Dimant and Arthur Smith.

Each of these three groups of physicians arranged for a speaker in its own field. Dr. Dietrich, with the cooperation of John Shaw, obtained Dr. Robert Kellum of the Section of Dermatology — in the Mason Clinic in Seattle. Dr. Whitney invited Dr. Joseph Jorgens, who is the Chief of the Radiology Service, Wadsworth General Hospital, Los Angeles, California. The neurologists had as their guest speaker Dr. Donald McRae of the Neurology Department, University of California Medical Center, San Francisco, California.

The program consisted of formal presentations by each of the three main speakers, followed by lively discussion regarding case presentations. Lunch on Friday was held in one of the banquet rooms of the Tacoma Motor Hotel.

Many of the cases presented were seen "in the flesh" — the doctors arranging for the patients themselves to be present. This type of presentation was especially suited for the dermatology patients and for one or two of the

neurological patients as well. Of course the radiologists presented the "cases" in the form of x-rays and Dr. Jorgens was hard-pressed to stay ahead of them.

This year's format of a "private" meeting attended by members of the Academy only was prompted by the relative lack of attendance at the meeting held in 1970. The main speaker at that meeting was Dr. Eddy Palmer and it was felt certainly that this man, of international reputation, would attract a large number of physicians. Such was not the case and the Academy of Internal Medicine therefore decided that it would hold its meetings for itself only.

Whether this decision is a wise one or not remains to be seen. It would be helpful to receive comments from the general membership of the Society. That more persons could not have benefited from this year's meeting was unfortunate. It was the general consensus that this year's three speakers easily rivaled those of any previous year. If there is a "groundswell" of desire to keep the Academy annual meetings open to the public, the members, and especially the officers should be so informed.

—GEORGE RACE, M.D.

MAY PCMS MEETING AT MADIGAN

The joint meeting of the Pierce County Medical Society and the Thurston-Mason County Medical Society with Madigan General Hospital will be held at Madigan on Tuesday, May 11th.

On the program will be the Chief of Urology from Madigan presenting a paper on "Bladder Outlet Obstruction in Children"—diagnosis and management, and the Chief of Pathology presenting "Trends in Transfusion Therapy".



Betty
Swords

"We hoped that we had muffled the population explosion at our house."
Courtesy Medical Society Magazine Group

To The Editor

Dr. Malden's article, The Physician and Continuing Education, Bull. Pierce Co. Med. Soc. 42: 10-15, 1971, has been read with great interest.

I wonder if you can list in the *Bulletin* what other continuing medical education activities in the area have credit hours (other than those offered at the UPS College of Medical Education).

When I qualified in 1969, none of the hospital grand rounds or specialty conferences were creditable. I am sure that there are recent changes in the AMA Recognition Award requirements, e.g. part time research is no longer acceptable. He mentions in his article that 'the clinical meetings arranged in the hospitals are all recognized and count towards "approved time" for the Physician's Recognition Award for 1970'.

He also 'wonders if it would be too much to hope that the governing bodies of the Tacoma Academy of Internal Medicine and Tacoma Surgical Club will consider making a requirement of attendance at continuing medical education courses (local, regional or national) a prerequisite of continuing membership in the organization'.

I echo his wonderment and should not the Pierce County Medical Society require fulfillment of the AMA Recognition Award for continuing membership. Unless we physicians take the initiative, it will be most awkward to see non-medical agencies talk about continuing education, re-certification, and relicensure.

His action and that of the Medical Education Committee of the county medical society is earnestly anticipated.

Sincerely,

—M. L. ORIGENES, JR., M.D.

Dear Sir:

I think we should put this in the *Bulletin* for the information of those who may not attend the County Society meeting, and I think we should likewise announce at the County Society meeting the following note.

There is a very good resume, entitled "What the Health Care Consumer Should Know About Chiropractic" on page 1307 of the February 22, 1971 issue of the Journal of the American Medical Association. I would suggest you cut this out from the Journal, it's only a two page article, read it, and then send it to our local State Representatives and State Senator. As we all know, there are perennially bills introduced to force insurance companies, and even our own Pierce County Medical Bureau, to pay for chiropractic care. I think this article would give to those legislators who need proper information some unbiased opinions from which they themselves can reach inevitably only one opinion.

I would urge all of us to do this. It's a simple thing, and I think the best way we can inform our legislators. We do have lobby members who are undoubtedly doing a good job, but I think this would be more effective as this type of information would really strike home. I am sending a similar letter to the Editor of Northwest Medicine in an effort to get all of the state doctors to do the same thing.

Do it now!

I also think it would be more informative if we would print the names and addresses of the Senators and Representatives from the various districts here in Pierce County so that it would be easier for some of us who are not quite certain who our local legislators are and what their addresses are so we can mail these to them.

A problem of logistics also comes up, as each of us will have two Representatives and one Senator and only one Journal article. I would suggest making copies of the article.

I would also suggest that each of us do this, because the more of these they receive in the mail I think the more impressed they will be, rather than depend on someone else to send it.

Don't make the mistake of sending one to A. A. Adams if he happens to be your Representative, inasmuch as he is a chiropractor. Perhaps those of you in District 28 who voted for him were not aware of the fact.

Thank you,
RODGER S. DILLE, M.D.

Family Classes in Home Care of Stroke Patients Scheduled

A course of instruction for families involved in home care of the stroke patient will be presented in April at Tacoma General Hospital, under the auspices of the Pierce County Division of the Washington State Heart Association. Classes will be held Tuesdays and Thursdays, April 20, 22, 27, and 29, at 7:30 p.m., in the amphitheater of Jackson Hall. Three sessions will be for family members only (limit, two from each), but the April 22 class will be open also to stroke victims who are able to participate.

Scheduled speakers include Sherburne W. Heath, Jr., M.D.; S. Erving Severtson, Ph.D.; Albert Van Etten, RPT; Sandra Olsen, OTR; Barbara Bertolin, R.N.; Donna Baurichter, R.N.; Bruce Deck, M.A., and Grover C. Shaunty, M.A.

Advance enrollment is required; registrations are now open at the Pierce County Heart Office, BR 2-7854.

HAMLET

I'll buy the long lost, abandoned day
whose cup had seemed to overflow
when I had promised I would drink
it down
to the last drop.

Yet I had barely half
emptied the cup, when suddenly
it tasted stale, and I, in anger or in jest,
renege my promises, and spilled the
rest.

It haunts me still.
I want to build a tower, yet my plans
are littered with those lost, abandoned
days
whose cups I had seized eagerly,
caressed,
raised to my lips, drunk halfway down,
and spilled!

—GERHART A. DRUCKER.

HIPPOCRATES

On Airs, Waters and Places

A city exposed to hot winds . . . but sheltered from the north winds . . . its men are subject to attacks of dysentery, diarrhea and chronic fevers. The women have excessive menstruation and have frequent miscarriages. The infants have convulsions and asthma.

Cities exposed to cold winds have slender men who are subject to pleurisy . . . hardness of bowels, ophthalmies and bleedings of the nose in the summer. The women have small and painful menstrual discharges. Phthisis frequently intervenes and children may have dropsies of the testicle.

Cities where the heat and cold are more moderate, the inhabitants have clear voices and their temper and intellect are superior.

In the cities sheltered from all winds, the inhabitants are pale and enfeebled. Their voices are rough and hoarse, owing to the state of the air.

'Mini' Surgical Stays Now Available At Mary Bridge Hospital

"Mini" surgical stays now may be arranged by physicians treating patients at Mary Bridge Children's Hospital in Tacoma. Under this new service, the patient is admitted to the hospital at least one hour prior to scheduled time of surgery and is dismissed later that same day, usually by 6:00 p.m.

Because the child does not remain in the hospital overnight and because less nursing supervision therefore is required, the patient receives a high standard of care according to individual need at less expense to the family. This results in a substantial savings to the family and eliminates the inconvenience of overnight separation of the child from his parent.

The attending physician is requested by the hospital to arrange for dismissal of his patient in advance. In the event complications occur, thus preventing dismissal, the nursing staff of the hospital notifies the physician's office, and the child automatically assumes an in-patient status.

Necessary laboratory tests ordered by the physician are performed during a preliminary visit to the hospital two to five days prior to date of surgery. At this time, the child may have the opportunity to become familiar with the hospital. If a school tour is scheduled during the time of this visit, the prospective patient is invited to join the 45 minute trip through various areas of the hospital.

Procedures for which "mini" surgical visits are considered effective include scar revisions, infant hernias and other infant problems at the discretion of the doctor, cyst removals, myringotomies, eye examinations and other cases as determined by the individual physi-

cian. Patients receiving a general anesthetic are eligible to enter the hospital for minor surgical procedures under the "mini" visit arrangement.

A pamphlet entitled "Short Stay Surgery" provides concise information for parents in regard to the pre-admission visit and course of action to follow on the day of surgery. A form authorizing laboratory tests and date of surgery is included in the pamphlet for the physician to fill out for hospital records. These should be brought to the hospital by the parent when the child comes for pre-admission laboratory tests.

Pamphlets may be obtained by writing Mary Bridge Hospital, 311 South L Street, Tacoma 98405 or by telephoning BR 2-1281.

Notes From the Hematology-Oncology Study Group

Within the next few weeks we will conclude our series on bone and connective tissue neoplastic disorders.

The coming two months will be devoted to gynecological tumors. We hope to present usual and rare aspects of tumors concerning the cervix, body of the uterus and ovaries, etc.

What with the advent of the Pierce County Medical Society Tumor Board which meets at Allenmore Hospital at 7 a.m. and concludes at 8 A.M., the "Oncology and Hematology Study Group" will start a new meeting time at 8:15 at Tacoma General Hospital. The meeting will run from 8:15 A.M. to 9:00 A.M. The first half hour will be devoted to the specific speaker and his case presentation, etc. The last fifteen minutes will be general active case presentation and discussion.

Once again, all physicians from the Pierce County Area are invited to participate in this on going conference.

—J. G. KATTERHAGEN, M.D.

Pierce County Medical Society Tumor Board

The Pierce County Medical Society Tumor Board will be meeting every Friday morning at 7 A.M. at Allenmore Hospital.

The Tumor Board has been meeting actively now since March 12th and the attendance and the case presentation has been outstanding.

The whole purpose behind the Tumor Board is to maintain and possibly enhance the high quality of medical care for patients suffering from the neoplastic diseases within the greater Pierce County area. All physicians are invited and encouraged to present their cases of cancer in whom the recommendations of the Tumor Board might be of help in the future management of that particular patient. Also the Tumor Board is completely open as to its membership and anybody who wishes to attend regularly and sit in on the board is encouraged to do so.

For any further information concerning the Tumor Board, please contact Mrs. Nancy Wasalino, the Medical Record Librarian at the Allenmore Hospital, who is functioning as the Tumor Board Secretary. She is the one to contact if you have a case which you would like to present to the Tumor Board.

With the cooperation of all of the physicians within the Pierce County, we know that the Tumor Board will be a success, not only for enhancing quality patient care but also for our continuing medical education.

DRS. WICKS, WILHYDE,
and KATTERHAGEN, Co-Chairmen.

SURGICAL CLUB ANNUAL MEETING

Dr. William Mattson, president of the Tacoma Surgical Club, announces that plans are shaping up for an excellent annual meeting this year, Saturday, May 1st.

As in previous years, the club will present a unique array of anatomical dissections. These will encompass many aspects of surgical anatomy and will be vividly discussed by Robert Johnson, M.D., formerly head of the Department of Anatomy at the University of Washington, and now chairman of the Department of Anatomy of the School of Medicine, Division of Graduate Medicine, University of Pennsylvania. The afternoon program will be highlighted by papers and panel discussions centering around massive gastrointestinal bleeding and problems of hyperalimentation. William F. Blake-more, M.D., Professor and chairman of the Department of Surgery of the Graduate Division of the School of Medicine of the University of Pennsylvania will be the guest speaker.

Registration fee is \$5.00 and includes lunch.

Remember the day, Saturday, May 1st, 9:00 a.m., Thompson Hall, University of Puget Sound. Registration at the desk only.

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Medical Center

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Courtesy Medical Society Magazine Group



"Doctor, how could you refuse that house call . . . that was your very own wife!"
Courtesy Medical Society Magazine Group

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William W. Mattson, Jr.
- 5 Clinton A. Piper
- 6 W. Ben Blackett
- 10 James M. Blankenship
David N. Goodson
- 11 Lawrence Brigham
Byron Dodge
- 12 Z. Joseph Vozenilek
- 15 Leo J. Hunt
- 16 Robert W. Osborne
- 20 John F. Comfort
- 21 Harold B. Johnston
Gilbert J. Roller
- 22 William E. Avery
- 23 Richard E. Huish
- 24 Eugene W. Hanson
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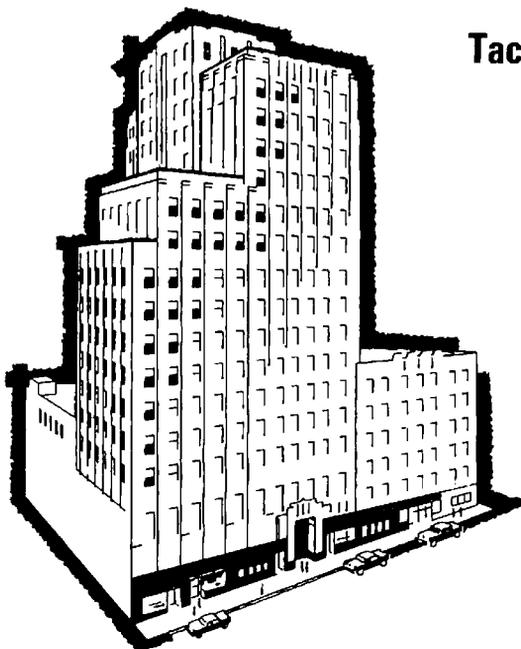
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WOMAN'S AUXILIARY PAGE . . .

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3rd Vice-President & Legislative.....	Mrs. J. J. Erickson
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Representative—Council on Mental Health.....	Mrs. Jay H. Ehly
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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

Business as usual will be part of the April meeting, with the election of officers for 1971-72. The slate of nominees presented by the nominating committee include: Mrs. Herbert Kennedy, President; Mrs. James Hazelrigg, President-elect; Mrs. James Billingsley, 1st Vice-President and Program; Mrs. John Alger, 2nd Vice-President and Membership; Mrs. John Hilger, 3rd Vice-President and Legislative; Mrs. Dale Doherty, 4th Vice-President and Social; Mrs. David Millett, Recording Secretary; Mrs. Robert Whitney, Corresponding Secretary; Mrs. Arthur Wickstrom, Treasurer; and Mrs. Robert Johnson, Dues Treasurer.

Commenting on the program speaker, Mr. Norman Winnick, Director of the Tacoma Zoo, President JoAnn Johnson says that he is an unusually compelling speaker with much to tell us about our own natural wonder existing at Point Defiance. Mr. Winnick started his profession as a result of playing "hookey" from school one day. That in itself is a bit of information bound to pique our curiosity. Let's have a good turnout!

BOARD MEETING RESCHEDULED

The general Board Meeting of April 5th has been cancelled and rescheduled for Monday, May 3, at 9:30 A.M. at the Lakewood Terrace restaurant. Board members from this year and the newly selected Board members for next year will meet together. Annual reports are due in triplicate. President JoAnn mentions that you will receive an agenda in the mail prior to the meeting. Do mark your calendars and plan to stay for lunch.

COME TO THE LUNCHEON MEETING

Friday, April 16, 1971—12:00
Hostess, Mrs. Stanley Tuell
3650 Browns Point Boulevard
Program: Mr. Norman Winnick,
Tacoma Zoo: "You, and the Zoo".



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FINANCE COMMITTEE

Following a meeting in April, Chairman Dorothy Grenley and her Finance Committee will present their report and recommendations to the membership at the May meeting. Also a summary and report of the combined board will be given. If you have any suggestions for Auxiliary involvement please contact our Auxiliary president prior to that meeting.

MID-YEAR MEETING

As previously announced Mid-Year Conference will be held at Ocean Shores on Wed. and Thurs., April 21st and 22nd. Accommodations can be arranged by calling The Canterbury Inn, Ocean Shores, Wa. 98551. Phone 1-289-3317. Check your issue of Medaux News for the agenda and registration forms.

MD'S WIFE

That's you, of course, but it is also a magazine for physicians' wives, an extremely well-edited and informative periodical. Noted in the March issue an article titled "Hello Hospital." Anyone with small children will appreciate the information included here. Why not pass this on to your non-medical friends for their better understanding of the necessity of preparing children for a hospital visit?

Mrs. John Walz (Pat) from Washington has been appointed to the editorial advisory board and is eager for suggestions for articles or ideas on "something for the Northwest." She wants our area represented so if you have a bright idea for an article do let her know.

—INEZ M. PIPE.

F.Y.I.

It has come to the attention of the Medical Society office that a woman by the name of Jean Kohler (alias Elizabeth S. Kohler) has been in the Pierce County area recently.

This individual has a past record of claiming to be a physician (M.D.) but all available records indicate that she has never attended medical school and that she is not licensed as a practitioner of medicine.

Any physicians aware of attempts by this individual to function as a physician or lecture as a physician are urged to promptly report such to the Medical Society office and Mr. Max Brokaw at the Division of Professional Licensure in Olympia.

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DOCTOR-LAWYER FIELD DAY**FRIDAY, MAY 7, 1971****TACOMA COUNTRY & GOLF CLUB****GOLF (Dr. William Rohner, Chairman)****TENNIS (Dr. Vernon Larson, Chairman)****HIPPOCRATES***On Hemorrhoids*

You will recognize the hemorrhoids without difficulty, for they project on the inside of the gut like dark-colored grapes, and when the anus is out, they spurt blood.

Make a small piece of iron red hot and burn the pile until it be dried up. The patient's head and hands should be held so that he may not stir, but he himself should cry out, for this will make the rectum project the more. Boil lentils and tares, finely triturated in water, and apply as a cataplasm for six days. On the seventh, put honey on a cloth, cover with a sponge, push as far up as possible and gird the patient about the loins.

DOCTOR-LAWYER FIELD DAY

FRIDAY, MAY 7, 1971

TACOMA COUNTRY & GOLF CLUB

GOLF (Dr. William Rohner, Chairman)

TENNIS (Dr. Vernon Larson, Chairman)



"Now, now, Mr. Scrooge, you're supposed to say: 'aah', not 'bah', humbug."
Courtesy Medical Society Magazine Group

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April 11

"Tacoma's School Health Program"

Dr. Orvis A. Harrelson, Chairman

April 18

"Child Guidance"

Dr. Hugh Lurie, Chairman

April 25

"Rock Festivals"

Dr. Jay Ehly, Chairman

May 2

"Trauma and Injuries"

Dr. Leo Annest, Chairman

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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.

BULLETIN

MAY 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 5



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
MAY 11**

Pierce County Medical Society

1971
OFFICERS

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President-Elect.....Lester S. Baskin
Vice-President.....James E. Hazelrigg
Secretary-Treasurer.....George A. Tanbara
Executive Secretary.....Judy Gordon

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Lester S. Baskin	James E. Hazelrigg
W. Ben Blackett	John F. Kemman
John F. Comfort	John P. Liewer
Dale D. Doherty	Theodore J. Smith
Robert M. Ferguson	George A. Tanbara

DELEGATES

Lester S. Baskin	Herman S. Judd
Robert W. Florence	Edmund A. Kanar
Kenneth D. Graham	Robert W. Osborne
	Charles C. Reberger

ALTERNATE DELEGATES

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Vernon O. Larson	William W. Mattson, Jr.
Joseph G. Katterhagen	John S. May
	Paul B. Smith, Jr.

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G. M. Whitacre, Chairman	
W. Ben Blackett	Kenneth D. Graham, Jr.

Grievance

Robert M. Ferguson, Chairman	
Wayne W. Zimmerman	James D. Lambing

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Frederick J. Schwind, Chairman	
Glenn H. Brokaw	Edmund A. Kanar
	Ralph A. Johnson

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Kenneth E. Gross, Chairman

Public Health

Harlan P. McNutt, Chairman

Television

Robert Johnson, Chairman	
James E. Hazelrigg	John R. Alger
	John F. Comfort

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Paul E. Bondo, Chairman

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William L. Rohner, Chairman

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Richard F. Barronian, Chairman

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James D. Lambing, Chairman

Legislative

Stanley W. Tuell, Chairman

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James W. Boudwin, Chairman

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Orvis A. Harrelson, Chairman

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Optometrics — Paul Smith, Jr.

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Marcel Malden, Chairman

J. G. Katterhagen

George R. Barnes



COVER PICTURE: Spring skiing—Crystal Mountain — Courtesy of Robert B. Whitney, Jr. M.D.

DANCE PICTURES: Courtesy of Marcel Malden, M.D.

SAILING PICTURES: Courtesy of Governor Teats, M.D.

Editorial Board

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Roy A. Virak, Chairman

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State Surgeons Meet At Ocean Shores; Tacomans on Program

At least 5 Tacoma surgeons will be presenting scientific papers at the annual clinical meeting of the Washington State Chapter of the American College of Surgeons to be held June 17, 18, and 19 at Ocean Shores, Washington, according to Ted Haley and Jim Vadheim, members of the Program Committee. A large number of papers were submitted from surgeons all over the state, so an excellent program has been prepared to supplement the presentations by the guest speaker, Dr. Robert A. Chase, Chief of the Department of Surgery at Stanford University Medical School.



One of Dr. Chase's main presentations will relate to the fascinating subject of transferring body parts from one part of the body to another preserving their vascular bundles. He will present some interesting pictures and anecdotes concerning his surgical experiences in South India. Having testified extensively before the House Ways and Means Committee, Dr. Chase is particularly knowledgeable on current Fed-

eral legislation on medical care, and will present some up-to-date commentary on this subject.

The State Chapter has customarily met at a variety of resorts through the years and this will be its first meeting at Ocean Shores. Ocean Shores has a new convention building, completed last year, with superb new meeting and luncheon and banquet facilities. The annual golf tournament, a fishing derby, and other available recreation such as tennis, bowling, clam-digging and beachcombing are sure to draw a good crowd of doctors and their families to the popular oceanside resort.

Members of the State Chapter pay no registration fee. Other physicians and surgeons may attend, but will be charged a \$15.00 registration fee. Thursday, June 17, will be set aside for recreation. The scientific sessions will be held all day long on Friday and Saturday, June 18 and 19. Stan Tuell is outgoing chapter president.

ETV Bills Grand Rounds

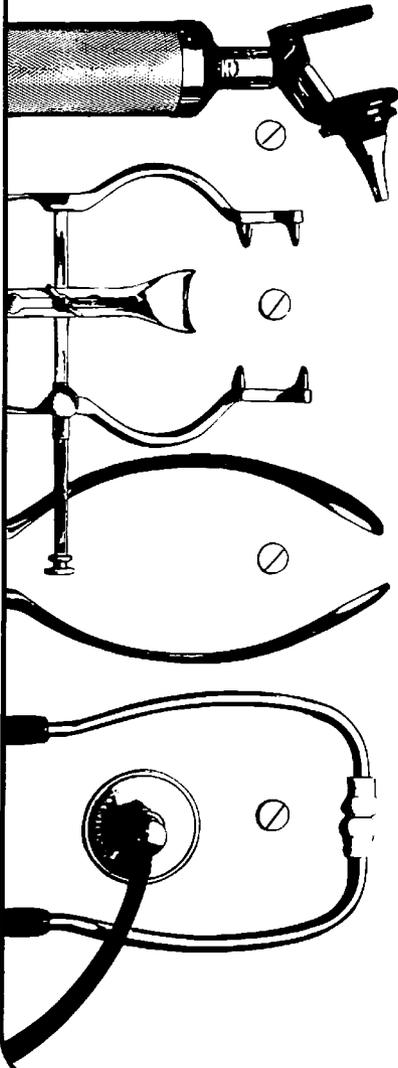
Surgical Grand Rounds, focusing on carcinoma, will be broadcast on Channel 9 by the Washington/Alaska Regional Medical Program on May 18, 25 and June 1. Metastatic carcinoma of the lung, familial polyposis and obstructive jaundice will be presented by Dr. Loren C. Winterscheid, associate professor, University of Washington Department of Surgery, and colleagues.

The programs are broadcast each Tuesday on educational television networks at 7:35 and 8:05 a.m. and again at the end of broadcast day at 10:30 or 11 p.m. This will be the second time Grand Rounds have been broadcast in Washington state, the first being aired on the medical treatment of urinary tract infection in February and March of this year.

May Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1
3 Tacoma Orthopedic Society—6 p.m.	4 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m.	5 Surgery Grand Rounds—T.G.H. 8-9 a.m.	6 Mary Bridge Cardiac Conf. 6:30 a.m. Gastrointestinal Conference— St. Joseph's 8:15 a.m. Pierce County Pediatric Society 6:30 p.m.	7 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—T.G.H. 8 a.m.	8
10	11 Neurology Study Group—8-9 a.m. C.P.C. of Mary Bridge 8 a.m. PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	12 OB-GYN Conf. T.G.H. 8-9 a.m.	13 Mary Bridge Cardiac Conf. 6:30 a.m. Pulmonary Conf. St. Joseph's 8:15 a.m.	14 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—TGH 8 a.m.	15
17	18 Cardiac Study Group—TGH 8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club 6:30 p.m.	19 Medicine Grand Rounds—T.G.H. 8-9 a.m.	20 Mary Bridge Cardiac Conf. 6:30 a.m. Renal Conference St. Joseph's 8:15 a.m.	21 Tumor Board 7 a.m.—Allenmore Hematology- Oncology Study Group—T.G.H. 8 a.m.	22
24 Pierce County Chapter AACP 6:30 p.m.	25 Neurology Study Group—8-9 a.m. C.P.C. of Mary Bridge 8 a.m. Tac. Acad. of Internal Medicine 6:30 p.m.	26 Path. Cancer Con.—T.G.H. 8-9 a.m.	27 Mary Bridge Cardiac Conf. 6:30 a.m. Trauma Conf. St. Joseph's Hosp. 7 a.m. C.P.C. of St. Joseph's 8:15 p.m.	28 Tumor Board 7 a.m.—Allenmore Hematology Oncology Study Group—T.G.H. 8 a.m.	29
31					

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PIERCE COUNTY MEDICAL SOCIETY MEETING

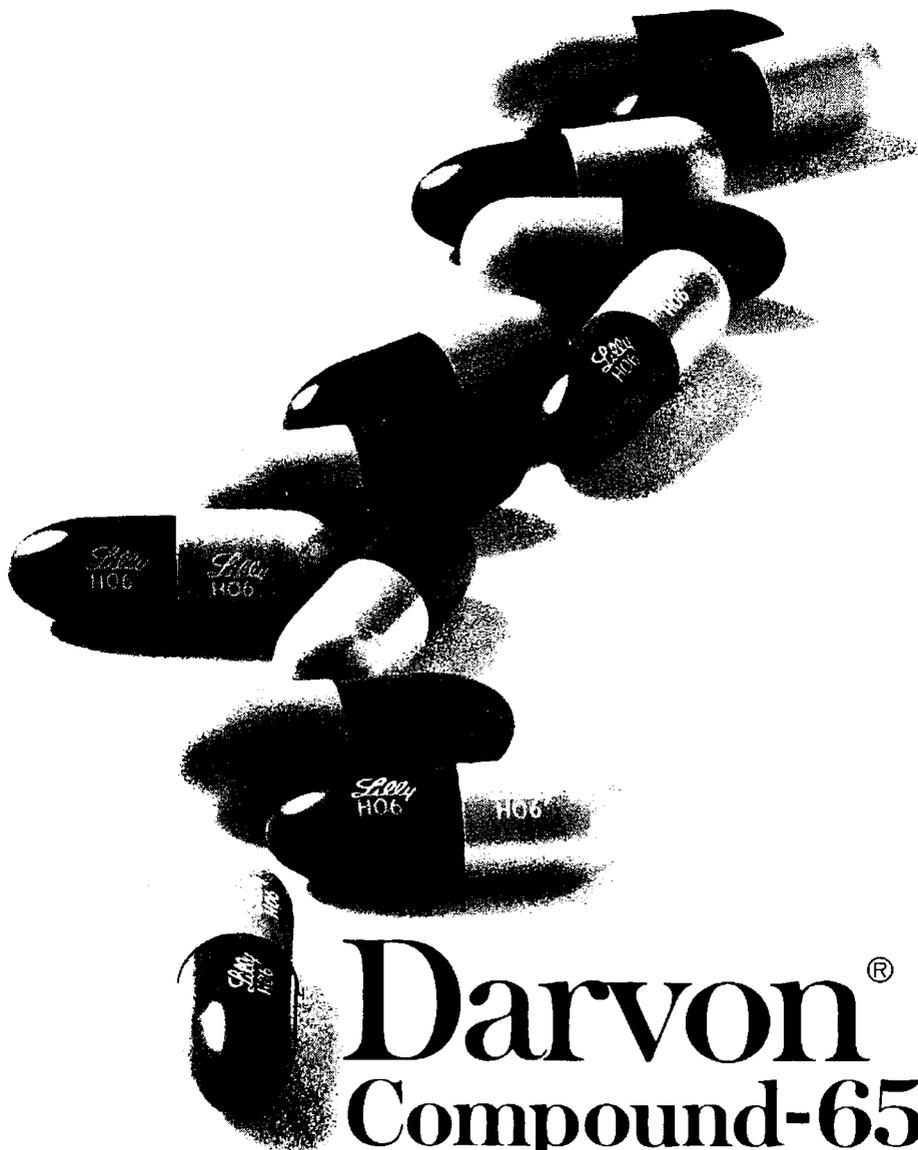
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• • • • •

Social Hour: 6:30

Dinner: 7:00



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Teen Care Center Planned at Mary Bridge

Because of his emotional composition, the teenager poses unique situations which may or may not be conducive to effective patient care. He is neither a child nor an adult; thus, in the hospital setting, he is more likely to respond to treatment when surrounded by members of his peer group with whom he can relate and share confidences. The approval or disapproval of this peer group as well as the maintenance of open lines of communication on the part of the physician and hospital nursing staff are of vital importance to the teenagers acceptance of his prescribed modes of therapy. Instances have been cited where a teenager would respond to a physician until he sensed disapproval. Then these lines of communication instantly were broken to the detriment of both the relationship and the treatment.

The medical staff, board of trustees and administrative staff of Mary Bridge Children's Hospital, recognizing the vital need in Pierce County and Southwestern Washington for a hospital unit expressly for the teenage patient, have spent several months planning and developing a teen care center utilizing one of the present patient care wings of the hospital. This unit is scheduled to open late in May.

A distinguishing characteristic of the teen care unit will be its appearance. Bright oranges, yellows and accents of red compose the general decor of patient rooms, hall and day room. Posters in geometric designs further ac-

centuate the area as do drapes and furniture, all of which are incorporated into the central color scheme.

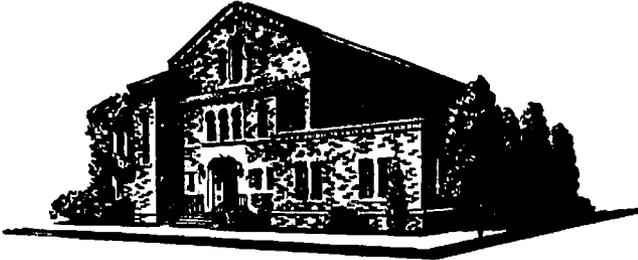
It has been stated that visitors and fellow patients contribute uniquely to the convalescence of the teenage patient. In addition to an appropriate mixing of medical and surgical patients in the unit, all of whom are between the ages of 12 and 19, the day room, or teen lounge area, affords a place where the teenage patient can congregate with his peers. Here is located a radio, record player with records donated by a popular teen radio station, books, games and other amusements expressly for the teenager. Meals and visiting hours will be restructured to allow more flexibility.

The importance of communications has been stressed during in-service training programs for the staff. Nursing personnel are urged to listen to the problems of their patients and to show they care about the welfare of each patient. The importance of keeping an open mind during contact with patients in this age group is incorporated into the overall philosophy of patient care.

The opening of this teen center represents a modern approach to patient care. It has been tried successfully in hospital in New York, Pennsylvania, Utah, Oregon and other states.

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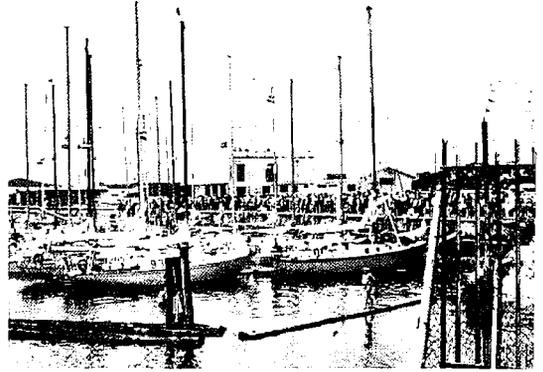
PHYSICIANS' AND HOSPITAL SUPPLIES

The Capetown to Rio Race - - - or Sailor's Lament

Last summer during a post regatta party in Bellingham Ches Richert, probably Vancouver's best sailing skipper, mentioned he was signed on the Canadian yacht *Graybeard* for the Capetown to Rio de Janeiro race. He thought when November came around there could well be a vacancy or two on the crew; as it turned out there were, so Dave Neilsen and I signed on.

Graybeard is a ninety-footer sawed off at the ends to seventy-three feet. This is the greatest length allowed to compete in racing. She's built with a fiberglass skin layed over two inch square longitudinal tubes of fiberglass. She is very roomy below but has a minimum of joiner work. This makes the accommodations very functional though she appears somewhat unfinished. Despite her size she is responsive and sails very well.

The South Atlantic race was seemingly a national project of the Republic of South Africa. Different districts and cities built or bought their own representative yacht, some of which were worth \$300,000. There was a total of seventy entries from sixteen nations. The Capetowners were most hospitable, helpful, and cooperative during all the pre-race preparations. I made a mistake in arriving there only



The Fleet at Capetown

four days before the start; should have allowed a week or more.

January sixteenth, midsummer in South Africa, was the starting date. The starting line was laid out for good shore side viewing for 200,000 spectators but a little odd for starting a race. We set off in forty knots of wind.

All the boats, loaded with supplies for a non-stop transocean passage, were far below normal sailing lines so when some tried spinnakers or other big kites, they were wild. Two of South Africa's biggest, newest, and best took themselves out of the race in the first ten miles. Lol Killam, our skipper, did nothing fancy but gradually pulled into the lead. We lost it about 9 p.m. when we had a rigging failure. He had to shorten sail for over twelve hours while we worked splicing wire and making repairs. In less than eight hours after we replaced the shroud we were back in the lead.

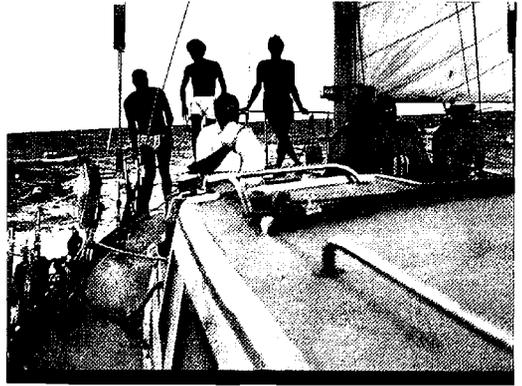
The wind lessened during the second day, and lessened, and lessened, and lessened. Our daily distance for twenty-four hours slid from 280 to 220 then 170, gave a little spurt now and then, but ranged from 50 to 180 for most of the trip. As we worked north and into the tropics the air temperature rose from 65 to 90, and the water temp from 40 to 85. By the time we had covered 1200 of the 3600 miles half the food was gone and there were seventeen men aboard to feed. With that



Fast Start From Capetown



South Atlantic Sailing



Happy Hour — Beer 80 Degrees

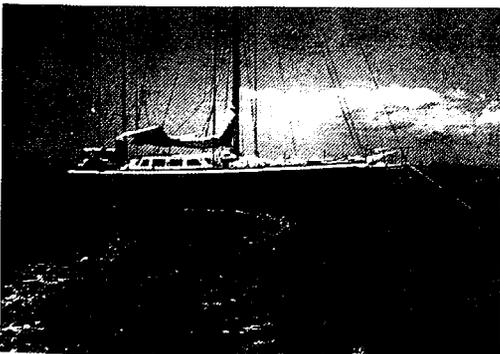
announcement each watch worked the boat like a dinghy to get every little bit out of her in the near calm conditions. One day in mid ocean we put a tether on Harvey the cook, tossed him off the bow and pointing to Rio told him to swim thataway. Any swimmers off the stern were under orders to use a strong flutter kick.

About 1 a.m. most nights the air temperature change would create little squalls; some had wind, many didn't, but we had to be prepared on all of them. My watch, 12 to 4, with four of us on, would really be busy if any extensive sail handling was called for. Dowsing, raising, changing, or shifting the huge sails of 5000 to 7000 square feet took heavy effort. When sails weigh one-quarter ton, they don't slide up a stay by themselves. By comparison simple little hand maneuvers on my forty footer required using tackles, winches, and extra control lines

on that big bucket. Also by way of comparison, half inch lines on my boat were two inch hawsers on Graybeard, and in many areas were $\frac{3}{8}$ inch stainless cable. The winch drums on White Squall are 3 inches and 5 inches in diameter; on the "Beard" about 18 inches, but the arm and back that grind them are the same.

Given the nice trade winds of the Los Angeles to Honolulu race, Graybeard would have finished in sixteen days. With her immense power and speed no boat could have touched her. In the light conditions we had most of the time we took twenty-three days; about 18 hours behind the lead boat, Ocean Spirit, nearly the same length but 40,000 pounds lighter.

I stayed on for eight days visiting the sights of Rio with side trips to Brazilia, the new capitol, and to Sao Paulo. The evolved Portugese spoken in Brazil made for a severe language barrier.



"Graybeard" in Rio



Rio Yacht Club

A.A.G.P. Meeting Big Success at Crystal Inn

Brilliant morning sunshine flooded the snow-covered slopes of Crystal Mountain. A few early skiers were already enjoying themselves on the runs. In the darkened meeting room of the Crystal Mountain Inn approximately forty Pierce County physicians, both G.P.s and specialists, were listening with fascination to Marcel Malden's presentation of a paper on sledding injuries. Gosh, all those cracked skulls and ruptured spleens! Thank God, I came here to ski and not to sled.

Marcel, as usual, kept his audience spellbound, yet I could not give him my undivided attention. Again and again, while glancing through a crack between the curtains at the glistening slopes, I muttered under my breath: "Let's get the meeting over with. Let's go skiing!"

We were attending a meeting on Survival in Sports, and Athletic Injuries, sponsored by the Pierce County Chapter of the AAGP and organized by Bob Klein. Somehow sex, forever active in the subconscious (see Freud) and never far from the conscious mind, became entangled with survival in sports. (After all, how would you keep warm if you and your girl friend should become marooned in the snow?).

The meeting had started the preceding evening, Wednesday, March 24th. (Many doctors had brought their wives, and other members of their family). I had driven up to Crystal immediately after office hours, in time to hear part of Jack Alger's fine talk on "Plastic Repair of Athletic Injuries". Herb Kennedy, who followed, spoke on "Vasectomy and its Reversal" and gave us many important pointers.

Nic Godfroy, Wednesday's final speaker, stimulated a lively debate with his interesting talk on "Sex and the



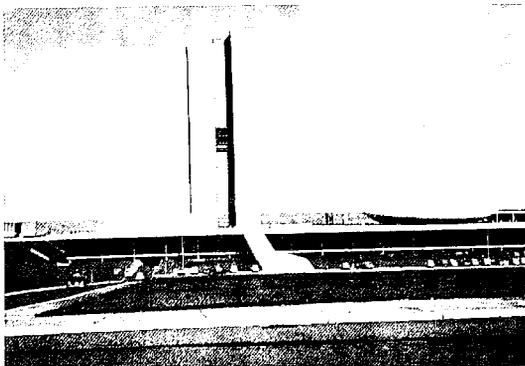
Brazilia

Very little English or Spanish was spoken so I undoubtedly missed a lot, though fully enjoyed the visit.

The Yacht club was Rio's finest club. It was conveniently located on the bay just inside Sugar Loaf Mountain. With four hundred employees it offered almost every essential service. It featured three restaurants, three bars, a huge swimming pool, playgrounds, theater, apartments, a branch post office, a bank, barber shop and even a travel agency. Sailboats were comparatively few but the members had about seven hundred power boats kept under cover in dry storage, but ready for quick launching from any of the numerous cranes.

This was a great trip to make once but the race is much too slow for its length. Even when I left Rio over one month after the start, thirty boats were still slatting out on that ocean.

—GOVNROR TEATS, M.D.



Capitol Building, Brazilia

Sex Deviations". He talked mostly about the psychiatric background, and treatment, of sex offenders. While everyone agreed with Nic's main point, namely, that these people desperately need, and should receive, psychiatric treatment, many discussants felt that Nic's approach neglects an extremely important aspect of the problem of the sex offender: the protection of his past, or future, victims.

When we re-assembled on Thursday, at 8 a.m., the weather was glorious. Marcel Malden, the first speaker, reported a series of severe sledding injuries which had occurred in Tacoma during the snowy winter of 1969, Steve Dimant's outstanding presentation of "Neurological Injuries" was followed by Clinton ("Pete") Piper's talk on "Vascular Injuries". Poor Pete! Himself an ardent skier, he had driven up specially to present his fine talk, and had to return to Tacoma immediately afterwards.

Now it was 10 a.m., the morning session was over, and everyone headed for the slopes. Even the non-skiers rode up the chairlift for a magnificent view of the Cascade Mountains, from Mount Baker way North to Mount Adams in the South and Mount Stuart in the East. As you ride up the second section of the chairlift, this magnificent panorama unfolds before your eyes, but you don't see the greatest mountain, our own Mount Rainier, until the very last moment before getting off the lift. Suddenly it's there in all its glory, showing you its grandiose Northeast face with the vast Emmons and Winthrop glaciers, with Little Tahoma forming a sharp outcropping in its left skyline, while way over to the right the somber, forbidding Willis Wall faces North, in perennial shadow.

I went skiing immediately after the morning session and enjoyed many fine runs. After all, it was Thursday, my regular ski day! Unfortunately the sky

clouded over, and in the afternoon it began to snow hard. I stayed on the slopes till after four p.m.

At 4:30, with aching muscles and soaring spirits, we re-assembled for the evening session. Dr. James G. Garrick, Head of the Division of Sports Medicine at the U. of Washington Medical School, spoke about "Athletic Injuries". I was surprised to learn what tricks the new Astroturf at the Husky Stadium can play on football players, and how it has changed the scope of football injuries. The last speaker of the day, Dr. Ted Phillips, Chairman, Department of Family Practice, University of Washington, outlined the new curriculum at the U. of Washington Medical School and spoke interestingly about the education of the family physician of the future.

No sooner had he finished his talk when Bob and Gonya Klein dragged in a huge pot containing a pleasant tasting, powerful brew. The Gluehwein Party was on! (It was misspelled "Gluewein" in the program, but I forgive you the missing "h", Bob. Probably you are saving the "h" for the day when you will tell me where to go.) Gluehwein, meaning glowing wine in German, is supposed to be a relaxing, health-giving drink, but the potion which Bob and Gonya ladled out to us they must have concocted in cahoots with the devil! After two glasses my head began to spin, my ears throbbed and, worst of all, I saw Bob double! (I only pity the poor guys who saw *me* double.)

More than ninety persons attended the banquet that Thursday evening. After a simply divine steak-and-lobster-tail dinner, Dr. Garrick gave an excellent address on ski injuries, illustrated by many slides. But don't ask me how it ended, whether or not on Dr. Garrick's last slide the Good Guys won, the Bad Guys lost, and the Hero married the Girl; I don't know, because I did not stay until the end. Halfway

through his talk a delayed side effect of the gluewein sent me scurrying off to my room, where, after a lengthy session, I fell asleep (on my bed, NOT on the john!)

A raging blizzard awakened me Friday morning. When I met Bob Klein at Breakfast, he assured me that he had planned the blizzard, too, so that we could practice survival in sports indoors! Because of the horrible weather it was decided to hold all lectures in the morning.

Paul Gerstmann, an expert skier and experienced climber, had driven up from Puyallup specially to talk to us about "Illness in the Mountains". John Colen followed him with an interesting talk about "Athletics and the Allergic Patient", Marsha Cain discussed "Post-traumatic Neuroses", and finally Harold Lueken gave a lengthy, interesting talk entitled "Female Sex Survival and Hypnosis". I shall never forget Hal's presentation. At one point he told us that he asks everyone of his patients, while taking her history, how often she has intercourse. By implication, he suggested that we General Practitioners should do likewise. I can well imagine the following dialogue in a G.P.'s office:

Doctor: Good morning, Mrs. Jones, happy to meet you. What seems to be your trouble?

Patient: I got a sliver in my hand since last week that I can't take out myself. I think it's getting infected.

Doctor: Let me see. Oh yes, I'll take it out right away. By the way, Mrs. Jones, how often do you have intercourse?

Now it was noon and the blizzard raged on, unabated. A few doctors and their wives stayed on for a snowmobile ride to the top of the T-Bar later on, everybody else packed up and drove home. Everybody, that is, except for one short, balding, grey-haired doctor

who donned his heavy underwear and two warm sweaters under his outer ski garments, grabbed his skis, and doggedly fought his way over to the chairlift to brave the blizzard. Who was it? Why, Gerhart of course! Who else would be so crazy?

Because of the blizzard only the lift No. 1 (Miners Basin Lift) was operating, and a mere handful of skiers were out, fighting the storm. On my first ride up that afternoon I met a man from Seattle who, like me, loved to ski the powder. Together we enjoyed three glorious hours of deep powder skiing down the steep slopes of the lower area ("Lower Bull Run", "Deer Fly" and "Lower Exterminator").

4 p.m. Time to go home. First I had to dig out the wheels of my car and to put on chains. As I was paying my hotel bill, the manager of the Crystal Inn asked me: "Dr. Drucker, is this the first time you have ever skied at Crystal Mountain?"

Imagine him asking *me* this question! That's like asking Vadheim if he has ever performed an operation at Tacoma General. I assured him that I had skied at Crystal many, many times, and that I knew firsthand (occasionally head first) every bump on every run.

Upon returning home that evening I found my grounds littered with huge Douglas Fir boughs which the storm had thrown down. Belatedly, the thought of having skied in such a storm gave me the creeps.

Altogether, it was a well planned, well attended, and very instructive meeting. All doctors, and also their wives and children, had a fine time. Bob Klein, all speakers, as well as the companies who supported the meeting financially (Merck, Sharp & Dohme, Squibb, Eli Lilly, and Gerber) deserve our sincere thanks.

—GERHART A. DRUCKER, M.D.

Medical Society Hosted By Madigan

Madigan General Hospital will sponsor a combined dinner and medical meeting for the Pierce County Medical Society on May 11 at the Madigan Officers' Club, according to an announcement by Brigadier General John Boyd Coates, Jr., Hospital Commander.

Following the dinner, General Coates will introduce members of the hospital staff who will present a professional program of interest to their guests, with Colonel Max L. Smith, Chief of Professional Services, Director of Medical Education and Deputy Hospital Commander, acting as moderator.

A paper on "Trends in Transfusion Therapy" will be presented by Colonel William A. Meriwether, Chief of Madigan's Department of Pathology.

Lieutenant Colonel John N. Wettlaufer, Chief of Urology Services, will present a paper on "Bladder Outlet Obstruction in Children: Diagnosis and Management."

A large turnout of members of the Pierce County Medical Society and of the hospital staff is expected to attend the meeting, an annual event at Madigan.

St. Joseph's Medical Director Presents Paper

A plan to provide emergency medical care at the site of an accident, heart attack, or other serious illness was presented to the National Air Council's second annual seminar in San Antonio, Texas on April 2.

Dr. James Billingsley, Medical Director at Tacoma's St. Joseph Hospital, one of the developers of the plan, presented a paper to the national organization.

The new program provides training of paramedical personnel who will accompany air and ground ambulances to the site of an accident or serious illness. The stricken person is treated at the site prior to and during removal to a hospital.

The hospital has teamed up with a helicopter company in the pilot project to deliver emergency health care to victims in need of swift medical attention within a hundred-mile radius of Tacoma.

The hospital has installed a helipad which will serve as the home port of the company's Fairchild-Hiller 1100 Air Ambulance helicopter during the project.

The hospital will furnish the trained paramedics on helicopter emergency calls to remote, rural, or traffic congested areas in order to administer to the victim before and during evacuation.

Two-way radio communication will be maintained between the air ambulance and the St. Joseph Emergency Room. This not only permits St. Joseph physicians to advise the ambulance crew, but also speeds the preparation of the hospital facilities to receive and treat the airborne patient.

The cost of the study is being borne by St. Joseph Hospital and High Life Helicopters, Inc.

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Nic Godfroy, Marv Bourne, Marcel Malden



Jay Ehly and who?



Fred Schwind and Murray Johnson confer



The Larry Smiths



As the evening wore on.

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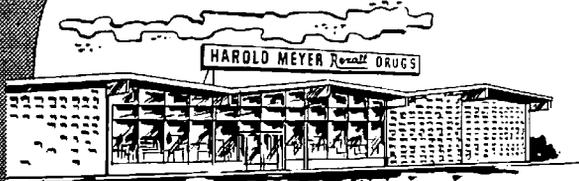
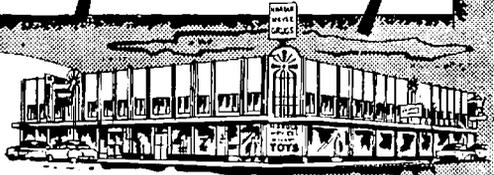
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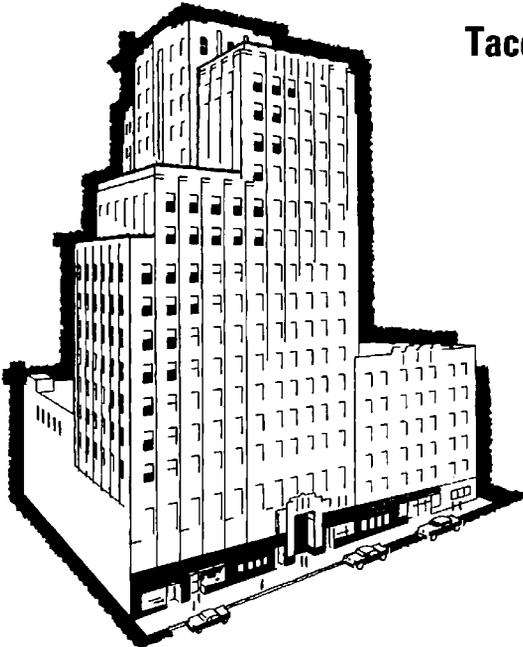
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WOMAN'S AUXILIARY PAGE . . .

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MAY LUNCHEON MEETING

Friday, May 21, 1971 — 12:00
Tacoma Golf and Country Club

Co-Chairmen:
Mrs. James Vadheim
Mrs. David Hopkins

— BEGINNINGS —

At the beginning of each year of the Medical Auxiliary activities, a small booklet containing the meeting places, and dates of each meeting is mailed to the members. The significant thing in the pamphlet is the membership pledge on the first page. "I pledge my loyalty and devotion to the Woman's Auxiliary to the American Medical Association. I will support its activities, protect its reputation, and ever sustain its high ideals."

This is an admirable pledge which bears reviewing each year with particular emphasis on the phrase, "I will support its activities." This includes attending meetings.

At the May meeting you will be introduced to next year's officers, hear a resumé of the past year, and be clued in on projected plans for 1971-'72. Do call a friend and come. Be informed. Be active.

A BELATED THANKS

A note from Toni Bourne:

"As our Auxiliary year comes to a close I find that I have still a few comments to make regarding AMAERF. The AMAERF notepaper will be available at the remaining meetings for \$1.00 a package. This money goes directly to AMAERF. (They are great for bridge prizes.) I want everyone to know that without the help of Helen Whitney, Emilie Irvin and Dorothy Grenley the Auxiliary Christmas card project would not have been so successful. These gals with pen in hand addressed some 350 cards and that is why everyone received the cards on time. Thank you Helen, Emilie, and Dorothy."

And thank you, Toni.



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SKOOBKOOO

You unscrambled it? So it is 'Cookbooks' spelled backwards. Kimi and Kit (Tanbara and Larson) ever on the alert for a Cookbook sale called to suggest that a sure way to sell a Cookbook is to give a luncheon serving one of the fine recipes found therein. Kit suggests Easy Chicken Divan on page 11. When your guests beg for the recipe, you take it from there. Pretty cagey, these saleswomen!

KNOW YOUR ZOO

In case you hadn't thought about it, a city Zoo is a lot more than just a number of caged animals. According to Mr. Norman Winnick, Director of the Tacoma Zoo, speaker at the April meeting, a zoo should be educational, recreational, of economic importance, and of value for conservation of certain species. The Tacoma Zoo which dates from the 1890's, strives to do all of these things. In the area of conservation the zoo is working with the endangered species of the American Red Wolf. Mr. Winnick is a champion of the Red Wolf and denies that it is a predator of farm animals. On the contrary, he says it is a small shy creature and does not run in packs. At the present time the Tacoma Zoo has 8 of these animals, 3 males and 5 females, with hopes for pups this spring.

The zoo, administered by the Metropolitan Park District, and aided by the Tacoma Zoological Society, has been improved with the addition of an elephant house, raccoon grotto, sea otter pool, and red wolf enclosure. The next project is to replace the bear pens which were built in 1905.

The Tacoma Zoo and Aquarium are separately maintained and each under

its own director. Mr. Winnick is dedicated and enthusiastic over his work with the Tacoma Zoo and is able to impart an equal enthusiasm to his listener.

—INEZ M. PIPE.

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Wanted!! The Makings Of A Barbershop Quartet

This is a second appeal for singers. We need two medium-toned songsters who are capable of belting out the words to provocative tunes. The songs are based on well-known tunes but the words have been changed to make them medically oriented.

For example, these are the two first verses of a song, sung to the tune of Love and Marriage, that is entitled "Birth Control":

Birth control, birth control
Gynecologists on dawn patrol
Stop the little ova
From welcoming spermatozoa.
Douches, jellies, douches, jellies
Help to keep the female sex from
pregnant bellies
But if they should heat us,
They just might wind up with a
fetus.

I was entering the elevator in the Medical Arts Building recently when Judy Gordon, the secretary of our Pierce County Medical Society called me out. "Say," she said, "I understand you have been writing some songs recently."

I told her about these medically slanted missives.

"Did you ever hear the record called 'The Singing Doctors on Stage' from the Green County, Missouri Medical Society?"

"You know," I responded, "that's a real interesting story. But you'll never believe it. About four months ago, one of my boys brought me that record. He said he was walking one day and found it lying on the street. Not having anything to do that evening, I put it on the hi-fi and was fascinated by the songs and their rendition. The words didn't seem too difficult and the tunes were well-known, so I put two and two together and wrote about ten of them. Now all I've got to do is find three other people to sing them with me."

"That is a real interesting story," she said, "but *you'll* never believe *this*. I was the one who lost that record."

"You're kidding!"

"No. I frequently put packages on top of the car and then forget them. That's what I must have done with the record and it probably blew off as I was driving away. But to think that you wrote all those songs just because your son picked up my record!"

I agreed the coincidence was amazing, but it still didn't help us out in our quest for singers. The doctors in that record stated that they had made so much money through personal appearances that they had been able to sponsor scholarships for fifteen students to go through medical school.

Pierce County could do the same thing if we only had the singers. How about it? —GEORGE A. RACE, M.D.

Notes From the Hematology-Oncology Study Group

The study group during the months of April and May will be concerning itself with GYN tumors. This subject should prove interesting in a number of ways as the physicians have scheduled timely topics concerning these neoplasms.

Controversy exists in cancer as in most other areas of medicine. One of the most controversial areas is the concept of radical mastectomy versus simple mastectomy possibly combined with cobalt or cesium irradiation. In view of this, a program will be presented on Friday, May 21st, concerning both approaches in treating cancer of the breast.

Dr. Robert Ferguson will present data supporting the efficacy of the simple mastectomy and Dr. Charles Galbraith will supply the additional information concerning the simple mastectomy but also will key in on the advantages to the modified radical and full radical mastectomy.

It would seem appropriate, if possible, for the community to take a stand concerning what, generally speaking, is the best approach in most patients: That of the classical radical mastectomy or the less mutilating procedure, that of simple mastectomy possibly combined with irradiation. This program should prove interesting and it should spark audience participation.

—J. G. KATTERHAGEN, M.D.

Pierce County Medical Society Tumor Board

The Pierce County Medical Society Tumor Board has been meeting every Friday at Allenmore Hospital at 7 a.m. The Tumor Board has been reviewing, upon request, cases of all nine hospitals within the county. This thrust by all of the Pierce County Medical Society, we feel, is going to prove extremely effective within many areas. The main advantage is to maintain the high quality of care already being given cancer patients within Pierce County but it is also proving to be a great means of communication between the physicians.

This certainly is not a closed panel or closed meeting and all the physicians within Pierce County are invited to not only bring their cases to the conference, but also to attend the conference and participate in the discussion and recommendation of the Tumor Board.

For any additional information or as to the mechanics of having your case presented to the Tumor Board, merely call Mrs. Nancy Wasalino, the Medical Record Librarian at Allenmore Hospital, who serves as the Secretary of the Pierce County Tumor Board.

All of the doctors concerned would like to express their appreciation to the Administration at Allenmore Hospital and Mrs. Wasalino for the fine cooperation they have exhibited.

DRS. WICKS, WILHYDE,
and KATTERHAGEN, Co-Chairmen.

January 22, 1971

Physicians' Exchange
911 Pacific Avenue
Tacoma, Washington 98402

Dear Girls:

This is a delayed note but nevertheless carries the same thought.

I wish to thank you for your many kindnesses and for the great help in the past. You have always been very pleasant, very efficient, very patient, and lastly most dependable. I have never spoken to any one of you who has given me a curt answer. There is always a cheerful voice at the other end of the line. This is amazing this day and age when courtesy does not seem to be the rule.

I want to thank each of you for a very fine year in 1970 and I want to wish you the best of 1971.

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"Frankly, it wasn't quite the reaction I was expecting!"

Courtesy Medical Society Magazine Group

HAMLET

I'll bury the long lost, abandoned day
 whose cup had seemed to overflow
 when I had promised I would drink it down
 to the last drop.

Yet I had barely half
 emptied the cup, when suddenly
 it tasted stale, and I, in anger or in jest,
 reneged my promises, and spilled the rest.

It haunts me still.
 I want to build a tower, yet my plans
 are littered with those lost, abandoned days
 whose cups I had seized eagerly, caressed,
 raised to my lips, drunk halfway down,
 and spilled!

—GERHART A. DRUCKER.

Lakewood General Hospital Celebrates Tenth Anniversary

Lakewood General Hospital & Convalescent Center celebrated its tenth anniversary last month. The hospital opened May 2, 1961, with 97 licensed beds, a staff membership of 120 Tacoma and Pierce County physicians, and an employee force of 110. Medical Staff Officers at that time were Bernard N. Ootkin, M.D., President; Albert Ehrlich, M.D., Vice-President; John Liewer, M.D., Secretary; and Committeemen, H. Herbert Meier, M.D., and George Kittredge, M.D.

Today the health care complex is comprised of 106 acute beds with an attached 130-bed convalescent center. A coronary care unit has been added and emergency room physician coverage is provided twenty-four hours per day. There are 325 employees, with a medical staff membership of 200 physicians. Medical Staff Officers are Herman S. Judd, M.D., President; Theodore Haley, M.D., Vice-President; Milan Pazourek, M.D., Secretary; and Committeemen, Z. Joseph Vozenilek, M.D., and William V. Coyner, M.D. Officers of the Board of Governors are Charles P. Larson, M.D., President; Leslie M. Potter, Vice-President; and Harry V. Sanislo, Secretary-Treasurer.

Ten-year employees were honored at an anniversary buffet dinner with Medical Staff officers and Board members as special guests. Certificates of appreciation of continuous employment were awarded to Walter W. Wilhelm, Administrator; Mrs. John Lucas, R.N., Director of Nursing Service; Mmes. L. G. Rhodes, Orvel Fox, James Berens, Zygmunt Lewicki, Charles Miller, John Post, A. D. Storlie, and Marion How; Messrs. James Bentley and Paul Sullivan.

A buffet dinner for all employees was held during the anniversary week in celebration of the event.

LAKWOOD CONVALESCENT CENTER

**"Ad Summum Nitamur"
We Strive for the Highest**

Extended care, nursing home care and self-care units make up this health care complex. Services are tailored to meet patient needs by means of a broad range of medical, nursing and paramedical programs. Standards are set high to insure continuity of care consistent with the quality of care in the acute care section of Lakewood General Hospital. The 130 bed center is directed by the Lakewood General Hospital Staff, Board of Governors and Administration.

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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
1st. Tuesday of January, March, May and October
- 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

JUNE 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 6



PIERCE COUNTY MEDICAL SOCIETY

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

Pierce County Medical Society

1971

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 President-Elect Lester S. Baskin
 Vice-President James E. Hazelrigg
 Secretary-Treasurer George A. Tanbara
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COVER PICTURE: Courtesy of
Dr. Frank Maddison

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Pierce County Medical Society Tumor Board

The Pierce County Medical Society Tumor Board continues to meet every Friday at 7 A.M. up at Allenmore Hospital in the Conference Room; breakfast is served.

This conference is proving to be quite valuable in many ways. Physicians are bringing their individual cases to the Tumor Board for recommendations in future managements, especially those patients where there exists a doubt as to what the next step might be.

The meeting is an open meeting and it is certainly not limited to specialists. Numerous family physicians and generalists are making a habit of attending and not only bring their cases for discussion but also contributing suggestions to the general care of the patient.

One question that has been raised is the possible medical-legal implications of the recommendations that would be sent out from the Tumor Board to the attending physician concerning his or her patient. The recommendations of the Tumor Board are not sent to the hospital or incorporated into the patient's chart in any way unless the attending physician desires to do so. The recommendations are sent directly to the physicians' office and we made it a point not being dictatorial or one-sided. The Board is the first to recognize that there are many ways of handling different patients. Our recommendations are general and to this date they certainly have not created any great controversy concerning these patients. We certainly recognize that everything we do in medicine has medico-legal implications but we feel these implications in regard to the Tumor Board's recommendations are minimal, and the good derived in the future management of the patient is certainly justified.

Once again, all physicians are invited to participate on the board and present their individual cases. Please call Mrs. Nancy Wasalino, medical librarian, Allenmore Hospital, who serves also as the Secretary of the Pierce County Medical Society Tumor Board.

J. G. KATTERHAGEN, M.D.
MERRILL J. WICKS, M.D. and
DAVID WILHYDE, M.D.,
Co-Chairmen.

"Beautiful!" Say Seattle Visitors Of T.G. Medical Library

"Beautiful layout, well-supplied, well-organized!" These are the terms used by two high-level visitors who toured the library facilities at Tacoma General Hospital on May 21. Marian von Bruck, librarian at the hospital, hosted the visitors.

The visitors were Carol Stock and Nancy Blase from the office of Jerry Oppenheimer, who is Director of The Regional Health Sciences Library at the University of Washington. Besides viewing the library facilities, conference room, and other parts of the hospital, the visitors were guests of the hospital at lunch in Tacoma General's newly opened and refurbished cafeteria, where they were also joined by a physician member of the Advisory Committee to the Regional Library.

Though Assistant Director Jim Eken Dahl had previously visited Tacoma libraries, this was the first time members of the Seattle office staff had made such a tour, and both girls were enthusiastic in their praise of the library set-up and the manner in which Miss von Bruck has cooperated with them and Tacoma doctors in making the library a significant factor in stimulating the continuing medical education program in Tacoma.

June Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	<p>1</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Staff of Tacoma General— 6:30 p.m.</p>	<p>2</p>	<p>3</p> <p>Gastrointestinal Conference— St. Joseph's 8:15 a.m.</p>	<p>4</p> <p>Tumor Board 7 a.m.—Allenmore (Breakfast)</p>	<p>5</p>
<p>7</p> <p>Staff of Good Samaritan 6:30 p.m.</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m. (Dinner)</p>	<p>8</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>9</p>	<p>10</p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p> <p>St. Joseph's Hosp. Trauma Conf. 7 a.m.</p>	<p>11</p> <p>Tumor Board 7 a.m.—Allenmore (Breakfast)</p>	<p>12</p>
<p>14</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m. (Dinner)</p>	<p>15</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>16</p> <p>Staff of Lakewood General 6:30 p.m.</p>	<p>17</p> <p>Renal Conference St. Joseph's 8:15 a.m.</p>	<p>18</p> <p>Tumor Board 7 a.m.—Allenmore (Breakfast)</p>	<p>19</p>
<p>21</p> <p>Staff of St. Joseph's 7:30 p.m.</p> <p>Staff of Allenmore Hospital Conf. Rm.—7 a.m.</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m. (Dinner)</p>	<p>22</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>23</p>	<p>24</p> <p>C.P.C. of St. Joseph's 8:15 p.m.</p>	<p>25</p> <p>Tumor Board 7 a.m.—Allenmore (Breakfast)</p> <p>Staff of Mary Bridge 12:15 p.m.</p>	<p>26</p>
<p>28</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m. (Dinner)</p>	<p>29</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>30</p>			

Letters to the Editor

Mr. Roth Kinney
Washington State Medical Association
444 N.E. Ravenna Blvd.
Seattle, Washington 98115

Dear Mr. Kinney:

I address these remarks in reply to the WSMA Bulletin titled "Second Medex Progress Report"; bearing the date 4-30-71.

I believe the WSMA's enthusiastic endorsement of the Medex Program will turn to disillusionment in a few years. A separate class of medical practitioners is being created. A graduate of the Medex Program can not be regarded merely as an extension of a M.D.'s eyes and ears. These men constitute a separate and distinct class of medical personnel. As their numerical strength increases a plea will arise for granting them more recognition; for licensure; and for eventual certification.

The day will soon come when these men will want to break away from the assistant physician category. They will want to be known as bona-fide, albeit somewhat limited, independent practitioners. If independent status is eventually granted, and I believe it would be, the public will have the choice of going to a doctor of medicine, a chiropractor, or to the new practitioner, a Medex. He may be a family practitioner Medex, an orthopedic Medex or a pediatric Medex. It is a truism to say that many of the patients we see could be treated by a Medex. Indeed, treating the minor conditions is the very reason for being of the Medex.

In our present inflationary economy and with the high cost of medical services, it is not too difficult to believe that a substantial number of patients (read also taxpayers and voters) may turn gratefully to the Medex practitioners as less costly sources for securing medical care.

Eventually the Medex may become the primary practitioner to whom we physicians rely on for referral of the difficult cases. Do your medical advisors and legislators really believe that this new breed of quasi practitioners is the answer to the physician shortage? I prefer to think not. I believe I am not altogether alone in my less than unqualified affirmative response to the WSMA Bulletin. I hope all of us will think long and carefully about the program and express ourselves in the pages of our publications.

Sincerely,

GEORGE S. KITTREDGE, M.D.

To The Editor:

There has been confusion about physical examinations for low-income youth going to summer camp through the Youth Activities Coalition's Campership Program. Any youth who has had an adequate examination in the previous 12 months is not required to have one before going to camp. However, for those youths who have not had physicals recently, please try to make appointments in the physician's office as soon as possible. To expedite processing these youths and insuring a higher percentage of complete physical examinations, the following order is suggested:

1. Personal Physician

If the family indicates that they can provide for their own physical examinations, they should be encouraged to do this. If the family indicates that they cannot pay for examinations for their child(ren), or can only pay part of the cost of the examination, the particular youth agency involved should contact the child's personal physician to request either partial or no fee depending upon what *the family* can afford.

2. Physician in/out of the area

If the personal physician feels he is unable to participate, the youth agency should check with other physicians in the area. If they also are unable to participate, then the youth agency should check with physicians out of the area.

NOTE: For the following steps please relate all the steps you have gone through including physicians involved.

3. Mrs. Judy Gordon, MA 7-2020, Executive Secretary, Pierce County Medical Society. She will contact a, b, and c.

a. Mrs. JoAnn Johnson, Pierce County Medical Society Auxiliary

b. Mrs. Mildred Scott, Health Coordinator, Tacoma Area Urban Coalition, BR 2-3246

c. George Tanbara, M.D., Secretary, Pierce County Medical Society, FU 3-5777

4. This should be the *last* resort. If the child has not had an adequate physical examination in the previous 12 months by the time he is to go to camp and all the steps one through three have been taken, the physician in any of the emergency rooms at St. Joseph, MA 7-4101; Tacoma General, MA 7-1181; Puget Sound General, GR 4-0561; or Mary Bridge Hospital, BR 2-1281 will do the examination on a full, part or no fee basis according to the family's finances if the physician is notified prior to the examination. Please expect to wait up to extended periods of time because emergencies in the emergency room come first.

By this procedural technique we hope to offer the opportunity for maximum participation by physicians in Pierce County and a greater percentage of adequate physical examinations for the campership youth. The consensus of the Youth Activities Coalition up to

this time seems to have been that a greater effort at this time on the part of the youth agencies will insure greater participation on the part of low-income and minority youth in the activities of the agencies in the future. All of you may not agree with this philosophy, but as a group (YAC) the sense of our commitment points us in that direction. Therefore, I hope all of you will rededicate yourselves to the task that remains before us: filling all camping spaces available with kids who will really benefit from a camping experience and from activities offered and developed by the youth agencies throughout the year. Further comments or suggestions will be appreciated by each of you.

If you have any more questions please call Barney Petersen at BR 2-4410.

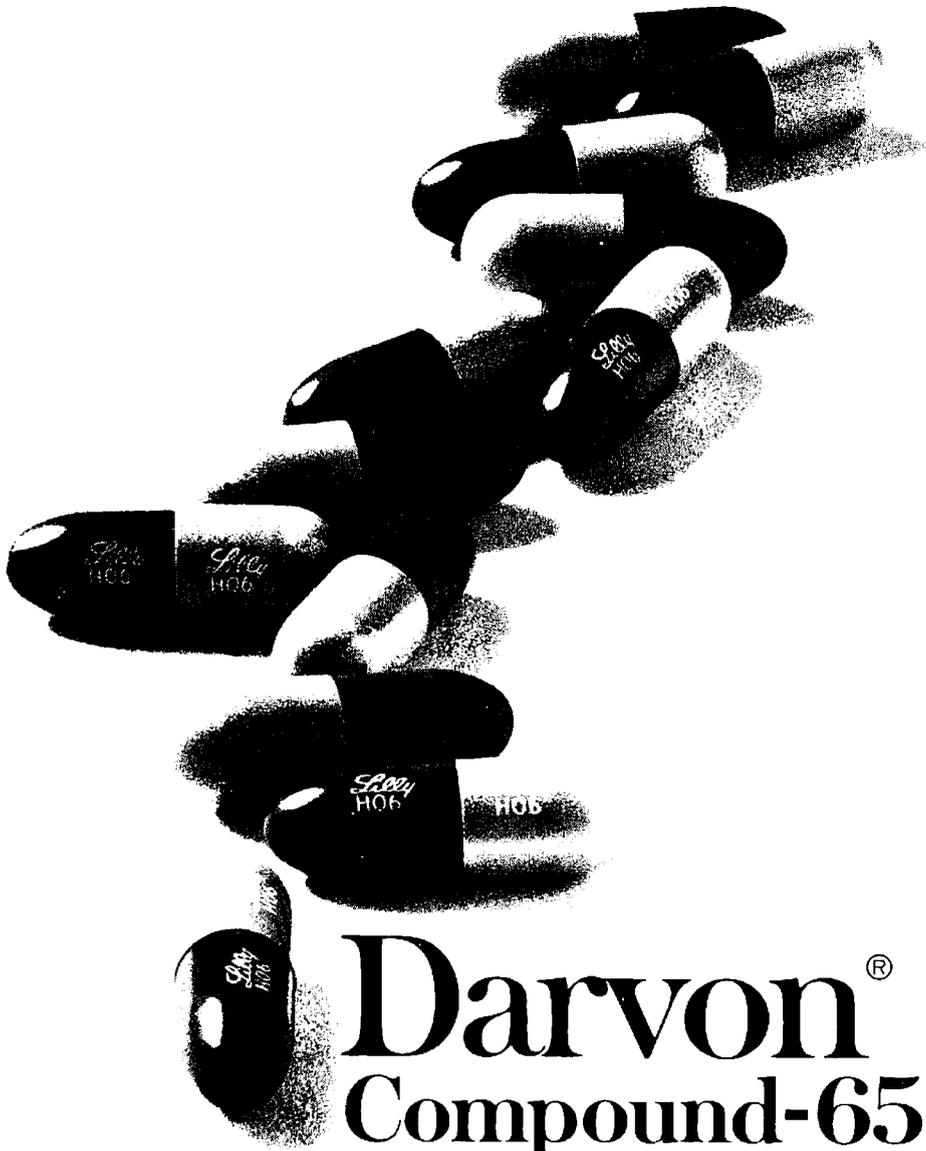
BARNEY PETERSEN and
GEORGE TANBARA, M.D.

Pacific Avenue Clinic Offers Medical Care To the Indigent

The Tacoma Rescue Mission through its medical out patient department located at 1512 Pacific Avenue, Tacoma, Washington 98401, is now offering medical and dental care to the indigent.

From a medical standpoint the clinic will be open every Wednesday and Thursday mornings. Medical care will be given to the indigent free of charge. The clinic is staffed by physicians from the Pierce County Medical Society and dentists from the Pierce County Dental Society.

For further information please call Mrs. Claudia Sturzen at FU 3-4462 Monday through Friday for appointments or further information.



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THERE'S NOTHING NEW UNDER THE SUN



The Pierce County Medical Society has recently instituted a new countywide Tumor Clinic and the meetings are held every Friday morning at 7:00 A.M. at the Allenmore Hospital.

For over fifteen years the Tacoma General Hospital had a Tumor Clinic which was held between 8:00 and 9:00 A.M. every Thursday.

The picture reprinted here was taken at one of these Tumor Clinic meetings on April 26, 1940—thirty-one years ago. Identified in the picture are:

Front row—G. G. R. Kunz, Sr., Bernard D. Harrington, John Verhalen, Sydney MacLean, Lewis Hopkins and Scott Jones.

Second row—Weldon Pascoe, Charles Engle, J. B. Robertson, William Goering, Charles P. Larson, and Weymar Rosso, (then a medical student externing in Pathology).

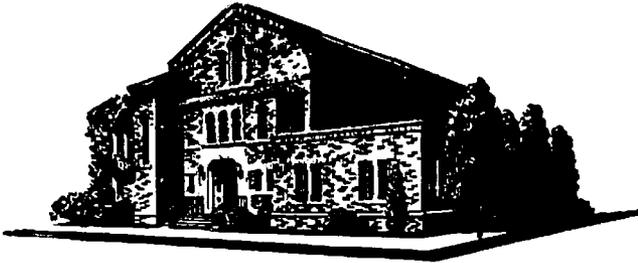
Third row—(Those recognizable)—Horace J. Whitacre, Charles McCreery, Warren F. Penney.

Photo by K. G. Ollar.

Attrition takes its toll—all but five of these great physicians are now deceased. Their names and faces however will be remembered by many. Their deeds will never be forgotten.

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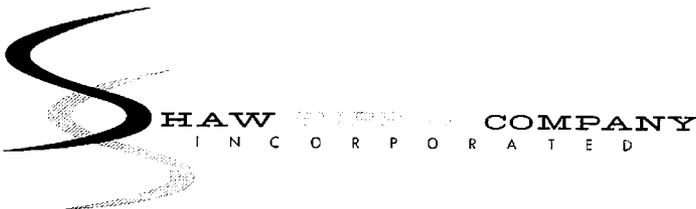
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PHYSICIANS' AND HOSPITAL SUPPLIES

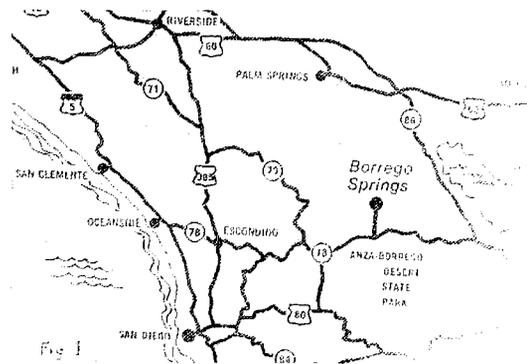
NEXT WINTER TRY THE BORREGO

If you have a penchant for deserts, here is one with a difference. The Borrego has a strange and fascinating magnetism that is difficult to describe. Not only is it what you "see" in the multitude of plants and flowers, but there is an enchanting something else you can only "feel" about this desert that goes down deep inside you. Perhaps it is the peaceful solitude distant from a busy world that allows you time to recharge your soul.

We had not been there for over ten years and on our second visit found it very little changed, but even more intriguing than the first.

Admittedly, this desert is not for everyone; very dissimilar to Palm Springs, where the emphasis is on golf, swimming and just plain sunbathing. Here there is a closeness to nature that engulfs you, that makes it more a family desert where hiking and driving and exploring is the main attraction.

Just where is this area located? A glance at the map will readily identify it as lying a little north of east from San



Diego 85 miles and due west of the Salton Sea 25 miles. It lies flush at the bottom of an 8,000 foot escarpment of the San Ysidro mountains and like Death Valley, is mostly below sea level some 250 feet. However, whereas the latter lies on top of a dried up lake bed of some 800 feet of salt, this desert sits on top of an underground lake that can be tapped almost anywhere for an abun-

dance of pure water.

The rainfall in this valley is less than six inches annually, but the mountains to the west are snow capped much of the winter and keep replenishing this underground water supply.

Driving northeast from San Diego through Escondido and then east to Ramona and Julian, one then stands on the brink of this mountain ridge where one can look east across the Salton Sea. The highway drops rapidly within the next 30 miles some 6,000 feet to the floor of the Borrego.

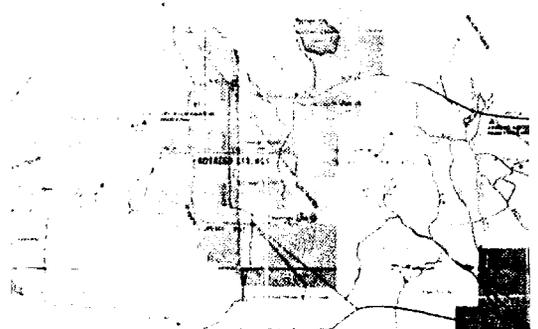
You can drive south from Palm Springs through Indio and Coachilla some 50 miles to the Borrego-Salton Seaway where one turns west 25 miles to Borrego Springs.

On week-ends the place comes alive with people, mostly from the San Diego area, many of whom have built condominiums around golf courses, and these are almost always available for rental.

Sunday afternoon there is a general exodus westward and the valley returns to a rather half deserted area for the remainder of the week.

If time is a factor and you wish to get there in a hurry, you can fly out of SeaTac on Western Air Lines to Palm Springs in three hours. From there it is a 20 minute hop via Borrego Springs Airline. On arrival you may rent a four wheel drive Jeep for your explorations.

Fortunately, it was recognized a few



decades ago that deserts can be very fragile and that to protect such areas strict supervision is required; thus, this area, containing 480,000 acres, is the largest park in California, the Anza-Borrego State Park.

There are nearly 700 miles of authorized vehicle trails within the park, many of which are accessible with regular automobile or camper, the rest by four wheel drive vehicles.

There are a number of well established camp grounds within the park and it is the only state park that allows camping outside of designated campsites. This makes it possible to select your own site along a back road or in a quiet wash, which to many is the only way to stay in the desert.

All the things haven't been discovered as yet and those that have are too numerous to mention. I will attempt to touch a few of the highlights of this region.

The stands of Ocotillo are at their very best in this region. These magnificent plants, during the dry season appear almost like a huge bundle of tall wavy sticks ranging from 10 to 30 feet tall. Shortly after a rain they will be covered with bright green leaves. This



will be the growing season for the plant; usually within a week there will appear on the tip of each stalk a flamingo orange-red tassel of flowers perhaps a foot long. Although spines cover the stems, it is not a true cactus.

The Elephant Trees are another bo-



anical oddity with their swollen trunks, for all the world they appear to be varnished with several layers of resinous material; the branches tipped with fine needles of a dark green, whereas the trunks and branches are a pearl gray. They appear to grow in the most unlikely places along the shoulders of washes, piled high with large boulders.

The Cholla has always been a spe-



cial cactus for me; the staghorn type takes its name from the peculiar branching characteristic of the plant. It is covered with needles, both coarse and fine which tend to refract the light, giving the effect of a kind of incandescence to the outline of each branch. If you can find some dead branches lying on the ground outside the park it is worth collecting a few, but don't try picking them up without a heavy pair of leather gloves or your hands will be filled with fine needles rather difficult to extract. Rubbing off the dead brownish skin of the plant exposes a beautiful lacework skeleton with large vacuoles between the thick tortuous fibres. They

are used extensively by florists to support plants such as Philodendra, and they make excellent "driftwood" pieces.

There are many canyons in the Borrego, some of which contain groves of the Fan Palm, known as the Washingtonia Filifera. These trees are native



to the area and they make great picnic spots.

Practically everything that grows in the desert has a blooming period and this reaches its acme about the first or second week in March.

The barrel and beaver-tail cacti are particularly spectacular with their waxy



yellow pink or red blossoms; the chu-



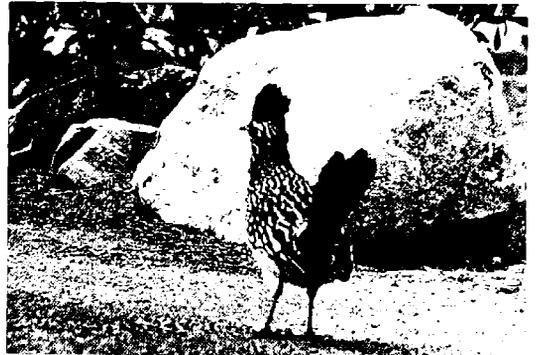
parosa, with its red trumpet-like flowers are particularly attractive to the humming birds, which are quite numerous.

The yellow agave are everywhere, as well as the creosote bush which is the most conspicuous shrub of the southwest desert regions.

There are literally carpets of mallow, verbena, gentian and desert primrose along the washes and alluvial fans.

Besides all the botanical wonders, there are fauna which are more elusive: the desert bighorn sheep, antelope, round tail ground squirrel, kangaroo rat, kit fox, coyote, ring tail cat, and chuckwalla to mention a few. Some of the animals are nocturnal, sleeping during the heat of the day and coming out only at night to forage for food.

There are more than 150 varieties of birds, including the loggerhead shrike, mocking bird, quail, dove and raven. One of the most interesting birds is the roadrunner, a member of the cuckoo family. Large and fearless, he will pur-



sue and worry a rattlesnake until it tires, after which he will kill it, and swallow it, head first. They live almost entirely on lizards, snakes and small rodents and they sometimes top off the meal with a tasty humming bird for dessert.

With some patience you can gain the confidence of this bird and get him to eat out of your hand, as long as it is raw hamburger.

The roadrunner has small wings and

strong swift legs. He can fly, but prefers to run and they have been clocked at speeds of 30 miles per hour.

They like to nest in the tamarisk, the trunks of which frequently grow at an angle. They are seen to run up the trunks of the trees rather than fly.

For just plain spectacular viewing, there is Font's Point, overlook of the sculptured Borrego Badlands, Split Mountain where perpendicular canyon walls rise more than 600 feet in places, or Lookout Point, an overlook near Culp Valley primitive camp area.

In the evening, after roughing it all day, you may put on your "best bib and tucker" and drive some six miles down the pike to La Casa del Zorro, where you may have an elegant meal served in a spacious dining room offering a beautiful panoramic view of the Santa Rosa Mountains to the north.

By the time you are ready to return to your apartment or camper, it will be pitch dark and there will be a crisp chill in the air. No matter how warm the day, the desert is always cold at night.

You will gaze at the heavens that contain literally millions of stars you can almost touch, and you seem to have lost your earth bound feeling, as you will see clear through to eternity.

The chirp of the crickets and the wail of the coyote will send you to bed under two blankets and a natural soporific that will take you off into nothingness before you can find any sheep to count.

In the morning, as the sun reflects a golden shimmer off the high San Ysidro Range to the west, you will detect a subtle, somewhat pungent perfume in the air that is indigenous only to the desert.

It would take a Churchill to do justice to the scene. I only hope my sketchy description of one of the lesser known beauty spots of our southwest will stimulate you sufficiently to experience this

country. I will warn you right now that it might prove infectious. On the other hand, if you were not born a desert rat as I was, the exposure may not take. In either case, I can guarantee that it will be a far different experience for you and the family.

—FRANK R. MADDISON, M.4.

St. Joseph's Hospital Extends Their Program of Continuing Education

St. Joseph's Hospital is now offering continuing medical education every Thursday morning from 8:15 to 9:00 a.m. in the Conference Room adjoining the cafeteria.

Dennis Waldron, M.D., is the coordinator for the Gastro-Intestinal conference which takes place the first Thursday of each month. The second Thursday is coordinated by James Billingsley, M.D., concerning Medical Chest Topics. John Kennedy, M.D. is the coordinator for a Renal-Electrolyte Conference which occurs every 3rd Thursday of the month.

The traditional C.P.C. is offered every 4th Thursday of the month and this is coordinated by Doctors Cordova and Vimont of the Pathology Department. When a 5th Thursday occurs the general subject will be Medical Therapeutics coordinated by J. G. Katterhagen, M.D.

All of the physicians of the greater Pierce County Area are urged to attend these Medical Conferences, not only to learn but to, in turn, teach as the format is informal and there is a great deal of give and take.

St. Joseph's Hospital has made every effort to avoid the duplication or overlapping of efforts so as not to conflict with other continuing Medical Education Programs being offered by other

hospitals within the County. These programs were coordinated with and through the Committee of Continuing Medical Education of the Pierce County Medical Society. Chairman of this Committee is Marcel Malden, M.D.

—J. G. KATTERHAGEN, M.D.

Tacoma Area Urban Coalition Family Health Clinic

Time: Each Wednesday from 5:00 p.m. to 7:30 p.m., since December 9, 1970.

Place: Lister School Resource Center, Multi-Purpose Room, Salishan Housing Project.

Personnel:

Mrs. Mildred Scott, Health Coordinator, Tacoma Area Urban Coalition

Mrs. Jo Wilgus, School Nurse, Lister School.

Mrs. Betty Vik, School Nurse, Head Start & Follow Through Programs

Mrs. Ann Jefferson, Instructor, Tacoma General Hospital School of Nursing
Senior Student Nurses, Tacoma General Hospital School of Nursing

Mrs. Juanita Langford, Resident

Mrs. Dan Christensen

Mr. Dan Christensen, Medex Applicant

Mr. Steven Forbes, Explorer Post 507, Student, Wilson High School

Miss Roxanne Beebe, Student, Lincoln High School

Mr. Ed Terrill, Bus Driver, Central City Learning Center, Hilltop Multiservice Center

Laboratory Technicians from Drs. Larson, Wicks, Reberger and Elder Laboratories

Supplies:

Tacoma Pierce County Health Department—immunization materials.

Pierce County Pharmacists and Drug Companies—Vitamins, drugs, informa-

tional flyers, pamphlets and booklets.

Procedure:

1) Registration

2) Completion of family immunization record with assistance by personnel.

3) Preventive medical measure suggestions such as immunizations, accident prevention, vitamins, fluoride ingestion, auto safety measures, opportunity to learn how to take temperature, pulse, respiration, and first aid classes, screening eye chart examination, screening audiometric examination, height, weight, and family planning.

4) Opportunity to obtain a personal physician and a personal dentist.

5) Laboratory tests offered:

(a) Hematocrit

(b) Urine albumin and sugar

(c) Serology

(d) Rubella titer for pubertal or older females

(e) Tine skin test for tuberculosis

(f) Sickle Cell test for non-whites

6) Immunizations offered for all ages:

(a) DPT, Diphtheria, tetanus & pertussis

(b) DT, adult diphtheria and tetanus

(c) Smallpox vaccine

(d) Trivalent oral poliovaccine

(e) Rubeola vaccine

(f) Rubella vaccine

(g) Mumps vaccine

Studies of Pierce County reveal that the Salishan area has the lowest family income by at least \$1700 per annum compared to any other area. A Health Department Well Baby Clinic for those under six years of age is held monthly, in the morning.

A meeting with residents indicated evenings were the best time to obtain maximum participation. Lister School is centrally located. Transportation is

	Adult	Children	Total	Hematocrit	Hematocrit Less than 35%	Urine Albumin Positive	Urine Sugar Positive	Serology	Positive	Rubella Titer	Low	Tine Tuberculosis Test	Positive	DTP	Adult dT	Smallpox Vaccine	Trivalent Oral Polio Vaccine	Rubeola Vaccine	Rubella Vaccine	Mumps Vaccine	Eye Screen	Abnormal	Audiometric Screen	Abnormal	
Dec.	9	16	17	13	44	49	61	?	?	?	?	16	28	10	20	9	36	3	1	0	0	40	0	40	0
Jan.	6	20	11	13	29	35	48	16	2	0	0	14	16	4	8	9	13	5	2	0	32	0	35	0	
Feb.	3	10	15	14	38	37	51	30	6	0	0	30	18	10	20	18	32	1	1	1	11	0	8	0	
Mar.	10	17	8	23	18	46	69	12	0	0	0	21	9	3	1	0	4	4	1	2	16	0	12	0	
Apr.	7	14	9	26	18	42	68	7	0	1	0	23	16	1	9	0	8	3	0	0	23	1	16	0	
May	5	12	22	26	48	59	85	0	0	0	0	4	0	7	17	12	34	11	0	0	36	0	48	1	
TOTAL	328	726	1054	368	25	11	0	31	0	1	1	223	0	148	192	199	388	80	15	42	367	1	370	4	

by Microbus for those who desire it. Publicity included door knocking by residents, school nurses, PTA, and flyers from school.

This has shown so far that:

1) There is need for knowledgeable personnel to help meet health needs of low income areas.

2) There is need for intensive immunization efforts.

3) Evenings are a convenient time for families.

4) A large effort is required to allow resident participation.

Where do we go from here?

1) Permanent responsibility for this area:

- (a) ? Health Department
- (b) ? Tacoma Public School
- (c) ? Metropolitan Development Council
- (d) ? Pierce County Medical Society
- (e) ? Pierce County Medical Bureau
- (f) ? Mary Bridge Children's Hospital
- (g) ? Puget Sound General Hospital

2) More resident participation:

- (a) Health Committee
- (b) Associated Job Opportunities
- (c) Health profile notebook for families, including vital statistics, immunizations, family history, geneology, past illnesses, hospitaliation, meidcations, complete system review, pertinent physical and laboratory findings
- (d) ? Multiphasic health screening

3) Other areas?

- (a) Southside
- (b) Indians
- (c) Migrant workers (only to complement what Dr. Watkins and other valley physicians are already doing, if needed)
- (d) ? Other areas.

A special thanks to all the physicians and dentists for their excellent cooperation in providing care to those patients referred to them from this clinic.

C. DAVIS WEYERHAEUSER
GEORGE TANBARA, M.D.

Co-Chairmen, Health Task Force
Tacoma Area Urban Coalition

Sickle Cell Anemia

Links, Inc., a Black Women's organization of national prominence has stimulated this Nation to begin an assault on Sickle Cell Anemia. The campaign involves testing, research, treatment, and genetic counseling. President Nixon asked that six million dollars be appropriated for basic research to help in the understanding of this disease. The Federal effort and the Links national effort is only a start. The effort at the local area must accompany the Federal plan in order to achieve control of this disease.

As you know Sickle cell anemia affects primarily black people. Mr. Roland Scott, professor of Pediatrics at Harvard University estimates that there are 2,000,000 black people who carry the trait. There are 50,000 blacks who have the disease. We also know that

sickle cell patients die at an early age and that their mortality varies according to the extent of their medical care.

Tacoma area black population is about 15,000. There would be from 1,000-1,500 carriers of the trait, and 30-40 people would be affected by the disease. The Fort Lewis black population may be skewed somewhat in incidence of sickle anemia because black soldiers with the disease would not remain in service.

We should also be aware that Hgb, C, F, M, and thalassemia also accompany the Sickle trait. Iron deficiency anemia and 6-Glucose-PD hemolysis complicate any evaluation of the sickle patient's blood profile.

In addition to the medical implications inherent in the Sickle cell problem there are social problems which involve direct medical care to black people and racial undercurrents as whites and blacks interact on a highly personal level. The racial overtones of this campaign are already visual at the few meetings between professionals and black laymen. I personally am greatly disturbed by the atmosphere of racism that already exists. Perhaps it's unavoidable when we come together to approach anything as devastating as Sickle cell anemia. But lest we all forget it's the sufferers and the carriers we are attempting to help. May God give us strength to overcome the animosity we have for each other to at least help someone else less fortunate than ourselves.

Routine testing for Sickle cell disease began in Dr. Tanbara's office when he started practice. I started two weeks ago and the Hilltop Children's Clinic began May 5th. If you can't be the first at least not be the last.

Each physician is going to be asked to test everyone of his black patients

for Sickle trait. Why the testing needs to be done should be explained in full to the patients. Patients should be counselled as to the result. Sickle carriers or anemic patients should receive a full red blood cell examination including electrophoresis, smear evaluation, 6-GPD enzyme screening, and any other tests that you think appropriate. I would hope that your practice program should begin immediately. All black patients admitted to a medical facility should have at least a screening test for Sickle trait. The program of mass education, testing, and counseling should be planned by an action committee within the medical society which includes black consumers.

There should be a program of academic excellence on Sickle cell disease and related hemoglobinopathies at the County Medical Society and at each Tacoma hospital.

—DEMAURICE MOSES, M.D.

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- 15 S. R. Krishnamoorti
George Tanbara
- 16 Juan Cordova
- 20 George Batey
John Kennedy
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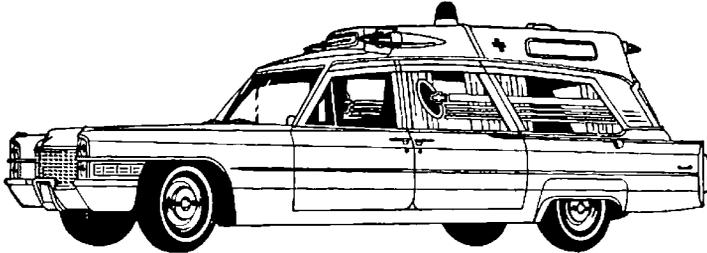
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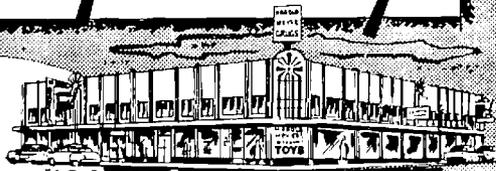
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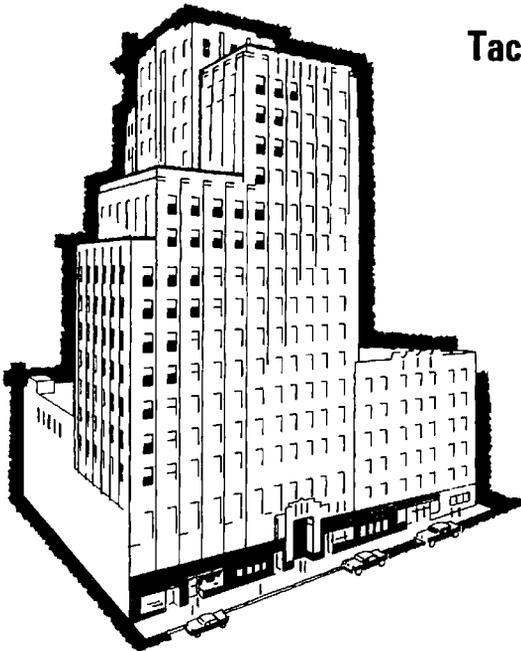
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WOMAN'S AUXILIARY PAGE . . .

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Tasting Luncheon	Mrs. K. Royce Hansen Mrs. David W. Millett
Speakers Bureau	Mrs. Kiyooky Hori

HAIL AND FAREWELL

Although the weather was cool, hearts were warm and the luncheon tables were gay with flowers at Auxiliary's May luncheon at the Tacoma Country Club. Outgoing President JoAnn Johnson presided, thanking her Board and the membership for a most productive and rewarding year. Presi-

dent Nadine Kennedy was welcomed in absentia being represented by President-Elect Carole Hazelrigg who read a message from Nadine and introduced the 1971-1972 Board.

The past year's work was neatly packaged by JoAnn as the group was asked to vote on a number of motions passed by the Board in a joint session on April 26.

The recommendation of the Finance Committee, headed by Dorothy Grenley, called for the awarding of six nursing scholarships of \$200 each. A sum of \$500 will be given to the Pierce County Homes for Youth, and \$250 is allotted for the printing of the Health Services Directory. Members of the committee are Dee Wickstrom, Nadine Kennedy, Lois Stilwell and JoAnn Johnson.

Further motions voted on and passed included the changing of Auxiliary's fiscal year to correspond with the date of Auxiliary elections. This is dependent upon the approval of the State.

Ann Katterhagen's report on the Student Recognition Award instigated discussion regarding the basis of the award. It was moved and voted that "the student who has received another award, whether it be monetary or honorable mention, will then not be considered for Auxiliary's award."

The sticky problem of luncheon reservations (no pun intended) was resolved by voting to fine a member who does not appear after having made a prior reservation and has not called the hostess to cancel.

It was noted that a wife's membership in National Auxiliary is dependent upon her husband's membership. There was need for clarification on this because of dues sent to National.



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THANK YOU

Belatedly Auxiliary wishes to thank Bonnie Stagner and Nancy Spangler who Co-Chairmanned the successful dinner-dance on March 27. A beautifully arranged affair was enjoyed by all who attended. Profit to the sum of \$81.60.

AUGUST INTERLUDE

Plans are simmering for a husband-and-wife party (thus far designated "a thing") in August. The date and exact nature of the affair will be given you via the telephone committee. Patsy Crabill and Gen Hansen are in charge of "the thing" which will be held in lieu of the annual dinner-dance.

COLLECTOR'S ITEMS

The inspiration to produce an Auxiliary Cookbook has led to nothing but happiness and profit for all concerned. Again this year comes the splendid report by Co-Chairmen Kit Larson and Kimi Tanbara that 601 books were sold for the total of \$1,803. A few hundred are left, but not for long. Someday they will be collector's items! (And that's the truth!)

PROJECT SEARCH

The Project Search Committee headed by Anne Katerhagen will continue to search and probe community projects, health related, to involve doctor's wives. The object is to find where our services can be most effective.

WAVES FROM OCEAN SHORES

Overheard at the Ocean Shores hostelry when JoAnn and Nadine signed the register . . . "Hmmm, Kennedy and Johnson; that's quite a team!"

Bouquets to Toni Bourne for the smashing professional AMAERF report at Mid-Year Conference. Eye-

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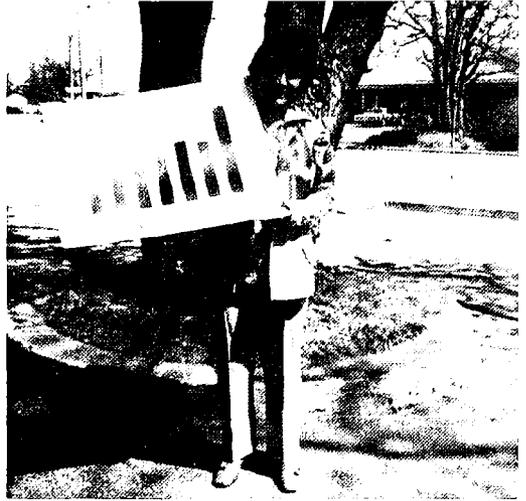


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catching charts with explanatory graphs told the story of Pierce County's increasingly successful Christmas card project. Good work, Toni.

FATHERS AND SONS

Congratulations to the three young men of the Pierce County Medical community who are receiving their medical degrees this June, and CONGRATULATIONS Happy Parents! They are the sons of Dr. and Mrs. Leo Sulkosky, Dr. and Mrs. Merrill Wicks, and Dr. and Mrs. Charles Larson respectively.

PRINCESS KATHY

Dr. and Mrs. Robert Crabill's daughter, Kathy, is a Lakes Summer Festival Princess, a lovely representative from Clover Park High School.

SO LONG . . .

If any of you remember the radio columnist who closed his broadcast with "That's thirty for to-night, friends" then you are of my vintage. After three years of meeting the 20th of the month deadline I am going to miss it. Norma, good luck in your future reporting, and really truly "That's thirty for to-night, friends!"

—INEZ M. PIPE

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MRS. HERBERT KENNEDY
AUXILIARY PRESIDENT 1971-1972



President Nadine Kennedy and
 Past President JoAnn Johnson
 relax in the sun.

If and when, a Medical Auxiliaryite from another planet drops to earth demanding to be taken to "our" leader, we are proud that Nadine Kennedy is the one she will meet. For Nadine is the newly elected president of Auxiliary.

In her role as President-Elect this past year she has kept in close touch with the group's projects. Nadine has participated in Auxiliary work during her membership by filling the job of Program chairman for two years, also acting as Paramedical chairman. Her Board is chosen and ready to resume the continuing programs in the fall, perhaps inaugurating some new ones.

Including the community in her volunteer activities, Nadine was Chairman of the committee that set up the Lumber Museum Camp in Pt. Defiance Park. She has been a member of the Allied Arts Board and the Pierce County Mental Health Board, and served as Vice-President of the Junior League.

Home and family too occupy this native Indianan. Three children, a 17-year-old daughter, and two sons, 13 and 10, keep her on the jump. In the early years of her marriage Nadine worked at the Methodist Hospital in Indianapolis while Dr. Kennedy was in medical school. During his internship in Portland, Oregon, she was employed in the

Outpatient Clinic of the Multnomah Hospital. Oh yes, some place in there Nadine learned to ski and considers this her favorite sport and a great family activity.

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Dear Girls:

This is a delayed note but nevertheless carries the same thought.

I wish to thank you for your many kindnesses and for the great help in the past. You have always been very pleasant, very efficient, very patient, and lastly most dependable. I have never spoken to any one of you who has given me a curt answer. There is always a cheerful voice at the other end of the line. This is amazing this day and age when courtesy does not seem to be the rule.

I want to thank each of you for a very fine year in 1970 and I want to wish you the best of 1971.

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Whitacre Top Man In Golf; Doctors Earn Tennis Trophy

Except for Marsh Whitacre's low gross of 77—the best of all competitors for the whole day—physician golfers bowed to their lawyer foes in nearly all divisions at the annual Physician-Lawyer Field Day on a sunny Friday, May 7, at the Tacoma Country and Golf Club. Next closest doctor competitor was John Comfort, who tied for first place amongst the low-handicappers with a low net of 72, matching attorney Ken Burrows. Walt Sobba was a close third with a low net of 73.

In the 2nd division 11-15 handicappers, barrister George Gagliardi — of hole-in-one fame in last year's tournament—failed to hole out any of his tee shots this year, but did win low net in

his division with a 67, just one stroke ahead of Doctors Wayne Zimmerman and Jerry Kohl with 68's. Tom West, Sam Adams and Horace Anderson all had 69's.

In the other two divisions—16-and-up and Calloway — the lawyers took the whole show, the first six places in each division being taken by the attorneys.

Doctors Win at Tennis

In tennis, it was another story, with the doctors winning all the way. Nobody could top George Tanbara and Max Thomas. Mystery of the day was the case of the missing trophy. The lawyers won the 18-inch high perpetual trophy 2 years ago. Last year, they never even showed up to compete, and kept the trophy in storage. This year, after winning back the trophy in regular competition, the doctors are still without a trophy. Somehow the attorneys seem to have "misplaced" this item.

Dr. John Hogness President of the Institute of Medicine

One of the most important jobs in the health field in this country will be filled by Seattle's Dr. John Hogness who takes the presidency of the newly chartered NAS Institute of Medicine in Washington, D.C., in August.

Speaking before a meeting of the King County Medical Society on May 3, Dr. Hogness, formerly director of the University of Washington Medical School, explained the role of the institute as "an impartial body, with no axe to grind, dedicated to the advancement of health sciences and education." The charter, in fact, confers sweeping scope to "marshal the scientific wisdom of the U.S." to come to grips with all the problems involved in health protection and advancement.

The Institute—to embrace 300 distinguished health professionals and 100 experts in related fields, such as law, economics, and sociology—will identify issues, study them, and issue authoritative statements.

In considering the possible studies to come before the Institute Dr. Hogness suggested the following; total health care, infant mortality, longevity, drugs, death with dignity, bio-medical research, and the interrelation between the various professions of medicine, dentistry and nursing.

Dr. Hogness has been a leader of curriculum reform at the University of Washington, and served as an AMA delegate from Washington. He has also been in private practice as an internist. He sees an enormous opportunity for Washington state to lead the country in forming new health programs. Dr. Hogness says, "We have some of the best medical programs in the country right here, plus a fine spirit of cooperation between the profession and gov-

ernment agencies. There are lots of dedicated people in this area who can provide progressive leadership in the medical profession."

—INEZ M. PIPE.

Bureau Drafts Bob Johnson; Moves To New Headquarters

Dr. Robert C. Johnson, long-time Tacoma general practitioner who is almost as well known on the University of Puget Sound Campus and at Cheney Stadium as he is in medical circles, has been chosen by the Board of the Pierce County Medical Bureau to act as President of that organization for the coming year. Robert A. Kallsen, Tacoma internist, is the new vice-president and Charles R. Vaught of Puyallup will be secretary-treasurer.

Outgoing President Gordon Dean presided over the annual meeting of members of the Bureau held at the Top-Of-The-Ocean on April 15, 1971. An innovation at that meeting was a change in the format, with the business meeting being held first, starting promptly at 6:30 p.m. After the efficiently conducted and sober business meeting, members relaxed at the evening social hour followed by dinner.

Fourteen new applicants were approved for full membership in the Bureau. By subsequent mail ballot, the following doctors were elected to membership on the Bureau Board: James P. Duffy, Philip Grenley, Galen H. Hoover, James D. Lambing, Robert B. Whitney, Jr., and Merrill J. Wicks.

New Bureau Quarters

Many members turned out on the evening of May 20th for the open house at the Medical Bureau's new office quarters at 1114 Broadway, formerly the site of J. C. Penney Co., for many years and more recently vacated by the Pacific National Bank of Washington.

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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
1st. Tuesday of January, March, May and October
- 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
6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m.—Conference Room—Allenmore
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

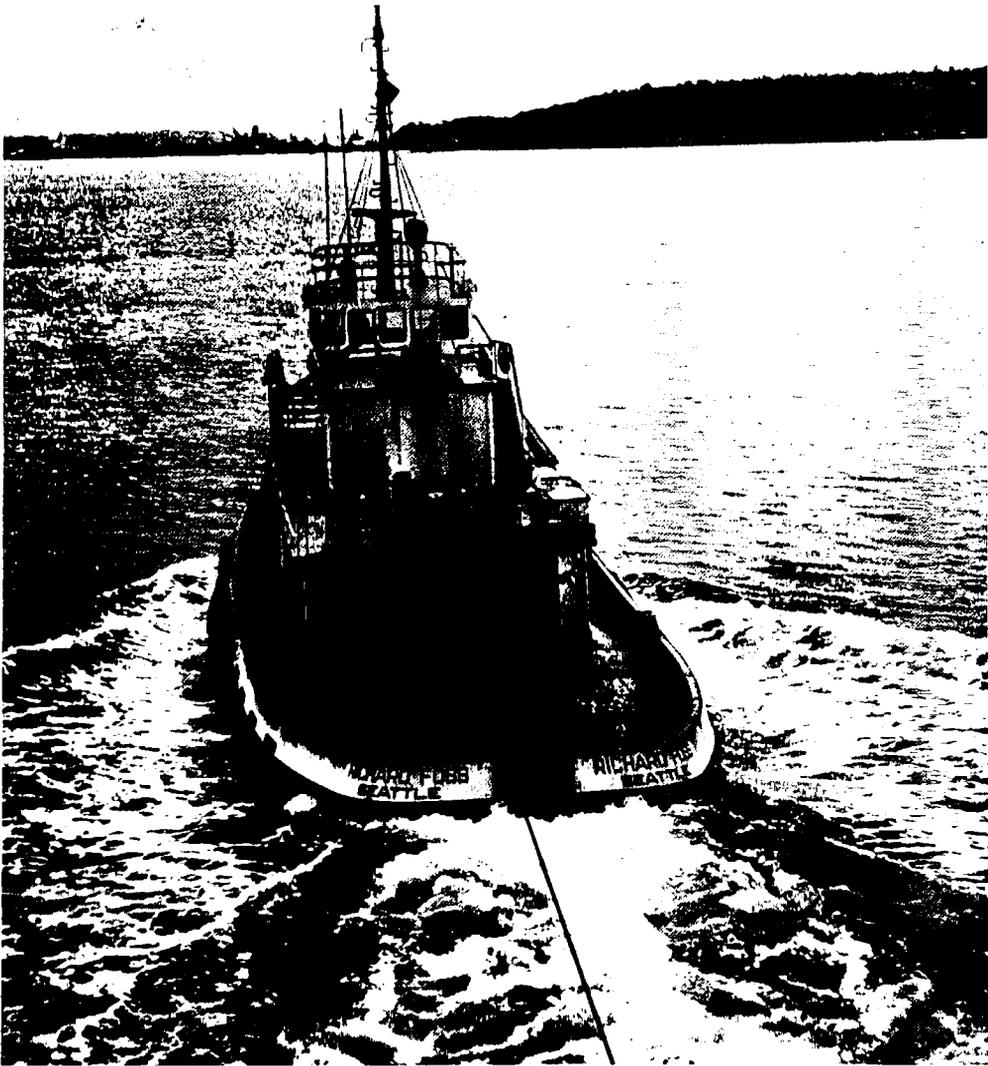
PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

JULY 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 7



PIERCE COUNTY MEDICAL SOCIETY

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

Pierce County Medical Society

1971

OFFICERS

President.....Robert W. Florence
 President-Elect.....Lester S. Baskin
 Vice-President.....James E. Hazelrigg
 Secretary-Treasurer.....George A. Tanbara
 Executive Secretary.....Judy Gordon

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Richard R. Barronian	Robert W. Florence
Lester S. Baskin	James E. Hazelrigg
W. Ben Blackett	John F. Kemman
John F. Comfort	John P. Liewer
Dale D. Doherty	Theodore J. Smith
Robert M. Ferguson	George A. Tanbara

DELEGATES

Lester S. Baskin	Herman S. Judd
Robert W. Florence	Edmund A. Kanar
Kenneth D. Graham	Robert W. Osborne
Charles C. Reberger	

ALTERNATE DELEGATES

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

Ethics

G. M. Whitacre, Chairman	
W. Ben Blackett	Kenneth D. Graham, Jr.

Grievance

Robert M. Ferguson, Chairman	
Wayne W. Zimmerman	James D. Lambing

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Frederick J. Schwind, Chairman	
Glenn H. Brokaw	Edmund A. Kanar
Ralph A. Johnson	

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Paul E. Bondo, Chairman

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James W. Boudwin, Chairman

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Pharmacy — Rodger S. Dille

Optometrics — Paul Smith, Jr.

Medical-Legal Review Board

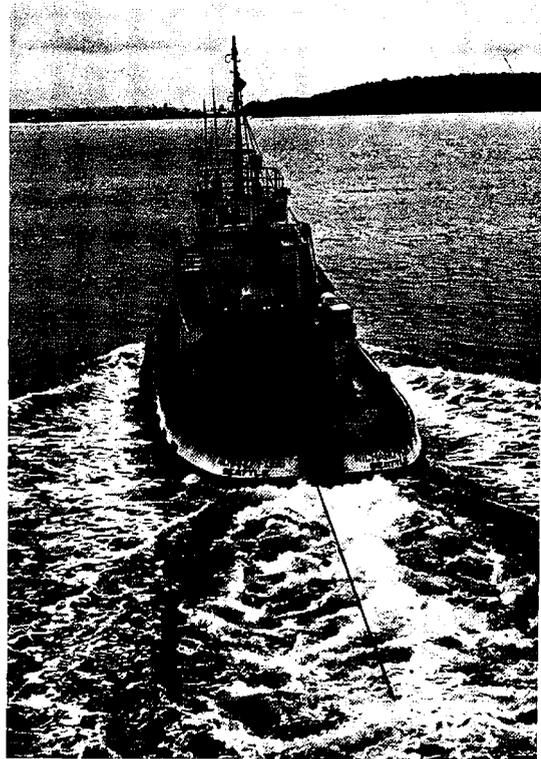
Wayne W. Zimmerman, Chairman

Medical Education

Marcel Malden, Chairman

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George R. Barnes



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Editorial Board

Robert B. Whitney, Jr., Chairman	
Marcel Malden	Stanley W. Tuell
Robert A. Kallsen	George R. Race

Honore

Ray A. Virak, Chairman

PLAN TO ATTEND

September 19, 20, 21, 22, 1971

The 82nd Annual Convention of the Washington State Medical Association will be held at the Olympic Hotel, Seattle, September 19-22, 1971.

The House of Delegates will meet at 1:30 P.M. on Sunday, September 19, with its final Session to begin Wednesday morning, September 22. Reference Committees meet Monday and Tuesday. Scientific Program Monday, Tuesday and Wednesday. Scientific and Technical Exhibits Sunday through Wednesday with Golf and Tennis Tournaments on Monday.

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President's Page

There is much room for better cooperation between our Medical Society and the various hospital staff organizations. We have been requested to consider combining the Credentials Committees of the hospitals and the Medical Society, and we have been requested to consider combining the hospital library facilities with those of the Medical Society.

Several physicians have commented on the duplication of efforts involved by the Pierce County Medical Society Credentials Committee and the Credentials Committees of the various hospitals. An investigation is conducted by each hospital to which a physician submits his application for membership, and this same investigation is repeated by the Medical Society. It seems reasonable that the Credentials Committee of the Pierce County Medical Society could serve as the investigative body and provide each hospital with copies of the results and letters of recommendation. One of the hospital Executive Committees has made such a recommendation with the suggestion that the Head of the Credentials Committee of each of the community hospitals be appointed to the Credentials Committee of the Society, thus providing a direct connection between the Society Committee and each hospital's Credentials Committee. This appears to be a sound recommendation, and it has been referred to the By-Laws Committee of the Society for incorporating into the revised By-Laws.

The Pierce County Medical Society maintains a well stocked library of medical books and journals, but because of its location, it is inconvenient for most physicians, and it is little used. On the other hand, the library at Tacoma General Hospital, with its central location and capable direction of Miss Von Bruck, has become a popular place for physicians to look up medical material. It has been suggested that these facilities be combined in the interest of efficiency and economy, and the Chairman of our Library Committee is looking into the feasibility of such a union.

There are, no doubt, other areas where there is need for change in the interest of greater efficiency, and now is the time to bring them to the attention of the Board or the By-Laws Committee in order to have them incorporated into the revised By-Laws.

—ROBERT W. FLORENCE, M.D.

July Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Gastrointestinal Conference— St. Joseph's 8:15 a.m.	2 Tumor Board 7 a.m.—Allenmore	3
5 Mary Bridge Cardiac Conf. 5:30 p.m.	6 C.P.C. of Mary Bridge 8 a.m.	7	8 Pulmonary Conf. St. Joseph's 8:15 a.m. — St. Joseph's Hosp. Trauma Conf. 7 a.m.	9 Tumor Board 7 a.m.—Allenmore	10
12 Mary Bridge Cardiac Conf. 5:30 p.m.	13 C.P.C. of Mary Bridge 8 a.m.	14	15 Renal Conference St. Joseph's 8:15 a.m.	16 Tumor Board 7 a.m.—Allenmore	17
19 Mary Bridge Cardiac Conf. 5:30 p.m.	20 C.P.C. of Mary Bridge 8 a.m.	21	22 C.P.C. of St. Joseph's 8:15 p.m.	23 Tumor Board 7 a.m.—Allenmore	24
26 Mary Bridge Cardiac Conf. 5:30 p.m.	27 C.P.C. of Mary Bridge 8 a.m.	28	29 Med. Therapeutics St. Joseph's Hosp. 8:15 a.m.	30 Tumor Board 7 a.m.—Allenmore	31

To The Editor:

George S. Kittiridge, M.D.
1212 South 11th Street
Tacoma, Washington 98405

Dear Dr. Kittridge:

Roth Kinney has asked me to answer your letter of May 11. It has raised some points which need to be discussed openly and frankly by those of us committed to high quality medical care for patients and maintenance of the integrity of the medical profession.

You are absolutely right in assuming that medex are a new breed of health professionals. However, the move by physicians to improve our ability to provide medical care should be physician-stimulated rather than be a feeble reaction to a move by economists or political and social scientists to improve health services. If we physicians do not provide the leadership for change in medicine to design, organize, implement, operate, and control such a program, then someone else will—and we will have very little to say about it. Recent history is a good teacher.

Contrary to what some may think, the carefully selected corpsmen who become medex state quite candidly that any thoughts they might have had about independent practice are forgotten within a few months into their twelve month preceptorship, as the immensity of the responsibility for civilian medical care (which the physician shoulders) becomes more apparent to them. Medex are not, and will not be, sepa-

rated from physicians for whom they work. They are to be certified (not licensed) to work *only* under the supervision of a licensed physician. To promote this extension of the physician's capacity to serve his patients, the Washington State Medical Association passed a resolution at its annual meeting last year to study ways to admit medex to the organization. The action will further promote the closeness of the relationship between physicians and medex.

The physician/preceptors who set policy for MEDEX decided that, since the physician still retains responsibility for patient care, the fees charged by the practice for services provided by the medex employee should not change. This decision reflects the concern of the MEDEX Program to prevent the establishment of a dual system of medical care.

There is no question that new types of health manpower are being developed in our country. MEDEX is the only program that has been developed for and controlled by practicing family physicians. It is the only parapsychiatry program that other states are now replicating. The pioneering physicians who are participating in the program feel that it is one of the few answers medicine has to the present heavy demand for physicians' services. Moreover, it is one of the logical steps to be taken in view of the probable development of a national health insurance program. If we look to our northern borders and the experience of our Canadian neighbors, we can predict a significant increase in medical services

utilization rates. MEDEX is an answer to presently overworked physicians whose problems may soon be aggravated.

Finally, in addition to being an economically feasible way of cutting down on 70-80 hour work-weeks, MEDEX is one of the few programs we can develop to simultaneously maintain quality care and meet the steadily increasing demand for medical services. Far from being a threat, the physician-controlled MEDEX concept is one of the bulwarks that can be developed to protect fee-for-service medical practice.

Your concerns are our concerns; we shall constantly keep them in mind. Again, thank you for your constructive criticism, it was most welcome.

Sincerely yours,
 RICHARD A. SMITH, M.D.
 Director

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FRANK ROSSITER, MGR.

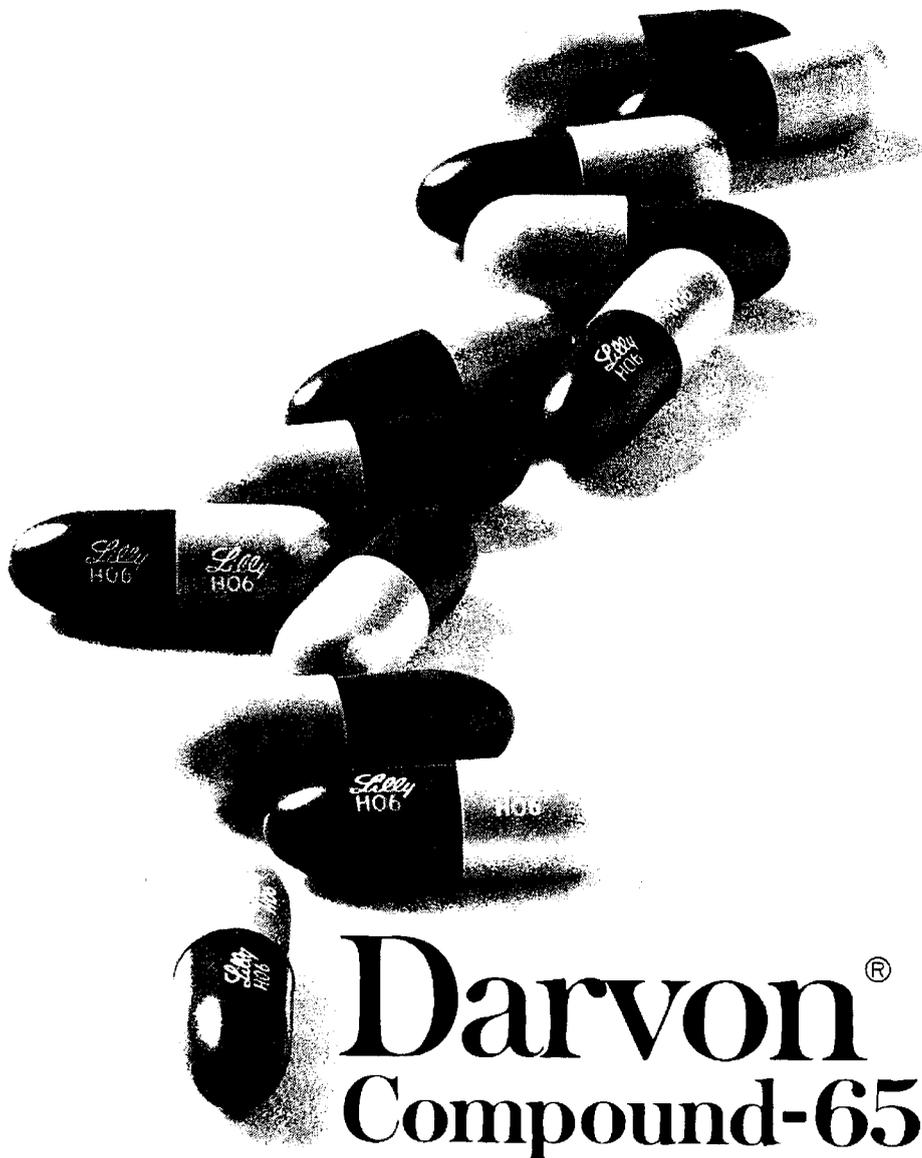
Regional Medical Program Comments On "\$10 Computer"

Over 100 letters and more than a dozen long distance phone calls were received by MEDICAL GROUP NEWS following an article about Logoscope, billed as a "\$10 Computer for Diagnosis". In reality, the "Logoscope" is sold for \$48 plus \$5 postage to U. S. buyers although a new version is reported under development to sell for considerably less.

Readers should be informed that the "Logoscope" is the current version of what previously was called the "Nash Slide Rule". The user has a file of slipsticks corresponding to various symptoms and signs such as fever, chest pain, etc. These slide into a slide rule upon which is listed a number of diagnoses. Each of the slipsticks has a series of vertical marks corresponding to the diagnosis in which that sign or symptom may be seen. Thus the user, by inserting a number of these symptom-sign slipsticks, can see the diagnosis which has the greatest number of marks lining up.

In our opinion, it should be clear that this is an extremely subjective, non-quantitative device which would have little if any practical use in the practice of medicine, although it might prove of limited value for medical students. Similar attempts at actual computer diagnosis with "deterministic models" have shown little if any practical application where symptoms cannot be weighed and where the outcomes cannot be expressed in terms of probabilities.

—RMP Newsletter, June 1971.



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NATIONAL PARAMEDICAL ORGANIZATION OPENS TACOMA OFFICE

HOMEMAKERS INC., The Upjohn Company's new home and health care service firm, has opened offices in Tacoma at 950 Pacific Ave., Suite 507, Rust Bldg. It provides household and paramedical personnel for private duty nursing, geriatric care, hospital staff relief, live-in companions, housekeeping and home management. Each office maintains a staff of insured and bonded employees, qualified to meet individual requests for service from physicians, private individuals or health institutions.

Homemakers assumes all administrative functions of payroll, withholdings, taxes, insurance and bonding and billing for the service performed. With the Homemakers system, the need or degree of supportive skills required for home convalescence is determined by the patient's attending physician. Homemakers relates the skills possessed by an employee to the services prescribed. As recuperation progresses, or the status of the convalescent changes, the skills and services offered by Homemakers also change in accordance with the physician's decision.

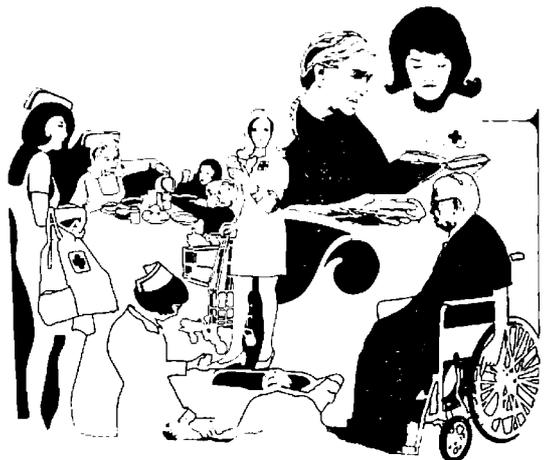
In this way, the recuperating patient may assume normal functions as allowed by the attending physician without bearing the burden of unnecessary and more expensive care. The system also frees professional skills and supportive services as quickly as possible for other duty — but continues to provide paraprofessional personal and household services until health is restored.

Inquiries regarding special situations are invited by our Tacoma Office's Service Director, Miriam R. Morris, R.N., and Co-ordinator Marylou Oyler.

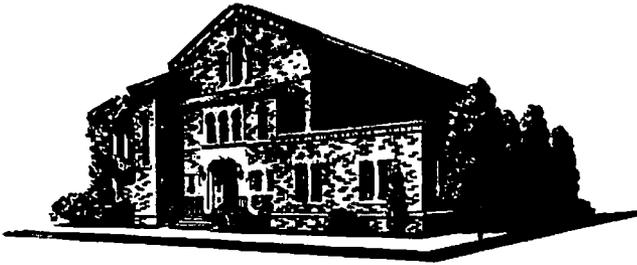


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PHYSICIANS' AND HOSPITAL SUPPLIES

EDITORIALLY SPEAKING

QUALITY CONTROL AGAIN

Since the issue of Quality Control was last discussed in these pages in March of this year the events in Tacoma have progressed quickly. From now on at St. Joseph's Hospital medical audit will concern itself with the critique and evaluation of the care of patients during their actual stay in the hospital. The care will be judged by the members of the auditing committee in comparison with their own individual knowledge and experience.

Peer review and Quality Control are currently fashionable topics and in recent months I attended two meetings each dealing with the same problems in a different way.

On the 23rd of April, 1971, I participated in the regular meeting of the Community Coordinators for the Regional Medical Program. During the second week of May I attended a symposium on malpractice held by the American College of Legal Medicine in New Orleans.

When experts speak of "Quality Control" they usually refer to two separate but interconnected aspects of a problem.

The first aspect deals with question of recertification and relicensure. Oregon, Colorado, Pennsylvania and New Mexico have established criteria, on the basis of which physicians practicing in these states will be recertified periodically for their continuing professional activity. Oregon State Medical Association has established requirements in con-

tinuing medical education for all physicians in relation to their specialties, types of practice, etc. If a physician fulfills these requirements he can remain a member of the Oregon State Medical Association. If he does not fulfill them then the Association will undertake some action against him. What effect this action will have on his licensure is at this stage uncertain and indeed it is hoped that the problem will never arise. The important thing to note is that this plan in Oregon is a purely medical association affair, unconnected with any regulatory agency of the State. The problems of certification of physicians, control of cost and quality of medical care and others have all become convenient political issues and have all been used for political ends alone, with great detriment to the art of medicine itself and to practicing physicians. In this respect it is interesting to note that Oregon State Medical Association feels that as a result of its action it has successfully "gotten their politicians off its back". At the meeting we were informed that Washington State Medical Association is presently considering a similar approach to continuing medical education and recertification for physicians. Whether this is enough to absolve local academic organizations from this responsibility is left for each organization to decide for itself.

The other aspect of "Quality Control" relates directly to the evaluation of patient care as given in our hospitals, offices, clinics, etc.

According to Doctor Sheehy, speaking on behalf of the Washington State Medical Association, this is not a state-wide function but it is the responsibility of local groups, such as hospital staffs, individual doctors in their offices or at most possibly the responsibility of a county medical society.

Doctor Sheehy stressed that medical audit and peer review is primarily an educational tool. It is not a disciplinary tool. "Medical audit must not be a punitive or vengeful procedure". The primary purpose of medical audit is to help us define the areas of weakness in the care of our patients and then through continuing medical education based on knowledge of local weaknesses lead to the improvement of patient care. Medical audit should not be used as a method of individual criticism or as a method for removal from the staff of those considered "bad or undesirable".

Since medical audit is inherently a judgmental procedure, in order for it to be just and equitable for all, it must be based on comparison of established and generally agreed principles of good patient care with what is actually happening in each case. We ourselves should establish what we consider to be good care. It is difficult to define what constitutes good medical practice, but it is not impossible. Actually we have always had some criteria for quality control, as for example when we define who can or cannot be a member of a particular hospital staff or who can or cannot have particular hospital privileges. To be sure, the criteria which we would establish would not be per-

fect but would be workable and, as we went along, we would gain more experience and would be able to improve on them. A willingness to criticize and improve others is inherent in all of us and through the ages all wise groups of people insisted on establishment of standards against which the members of the group would be judged. If these standards do not exist, then each judgment remains basically an expression of individual opinion and, although well motivated, could be capricious and biased.

Finally it should be mentioned that around this part of the country when we speak of peer review we generally refer to control of quality of patient's care. This is not necessarily so elsewhere and in many areas hospital peer review committees are utilized by insurance companies to police hospital admissions, requests for laboratory tests and special investigative procedures. These committees concern themselves greatly with cost effectiveness of treatment. It seems to me that we as physicians must decide how far we want to go and what we are willing to do in these directions, but it also appears that our time is limited and that we must plan carefully and thoughtfully with a view to the future.

The symposium on malpractice approached the question of "Quality Control" from a strictly legalistic viewpoint. Doctor D. Rubsamen from California discussed how a relationship between a private patient and a physician may be considered a legally binding contract and how in some circumstances an action for breach of contract can be suc-

cessful without even any reference to malpractice. He went on to stress the importance of "informed consent" and the need for reaching a balance between full disclosure and disclosure in an unnecessarily frightening manner.

Another speaker indicated that the lowest incidence of malpractice action exists in the specialty of anorectal surgery and psychiatry. He also mentioned that malpractice insurance premiums in Vancouver, British Columbia, are a hundred times lower than those in Seattle, Washington.

Whilst many consider the so called "no fault insurance" to be the answer to the growing malpractice issue, others advocate compulsory binding arbitrations and others still a trial of a physician for malpractice by members of his own medical society. There is a peer review for you!

Legally experienced speakers indicated how the acceptance of a definite standard of medical care could be a tremendous help in the defense of malpractice action and how for example various specialty societies may be called upon to set these standards in their respective areas of competence.

It seems that as a result of two recent legal decisions the country's blood banks are finding themselves in a great deal of difficulty. Blood is now apparently being considered "a commodity" rather than a "service". As a consequence, therefore, legal problems are legion and it seems that the only way out of the impasse is to change the laws. This has already been successful in some states and we were told that

the physicians, once they do get to their legislative representatives, can be very effective in promoting good medical legislation. Medicine basically is a changing art and the rigidity of the laws of the land may hinder its progress.

The information contained in the package insert, as supplied with various medications, has acquired a new importance. Both the Federal Drug Administration and the manufacturers have specifically stated that the package inserts have no legal or binding quality, but because these inserts represent a concensus of opinion expressed by thoughtful and knowledgeable experts, the inserts can be used in evidence with considerable effect. Whilst the physicians must be free to depart from the guide lines set in the package insert, in so doing they must be considerate and thoughtful and must have some basis for this departure. A somewhat similar situation obtains in relation to construction of buildings and structural qualities of various medical instruments and machines. The National Fire Protection Association has published several booklets establishing minimum criteria for safety of construction of buildings and equipment. The information contained in these booklets can serve as a basis for comparison in court actions and has led to the enactment of regulatory laws in at least eighteen states.

Available space does not permit detailed descriptions of all that went on in the air conditioned Convention Hall (and elsewhere) in the Old French Quarter of New Orleans. The contrasts

presented by travel from one region to another are vital and stimulating. The delights of New Orleans are unparalleled and whilst warm sunshine and beautiful white sands of Louisiana and Mississippi Gulf Coast reminded us of the heaven that was French Riviera, we have never before enjoyed sea foods quite as much. It is indeed good to be able to see this vast magnificent country and to participate in the dynamic pattern of its life.

—MARCEL MALDEN, M.D.

THE ANTICS OF THE FRIVOLOUS HIPPY

By LEO ANNEST, M.D.

Monday morning was sunny and clear. An ambulance, siren screaming, made the scene at the emergency entrance of one of the city's hospitals. A young girl, livid and moribund, was wheeled into the emergency area at exactly 8 a.m. because of a self-inflicted shotgun blast of her abdomen.

Immediately, the entire emergency room staff went into action: object, resuscitation. The surgeon who attended her was in the hospital and was quickly summoned to assist in resuscitation. By 8:15 a.m. the anesthesiologist was at the scene, intubated the patient and administered oxygen and respirations while the surgeon made a quick evaluation of the patient. The shotgun bullet entered the abdomen to the left of the midline immediately below the left sub-costal margin and made it's exit pos-

terio-laterally in the left flank where an approximate 3½ to 4 inch in diameter, jagged hole was seen with several loops of small intestine protruding. Astutely, the ambulance drivers had applied a wide hemostatic muslin band over the hole to retain the bowels within the confines of the hole during transit.

Before preparation and draping of the abdomen for surgery, the skin edges of the gaping hole were approximated with towel clips. By 8:45 a.m. surgery was begun. The abdomen was entered through a vertical midline incision extending from the xyphoid to below the umbilicus. The stomach was found to be divided in half transversely. The edges were jagged and retracted apart. The spleen was shattered and a major portion of the left transverse colon, splenic flexure and upper descending colon was missing. Two peppered areas of small bowel were encountered. A hematoma was seen on the anterior surface of the left kidney, upper pole, and a mutilated lateral abdominal wall reflected against skin edges pulled together by the towel clips.

By 9 a.m. blood was available and rapid maneuvers were made to control bleeding. The remains of the spleen were removed and the pedicle ligated. Suddenly a cardiac arrest occurred. Cardiac massage beneath the diaphragm and rapid administration of blood and sodium bicarbonate intravenously resulted in prompt reactivation of the heart. Bleeding from the mesentery of the transverse colon and the colon was controlled. End to end anastomosis of the proximal transverse colon to the

descending colon and the proximal to the distal half of the stomach were achieved. The two riddled areas of the small bowel were resected and re-anastomosed. The peritoneum of the lateral wall was debrided and approximated. This was followed by closure of the surgical wound and loose approximation with drainage of the bullet exit wound. Surgery ended at 11:45 a.m. and anesthesia resuscitation was completed at 12:15 p.m.

The patient had a moderately difficult and yet relatively uncomplicated post-operative period with the only potential serious complication being a colcutaneous (colon to outside) fistula which closed promptly within 2 to 3 days following its inception. Her hospitalization concluded on the 24th hospital day.

Review of circumstances and motivation disclosed that Miss — was a 17-year-old girl from quite respectable mother and father who unfortunately were divorced some 14 years previously. Miss — was persuaded to subsist in a commune jointly with a male companion. Allegedly she had experienced various drugs including LSD, marijuana and possibly hard drugs. She claimed to be quite happy with her position until her male companion invited another male companion to join the commune and he himself "left the scene" for 1 week. It was during this week that Miss —, feeling that her lover had thrown her over, became disenchanted, wielded a shotgun and yielded to its fire power at the motion of her finger. Being of petite stature with short arms necessitated that the shotgun be placed

at an angle to her right side so that she reach the trigger. The bathroom was the scene of the gruesome act. She was standing when the blast occurred. Fecal material and splattered soft tissue plastered the bathroom wall.

In the days and weeks following dismissal from the hospital she was encouraged to attend rehabilitation classes at the vocational school. Her mother was joyful upon her return home but Miss — stay with her mother was short lived. Meanwhile she attended two nearby rock festivals and each time partook of some available drugs. Fourteen weeks later she was readmitted to the hospital, diagnosed as an overdose of harmful drugs.

For the second time she was seen by a psychiatrist, the first time was during her first hospitalization and again during the second admission. Each time she was ruled on as non-psychotic and as refusing any type of help.

But for Miss —, during her most recent trek for which she was hospitalized, the very bottom had been reached because a decided change came over her. Within a few days, after discharge from the hospital, she had over-thrown the option that she had chosen as her way of life. Shortly before the end of her senior year in high school she became a drop-out. Passing a test is required for her to qualify for a high school diploma, which as yet she does not possess.

At any rate at the beginning of the school term at the local Community College, Miss — enrolled in courses in

the field of education. She no longer is on drugs. Her rebellious attitude toward her mother has subsided and she visits home with increasing frequency. By all outward appearances she has found herself. If the trend continues she may prove a good example to some of those with whom she has been previously associated.

is Director of Physical Therapy at Good Samaritan Hospital in Portland.

Also an Army veteran, Tacoman Dr. Larson has been a consultant at Madigan since 1947. He earned a B.A. degree at Gonzaga University in Spokane and his M.D. degree at McGill Medical School, Montreal. He is Clinical Assistant Professor of Pathology at the University of Washington School of Medicine.

Three Consultants Honored at Madigan

Three civilian medical consultants were honored in a ceremony at Madigan General Hospital on June 4 for their contributions to that Army hospital during the past twenty years.

Dr. Ward of Seattle earned his B.A. and M.D. degrees at Yale Medical School. He is head of the Department of Neurosurgery at the University of Washington School of Medicine and has been a consultant at Madigan since 1950.

A reception hosted by the Madigan professional staff was held in the Headquarters Conference Room following the awards ceremony.

Dr. Arthur C. Jones, consultant to Physical Medicine Service; Dr. Charles P. Larson, consultant to Pathology Service and Dr. Arthur A. Ward, Jr., consultant to the Department of Surgery in Neurosurgery were presented Outstanding Civilian Service Medals by Madigan Commander Brig. Gen. John Boyd Coates, Jr., who also presented them with certificates on behalf of The Surgeon General of the United States Army.

A Critical Analysis of The Cost Effectiveness of Multiphasic Screening

*October Conference at
Pacific Science Center*

Dr. Jones, presently in private practice in Portland, Ore., holds an A.B. degree from Pacific University and M.A. and M.D. degrees from the University of Oregon Medical School. An Army veteran and consultant at Madigan since 1946, he holds positions on the U. of Oregon Medical School staff and

This Conference will be of interest to all persons concerned with health evaluation and multiphasic screening. The focus of the Conference will be on individual components of multiphasic screening, including the history, physical examination, laboratory testing, cardiovascular tests, and special screening

tests for tuberculosis, venereal disease, cancer, pulmonary disease, GI disease, and screening of the newborn. Nationally prominent speakers will critically discuss these in terms of the technique and costs of screening, results (false positives & false negatives, as well as true positive & negative outcomes) and options for followup of abnormal results. Though screening may be facilitated by automation and use of computers, the focus of this Conference will be on the medical validity of screening in particular areas. This information will be of interest to all those concerned with health evaluation and its role in comprehensive patient care.

Co-Sponsors:

Washington/Alaska Regional Medical Program,

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Medical Computer Services Association,

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Frank Maddison
- 15 Ralph Marx
- 17 Henry Maki
Walter Arthur
- 19 Paul Smith, Jr.
- 21 George Kittredge
- 22 Karel Pokorny
- 23 Charles Denzler
- 24 Emory King
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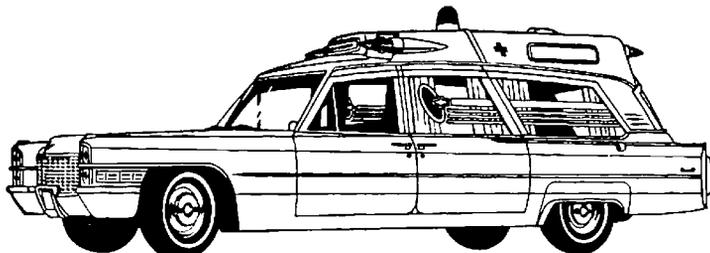
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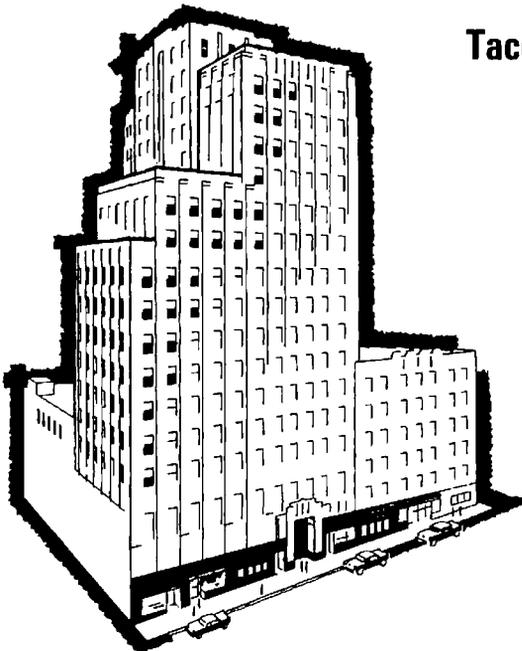
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WOMAN'S AUXILIARY PAGE . . .

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Tasting Luncheon.....	Mrs. K. Royce Hansen Mrs. David W. Millett
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The Women's Auxiliary Student Recognition Awards this year were received by Leslie Ann Smith, daughter of Dr. and Mrs. J. Lawrence Smith, and Gary McGreal, son of Dr. and Mrs. Robert D. McGreal.

Leslie Ann, an honor graduate of Clover Park High School, will attend Whitman College with Honors Entrance in the fall. She will major in pre-medical studies. Good luck, Les.

Gary, an honor graduate of Curtis High School, has been admitted to Stanford University where he will major in pre - medical studies. Congratulations Gary, and our best wishes for an outstanding future.

The Recognition Awards are based on the students' total high school performance—grade point average, extra curricular involvement and talent.

June 5th, James R. Chambers, son of Dr. and Mrs. Robert Chambers, graduated from the University of Washington Medical School. Dr. James Chambers will commence his internship July 1st at Balboa Naval Hospital. Jim is the father of three children age 1 month to 4 years. Our congratulations to Dr. and Mrs. James R. Chambers.

Congratulations Julia! Mrs. Stan Mueller graduated with a Bachelor of Science Degree from the University of Puget Sound on May 30, 1971. It is no easy task to be a mother, wife and coed. It takes a tolerant family and understanding husband.

NEWS FLASH — Our President, Nadine Kennedy reports an executive board decision on June 7th has set in motion plans for a gala social event in November — an Art Auction. Judy Brachvogel and Linda BeMiller will be co-chairmen. Watch for future announcements.

Have a happy summer—watch the water safety and good golfing to all.

—NORMA SMITH.

June 21, 1971—Happy first day of summer. The sun is shining and when the sun shines the Northwest is beauty.

Inez Pipe, who has done a great job of the women's page for three years, will be missed by all of us, especially me. In this issue Inez's pictures of the May luncheon are published. Thank you Inez for meeting so many monthly deadlines so well!

Spring Luncheon Meeting, May, 1971



Spring Luncheon Meeting, May, 1971



Spring Luncheon Meeting, May, 1971



January 22, 1971

Physicians' Exchange
 911 Pacific Avenue
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Dear Girls:

This is a delayed note but nevertheless carries the same thought.

I wish to thank you for your many kindnesses and for the great help in the past. You have always been very pleasant, very efficient, very patient, and lastly most dependable. I have never spoken to any one of you who has given me a curt answer. There is always a cheerful voice at the other end of the line. This is amazing this day and age when courtesy does not seem to be the rule.

I want to thank each of you for a very fine year in 1970 and I want to wish you the best of 1971.

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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

1st. Tuesday of January, March, May and October

TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC

ASSOC.—First Monday of October, December, February,
April and June.

TACOMA ORTHOPEDIC SOCIETY

First Monday of each month—6:00 p.m.

PIERCE COUNTY MEDICAL SOCIETY

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

STAFF OF TACOMA GENERAL

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

TACOMA SURGICAL CLUB

Third Tuesday of each month at Top of the Ocean

TACOMA ACADEMY OF INTERNAL MEDICINE

Fourth Tuesday of each month—6 p.m.

PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

Fourth Monday of each month except June, July and
August

PIERCE COUNTY PEDIATRIC SOCIETY

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

STAFF OF ALLENMORE HOSPITAL

Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital

STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL

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

STAFF OF LAKEWOOD GENERAL HOSPITAL

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

TACOMA OB-GYN SOCIETY

3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

AUGUST 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 8



PIERCE COUNTY MEDICAL SOCIETY

**NO MEETING
JUNE JULY AUG**

Pierce County Medical Society

1971

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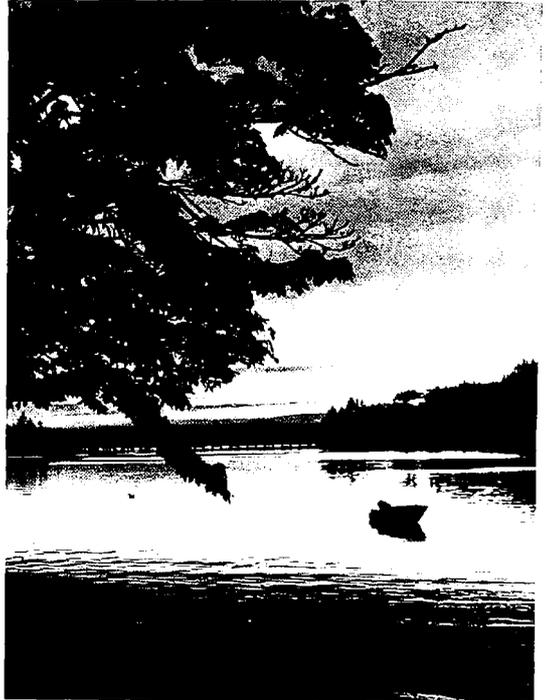
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COVER PICTURE: Eventide on Puget Sound, near Rosedale. Photo courtesy of Dr. Glenn McBride.

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PLAN TO ATTEND

September 19, 20, 21, 22, 1971

The 82nd Annual Convention of the Washington State Medical Association will be held at the Olympic Hotel, Seattle, September 19-22, 1971.

The House of Delegates will meet at 1:30 P.M. on Sunday, September 19, with its final Session to begin Wednesday morning, September 22. Reference Committees meet Monday and Tuesday. Scientific Program Monday, Tuesday and Wednesday. Scientific and Technical Exhibits Sunday through Wednesday with Golf and Tennis Tournaments on Monday.

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President's Page

When it comes to physicians and politics, I am reminded of the optimist who fell from the top of the Empire State Building, and as he passed the 40th floor he smiled and said, "I am not hurt yet." Most physicians neglected to take the time to get involved with our state legislature during its recent regular and special sessions, perhaps feeling that they haven't been hurt yet, but some of the measures passed will begin to hurt soon.

To begin with, the chiropractors were not idle during this session. They pressured the legislature into passing SB 380 forcing commercial insurance carriers into paying for chiropractic; they managed an amendment to HB 379 permitting them to be examined in x-ray and to use the title "DR."; they managed an amendment to SB 298 requiring health insurance coverage for school personnel to include chiropractic; and they obtained an amendment to HB 553 placing a chiropractor on the Comprehensive Health Planning and Advisory Council. While the medical profession is working to improve professional practice standards, this group has legislated themselves into the position where they can now have access to many thousands of people who were formerly directed exclusively into legitimate medical channels by the restrictions of their insurance coverage.

Other bills passed by the legislature which will affect physicians include SB 51 raising the annual license renewal fee from \$7.00 to \$15.00 — and under this bill the renewal fee may be increased to a maximum of \$25.00. HB 153, the Comprehensive Health Planning Act of 1971, requires a certificate of need for any hospital construction or addition which amounts to \$100,000.00 or more. The effects of this bill are somewhat uncertain at this time, but it appears to me that it is bound to delay and perhaps even prevent new hospital construction that groups of physicians and individual hospitals feel to be important. Then we have a new Industrial Insurance law which will affect physicians, both as employers and as physicians, with new rules and penalties for failure to comply with the rules—but this law alone would require more than my allotted space to describe its many adverse points.

What can we do to prevent such legislation from being passed in the future? Our Society must acquaint the legislators from our area with our membership, the services we provide, our problems and our needs. Before the legislative session begins, we must contact legislators individually, invite them to meetings of our Medical Society and specialty organizations and we must all write to our legislators during the session when legislation affecting our profession is proposed. Letters *do* have an effect! And last, but far from the least, we must support AMPAC which must have adequate financial support if it is going to be able to do the job for which it was intended.

—ROBERT W. FLORENCE, M.D.

August Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 Mary Bridge Cardiac Conf. 5:30 p.m.	3 C.P.C. of Mary Bridge 8 a.m.	4	5 Gastrointestinal Conference— St. Joseph's 8:15 a.m.	6 Tumor Board 7 a.m.—Allenmore	7
9 Mary Bridge Cardiac Conf. 5:30 p.m.	10 C.P.C. of Mary Bridge 8 a.m.	11	12 Pulmonary Conf. St. Joseph's 8:15 a.m. St. Joseph's Hosp. Trauma Conf. 7 a.m.	13 Tumor Board 7 a.m.—Allenmore	14
16 Mary Bridge Cardiac Conf. 5:30 p.m.	17 C.P.C. of Mary Bridge 8 a.m.	18	19 Renal Conference St. Joseph's 8:15 a.m.	20 Tumor Board 7 a.m.—Allenmore	21
23 Mary Bridge Cardiac Conf. 5:30 p.m.	24 C.P.C. of Mary Bridge 8 a.m.	25	26 C.P.C. of St. Joseph's 8:15 p.m.	27 Tumor Board 7 a.m.—Allenmore	28
30 Mary Bridge Cardiac Conf. 5:30 p.m.	31 C.P.C. of Mary Bridge 8 a.m.				

IN MEMORIAM



Woody Niethammer

"No man is an *Iland* intire of itselfe: every man is a peece of the *Continent*, a part of the *maine*; if a *Clod* bee washed away by the *Sea*, *Europe* is the lesse, as well as if a *Promotorie* were, as well as if a *Mannor* of thy *friends* or of *thine owne* were; any man's *death* diminishes me, because I am involved in *Mankinde*: And therefore never send to know from whom the *bell* tolls; It tolls for *thee*."

Out of Michigan, out of Ohio, out of Illinois, out of Iowa, we came. Woody Niethammer, Phil Kyle, Cy Ritchie, Jerry Kohl. The year was 1928. We interned together at Tacoma General Hospital that year. Big Ten rivals. Young, energetic, enthusiastic and hard working. Our faces were eager, unlined, we were competitive. We were spirited, we were cooperative, intent on learning. The year was productive. Afterward we went our different ways. All, I feel, have been successful in their careers. Kyle, Ritchie and myself, like Lincoln, were taught by our fathers to work and, like Lincoln, our fathers did not teach us to love it. With Woody it was different. He not only was taught to work he also was taught to love work, or perhaps he taught himself to love it. He gloried in his profession, was very exulted in being a doctor. He was proud of his achievements in medicine which were considerable, as we all know. He had a huge following. We of the "old guard" recognized his studiousness and continuing effort to improve himself. He had high esteem for his colleagues and was devoted to his patients. Work was his life. Outside activities did not intrigue him. He liked athletics but seldom participated. Golf, fishing, skiing, tennis took too much time from his busy practice. He enjoyed being a spectator. He kept informed through the sports columns and he was always willing to lay a bet on Michigan during football season — and, I think, he saved all his winnings. Mostly at my expense. Over forty years in practice, over forty years our friend. A friend always loyal and dependable. Those years have taken their toll of all four of us. We now are stern and quiet men marked and scarred by the business of living. Finally Woody has left us. The first to go. We will miss him as will those who knew him best.

"Never send to know for whom the bell tolls: it tolls for thee!"

—JERRY KOHL, M.D.

Insure Your Girl For On-Job Injury; That's An Order!

Up to now, the only physicians who have shown much interest in Workman's Compensation cases have been those who treat cases of trauma. However, the picture is changing.

Every physician will soon need to know something about workman's compensation coverage, since beginning on January 1, 1972, each physician will be required to provide Workman's Compensation coverage for every office employee. This results from action taken by the State Legislature. Forms for this purpose will be sent out by the Department of Labor and Industries. The new insurance may be started on any one employee at any time now, but will be a definite requirement after January 1, 1972.

County Society Alert To Challenges of New Patterns of Practice

The importance of organized medicine at the local level participating in planning the mechanisms for delivery of medical care was one of the major items discussed and stressed at a meeting of the planning committee of the Pierce County Medical Society on Wednesday, July 14. Dr. James E. Hazelrigg was chairman of the committee and representatives of the Board of Trustees were among the committee members, including Dr. Robert Florence, Society President, and Dr. Les Baskin, President-Elect of the Society. The committee agreed that local doctors must play a role in planning how to provide adequate medical care and not leave this problem in the hands of the various lay groups who are now so active in these fields.

The committee discussed three main facets of the problem. One of these related to the development of new medical facilities, particularly relative to the numerous new hospital building projects that are now under way.

The second item considered was the Health Maintenance Organization concept which is being formulated in many parts of the county and at a national level. It would seem that some of our own local groups, such as the Pierce County Medical Bureau and the Western Clinic, might play roles in formation of an HMO in this area.

The third item discussed was the degree of efficiency and adequacy of medical care provided by the various free clinics of different types that have appeared in the community.

The purpose of the planning committee was to establish policies of the medical society in these various realms. Reports on these subjects will be presented in future *Bulletins*.

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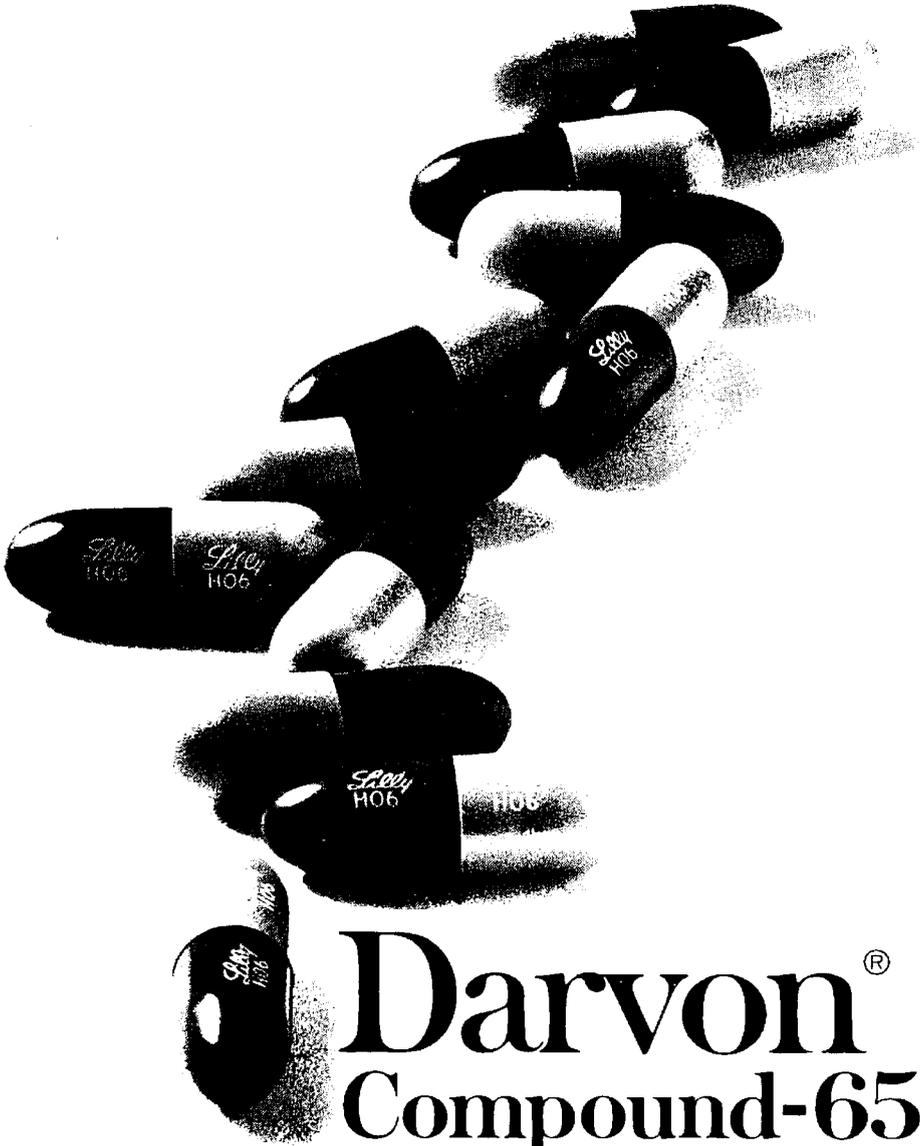
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NATIONAL PARAMEDICAL ORGANIZATION OPENS TACOMA OFFICE

HOMEMAKERS INC., The Upjohn Company's new home and health care service firm, has opened offices in Tacoma at 950 Pacific Ave., Suite 507, Rust Bldg. It provides household and paramedical personnel for private duty nursing, geriatric care, hospital staff relief, live-in companions, housekeeping and home management. Each office maintains a staff of insured and bonded employees, qualified to meet individual requests for service from physicians, private individuals or health institutions.

Homemakers assumes all administrative functions of payroll, withholdings, taxes, insurance and bonding and billing for the service performed. With the Homemakers system, the need or degree of supportive skills required for home convalescence is determined by the patient's attending physician. Homemakers relates the skills possessed by an employee to the services prescribed. As recuperation progresses, or the status of the convalescent changes, the skills and services offered by Homemakers also change in accordance with the physician's decision.

In this way, the recuperating patient may assume normal functions as allowed by the attending physician without bearing the burden of unnecessary and more expensive care. The system also frees professional skills and supportive services as quickly as possible for other duty — but continues to provide paraprofessional personal and household services until health is restored.

Inquiries regarding special situations are invited by our Tacoma Office's Service Director, Miriam R. Morris, R.N., and Co-ordinator Marylou Oyler.

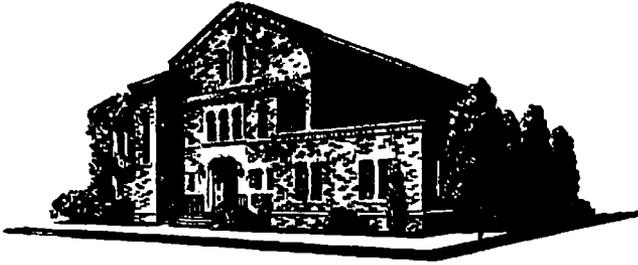


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EDITORIALLY SPEAKING

At the kind invitation of the administration of Tacoma General Hospital, I recently attended a meeting of Western Federation of Hospitals. This meeting was devoted to a workshop aimed at explaining the recently enacted Standards of Medical Joint Commission on Accreditation of Hospitals. The attendance at the meeting was impressive and the auditorium of the Olympic Hotel in Seattle was full.

The Joint Commission set seven Standards for the Medical Staff of Accredited Hospitals and at the meeting each one of the Standards was interpreted in detail by the Joint Commission Staff Personnel. The seven Standards are reproduced without comments in another portion of this *Bulletin**. It is hoped that all physicians will have an opportunity to read them and ponder over them. It will be readily noted that the Joint Commission establishes several new principles.

Thus continuing medical education activity becomes obligatory for all accredited hospitals. Here in Pierce County suitable programs are already in existence. It is to be hoped that they will be able to remain in their present form without any fragmentation and that ever increasing members of the hospital medical staffs will attend the sessions. In another new standard the Commission sets stringent requirements for medical audit procedures, including the need for defining criteria of good care. It is perhaps not too much to hope that the criteria will be laid down uniformly for all the hospitals in Pierce County and that they will not vary from one local institution to another. This unification will follow the lines mentioned on the Presidential page of last issue of the *Bulletin*. The commission's criteria underline the importance of clear documentation of all events that take place in the hospital together with documentation of all diagnostic and treatment considerations. The obligations of the nursing staff in this respect are clearly underlined.

As one reads the standards one rapidly becomes aware of repeated exhortations to maintain evaluations, education, auditing, etc. It is perhaps to be regretted that the Joint Commission on Accreditation of Hospitals did not see fit to restate the clear principal that the primary function of any physician in any hospital is to take care of patients, to provide for their needs and to "make them feel better". Without such a restatement an unsuspecting physician may think that as long as he records, educates and audits his role in the hospital will be fulfilled.

—MARCEL MALDEN, M.D.

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As patient loads get heavier, as new third-party payment plans are introduced and as pressures from other sources increase, great numbers of physicians are looking for new methods that will provide all the information needed to make prompt, accurate judgments while assuring the patients receive the proper attention they seek.

The Rocom Medical Management System -- a carefully developed, thoroughly tested system -- serves just such a purpose.

One component -- The Rocom Health History System -- is described in detail on the next page. You can obtain complete information about all components by sending us the postpaid card attached to this insert.

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A basic screening history is a most important diagnostic tool, but taking one can use up at least 20 minutes of your valuable office time. With the Rocom Health History System, your patient does the time-consuming work by filling in the answers prior to the appointment. You begin the examination with a completed summary ready for your evaluation, and you can concentrate immediately on current complaints.

You get an immediate picture of the patient's past and present personal and medical history plus the family medical background. Only positive responses transfer to the summary sheet, so you can relate one body system complaint to another and determine at once the areas that demand your extended probing and prompt attention.

Your patient fills out his part of the questionnaire like this:

Your summary sheet shows this:

- | | | | | |
|--|-----|-----|----|-------------------------------------|
| 58. Is your nose often stuffed up? | 058 | Yes | No | <input checked="" type="checkbox"/> |
| 59. Do you often have a running nose? | 059 | Yes | No | <input checked="" type="checkbox"/> |
| 60. Do you ever have sneezing spells? | 060 | Yes | No | <input checked="" type="checkbox"/> |
| 61. Do you have frequent head colds? | 061 | Yes | No | <input checked="" type="checkbox"/> |
| 62. Does your nose often bleed for no reason at all? | 062 | Yes | No | <input checked="" type="checkbox"/> |
| 63. Do you frequently have a sore throat? | 063 | Yes | No | <input checked="" type="checkbox"/> |
| 64. Has a doctor told you that your tonsils are enlarged? | 064 | Yes | No | <input checked="" type="checkbox"/> |
| 65. Is your voice often hoarse? | 065 | Yes | No | <input checked="" type="checkbox"/> |
| 66. Do you wheeze or have to gasp to breathe? | 066 | Yes | No | <input checked="" type="checkbox"/> |
| 67. Are you bothered by frequent coughing? | 067 | Yes | No | <input checked="" type="checkbox"/> |
| 68. Do you cough up a lot of phlegm (thick spit)? | 068 | Yes | No | <input checked="" type="checkbox"/> |
| 69. Have you ever coughed up blood? | 069 | Yes | No | <input checked="" type="checkbox"/> |
| 70. Do you have frequent chest colds? | 070 | Yes | No | <input checked="" type="checkbox"/> |
| 71. Do you have soaking night sweats? | 071 | Yes | No | <input checked="" type="checkbox"/> |
| 72. Are you troubled by heartburn? | 072 | Yes | No | <input checked="" type="checkbox"/> |
| 73. Do you feel bloated after eating? | 073 | Yes | No | <input checked="" type="checkbox"/> |
| 74. Are you troubled by frequent belching? | 074 | Yes | No | <input checked="" type="checkbox"/> |
| 75. Do you suffer discomfort in the pit of your stomach? | 075 | Yes | No | <input checked="" type="checkbox"/> |
| 76. Do you easily become nauseated (feel like vomiting)? | 076 | Yes | No | <input checked="" type="checkbox"/> |
| 77. Have you ever vomited blood? | 077 | Yes | No | <input checked="" type="checkbox"/> |
| 78. Is it difficult or painful for you to swallow? | 078 | Yes | No | <input checked="" type="checkbox"/> |
| 79. Are you often constipated? | 079 | Yes | No | <input checked="" type="checkbox"/> |

- NOSE and THROAT
- congested nose
- running nose
- sneezing spells
- head colds
- nose bleeds
- sore throat
- enlarged tonsils
- hoarse voice
- RESPIRATORY
- gasps or wheezes
- coughs frequently
- coughs phlegm
- coughs blood
- chest colds
- night sweats
- DIGESTIVE
- heartburn
- bloated stomach
- belches
- stomach pains
- nausea
- vomited blood
- difficulty swallowing
- constipation

You determine at once the areas that need your attention.

The 129 carefully chosen questions (arranged by body system) provide an integrated look at all complaints with the assurance that important screening questions have been covered. The summary immediately gives you your leads.

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A special, permanent instruction booklet gives your staff specific instructions about how you want incoming calls handled.

Appointment System

Customizes your own schedule to fit patient flow. Helps eliminate slack periods and jam-ups in your waiting room.

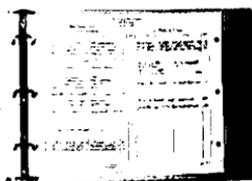
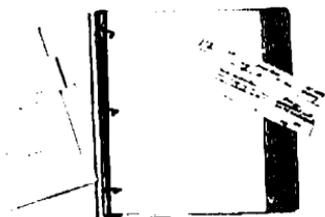
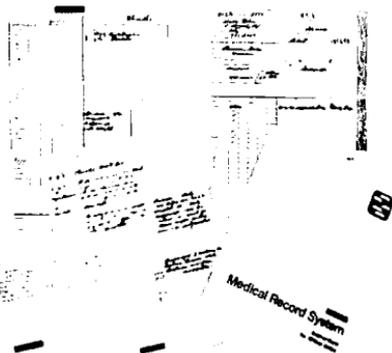
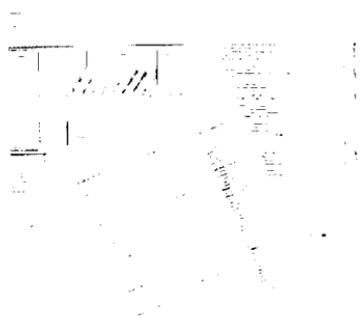
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The mission of Rocom -- the health education and information division of Hoffmann-La Roche Inc. -- is to provide the newest and most worthwhile developments in education, technology and management for both medical and paramedical groups.

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Now, the Rocom Medical Management System is available to help improve patient care and provide more efficient use of office time.

The establishment of Rocom presents an exciting new opportunity for Hoffmann-La Roche Inc. to be of continued service to those engaged in the health field.



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STANDARDS FOR HOSPITAL ACCREDITATION

(The following Principale and Standards are quoted from the newest 1970 *Accreditation Manual for Hospitals*. For editorial comment, see the *Bulletin's* editorial page.)

Principle

There shall be an organized medical staff that has the overall responsibility for the quality of all medical care provided to patients, and for the ethical conduct and professional practices of its members as well as for accounting therefor to the governing body.

Standards

I. Each member of the medical staff shall be qualified for membership, and for the exercise of the clinical privileges granted to him.

II. The medical staff shall be organized to accomplish its required functions; it shall provide for the election or appointment of its officers, executive committee, department heads and/or service chiefs.

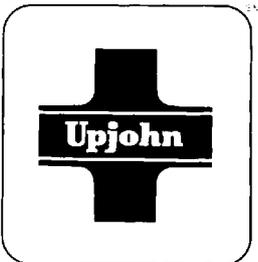
III. The medical staff organization shall strive to create and maintain an optimal level of professional performance of its members through the appointment procedure, the delineation of medical staff privileges and the continual review and evaluation of each member's clinical activities.

IV. The medical staff shall participate in the maintenance of high professional standards by representation on committees concerned with patient care.

V. There shall be regular medical staff and departmental meetings to review the clinical work of members and to complete medical staff administrative duties.

VI. The medical staff shall provide a continuing program of professional education or give evidence of participation in such a program.

VII. The medical staff shall develop and adopt by-laws, rules and regulations to establish a framework for self-government and a means of accountability to the governing body.



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NOTES ON TRAUMA

Please Don't Batter My Child

The story that is about to unfold is true. Because of the astuteness of all the physicians in attendance the child involved was salvaged from fate (death), that had befallen many other children in similar circumstances. The child's last name will be omitted to avoid recognition.

Bobby was born four years ago to parents who were estranged but not divorced. The mother was involved with a paramour who was subsequently found to be responsible for much of the traumatic involvement of the child.

Three years ago Bobby was treated in a local Hospital for a fractured femur which was stated to be the result of a fall from a crib. A laceration of the chin allegedly from a slip in the shower stall was treated a year later and a second laceration of the chin, asserted to be the result of a fall out of a high chair, was sutured two months after that.

Bobby's next injury resulted from contusion to his forehead by the automobile wind shield following a sudden stop.

The revelation of the true cause of his multiple and repeated injuries began with an emergency room visit early this year. At this visit Bobby was noted to have an old recent fracture of the right clavicle. He was treated and released. Three days later he was again brought to the emergency room with pain in the right shoulder and multiple hematomata of his head. The attending physician suspected a battered child syndrome. Neurological evaluation was negative. The child had been vomiting for 3 days.

Because of the history of multiple injuries the radiologist requested per-

mission to make skeletal surveys which disclosed considerable interesting information. The fracture of the clavicle had renewed. There was an almost completely healed fracture of the left 7th rib and the abdominal films showed evidence which, with further follow-up films, proved the presence of a duodenal hematoma with obstruction. Conservative management, as seen on further follow-up x-rays, resulted in resolution of the hematoma and obstruction. Bobby gradually improved.

Investigation by authorities in Child Welfare brought out cruelty by the mother but more so by the paramour. Bobby became a ward of the court and presently is in custody of the maternal grandmother. Bobby is an only child. His further custody will be reviewed by the court. Because of some questionable evidence in some of the traumatic episodes, prosecution of the mother and paramour was not carried out.

—LEO AUNEST, M.D.

Tumor Board Continues Through Summer

The Pierce County Medical Society Tumor Board continues to meet every Friday at Allenmore Hospital Conference Room at 7 a.m. This Conference has not been cancelled for the summer as it provides a continuous service to physicians who are using the services of the Tumor Board in daily care of their patients with neoplastic disease.

The attendance at the Tumor Board continues to be excellent even though many physicians are taking their deserved time off for vacations with their families during the summer months.

Long Wait Over For New TG Cafeteria; Employees Helped

After a wait of nearly four long years to try the new cafeteria at Tacoma General Hospital, nurses and employees there have two reasons they enjoy the experience. First, it's a pleasant and luxurious setting in which to enjoy good food. Second, they helped pay for it.

It was in 1968 that the cafeteria was "temporarily" vacated and moved over into the Jackson Hall basement recreation room. During that time, nurses, employees, and doctors worked up a little extra appetite taking the long walk through the tunnel every coffee break or mealtime. As the work went on in the original area, the situation became more complex. Money that employees donated for "something special" for the hospital was used to buy the tables, chairs, chandeliers, and the rich-looking oak panelling that now covers the walls. With these items purchased, Paul Gingrich, hospital architect, was faced with the task of designing a room that fit the furniture and fixtures, instead of the usually vice versa procedure.

Hospital employees also provided the carpeting for the new dining room. The main dining area seats 130, approximately the same number as could be seated at the temporary Jackson Hall location, but there are two committee meeting rooms, the walls of which can be folded away to make the total seating capacity 160. Besides the dining area and the cafeteria line, the new area also included new dishwashing facilities and the office of Miss Fulkerson, who still heads up the large staff of dieticians.



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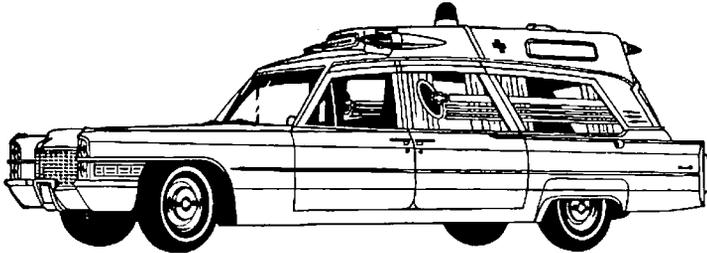
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- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning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

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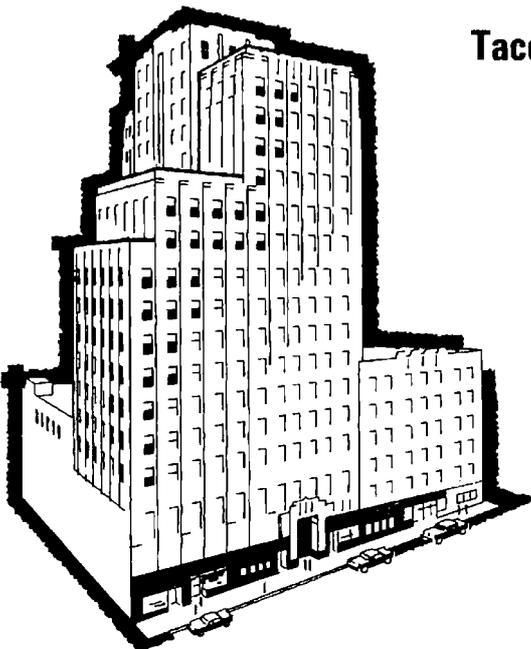
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MONTHLY MEETINGS

- 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
2nd Monday of February, May, August, November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each month except June, July and
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

SEPTEMBER 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 9



New Rule
ffects You
In Sept. 15!
See Page 17)

PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
SEPTEMBER 14**

Pierce County Medical Society

1971

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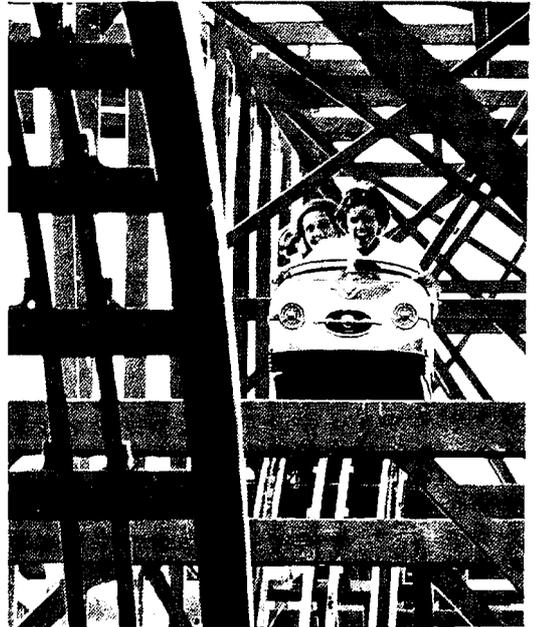
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COVER PICTURE: Puyallup Fair starts
September 18th

Photo courtesy of DR. GLENN McBRIDE

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House

Roy A. Virak, Chairman

PLAN TO ATTEND

September 19, 20, 21, 22, 1971

The 82nd Annual Convention of the Washington State Medical Association will be held at the Olympic Hotel, Seattle, September 19-22, 1971.

The House of Delegates will meet at 1:30 P.M. on Sunday, September 19, with its final Session to begin Wednesday morning, September 22. Reference Committees meet Monday and Tuesday. Scientific Program Monday, Tuesday and Wednesday. Scientific and Technical Exhibits Sunday through Wednesday with Golf and Tennis Tournaments on Monday.

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President's Page

Baseball season is coming to a close at the time of this writing, and football season is coming soon. These two great sports attract many spectators, both to watch the games directly or to watch them indirectly on television. The tremendous desire that each spectator has for his team to win is usually expressed quite emotionally, particularly by those attending the game in person. It is little wonder, therefore, that this same emotionalism has spread to the Little League teams, and the pressure placed on these teams and their immature players to win is resulting in physical and emotional damage to the players.

When various competitive athletic programs were established by different community agencies many years ago, it was their plan to take underprivileged children off the streets, provide supervision to safely develop their athletic activities, and teach them fair play. The desire of the coach or supervisor to see his team win has caused these programs to stray from their original objectives. Parents must also share in the blame for the exploitation of these children. The boy who gets to play is the boy with the ability, and not the boy who is interested in learning, but just can't deliver.

A study of boy baseball pitchers from 9 to 14 years of age revealed definite joint changes in the elbows of all of them, but these changes were present in only a few of the other players. This has resulted in the recommendation that no youngster be permitted to pitch more than two or three innings per game, and that the curve ball be outlawed for all pitchers under the age of 14 years.

Slightly over 50% of all athletic injuries occur in football. Injured knees and epiphyseal injuries are on the increase in this age group, largely because it is not realized by the coaches, parents, and the boys themselves that they are not adults, and their structures are not developed to the point where they can take the brutal forces applied in this rough game.

It seems time to review and, as physicians, to push for implementation of the recommendations published in PEDIATRICS in October 1968, which are:

1. Proper physical conditioning.
2. Conduct of the sport:

- (a) competent teaching and supervision with regard for the relative hazards of each particular sport;
 - (b) modification of rules, game equipment and facilities to suit the maturity level of the participants.
 - (c) qualified officials.
3. Careful grouping according to sex, weight, size, skill and physical maturation when indicated.
 4. Good protective equipment, properly fitted.
 5. Well-maintained facilities suitable for the sport involved.
 6. Proper delineation of the spheres of authority and responsibility for school administration, family, sponsor, physician, coach and athlete.
 7. Adequate medical care.

The program for interschool or community athletics should include these additional requirements:

1. Participation limited to children in the upper elementary grades.
2. Parental permission for each child.
3. Qualified leadership for the planning and conduct of competitive athletic programs for children.
4. Schedule of contests (frequency and hour) appropriate for children of this maturity level.
5. Activities limited to a neighborhood or community basis without playoffs, bowl contests, or all-star contests, and
6. Avoidance of undesirable corollaries to organized competitive athletics, such as excessive publicity, pep squads, commercial promotion, victory celebrations, elaborate recognition ceremonies, paid admission, inappropriate spectator behavior, high pressure public contests, and exploitations of children in any form.

—ROBERT W. FLORENCE, M.D.

September Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 Gastrointestinal Conference— St. Joseph's 8:15 a.m.	3 Tumor Board 7 a.m.—Allenmore	4
6 Tacoma Orthopedic Society—6 p.m. Mary Bridge Cardiac Conf. 5:30 p.m. Pierce County Chapter AACP 6:30 p.m.	7 C.P.C. of Mary Bridge 8 a.m. Staff of Tacoma General 6:30 p.m.	8	9 Pulmonary Conf. St. Joseph's 8:15 a.m.	10 Tumor Board 7 a.m.—Allenmore	11
13 Staff of Good Samaritan 6:30 p.m. Mary Bridge Cardiac Conf. 5:30 p.m.	14 C.P.C. of Mary Bridge 8 a.m. PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	15 Staff of Lakewood General Hospital 6:30 p.m.	16 Renal Conference St. Joseph's 8:15 a.m.	17 Tumor Board 7 a.m.—Allenmore	18
20 Staff of Allenmore Hospital 7 a.m. Mary Bridge Cardiac Conf. 5:30 p.m. Staff of St. Joseph's 7:30 p.m.	21 C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club—8:30 a.m.	22	23 St. Joseph's Hosp. Trauma Conf. 8:15 a.m. C.P.C. of St. Joseph's 8:15 p.m.	24 Tumor Board 7 a.m.—Allenmore Staff of Mary Bridge 12:15 p.m.	25
27 Mary Bridge Cardiac Conf. 5:30 p.m. Pierce County Chapter AACP— 6:30 p.m.	28 C.P.C. of Mary Bridge 8 a.m. Tacoma Acad. of Internal Medicine 6:30 p.m.	29	30 Medical Therapeutics— St. Joseph's 8:15 a.m.		

Sept. 14 Meeting To Air Hot Issues For WSMA Session

Usual and customary fees, peer review, public assistance programs, access to contraceptives, pollution control—these are only a few of the issues that your delegates will meet head-on at the 82nd annual meeting of the Washington State Medical Association in Seattle, September 19-22, 1971, at the Olympic Hotel.

According to President Bob Florence, Pierce County will have its full quota of 7 delegates on hand at the 1st House of Delegates session on Sunday, Sept. 19. In order that the in-pur of the Pierce County Delegates will adequately reflect the sentiments of a majority of the local members, Dr. Florence has again set up the September 14th Society meeting so that pertinent issues may be reviewed before the membership.

You Can Sound Off

Any individual member of the Society has two excellent opportunities to help formulate the policies of the Washington State Medical Association. The first chance is at the Sept. 14 meeting, when he can let the Pierce County delegates know how he feels. The second opportunity is at the meetings of the Reference Committees at the time of the State meeting. There, any WSMA member can express himself freely to the reference committee members. Reference committees will meet on Monday, September 20, from 2:00 to 5:00 p.m., and on Tuesday, September 21, from 9:00 a.m. to 11:45 a.m. If necessary, they will meet again Tuesday afternoon at 2:00 p.m.

Scientific sessions will be held for three days, starting on Monday, Sept. 20, including general scientific sessions and specialty sessions. Most of the specialty societies will again hold luncheons on Tuesday noon. The annual golf tournament will be on Monday.

Family Banquet Sunday

The annual no-host family banquet will be held on Sunday evening, September 19, honoring 50-year practitioners in the State Association. On Tuesday evening, there will be a reception honoring Dr. Peter T. Brooks of Walla Walla, incoming President of the Association, and Mrs. Roscoe S. Mosiman of Seattle, incoming President of the Women's Auxiliary.

Delegates from Pierce County Medical Society to the State House of Delegates are Les Baskin, Bob Florence, Ken Graham, Herman Judd, Ed Kanar, Bob Osborne, and Charles Reberger. Also voting in the House of Delegates, by virtue of their membership on the State Board of Trustees, are Del Lambing, Jim Hazelrigg, and Stan Tuell.

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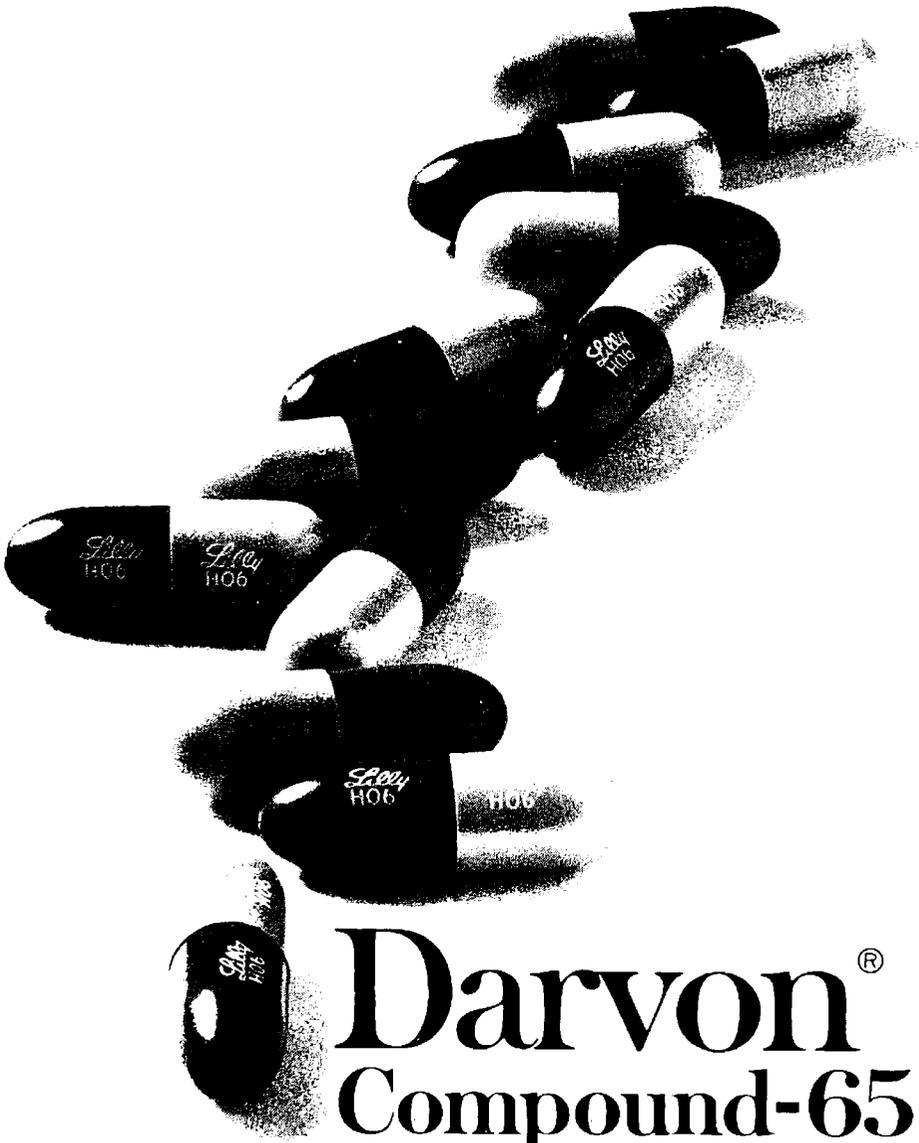
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Two Holes-In-One Same Day; Johnson And Weber Euphoric

Two honest-to-goodness holes-in-one in one tournament! That was the big news item that over-shadowed all other feats at the annual Physician-Dentist golf tournament at the Oakbrook Golf and Country Club on Friday, July 30. The heroes of the day were Doctors Bob Johnson of Tacoma and Don Weber of Sumner, both general practitioners.

Some of the other big golfing names from medical and dental circles came through in conventional style, even though they were in the also-ran category compared to the feats of Weber and Johnson. As usual, Dr. Marsh Whitacre blasted the ball farther than anybody on the two fairways marked for "longest drive". Tied for low gross in the field of 51 golfers were two dentists—John Harbottle and John Lordahl, each with a 72. The latter also took the award for low net with his 72-6—66. The physicians' "traveling trophy" went to Sam Adams with his 79-12—67.



Dr. Don Weber dashed right home to show son Chris how he did it.



"Happy Bob" poses with two witnesses of his feat—Dentists Jack Fewell and brother Ted Johnson.

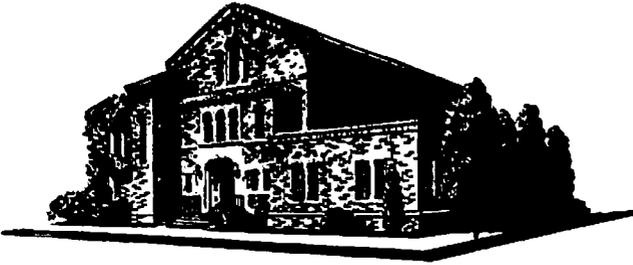
Bob Johnson was just chipping up to the green on No. 3 when he heard a holler from the 4th tee. That was when Don Weber plunked in his 163-yard shot off the tee. Johnson waited until the 16th hole to duplicate Weber's feat. His was a 168-yard iron shot that hit the green 10 feet from the cup and trickled on in.

Just how well Weber and Johnson did on their total scores for the day was a statistic that was hard to get. But who cares!



Dr. Bob Johnson kisses his hole-in-one ball.

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PIERCE COUNTY MEDICAL SOCIETY MEETING

Medical Arts Building Auditorium

Tuesday, September 14

PROGRAM - - - 8:15 P.M.

**DISCUSSION OF HOT ISSUES TO COME
BEFORE THE WSMA ON SEPT. 19-22**

• • • • •

Social Hour: 6:00

Dinner: 6:45

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Sept. 19-22, 1971

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**GET SOMETHING OUT OF IT
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To The Editor:

In response to federal promotion of the pre-paid HMO concept of medical care, it has been suggested that the Pierce County Physicians organize their health care to fit this pattern. Specifically, it has been suggested that the Pierce County Medical Bureau establish itself as a prepaid full coverage contractor for medical care under the HMO concept. This was first proposed at a recent special meeting of the PCM Society health planning committee.

This proposal, if adopted, could eventually result in some very far-reaching changes in medical care. It deserves urgent and thoughtful consideration *now* because if once established I believe it will prove practically irreversible. Among the chief reasons advanced in favor of this is the fear that some such change is soon to be forced upon us and our patients whether we like it or not and that by taking the initiative in this same direction now, we will be able to maintain more control. A second reason is the belief by some that such a plan would make available medical care to a group of Pierce County residents who are relatively "outside the system" for routine care as opposed to those who presently have excellent private medical care.

I am writing to express my own doubts about this proposal and to suggest some alternatives. First of all, the present system of medical care in Pierce County is not basically bad. It is very good! Therefore, I believe we should address our efforts to identifying the problem areas and to doing what we can to correct them with the existing system. There are medical care delivery problems in this county (no system is or will be perfect) and we share these same problems with the rest of the nation. These problems are basically two:

1. Medical care is expensive and especially at times of prolonged illness, the costs can be beyond the individual's independent means.
2. Not everyone has routine medical care readily available.

In regard to cost, it should be recognized that first class medical care is expensive and that if it is made cheap, it will not remain first class.

The object of change, therefore, should not be to cheapen medical care, but to advertise and promote adequate medical insurance. At present, we have private insurance, State industrial accident insurance, Title 19, Blue Cross, the medical Bureaus and others. This is a confusing array to most people. There are insurance gaps and there is overlapping coverage. I suggest that the Medical Society consider taking an active role in advertising the need for health insurance coverage. Perhaps the Society could also assist the public in the evaluation of specific insurance needs. This could be done through an insurance advisory agency of the Medical Society.

In regard to the availability of medical care, it should be remembered that there is a relative shortage of physicians in the area of "primary care". There are no busier physicians than the men in general practice. Some offices are not taking any new patients, others are limiting the number of new patients seen. Some, despite this, have given special efforts to the groups which feel themselves "outside the system". A pre-paid plan will not somehow multiply the number of physicians and will not alter the ways in which these physicians choose to practice. It cannot solve the problem of a physicians' shortage.

There is presently a study underway, initiated by the Pierce County Health Planning Commission, to try and identify the people who feel "outside the system". This may provide some helpful information. To some degree this group apparently needs education regarding how to use medical facilities and may need education as to the very need for routine health care. At the present these educational services and this primary medical care is being offered by several Society physicians. More help is needed but only an additional number of primary care physicians will be able to provide this.

I believe that Pierce County has a great natural advantage in attracting physicians because of its desirability as a residential area. I suggest that a program to advertise Pierce County to senior medical students and interns interested in general practice be initiated. This could be successful and would be the only effective means of providing greater primary care availability.

There will remain some, however, who, by their own choice, remain "outside the system". And we should recognize that there is a point at which the Medical Society's responsibility to the individual ends, and the individual's responsibility to himself takes over.

Finally, I am not impressed with the argument that some government controlled system will be thrust upon us and that we must now go along in order to maintain any control.

The present push for government control of medicine (of which the government subsidized HMO is the current vogue) is only one part of a general trend toward government assuming responsibility (and control) over more and more of the private individual's problems. This trend is fed by political figures competing to champion various vote generating causes. Our sole obli-

gation is to our patients and we owe nothing to these politicians. We should not and need not accept any changes in our system of practice unless we believe that such changes will ultimately benefit our patients. An unsatisfactory delivery system cannot be forced upon us if a strong majority of us simply refuse to accept that of which we disapprove.

There are medical care problems in this country which we all recognize exist. We are under increasing pressure to show a visible program to help resolve these problems. Our public relations have suffered while we have been preoccupied with providing high quality of medical care. Further thought and full Medical Society discussion is needed to strengthen areas of weakness.

—W. BEN BLACKETT, M.D.

Mark Your Calendar
 Sept 19 thru 22
 Washington State
 Medical Association
 Annual Meeting
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Patient Progress Notes

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- A. Your number code for the patient's problem goes here. In this example, problem #1 is hypertension. On a subsequent visit, you detect diabetes; this is entered as problem #2.
- B. These are your subjective and objective findings.
- C. Here are your plans for treatment and subsequent follow up.
- D. You check important data for your aide to enter into the medical records jacket.

Medical Records Jacket

Vital patient information at a glance

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- A. Here are the patient's problems identified by number (as in the Progress Notes, #1 is hypertension, #2 is diabetes).
- B. Medications are listed below; allergies and sensitivities above.
- C. Tests and results are here.
- D. Other important personal data, immunizations, hospitalizations and special notes are entered on this page.
- E. The color coding on the tab eliminates the likelihood of misplaced files. Any jacket in the wrong location stands out from all the rest.
- F. A convenient numbering system on the reverse side of the tab is used to pinpoint inactive patient records.

Disease Cross-Index Card

A catalog of your chronic disease patients.

This serves as a reference for immediate contact of specific patients. You maintain a card for each of the important chronic disorders, i.e., hypertension, diabetes, chronic respiratory and urinary tract problems, etc. When it is time for flu shots, your aide can pull the cross-index card for bronchitis, emphysema, cardiovascular and other susceptible disorders and ask the patients to stop by the office for their injections. During a slow period in your practice, have your aide schedule some chronic patients for their routine physicals. The cross-index can also be used to recall patients for their annual examinations.

You can also employ the cross-index cards for analyzing your practice and for evaluating the status of patients with the same chronic illness.

Anne Baker

3494

5/20/70 Periodic health exam

6/6/70 Pt found to have hypertension on PE 5/20/70 & symptoms of recurrent headache



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bills ✓



E

F

check
return

Weir, Thomas	2226	4/6/39	7/1/70	UT	190 Lookout	556-8967
Smith, Amelia	3178	8/10/98	8/8/70	UT	234 Arrowhead St.	437-6206
Calhoun, John J.	2397	8/21/33	8/10/70	UT	771 Crittenden Rd.	334-7864

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- C. Here are your p
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- B. Medications are
- C. Tests and resul
- D. Other important special notes a
- E. The color codin Any jacket in t
- F. A convenient n pinpoint inact:

Disease C:

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disorders an During a sl your practice, have your aide schedule some chronic p their routine physicals. The cross-index can also be used t

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Procedures and Contributions
will be turned over to the American Medical Association Education and Research Foundation to help support medical education. Since its inception, AMA-ERF has helped to provide an increasing number of physicians to treat and care for our expanding population.

MEDICAL SCHOOLS

As the country's demand for more physicians increases, the medical schools have had to expand their facilities. AMA-ERF funds are used by medical school deans to help pay faculty salaries; purchase library books, modern equipment and expansion programs; and solve other financial problems for which budgeted funds are not available.

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hospi+

STUDENT LOANS

More than 48 million dollars has been lent to medical students, hospital interns and residents, thru the AMA-ERF Student Loan Guarantee Program. This fund helps needy students meet the staggering financial cost of their medical education. Each dollar in the fund puts another \$12.50 to work in loans made by a commercial bank.

patients to stop by the office for their injections. During a sl your practice, have your aide schedule some chronic p their routine physicals. The cross-index can also be used t

You ca the cross-index cards for analyzing your practice and fo the status of patients with the same chronic illness.

Patient Name: *Anne Baker*

3494

1

5/20/70 *Periodic health exam*

6/6/70 *PT found to have hypertension on PE 5/20/70 & symptoms of recurrent headache*



The Woman's Parkway to the AMA is proud to play an important part in AMA-ERF. Since 1951, our members have raised over \$4,500,000 to support the goals of AMA-ERF.

D
etc. 1



[E]
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Weir, Thomas	2226	4/6/39	7/1/70	UT	190 Lookout	558
Smith, Amelia	3178	8/10/98	8/8/70	UT	234 Arrowhead St.	437-
Calhoun, John J	2397	8/21/33	8/10/70	UT	771 Crittenden Rd.	334-786

Here is how each part of the Rocom™ Medical Record System works:

Patient Progress Notes

The visit-by-visit record of the patient.

- A. Your number
 problem #
 diabetes;
- B. These are
- C. Here are y
- D. You check
 records ja

Medical

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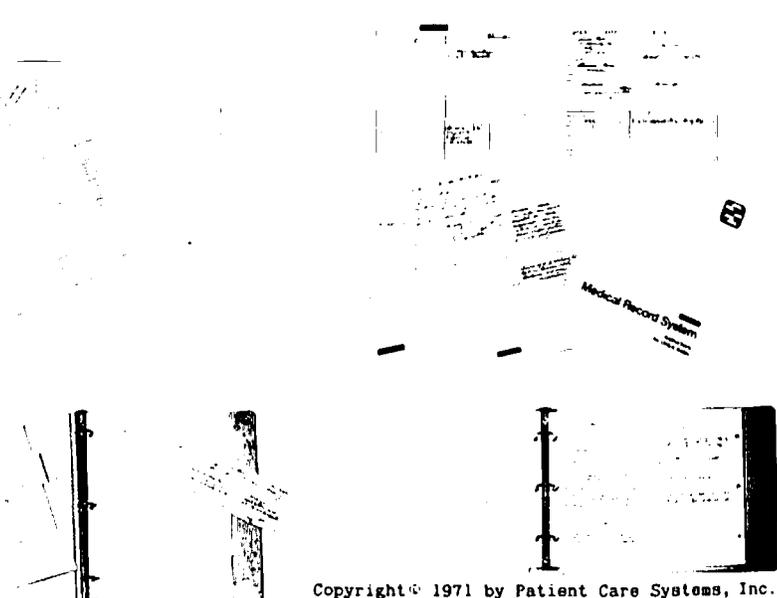
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Nutley, New Jersey 07110



New City-Wide Rule: Pre-op Histories -- Or Cancel Surgery!

Surgeons! Better get those histories and physicals all written up and on the chart before your patient goes to the operating room—or else suffer the embarrassment and inconvenience of having your patient sent back to his room with his surgery undone and scheduled for another day. That'll be the tough new rule, starting on September 15, when the new city-wide policy goes into effect, as agreed upon by the Pierce County Joint Hospital Council.

The "new rule" is hardly new. It's been in the constitution and by-laws of virtually every hospital in town for years, but no hospital has ever succeeded in enforcing it for any significant length of time. But this time it has teeth in it. The joint action of the hospital administrators has the backing of the Medical Staff Executive Committee at the various hospitals. The immediate stimulus for such action was the recent inspection from the representatives of the Joint Committee on Accreditation to Tacoma General and Doctors Hospitals. Dr. Nurnberger and his nurse cohort, Miss Blume, were courteous, thorough, sometimes complimentary, and occasionally critical during their inspections of the two hospitals. Their biggest criticisms zeroed in on medical records—particularly the deficiencies in current medical records on patients in the hospitals. The most glaring and virtually indefensible deficiency was the frequent absence of any evidence of a satisfactory pre-operative

work-up on patients who had undergone major surgery.

Don't Blame Record Rooms

The criticism was obviously aimed at the doctors themselves—and justly so—and not at the medical records departments, where personnel spend a great deal of their time trying to figure out methods to cajole the doctors into getting belated information on the charts—long after it's of any use in facilitating the current care of the patient.

Here's the Rule

Under the new ruling, starting on September 15, each patient going to the operating room for elective surgery must have a history and physical examination recorded on the chart. Also acceptable, in place of the detailed history and physical, will be a statement signed by the physician indicating that he *has dictated* a history and physical, the date and time of his dictation, and a listing of any abnormal findings that might be significant during the pre-operative, operative and post-operative management of his patient. Most hospitals are planning to provide a rubber stamp, or short form, on which the physician may jot down the above minimum requirements in lieu of the complete history and physical.

Note that in any case, the history and physical must be completed *and dictated* before the surgery. The short form is only to be used when the record room has not had time to get the history and physical transcribed and on the chart. Having the patient's history and physical recorded back in the doctor's office, or even in his pocket, is not

adequate. It must be dictated. The rule isn't made only to assure that histories and physicals have been done — its major purpose is to make the information available on the chart for the use of all physicians involved in the patient's care.

To facilitate dictation of pre-operative histories and physicals—or for histories, physicals, op-reports, etc., on any patients, clip out the following list of direct-dial phone numbers and post it by your phone. Each number dials you directly into the dictating machine in the hospital you choose.

So better start now to readjust your habit pattern to conform to the new city-wide regulation that goes into effect on September 15.

Hospital Direct Dictation Lines

Allenmore	BR 2-9935
Doctors	MA 7-8300
Good Samaritan	848-1837
Lakewood	BR 2-9554
Mary Bridge Children's	BR 2-8868
Puget Sound General	GR 4-1000
St. Joseph's	MA 7-9161
Tacoma General	MA 7-5622

Mark Your Calendar
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- 8 James Duffy
- 10 Max Thomas
- 11 Charles Bogue
Lloyd C. Elmer
Marion M. Larsen
Michael Lovezzola
Gordon Parrott
Daniel Thomas
- 12 Myron Bass
- 13 Eldon C. Blizard
Robert O. Brettell
- 16 Francis W. Hennings
- 22 J. W. Bowen, Jr.
- 23 William H. Morrison
Thomas H. Skrinar
- 24 Walter Sobba
- 26 Wouter Bosch
Carl Ekman
- 27 Arnold W. Johansson
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- Becoming more drunk than the "social drinker."
- Losing control over ability to stop drinking after the first drink.
- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
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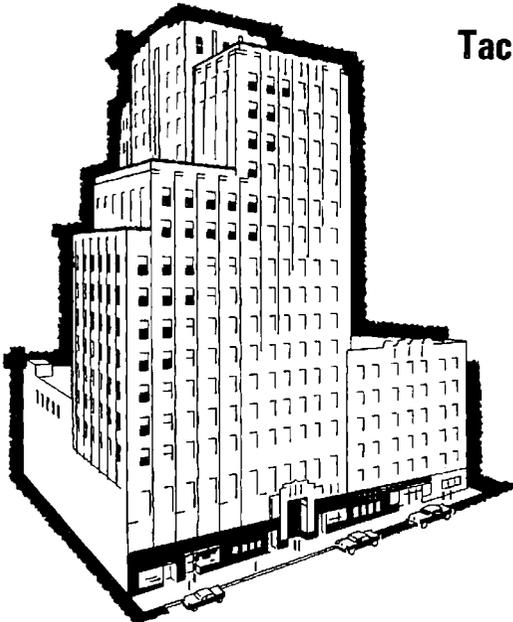
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WOMAN'S AUXILIARY PAGE . . .

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- 1st Vice-President & Program.....Mrs. James Billingsley
(Nancy)
- 2nd Vice-President & Membership.....Mrs. John R. Alger
(Obie)
- 3rd Vice President & Legislative.....Mrs. John Hilger
(Allce)
- 4th Vice-President & Social.....Mrs. Dale D. Doherty
(Marion)
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(Roberta)
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(Helen)
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- Dues Treasurer.....Mrs. Robert C. Johnson
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(Toni)
- Community Health.....Mrs. George Moosey
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- Project Search.....Mrs. J. G. Katterhagen
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(Norma)
- Publicity (Newspaper).....Mrs. J. W. Mandeville
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(Audrey)
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(Judy)
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(Beryl)
- Council on Mental Health.....Mrs. Jay H. Ehly
(Vivian)
- Poison Prevention Committee.....Mrs. John W. Pelly
(Suzanne)
- Assistant to Membership.....Mrs. Ronald C. Gallucci
(Jane)

BOARD MEETING

Now is the time to speak of calendar dates and board meetings.

The first fall Auxiliary Board meeting will be held Friday, September 10, 1971, at Allenmore Medical Center at 10 a.m. See you there.

STATE CONVENTION

Women's Auxiliary to Washington State Medical Association has sent out its official call to convention, September 19 to 22, 1971, at the Washington Athletic Club in Seattle. Delegates to the convention from the Pierce County Medical Auxiliary will be Jeanne Judd, Nadine Kennedy, Suzanne Pelley, Vivian Ehly, Carol Hazelrigg, Genevieve Hansen, Antoinette Bourne, Elsie Schwind and Helen Florence.

The business session, Tuesday, September 21, of State Auxiliary Convention will include in the agenda proposed by-law changes. Kathleen Skrinar of our Auxiliary is the State By-Laws Chairman. She has spent many hours on organization details, and I hope you all read the nice tribute paid Kathleen by the State President in the August issue of *Meadauxnews*.

Nadine Kennedy, Pierce County Auxiliary President, reports that the President's letter to all members you will be receiving was written and mimeographed prior to clarification of the American Medical Auxiliary By-Laws;

therefore, disregard the crossed-out lines in the President's letter, please.

Our Pierce County Auxiliary dues are \$12.00. Of this amount, \$6.50 is sent to the State Auxiliary for each of the county's active, associate and honorary members. \$4.00 of this is forwarded to the National Auxiliary. My advice—pay your dues on time to our treasurer, Betty Johnson, and let her worry for you.

ART AUCTION

Judy Brachvogel and Linda BeMiller, co-chairmen of the Fall Art Auction, have been active this summer. The date has been set, Friday, November 12,

1971, as auction night, and it will be held at Charles Wright Academy. Auxiliary members who are helping Judy and Linda with the plans for a gala event are Marilyn Baer, Obie Alger, Pat-sy Crabill and Genny Hansen.

FUND PROJECT

Beverly Graham is exploring the possibility of the County Auxiliary making and selling first aid kits for hikers, boaters, skiers, etc. All ideas and comments about the feasibility of this fund raising project are welcome.

See you in September.

—NORMA SMITH.

DON'T FORGET !!
WASHINGTON STATE MEDICAL ASSOCIATION
ANNUAL MEETING

Olympic Hotel, Seattle, Wash.
Sunday, September 19, through
Wednesday, September 22

University of Washington School of Medicine 25th Anniversary

The University of Washington School of Medicine will observe its 25th Anniversary in conjunction with the Washington State Medical Association's 82nd Annual Meeting. Activities will begin Saturday, September 18, at the University and continue through Wednesday, September 22, at the Olympic Hotel, Seattle.

The School of Medicine and its alumni are sponsoring the appearances of Senator Warren G. Magnuson, Dr. John Knowles, General Director, Massachusetts General Hospital, and Dr. Louis Lasagna, Professor of Pharmacology and Toxicology, University of Rochester (New York), as part of the WSMA pro-

gram. Governor Daniel J. Evans and University of Washington President, Charles E. Odegaard are among those on the program at the Health Sciences Building, Saturday morning, September 18.

Other highlights of the 25th Anniversary observance on September 18 include:

A Health Sciences Building Open House at the University;

An Alumni-Faculty Dinner Dance at the Washington Plaza Hotel;

Football: University of Washington vs. Purdue.

Many functions of interest and excitement have been planned during this joint observance, all of which are in the "must-attend" category. For full details, consult your Convention Packet, which contains complete information on both programs.

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AMA Cites Positive Legislative Record

WASHINGTON, D. C. — The American Medical Association recently set forth its recent record on legislation—a record that shows statements in support of health care proposals in 31 of 35 appearances in the 91st Congress and support in the present Congress for medical school expansion, increased financial aid to medical students, family practice training programs and full funding for maternal and child care programs.

"It requires a certain strain on the process of human logic to interpret this record as negative," the AMA stated.

The AMA's record on legislation was submitted as part of a 39 page statement filed by the organization with the Subcommittee on Administrative Practice and Procedure of the Senate Judiciary Committee. Subcommittee Chairman Sen. Edward M. Kennedy had charged the AMA with maintaining a negative and obstructionist attitude toward proposals to improve health care in the United States during a hearing by the Subcommittee on July 14.

Bills submitted by the AMA in the 91st Congress included appropriations for hospital and medical facilities construction, appropriations for medical education, drug abuse education and narcotic addict rehabilitation, vaccination assistance programs and regional medical programs.

The AMA opposed as unnecessary the proposed Commission on Marihuana; opposed one version of the Occupational Safety and Health Act of 1969 but supported another version in both the Senate and House; and opposed certain parts of the Social Security Amendments of 1970 while supporting other parts of the bill.

This affirmative legislative stance has been maintained in the present Congress, as many members of the Senate and House—from both sides of the aisle will attest, the AMA noted.

The AMA, in its testimony, pointed out that it has introduced its own proposal for financing health care—Medi-credit — which would provide government subsidized health insurance to the poor and insure against catastrophic medical costs.

"Medi-credit is designed to end for all Americans the burden of expense, and to make all Americans truly equal in their access to all types of medical care," the AMA said.

The organization warned against the "panacea" approach of a massive government health program as recommended by Senator Kennedy.

"We have learned that lesson in welfare and poverty. Must we learn it anew with health care?" the AMA asked.

Regarding specific charges leveled against the organization and doctors generally by Senator Kennedy, the AMA statement termed them "out of date, out of context and out of balance."

"And his conclusion, that doctors act primarily for gain, is outrageous," the AMA report stated.

Contrary to Senator Kennedy's charges, the AMA noted, it does not and has not opposed vaccination programs, group practice, an increase in the number of doctors, private health insurance, government support for medical education innovations in medical school curricula, equal opportunity in medical education or peer review.

The AMA cited its public record and policy statement over the years to refute these charges in detail.

The AMA did object to Medicare at the time of its passage because it believed available government funds should not be used to provide assistance to those who did not need it and because of the unsound actuarial basis on which it was predicted. Premiums have since had to be raised several times to support the program, the AMA noted.

After Medicare became law, both the AMA and doctors generally gave it full support and worked to make the program a success, the report added.

In further response to other testimony before the Subcommittee on the same date, the AMA denied that it was responsible for "major weakening" of the proposals offered in 1964 by the Heart Disease, Cancer and Stroke Commission, which called for 60 regional clinical and care complexes.

Citing the record once again, the AMA pointed out that the legislation was hastily drawn and was submitted to

Congress without sufficient supporting data. This fact was recognized and alluded to by Senator Kennedy himself at the time, the AMA noted.

Two of the Commission's own Subcommittee's had serious reservations about the legislation, the AMA stated, and it was only after AMA officials worked in close cooperation with Johnson Administration officials that the bill was salvaged with an emphasis on pilot projects to test the theories and concepts advanced by the Commission.

The AMA completed its testimony by stating:

"Let us set aside old, worn-out charges. Let us set aside emotional language and political opportunism. Let us, instead, seek together valid and workable solutions to the health care problems that confront us.

"The AMA will support every such effort."



"Doctor, how could you refuse that house call . . . that was your very own wife!"
 Courtesy Medical Society Magazine Group

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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
2nd Monday of February, May, August, November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each month except June, July and
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

BULLETIN

OCTOBER 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 10



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
OCTOBER 12**

Pierce County Medical Society

1971

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Paul B. Smith, Jr.	

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W. Ben Blackett	Kenneth D. Graham, Jr.

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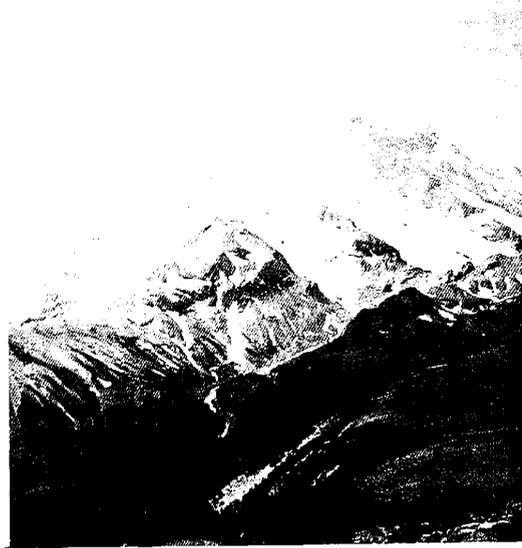
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President's Page

House Bill 355, one of the bills passed by the recent legislature, requires that any health care facility must have a "certificate of need" before any construction or purchase of equipment valued at \$100,000.00 or more can be undertaken. The certificate is issued by the Secretary of the Washington State Department of Social and Health Services or his designee, and it is our present understanding that the Facilities Review Committee of the Pierce County Health Council will form the nucleus of the review body which will make the local evaluation and make recommendations to the state relative to applications for "certificates of need" from this area. This is a subcommittee of the Pierce County Council composed of twelve non-medical members from various sectors of the community, two members of the Pierce County Medical Society and two members of the Pierce County Hospital Council.

We agree that there is need for coordination of health facilities in order to reduce health care costs. The cost of \$12,000.00 per year to maintain an unoccupied hospital bed is a large sum, and while we agree that this non-productive expense should be kept to a minimum, it is a fact of life that hospitals must have some empty beds most of the time in order to take care of predictable and unpredictable rises in illness and injuries. Too often during the past two years an effort to admit a patient with an acute problem has been met with the response from the hospital admitting office. "Sorry, we have no beds".

We are all aware of the increased demand for hospital beds with the advent of Medicare and Medicaid. It now seems likely that we are going to have some type of national health insurance within the next two to four years, and with our hospitals already filled to capacity a large part of the time, the bed shortage will soon be further aggravated.

For several years St. Joseph's and Tacoma General Hospitals have been developing building plans, St. Joseph's to completely replace their obsolete plant and Tacoma General to add beds to accommodate present and near term future demands. The Planning Committee and the Board of Trustees of the Pierce County Medical Society has expressed support for these plans and it is hoped that a "certificate of need" will be granted for both of these projects.

—ROBERT W. FLORENCE, M.D.

ART SHOW AND AUCTION

Presented by the Medical Society Auxiliary

Friday, November 12

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7:30 p.m.

Hors d'Oeuvres and No-Host Bar

Admission: \$2 per person

October Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				<p>1</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Hematology- Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam Med. Ed—8 a.m.</p>	<p>2</p>
<p>4</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tac. Chapt. Am. Psych. Assoc.— Tacoma Orthopedic Society—6 p.m.</p> <p>P. Co. Pediatric Soc.—6:30 p.m.</p>	<p>5</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>6</p> <p>Surg. Conf. TGH 8 a.m.</p>	<p>7</p> <p>Gastrointestinal Conference— St. Joseph's 8:15 a.m.</p>	<p>8</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>9</p>
<p>11</p> <p>Staff of Doctors Hosp.—6:15 p.m.</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p>12</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.</p>	<p>13</p> <p>OB-GYN Conf. TGH—8 a.m.</p>	<p>14</p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p> <p>St. Joseph's Trauma Conf.— 7 a.m.</p>	<p>15</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>16</p>
<p>18</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p>19</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Surgical Club 6:30 p.m.</p>	<p>20</p> <p>Medicine Conf. TGH—8 a.m.</p>	<p>21</p> <p>Renal Conference St. Joseph's 8:15 a.m.</p>	<p>22</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Joint Services Conf.—8:15 a.m. TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>23</p>
<p>25</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Pierce County Chapter AAGP— 6:30 p.m.</p>	<p>26</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Acad. of Internal Medicine 6:30 p.m.</p>	<p>27</p> <p>Path. Conf. TGH—8 a.m.</p>	<p>28</p>	<p>29</p>	<p>30</p>

Tacoma's Scientific Output Up This Year At State Meeting

Pierce County's participation in the scientific program at the State Medical Association's annual meeting tripled this year, thanks to the presentation of papers by Doctors Gale Katterhagen, Marcel Malden and Stan Mueller. Last year in Spokane, only John Hilger presented a paper.

Dr. Katterhagen started the Monday morning session with his presentation on "Staging of Lymphomas." Dr. Malden's paper on Monday afternoon concerned "An Approach to the Problem of Post-Traumatic Neurosis." On Wednesday, Dr. Stan Mueller discussed "The Team Physician and Conditioning."

Tanbara, Johnson Honored By State Medical Association

Two well-known Tacoma physicians earned special recognition and honors at the 82nd annual meeting of the Washington State Medical Association in mid-September. They were Doctors George Tanbara and David Johnson.

Dr. Tanbara received the Association's 1971 Community Service Award from WSMA President Dick Greenleaf in a special ceremony before the House of Delegates on Sunday afternoon, Sept. 19, with his wife, Kimi, beside him on the platform. The Tanbara's three daughters were also present to see their father honored. Son Greg was away at

college. The award was given in recognition of Dr. Tanbara's participation in a multiplicity of civic and medical endeavors.

Dr. David Johnson was honored at the Sunday evening family banquet at the Olympic Hotel, when the State Association awarded him a pin for his 50 years of practice. He still continues in the active practice of obstetrics and gynecology.

Pierce Delegation Shows Full Strength At WSMA Confab

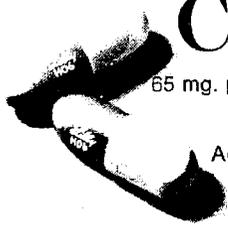
Pierce County had its full voting power present at the final session of the House of Delegates on Wednesday at the annual meeting of the State Medical Association at the Olympic Hotel in Seattle. According to the State constitution, each county is entitled to one delegate for every 50 active members in the County Society, or fraction thereof. For Pierce County, this means 7 delegates.

Delegates were well briefed on the issues to be discussed on the floor of the House, having heard commentaries by fellow members at the County Society meeting the previous week, plus gathering for breakfast together on the morning of the final session in Seattle.

President Bob Florence organized the breakfast caucus for Pierce County delegates. Besides Dr. Florence who, as President automatically serves as a delegate other delegates attending the breakfast session were Doctors Ken Graham, Tom Clark, Ed Kanar, Bob Osborne, Herman Judd, and Vern Larson. Also sitting in at the caucus were State officers from Pierce County, Jim Hazelrigg, Del Lambing and Stan Tuell.



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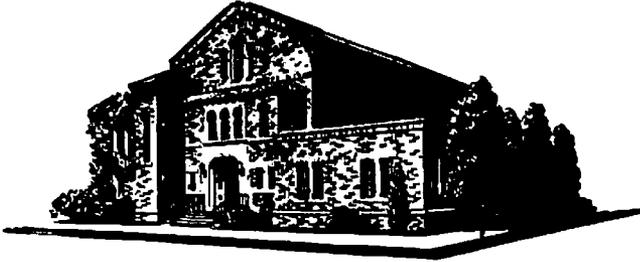


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Tuesday, October 12

PROGRAM . . . 8:15 P.M.

"FACETS OF COMPREHENSIVE HEALTH PLANNING"

Panel Discussion

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Social Hour: 6:00

Dinner: 6:45

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I've crossed the bridge. My arduous path climbs steeply
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into a sea of fog that shrouds it deeply,
where landmarks vanish, all dimensions cease,

where all seems dead but idle accusation,
and storms of self-doubt blow me off my track,
tormenting me with anger, fear, frustration,
while mocking me: "You lost your path. Turn back!"

Turn back, old fool! You can no longer shoulder
your load. Your aim is lost! Admit, you dread
those shrouded heights as you are growing older,
where toil and anguish lie in wait ahead!"

Shall I turn back? forsake my goal, regretting
I ever ventured forth, admit I failed,
On through the fog! and when it lifts, the setting
sun will reveal the mighty peak I've scaled.

—GERHART A. DRUCKER (8-23-71).

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Dr. Hopkins Sends Greetings To Friends

On a recent visit to Santa Barbara, California, it was my pleasure to spend a part of one afternoon visiting with Bess and Dr. Lewis Hopkins. They are living in a beautiful center for retired teachers in the Southwestern part of Santa Barbara. They are both in good health and keep active with their beautiful flower garden and other activities of the center. Dr. Lewis bowls (on the green) nearly every day and occasionally writes poetry, a hobby which he has pursued for years.

Dr. Hopkins was a very conscientious and respected member of our County Medical Society and keeps informed of its news and business through the Bulletin. He was president of the Pierce County Medical Society in 1946. Dr. Lew and his wife send their greetings to their friends in Tacoma.

—FREDERICK J. SCHWIND, M.D.

"ASK YOUR DOCTOR" SCHEDULE

KTNT - TV --- Sundays, 9:30 p.m.

October 10

"HEADACHE"

Dr. George Delyanis, Chairman

October 17

"ENVIRONMENTAL HEALTH CONCERNS
IN THE NORTHWEST"

Dr. Dudley Houtz, Chairman

October 24

"PEDIATRIC SURGERY"

Dr. Charles Galbraith, Chairman

October 31

"HANDICAPPED CHILDREN IN THE SCHOOLS"

Dr. George Gilman, Chairman

November 7

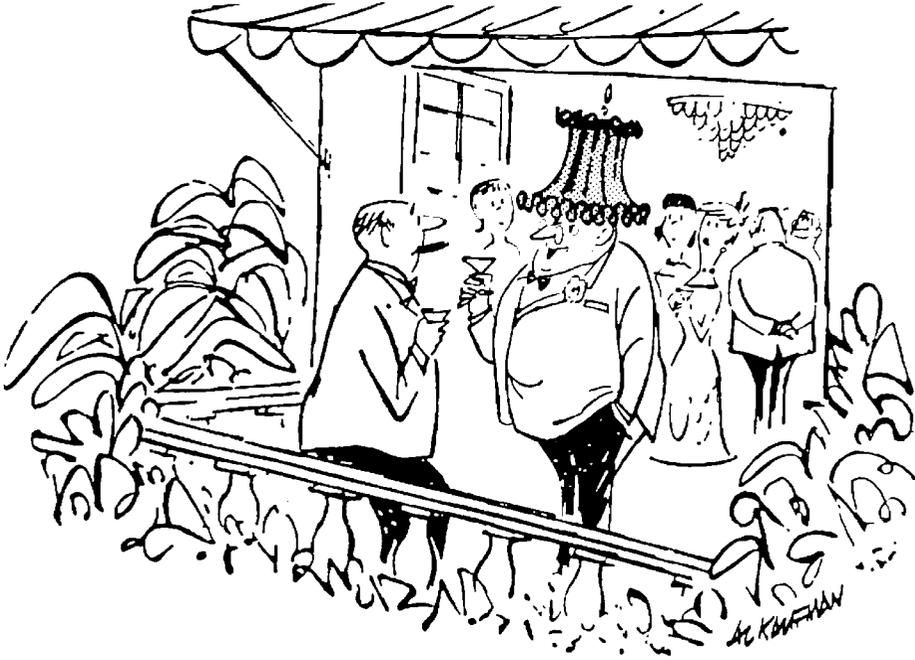
"ATHLETIC INJURIES"

Dr. Stanley Mueller, Chairman



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October Birthdays

- 2 Dudley Houtz
Graham Watkins
- 3 Lester S. Baskin
M. R. Hosie
- 4 E. R. Anderson
Arnold J. Herrmann
- 5 J. Robert Brooke
David F. Dye
Thomas B. Lawley
- 7 Haskel L. Maier
Richard I. Rich
- 9 Ernst Baur
- 10 Donald Nevitt
John Pelley
Dewey Stephens
- 11 Myron Kass
- 12 Robert A. Kallsen
- 13 G. W. Bischoff
Sumiho Wada
- 14 Robert G. Bond
James McNerthney
- 15 Harold Mayer
- 16 Murray L. Johnson
- 17 S. L. Sheimo
C. B. Ritchie
- 19 Marvin L. Bourne
David T. Hellyer
Vincent M. Murphy
- 20 Dumont Staatz
- 21 Buel L. Sever
- 22 James K. Symonds
- 23 Horace A. Anderson
Terrance Tisdale
- 24 Giulio di Furia
- 25 Charles McGill
- 28 Ray L. Miller
- 31 John Kemman
John Srail



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Tacoma physicians were again well represented in the Art Exhibit which has become an important part of the annual meeting of the State Medical Association. Though several media were on display, Tacomans appeared to lean toward wood-carvings for their artistic expression.

Largest wood-carving on display was a portrait, in relief, by Dr. Jim Kenney, showing an old-time sailing vessel under "Full Sail". This contrasted with Dr. Kenney's other carving, which was a comic caricature. Other expert artisans in wood-carving were Doctors Ernest L. Randolph and Ed Kanar, each of whom had at least two artistic carvings on display.

Two of Dr. Wayne Zimmerman's water-colors were on display, and once again Dr. Glenn McBride's skill with his camera was exhibited in the form of several large black and white portraits of a variety of subjects.

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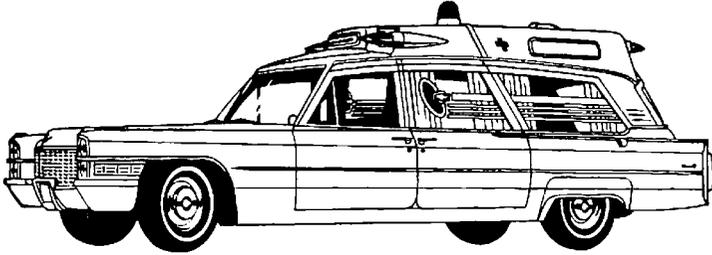
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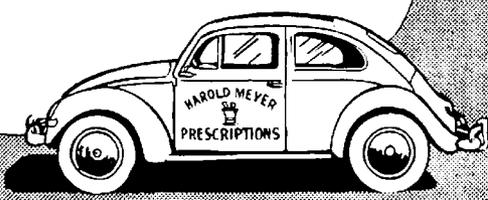
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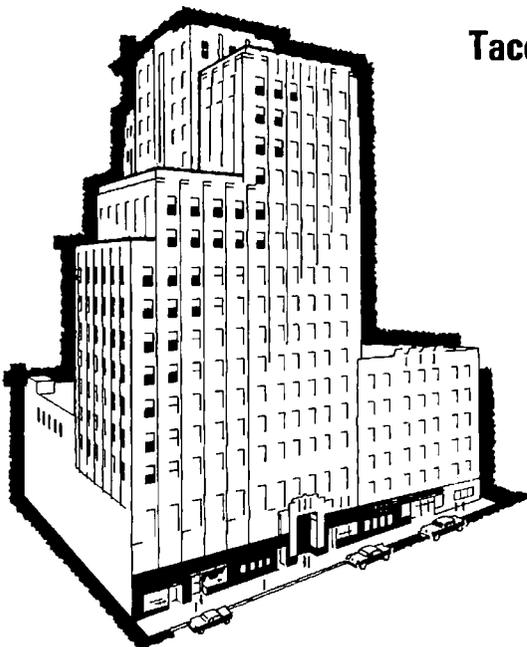
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- Assistant to Membership Mrs. Ronald C. Gallucci
(Jane)

Pierce County Medical Society. They are Mesdames: Ernest Baur, L. A. Brittingham, Robert Glock, Paul W. Hageman, Dale Heinz, John Kemp, R. A. Linblad, Robert Zimmer, Gerald Garrett, Mel Henry, Dick Bowe and Jack Nagle.

ART SHOW AND AUCTION

You are invited to attend an art show and auction presented by the Pierce County Medical Auxiliary at the Charles Wright Academy, The Barn, 7723 Chambers Creek Road West, Tacoma, Washington. This exhibition will feature lithograph, etchings and graphers signed and numbered by Picasso, Dali, Lautrec, Chagall and others. Also, on the auction block will be water colors and oil paintings.

Friday, November 12, 1971, is the big night. Come early and preview the collection at 7:30 p.m. There will be hors d'oeuvres and a no-host bar. Admission is \$2.00 per person.

This exhibition and auction is arranged for fund raising by the Robert Sills Gallery, Los Angeles, California.

BOARD MEETING

There will be a board meeting on Friday, October 22, at 10:00 a.m., lunch will follow, at the home of Mrs. James Stilwell, 1244 South Fairview Drive. Members of the Washington State Medical Auxiliary Board will be guests.

AMAERF

Toni Bourne, AMAERF project chairman, is busy with the annual Christmas projects. Marilyn Baer will assist her with the program. A brief explanation of AMAERF is in the pink inserts; for full details please read the "Christmas Project Letter" on the next page.

FALL LUNCHEON

Friday, Oct. 15, 1971—12:00
 Hostess: Mrs. George Barnes
 5025 - 66th Avenue West
 Program: Mr. William Hagarty,
 a member of the Puget Sound
 Health Planning.

The October 15th general meeting of the Women's Auxiliary will be the only general meeting until January. We look forward to seeing old friends and greeting the wives of the members of the

"AMAERF MUSHROOMS"

At the mid-year conference in Ocean Shores, the Gray's Harbor Medical Auxiliary sold the following recipe for AMAERF funds, which Toni would like to share with you; it sounds delicious.

"AMA-ERF Mushrooms"

- ½ lb. fresh mushrooms
- ¼ cup butter
- 2 t. chopped green onions
- 2 t. chopped parsley
- ½ t. paprika
- ¼ cup (scant) flour
- 1 cup chicken broth
- ½ cup sour cream
- ½ t. pepper

Wash and slice mushrooms. Sautee with the onions in melted butter for five minutes. Remove the mushrooms and onions with a slotted spoon and put in a casserole. Toss with paprika and parsley.

Add flour to butter in pan to make a smooth paste. Add chicken broth and simmer to thicken. Add pepper and sour cream. Heat through and pour over mushrooms. Top with buttered crumbs and bake for twenty minutes in a 350 deg. oven.

NOTICE

New items and special committee plans are needed for the auxiliary page and will be gratefully accepted by the 15th of each month. Thank you.

—NORMA SMITH.

CHRISTMAS CARD PROJECT

As Fall descends upon us we begin to think of such scenes as children trick or treating on Halloween; giving thanks at a family dinner laden with stuffed turkey; skiing on freshly covered slopes; and can you believe that in the wink of an eye Christmas is here.

The Woman's Auxiliary to the Pierce County Medical Society is again asking your support of their AMAERF Christmas Card Project. Briefly, AMAERF (American Medical Association Education and Research Foundation) pro-

vides financial assistance to medical schools and the betterment of public health through scientific and medical research. Auxiliaries throughout the United States have raised \$4,500,000 since 1951. In Washington State alone over \$15,000 was raised last year.

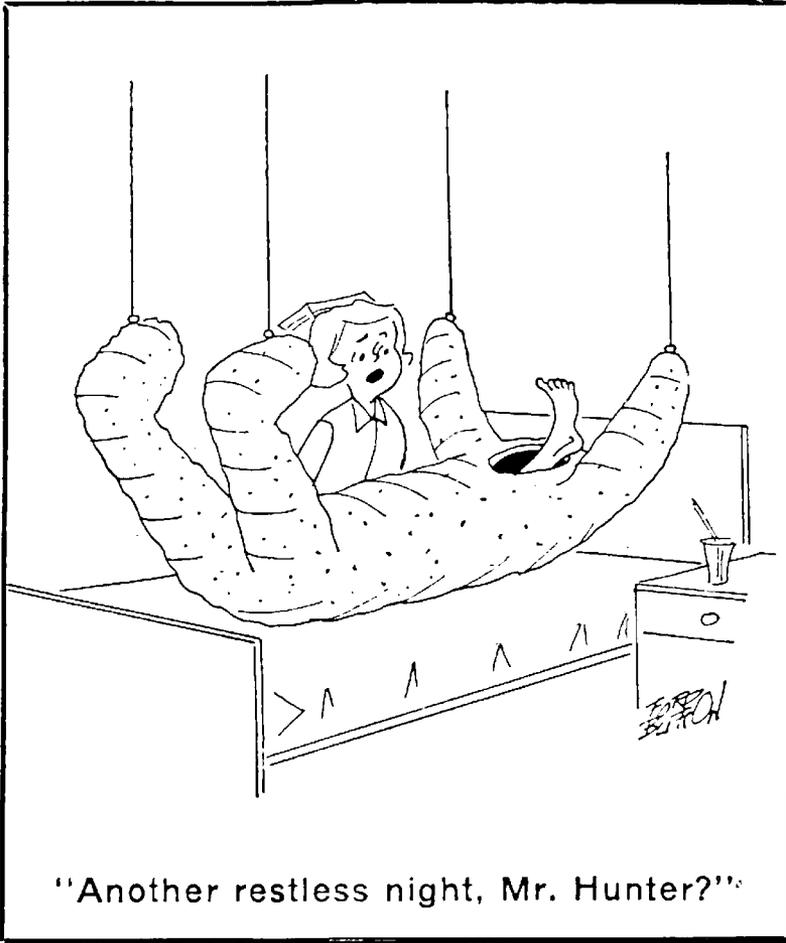
The Pierce County Auxiliary project offers you the service of addressing and mailing for you a special Christmas card which lists the names of contributors to AMAERF, to each physician and his family in Pierce County. A record of your contribution is kept only for accounting purposes and is confidential; it is also tax deductible and may be designated for any medical school you wish. The AMAERF chairman will send you a thank you note upon receipt of your contribution.

The amount of your contribution is determined by you; no contribution is too large; no contribution is too small; and each contribution is sincerely appreciated. We of the Auxiliary are so extremely impressed with your great generosity and past support that we are willing to financially support this project by paying for the cost of postage and printing from our own resources. *Every dollar of each contribution goes directly to AMAERF.* We hope your tremendous response and enthusiasm for our project continues to grow.

Your tax deductible check should be made out to Pierce County Womans Auxiliary-AMAERF and sent to the address below before the deadline of *November 28, 1971.* Thank you.

Mrs. Marvin L. Bourne,
1537 Weathervane Ct.
Tacoma, Wash. 98466

The Auxiliary has an excellent selection of Christmas cards that may be personally ordered for you thru Toni Bourne. They will be on display at the October meeting and may be selected at that time or you may contact Toni for more information. Proceeds from cards and stationery go toward AMAERF.



"Another restless night, Mr. Hunter?"



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Deadline For Workmen's Compensation Insurance Approaches

All doctors will be affected by the comprehensive changes in the State's workmen's compensation law made by the 1971 Legislature — regardless of whether they treat workmen's compensation cases.

Several changes in procedure will take effect July 1, 1971, for doctors treating injured workmen covered by industrial insurance.

Effective January 1, 1972, all doctors must provide workmen's compensation coverage for their own employees. Universal coverage (with a very few minor exceptions) will bring all employees in Washington under the protection of the reformed workmen's compensation law.

After July 1, 1971

The deadline for filing the physician's portion of the Accident Report form will be reduced from ten days to five. Under the new law, failure to report to the Director of Department of Labor and Industries within five days of the date of treatment carries a civil penalty of \$100. (Under the old law, the penalty was a misdemeanor.)

Another change in the new law will allow employers to insure their own employees upon the approval of the Director of the Department. (The requirements for self-insurance are such only large employers will be able to provide this type of coverage.) However, if a physician treats an injured employee of a self-insured employer,

the new law requires that copies of the physician's Report Form be sent both to the self-insuring employer and to the Department of Labor and Industries. It will be several months before the Department can prepare and adopt regulations necessary for self-insuring employers. Thus, it appears that it will be early in 1972 before physicians will have to concern themselves with this occasional double reporting requirement.

A new section added to the law, Section 53, will affect all physicians:

"Physicians attending injured employees shall comply with the rules and regulations adopted by the director, and shall make such reports as may be requested by the department of self-insurer upon the condition or treatment of any injured employee, or upon any other matters concerning injured employees in their care. All medical information in the possession or control of any person and relevant to the particular injury shall be available to the employer and the department, and no person shall incur any legal liability by reason of releasing such information."

The new law will allow the Department to adopt rules to define permanent partial disabilities not specified by law. Between July and October, the Department will schedule joint meetings including the Medical Advisory Board, the Board of Industrial Insurance Appeals and the Office of the Attorney General to draft proposed rules in this area. Hopefully, these will be adopted before the end of 1971.

(Continued on Page 30)

After January 1, 1972

All employers, physician-employers included, must provide workmen's compensation coverage for their employees (the few exceptions are in areas other than medical staff personnel).

If a person employed by you is injured on the job and if you provide treatment for that injury, you will be required to fill out two Accident Report Forms: one as an employer, and one as the physician treating the injury.

A QUESTION FREQUENTLY ASKED: What shall I do for insurance between now and January 1, 1972?

There are three possible courses of action: (1) You may elect to cover your employees with state industrial insurance voluntarily, without waiting for the mandatory deadline of January 1; (2) You may cover your employees with a job-injury insurance plan purchased through a private carrier, or (3) You may choose to provide no such coverage whatever until January 1, 1972. Between now and January 1, there is no provision in the law which would require you to provide industrial insurance for your employees.

—Dept. of Labor & Industries.



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

Courtesy Medical Society Magazine Group

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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
2nd Monday of February, May, August, November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each month except June, July and
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

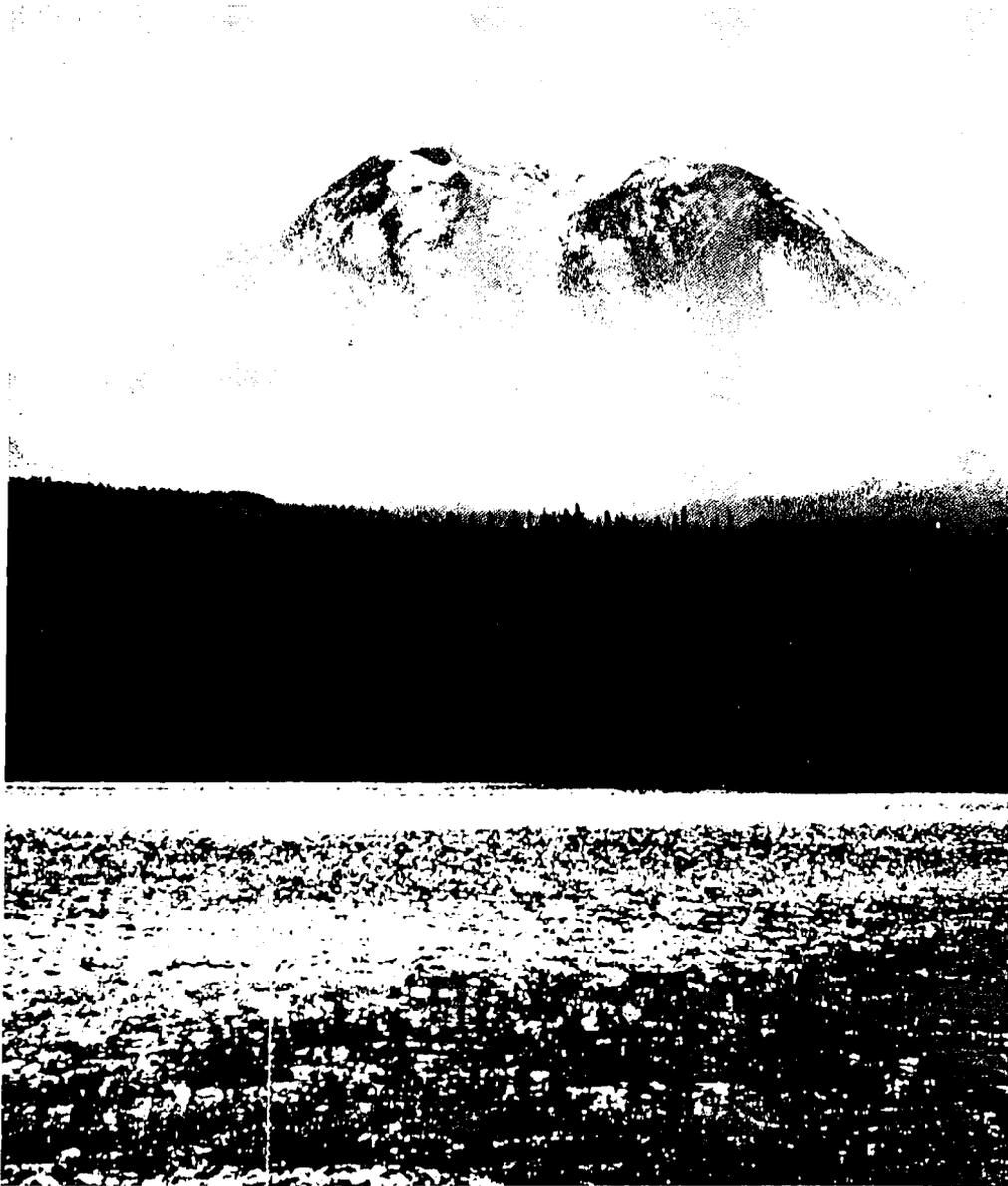


BULLETIN

NOVEMBER 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 11



PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
NOVEMBER 9**

Pierce County Medical Society

1971

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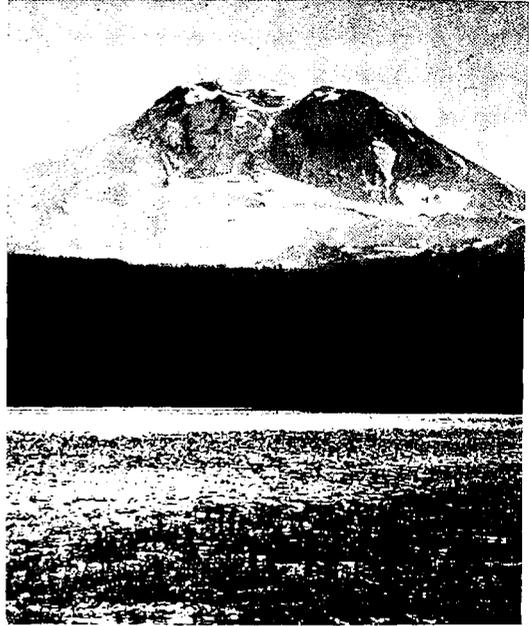
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COVER PICTURE: Mount Adams from Taklah Lake.

Courtesy of DR. FRANK MADDISON

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President's Page

A recent article in the Wall Street Journal about hospital emergency rooms is a reminder of the bad press relations that the medical profession enjoys.

The article was a front page story criticizing at length the care rendered in emergency rooms, and it cited cases of misdiagnosis and deaths resulting from faulty care. Nowhere in the article was any mention made of the services being rendered for the sick and injured of the community and of the many benefits that patients receive through emergency room services and the lives being saved by the personnel staffing these areas around the clock.

Probably one of the best examples of our bad press was illustrated when the government claimed that physicians were cheating with the Medicare and Medicaid programs. This was front page news. Later, it was discovered that the large sums were either paid to physicians whose practice consisted largely of these recipients, and they were providing care that otherwise would not be provided, or in other instances, the care was being provided by many physicians in a group but all of the government payments were being attributed to one physician. The correction of these accusations, if it occurred, was to be found in a small article on a back page.

During the last annual meeting of the A.M.A. the press again reported as front page news that the A.M.A. now represents less than 50% of the nation's physicians. In order to maintain this figure, they had to consider all physicians, including those not eligible for A.M.A. membership (in federal service, those age 70 and over, those of unknown address and those living in foreign countries). Of the 216,305 physicians who belong to state medical associations, 89.9% are A.M.A. members, but this explanation was not given.

Senator Edward Kennedy recently accused the A.M.A. of an unbroken record of obstructionism and of blocking progress at every turn. He concluded that America's doctors of medicine consistently act from the basest of human motives. Their organization, he said, "puts the wealth of doctors ahead of the health of people". These charges, which later proved to be a gross misrepresentation of facts and, in many cases entirely false, were given front page billing, but the rebuttal by the A.M.A. had to be read in the A.M.A. publication and not in the newspaper.

The press representatives became quite indignant when accused by our Vice-President of presenting a biased view of the news. He was referring primarily to political news and personalities, but their biased reporting is being felt also by the medical profession.

—ROBERT W. FLORENCE, M.D.

New American Cancer Society Anti-Smoking Play

This spring the American Cancer Society, Washington Division, Inc., initiated a new approach in the field of smoking education. Drama students from Olympic College in Bremerton, Skagit Valley College in Mt. Vernon and Bellevue Community College, North Seattle Community College, Green River Community College in King County, performed a play for some 12,000 students in upper elementary and junior high schools in the three counties. "Leave It to Laurie" was created to stimulate discussion about and dramatize the problem of cigarette smoking. The play is addressed chiefly to young people in junior high since smoking often starts at this age level. It portrays events in the life of a teenager named Laurie. She is highly susceptible to the influence of others, the influence of friends who smoke, televi-

sion commercials that tempt her to smoke, friends who don't smoke, a brother who does but wishes he could stop, and her alter ego which tries to keep her from smoking. What does Laurie decide? Her experience could have a vitally important effect on teenagers who face this problem.

"Leave It to Laurie" is primarily intended for presentations in schools using students as actors and production crew and is suitable for classroom or auditorium. The play is most effective if thoroughly discussed after each performance. It may also be presented by groups interested in promoting and understanding the health risks of smoking cigarettes. It can be performed by amateur or professional actors as well as students. No special props are required. Anyone wishing further information is invited to contact the American Cancer Society, Washington Division, Inc., 123 West Harrison, Seattle 98119.

—Smoking & Health Newsletter,
September, 1971

DEADLINE

FOR ORDERING

AMAERF

CHRISTMAS CARDS

NOVEMBER 28

ORDER EARLY

AND BE SURE!

November Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<p>1</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Tacoma Orthopedic Society—6 p.m.</p> <p>P. Co. Pediatric Soc.—6:30 p.m.</p>	<p>2</p> <p>C.P.C. of Mary Bridge 8 a.m.</p>	<p>3</p> <p>Surg. Conf. TGH 8 a.m.</p>	<p>4</p> <p>Gastrointestinal Conference—St. Joseph's 8:15 a.m.</p>	<p>5</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Hematology-Oncology Conf. TGH—8:15 a.m.</p> <p>Good Sam Med. Ed—8 a.m.</p>	<p>6</p>
<p>8</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Staff of Puget Sound Hospital 6:15 p.m.</p>	<p>9</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.</p>	<p>10</p> <p>OB-GYN Conf. TGH—8 a.m.</p>	<p>11</p> <p>Pulmonary Conf. St. Joseph's 8:15 a.m.</p> <p>St. Joseph's Trauma Conf.—7 a.m.</p>	<p>12</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Neurology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>13</p>
<p>15</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p>16</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Surgical Club 6:30 p.m.</p>	<p>17</p> <p>Medicine Conf. TGH—8 a.m.</p>	<p>18</p> <p>Renal Conference St. Joseph's 8:15 a.m.</p>	<p>19</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Cardiology Conf. TGH—8:15 a.m.</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>20</p>
<p>22</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p> <p>Pierce County Chapter AAGP—6:30 p.m.</p>	<p>23</p> <p>C.P.C. of Mary Bridge 8 a.m.</p> <p>Tacoma Acad. of Internal Medicine 6:30 p.m.</p>	<p>24</p> <p>Path. Conf. TGH—8 a.m.</p>	<p>25</p> <p>C.P.C. of St. Joseph's 8:15 a.m.</p>	<p>26</p> <p>Tumor Board 7 a.m.—Allenmore</p> <p>Joint Services Conf.—8:15 a.m. TGH</p> <p>Good Sam. Med. Ed.—8 a.m.</p>	<p>27</p>
<p>29</p> <p>Mary Bridge Cardiac Conf. 5:30 p.m.</p>	<p>30</p>				

Editorially Speaking

The tabular presentation on the next page should be of some concern to all physicians. These figures for total health care expenditure in the United States are derived from the Federal government's figures as compiled (1970) and projected (1974).

The projected increase if the status quo is maintained represents an increase in dollars of 57% but in terms of percent of Gross National Product, the increase is only 11% (from 7% to 7.8% of the total GNP). This increase is rather staggering but, of course, it represents a combination of inflation, increased utilization and population growth in addition to any real increase in costs per se.

With this in mind, it is quite instructive to survey the *projected* expenditures with *any* of the proposed Health Program. They are uniformly substantially higher than projections under the status quo, with increases ranging from \$1.1 billion (Long) to \$8.4 billion (Kennedy).

These increased costs are largely explained by increased utilization (demand) plus consequent demand-pull inflation of unit costs. Some of this is related to changes in the system of health care delivery implied by some of the legislative proposals and hence in some people's eyes justified in terms of upgrading the mean quality of care to the entire population.

The point I wish to emphasize here, however, is the relative roles of the private and government sectors of the economy as now existing and as projected under the various schemes. It is axiomatic that too much power for *any* one group or interest block will inevitably lead to, at the least, abuse and eventual disaster. The Kennedy bill in particular is a patent invitation to political abuse and nearly 90% of *all* health care dollars would arise from governmental (and therefore essentially political) sources.

At the present time government and its agencies have, on the whole, provided some needed stimulation toward rethinking methods and objectives of health care delivery and financing, but disproportionate governmental involvement will unquestionably only magnify existing problems and create a host of new ones. Conversely, a balanced financial and administrative involvement of government, providers and consumers should, with patience and an honest effort at cooperation by all, ultimately result in a continued high standard of medical care along with improved delivery to all those willing to take a minimum of responsibility for their personal health and welfare.

—ROBERT B. WHITNEY, M.D.

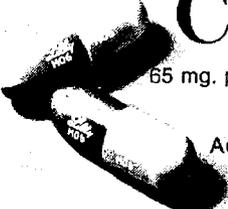


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CURRENT AND PROJECTED HEALTH CARE EXPENSES

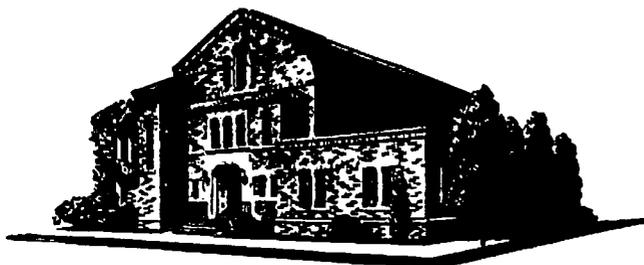
Billions of Dollars

Status Quo (Year)	GOVERNMENT			INDIVIDUAL & PRIVATE AGENCIES				Grand Total
	Federal	State & Local	Total	Individual	Insurance	Other	Total	
1970	\$15.7	\$ 7.3	\$22.9	\$22.9	\$17.5	\$3.9	\$44.3	\$ 67.2
1974	32.0	11.1	43.1	32.0	26.4	3.9	62.3	105.4
1974 Proposal								
Kennedy (CNHI) 1974	\$91.4	\$ 6.5	\$97.9	\$11.2	\$ 1.9	\$2.8	\$15.9	\$113.8
Bennett (Nixon Adm.) 1974	34.6	10.0	44.6	28.3	30.4	3.9	62.6	107.2
Fulton- Broynhill (AMA) 1974	38.3	9.3	47.6	26.5	31.5	3.9	61.9	109.5
Burleson (HIAA) 1974	39.3	8.6	47.9	21.7	36.7	3.9	62.3	110.2
Javits 1974	73.6	8.1	81.7	19.9	8.2	3.2	31.3	113.0
Long 1974	35.1	11.1	46.2	30.0	26.4	3.9	60.3	106.5

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L. to R.: Kennedy & Severs

Allenmore Medical Staff Elects Dr. Buel L. Sever, Fircrest GP, New Chief

Buel L. Sever, M.D., has been elected the new Chief of Staff of Allenmore Hospital. Assisting him will be other officers, L. Stanley Durkin, M.D., President-Elect; Robert A. O'Connell, M.D., Vice-President; and Max W. Brachvogel, M.D., Secretary.

Chosen members-at-large who form, with the officers, the Executive Committee, were Robert Klein, M.D., Charles D. Prewitt, M.D., and Mills E. Lawrence, M.D.

Dr. Sever was born in Pullman, Washington, did his undergraduate work at Washington State University, and received his medical degree from the University of Chicago. Specializing in General Practice, he has been a Fircrest resident for over 20 years.

The outgoing Chief of Staff, Dr. Herbert C. Kennedy, Tacoma Urologist, was presented a plaque in appreciation of his dedicated service to the hospital and Medical Staff during the past year by Duane W. Wyckoff, Allenmore Hospital Executive Director.

The election and ceremony were part of the Medical Staff's annual meeting held September 27 at the hospital.

Survey of Smoking Behavior of Educators

The survey was done in November, 1970. A sample of Washington State Educators was drawn from Washington Education Association membership roster and questionnaires were distributed throughout the Spokane School District to all of their certified personnel.

Statewide, 65% are nonsmokers, 15% smokers and 20% former smokers; in Spokane 63% nonsmokers, 17% smokers and 20% former smokers. Of the smokers, 76% and 77% in Statewide and Spokane surveys respectively planned to quit or wished to quit.

Of those responding, 38% Statewide and 36% in Spokane said they teach about smoking. Of the smokers who teach, 80% of the State sample and 68% in Spokane said they felt the need for more training to teach about smoking. Among nonsmoking teachers responding to the question of need for more training, 94% of the Statewide sample said they feel they do and 64% in Spokane said they do.

If the results of this survey reflect the smoking habits of all of our teachers accurately then we can feel quite gratified at the low number of teachers who smoke. On the other hand from the response to the question of need for more training to teach about smoking, we have a long way to go in the area of smoking education and probably in other health education such as drugs, family life, etc. If you wish copies of the survey, please write to the Smoking and Health Program, Washington State Dept. of Social and Health Services, P.O. Box 709, Olympia, Washington 98504.

—Smoking & Health Newsletter,
September, 1971

"ASK YOUR DOCTOR" SCHEDULE

KTNT - TV --- Sundays, 9:30 p.m.

November 7

"ATHLETIC INJURIES"

Dr. Stanley Mueller, Chairman

November 14

"CURRENT CONCECPTS IN OPHTHALMOLOGY"

Dr. Richard Bowe, Chairman

November 21

"MENTAL RETARDATION"

Dr. David T. Hellyer, Chairman

November 28

"FACE LIFTING"

Dr. John R. Alger, Chairman

December 12

"ALCOHOLISM"

Dr. Robert A. O'Connell, Chairman

December 19

"ARTHRITIS"

Dr. Ralph Huff, Chairman

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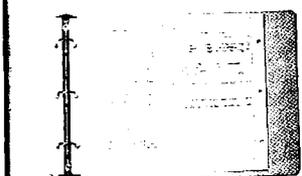
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Notes On Trauma

By LEO ANNEST

At our conference on Thursday, Oct. 14, 1971, we were privileged to have Dr. L. S. Durkin present interesting pathophysiological aspects of peripheral nerve injury. The main point was in reference to primary versus delayed peripheral nerve repair following injury. From his experience of over 400 cases at Ft. Campbell, Kentucky, and application of recent developments in knowledge of nerve cell metabolism he formed the basis for his logic to support delayed rather than primary nerve repair.

The first consideration is the change that takes place in the metabolism of the nerve following injury. Profound changes occur in the cell with cloudy swelling and fragmentation and catabolism of the cell. The more proximal the injury the greater the cell injury and the lesser the chance of regeneration.

The catabolized proximal cell must be phagocytized and cleared for regeneration. This takes about 21 to 24 days. If the nerve is repaired primarily mesenchyme is deposited and a scar tissue barrier forms at the anastomosis of the nerve. As the proximal axones regenerate these extend into the mesenchymal tissue, entwine and then form a neuroma.

Phagocytosis takes place in the distal nerve stump preparing way for regeneration.

Dr. Durkin recommends the delayed repair be done at 6 weeks but not longer than 8 weeks. The nerve is cut immediately proximal to the neuroma of the injured or primarily repaired nerve. Because very small area of normal fibers exist in the neuroma cell shock to the proximal nerve trunk is practically nil. After the neuroma is incised a good approximation is made to the distal nerve and regeneration takes place.

Following nerve injury the myoneral junction at the distal end of the nerve undergoes atrophy. For successful repair of the nerve, muscle fibers must be intact when regeneration is complete. Therefore electrical stimulation producing contractions and maintaining muscle mass is essential. Otherwise the nerve repair would give a poor result.

Dr. Durkin cautioned against optimism from primary nerve repair based on sensory improvement. Procrastination based on sensory improvement would go beyond the 8 week period when chances of nerve repair become progressively less successful.

The Trauma Conference meets at 7:00 a.m. the 2nd Thursday of each month at St. Joseph's Hospital, Conference room. All staff members, medical and paramedical, are invited and urged to attend.

DOCTOR'S WIDOW has a beautifully framed Oath of Hippocrates she would like to give to any physician who would like it. If interested, call the Medical Society office MA 7-2020.

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- 8 Ray M. Lyle
Wayne W. Zimmerman
- 11 William T. Ritchie
Kenneth Sturdevant
- 13 Dale D. Doherty
Paul E. Gerstmann
- 14 Thomas H. Clark
Kiyooky Hori
- 16 Kurt Brawand
Galen Hoover
- 17 T. R. Haley
- 18 James D. Krueger
G. M. Whitacre
- 19 Calvin A. Lantz
- 20 Raymond Tyvand
- 21 Ronald G. Gallucci
- 22 Michael Doel
Vernon O. Larson
John M. Shaw
Ben Gee Tan
- 23 Ralph V. Stagner
- 24 John R. Alger
- 25 William McPhee
- 26 Kenneth S. Kilborn
Theodore Smith
- 29 John Colen
- 30 Robert F. Glock
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Doctors Hospital Celebrates 25th; C. B. Ritchie Honored

Helping Doctors Hospital celebrate 25 years of service to the community, some 300 employees, staff members and friends of the hospital gathered at a happy anniversary affair at the Top of the Ocean Restaurant on Friday evening, Oct. 1.

Most-honored guests of the evening were the three faithful staff employees who are still on the job after 25 years of service in the hospital. They were Pauline Roberts, Hazel Harstead and Harriet Huffman, who received appropriately jeweled pins in recognition of their long association with the hospital. A standing ovation was also given Dr. C. B. Ritchie for his long-time membership on the medical staff and his recent years as Administrator of the hospital after he retired from active practice.

Receiving recognition for 20 or more years with the hospital were Theresa Christiansen, Marcia Pasic, Esther Flanagan, Harriet Weir, Mary McDonough and x-ray technician Doug Williams. Thirteen other employees were honored for serving 15 years or more, and 24 more received pins for 10 or more years of duty.

Board President Doctor Glenn McBride presided at the banquet and one of the featured entertainment performances was the singing by Susie and Peggy Hazelrigg, daughters of Medical Staff President Dr. Jim Hazelrigg. Massive Odd Wanebo captivated the audience with his rich bass voice and friendly mannerisms.

Also honored was Rita Prior, R.N., for her inspirational guidance of the hospital volunteers — teen-agers who contribute many hours to the hospital. Rita introduced her 31 volunteers.

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

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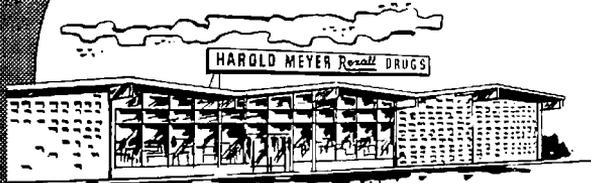
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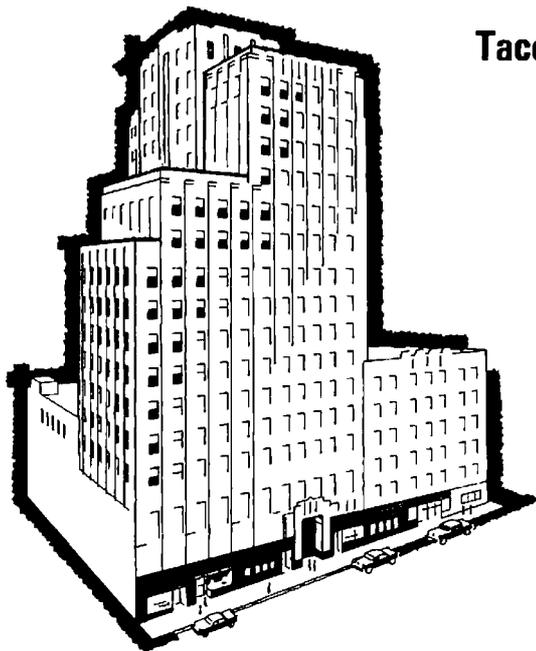
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WOMAN'S AUXILIARY PAGE . . .

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Finance & Pierce County Health Council	Mrs. Philip Grenley (Dorothy)
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.....	Mrs. J. W. Lee (Agatha)
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.....	Mrs. Vernon Larson (Kit)
Art Auction	Mrs. George Tanbara (Kimi)
.....	Mrs. Max W. Brachvogel (Judy)
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Council on Alcoholism	Mrs. Carl N. Eckman (Beryl)
Council on Mental Health	Mrs. Jay H. Ehly (Vivian)
Poison Prevention Committee	Mrs. John W. Pelly (Suzanne)
Assistant to Membership	Mrs. Ronald G. Gallucci (Jane)

Brachvogel and Linda BeMiller, Co-Chairmen of this fund-raising project, have been busy arranging a different and fun happening for you. The Auxiliary members helping Judy and Linda are Maryln Baer, O'bie Alger, Carol Hopkins, Genny Hansen and Patsy Crabill. The Medical Auxiliary's commission depends on the number of people who attend this gala event, so, invite a friend, support the cause and enjoy.

AMAERF

November 28, 1971 is the deadline date for your contribution to the Women's Pierce County Medical Auxiliary AMAERF Christmas Card Project. All physicians in the area have been notified by letter. For a tax deductible donation to the American Medical Association Education and Research Foundation; Toni Bourne and her Committee will address and mail to the Pierce County physicians and families a special Christmas card which lists the names of all area AMAERF contributors. All of your contribution goes directly to AMAERF—the Medical School of your choice may be named if you desire.

FALL LUNCHEON

Sixty-three auxiliary members attended and enjoyed the fall luncheon held in the home of Ellie Barnes. Mary Rohner's well planned luncheon, Mary was in Chicago, was served by Hazel Whitacre, Joan Sullivan, Ellie Barnes and Norma Smith. Dues Treasurer, Betty Johnson, reports that many dues were paid at our first meeting, and we now have a total of 135 paid members.

The attractive and well organized 1971-72 auxiliary program books were given to all paid members at the luncheon. O'bie Alger did a great job on our membership book. Pay Auxiliary dues and receive a copy. The program for-

ART SHOW and AUCTION
Fri., Nov. 12, 1971—7:30 p.m.
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November is Art Show and Thanksgiving month. The Art Show and Auction is a Medical Auxiliary effort to raise project money this year. Judy

mat has been changed a little. In lieu of a dinner dance this year, the Auxiliary's social event will be the Art Show and Auction November 12, and a dinner meeting with the Pierce County Medical Society in the spring.

AUXILIARY WINS AWARD

The Pierce County Medical Auxiliary won the 1970 State AMAERF per capita

donation award. This plaque was presented to the Pierce County delegates at the State Medical Auxiliary convention in Seattle. Our thanks go to Toni Bourne, and her Committee, for the many hours spent on the AMAERF project, and to all the Pierce County physicians who so generously support this medical educational project.

—NORMA SMITH.

PIERCE COUNTY PARTICIPANTS AT WSMA MEETING, SEPTEMBER, 1971



Dr. and Mrs. David Johnson. Dr. Johnson was honored for 50 years of practice at the family banquet.



Drs. Stanley Tuell, Thomas Clark and Robert Florence at the Pierce County delegates breakfast.



Dr. George Tanbara, recipient of the A. H. Robins award, and his family.



Drs. Herman Judd, Kenneth Graham, Del Lambing and Robert Osborne.

New Faces Join Allenmore Hospital Board, Administration

A new member of the hospital Board of Directors, plus a new Executive Director, and Assistant Director, have changed the administrative picture at Allenmore Hospital and Medical Center in recent months.

Hospital Board President, Mrs. Henrietta Button, announced that Mr. Edgar L. Brown has been appointed a



L. to R.: Wolfe and Wyckoff



Edgar L. Brown

new member of the volunteer board which directs the operations of the non-profit hospital. Mr. Brown, a retired U. S. Army Major, and now a Purchasing Supervisor at Kaiser Aluminum, brings to the Board his skill in Supply and Purchasing. Retiring at Fort Lewis in 1963, after serving in the Army for 21 years, he has attended the University of Puget Sound and the University of Washington, majoring in Business and Mathematics. His interest in the health field is shared by his wife, Jeanne, who has been a counselor at Madigan Army Hospital, and now is employed at the Cascadia Diagnostic Center.

Mr. Duane W. Wyckoff, Executive Director, received his formal education in Professional Hospital Administration and has also worked and studied exten-

sively in the field of Mental Health, with related studies in Drug and Alcohol Addiction and Human Behavior. He is a member of the American College of Hospital Administrators, American College of Mental Health Administrators, American Hospital Association, and other national and state professional organizations.

After completing high school in Tacoma and four years active duty in the U. S. Navy during the Korean Conflict, he earned a degree in Pre-Med and Business administration at the University of Washington, followed by his Masters Degree in Public Health and Hospital Administration at the University of California at Berkeley. Mr. Wyckoff completed his Administrative Internship at Doctors Hospital in Seattle and served his Residency at the San Diego University Hospital in San Diego, California.

For the past two years he has continued his education pursuit as a Ph.D. candidate in the field of Counseling and Human Behavior at the U. S. International University in San Diego.

For the past five years, Mr. Wyckoff served as Administrator of San Diego's Mesa Vista Hospital, a large nonprofit comprehensive Mental Health Center, offering all phases of treatment of the mentally and emotionally disturbed, including innovative programs for the



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treatment of alcohol and drug addiction.

In addition to his training and activities in the field of hospital administration, Mr. Wyckoff has served on the Regional Health Planning Board in the San Joaquin Valley, and for the past two years has been a member of the Board as well as on several subcommittees of the Comprehensive Health Planning Board of San Diego County.

Through the Vista Hill Psychiatric Foundation, he participated in one of the nation's largest LSD research projects for two years, was an active member of the Drug Abuse Subcommittee of San Diego County, and also served on the County's Child Protective Service Board, (which was a program directed at the control and education of drug abusers in the school system).

Mr. Wyckoff was accepted in 1970 for advanced training in the field of counseling and rehabilitation in the field of drug addiction in a program sponsored by the National Institute of Mental Health at California State College at Hayward, California. He also worked for a time at the Berkeley Free Clinic and the Free Clinic in the Haight-Ashbury District of San Francisco, while studying problems of drug abuse.

He has been a guest lecturer on many radio and TV programs and drug seminars; he recently participated in a five-state speaking tour on the topic of drug abuse and other problems related to the field of mental health.

Upon leaving the San Diego area he was presented with a plaque by the Vista Hill Psychiatric Foundation, recognizing his outstanding contribution in the field of mental health and hospital administration.

The Wyckoffs reside in the Fircrest area with the three youngest of their four sons.

Mr. John G. Wolfe, new Assistant to the Director, has been employed as a General Supervisor in the Boeing Per-

sonnel Administration Management. He started with Boeing in 1966 and worked up in personnel management ranks through a series of promotions after being selected for the Boeing Management Development Program in 1968.

His formal education includes a Bachelor's Degree from Loyola University of Los Angeles and a Master's Degree from Pacific Lutheran University, both in Business Administration.

While in the U. S. Air Force, he earned his wings serving as a Command Pilot with the Military Air Transport Command.

Mr. and Mrs. Wolfe make their home in Puyallup with their three youngsters.

Comments On Planning

Comprehensive health planning is a phrase which often seems to be appearing before us. These words tend to be equated with control and rightly so. Our obligation is to see that the control is based on adequate factual data and logical conclusions drawn from these data with provisions for a change in course as new data become available and conclusions are revised. As physicians who are the most knowledgeable group in the field of health it is imperative that we participate actively in such a venture or we shall certainly not be able to furnish the patient care for which we have been trained.

This is an extremely complex and difficult undertaking. The variations between groups and individuals is almost infinite and the only things relative to health upon which they agree are: They would rather be well than ill and if they are sick or injured, they would like to be made entirely well with the least possible personal inconvenience. Even these are generalities to which there are exceptions and the solutions obviously will involve many compromises.

Comprehensive health planning is often overshadowed by specific needs and problems. There are groups who are voicing a need for medical care. To ignore this would be folly and yet how much easier it would be if there were really a comprehensive health plan which included care for this group and which simply required implementation. It is the old recurring problem involving the fact that it is difficult to concentrate on draining the swamp when you are up to your gluteus maximus in alligators.

In our own community a need has been expressed and an ambulatory care center is in the planning stage. There was discussion concerning this at our October meeting and legitimate concern about its structure, function, location, and operation was expressed. Active involvement of the society in the form of an ad hoc committee resulted from this discussion.

We have had an emergency service committee for some time which has participated in emergency service planning and coordination. This committee has not always had smooth sailing but in general the results have certainly been much better than if we had not been involved in this problem. In each of these instances, a comprehensive plan would have simply required implementation.

The need for health planning had won its first local recognitions in the field of health facility planning. The Health Facilities Planning and Development Board was incorporated in 1963 in King County. This subsequently became the Regional Health Planning Council including King, Pierce, Kitsap, and Sonohomish Counties. In 1966 Congress enacted Public Health Law 89-749 known as the "Comprehensive Health Planning and Public Health Services Amendments". This resulted in the formation of the Puget Sound Governmental Comprehensive Health Plan-

ning Board which this year merged with the Regional Health Planning Council to become the present PUGET SOUND HEALTH PLANNING COUNCIL. This has now become the partially federally funded organization primarily concerned with health planning in our four-county area. Several physician representatives from Pierce County are included in this Council.

The Pierce County Health Council is the local health planning group which also has several physician members who attend regularly and which is represented at a regional level by its president, who is designated as a member of the Puget Sound Health Planning Council and its executive committee.

These bodies are composed of consumers and providers of medical care with a slight predominance of consumers. They serve as a medium of communication and education for both consumers and providers. A very important part of the program of the regional agency is the preparation of an over-all comprehensive health plan for the region. Since this is an organized body related to both county, region, State and Federal groups and organizations, it seems the logical body through which to work to establish a plan for health and medical care which will best serve patients. At present the drawing board has been put on the bench and the paper attached. This is our best opportunity to start determining where the lines will be drawn.

Our president and executive board should receive copies of the minutes of the monthly meetings of the county and regional councils. I am sure that the physician members of the county and regional councils would be most willing to bring ideas from the Medical Society to these groups who, I am certain, would welcome such participation.

—R. T. VIMONT, 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 HOSPITAL
2nd Monday of February, May, August, November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
August—8:15 p.m.
- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
Fourth Monday of each month except June, July and
August
- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each month except June, July and
August—6:30 p.m.
- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
- STAFF OF LAKEWOOD GENERAL HOSPITAL
Third Wednesday of March, June, September, December—
7:30 p.m. Dinner—6:30 p.m.
- TACOMA OB-GYN SOCIETY
3rd or 4th Tues. of Jan., March, May, Sept., Nov.

The

PIERCE COUNTY MEDICAL SOCIETY

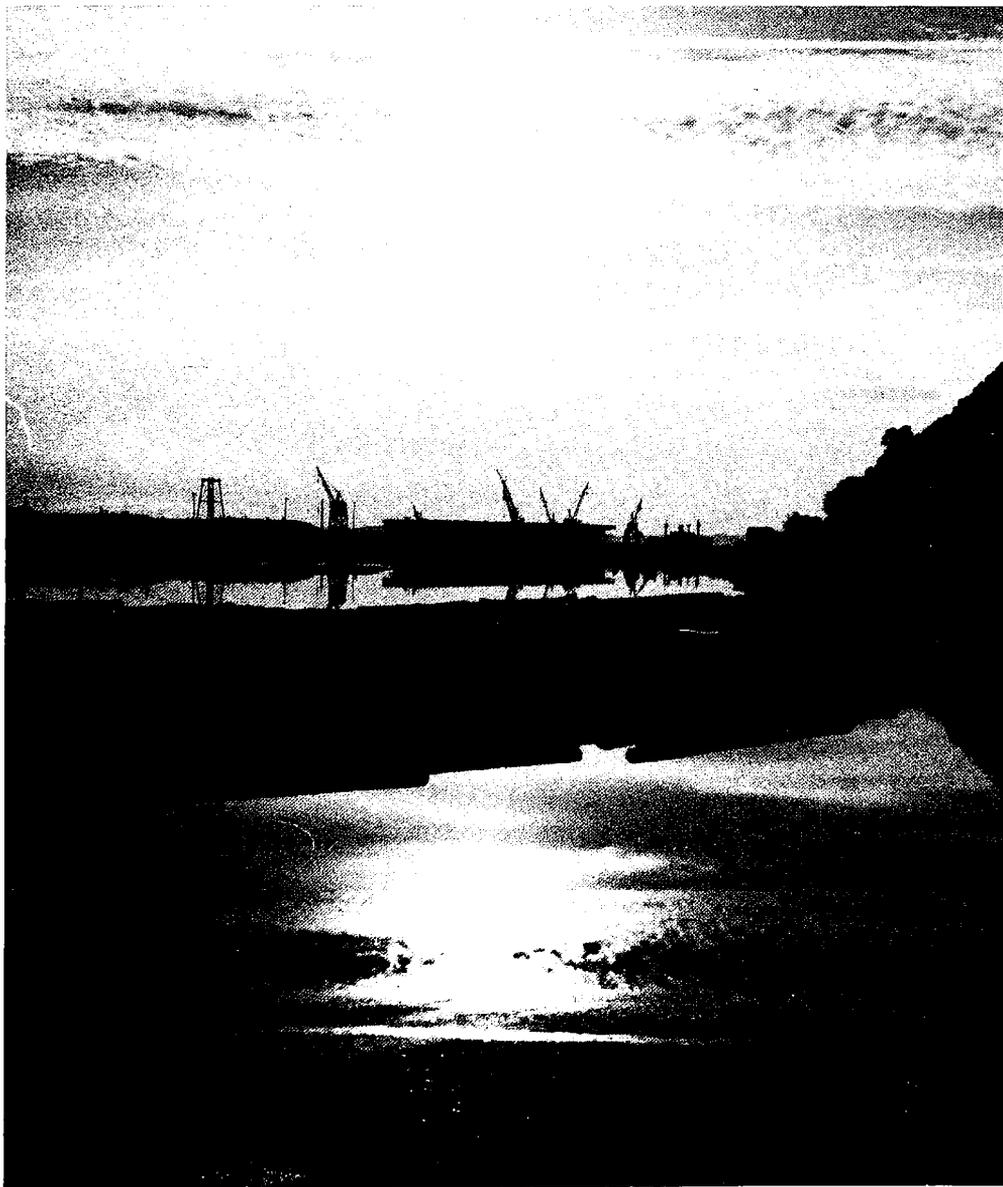


BULLETIN

DECEMBER 1971

TACOMA, WASHINGTON

VOL. XLII—NO. 12



The Chiropractic
Controversy
(See pp. 7 & 14)

PIERCE COUNTY MEDICAL SOCIETY

**REGULAR MEETING
DECEMBER 14**

Pierce County Medical Society

1971

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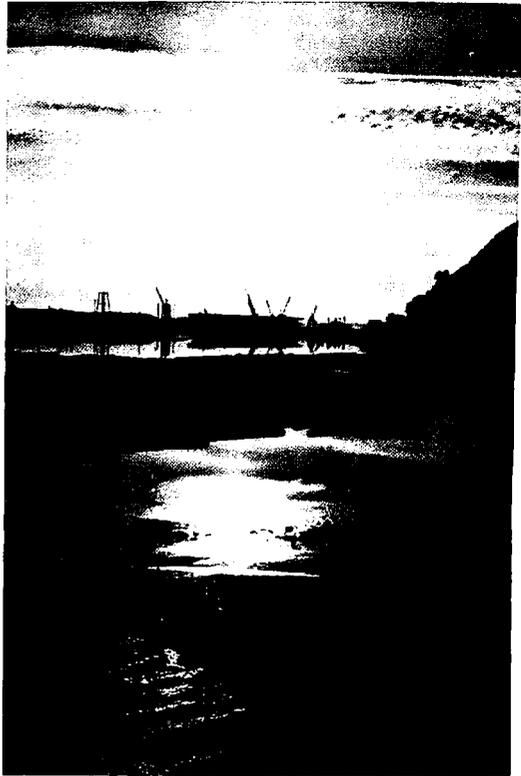
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COVER PICTURE: Sunset on Hylebos Waterway—by Staff Photographer

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President's Page

I wonder how many members of the Pierce County Medical Society are aware that they have been contributing \$10.00 annually to a nurses' scholarship fund through their annual dues. A By-Law change in 1953 added \$10.00 to the annual dues for this purpose. The Society began contributing to these nurses' scholarships in 1954, and since then it has paid out a total of \$40,548.50 to the scholarship funds in St. Joseph and Tacoma General Hospitals.

This probably represents expenditure of our funds for a very worthy cause, but we are now having requests for contributions from the Society for other health related purposes, and it seems appropriate that we should review this policy of making contributions by adding assessments or raising our dues.

We are presently continuing our contributions to the nursing scholarship funds of both hospitals despite the fact that St. Joseph's Hospital has only junior and senior classes remaining in their School of Nursing, and the School of Nursing will be closing in 1973.

The Board of Trustees should take a close look at this annual contribution and make sure that it is accomplishing the purpose for which it was intended. Is it making a career in nursing possible for someone who could not otherwise afford it? How many of the recipients have graduated and become nurses? How many have worked as nurses after graduation, and how many have remained to work in our local hospitals?

Because conditions and priorities change with the passage of time, it seems doubtful that any contribution should be automatic, regardless of how worthy it may be. *Each* gift should require review and approval by the Board of Trustees or the membership.

— — — —

Being your President for the past year has been an honor that I deeply appreciate. The many activities in which our Society is involved have extended my education into many areas with which I was formerly unfamiliar; and without the assistance of your other officers, committee members, and your own indulgence, the task would have been impossible.

With best wishes for a Merry Christmas and a Happy New Year.

—ROBERT W. FLORENCE, M.D.

December Calendar of Meetings

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4
		Surg. Conf. TGH 8 a.m.	Gastrointestinal Conference— St. Joseph's 8:15 a.m.	Tumor Board 7 a.m.—Allenmore Hematology- Oncology Conf. TGH—8:15 a.m. Good Sam Med. Ed—8 a.m.	
6	7	8	9	10	11
Mary Bridge Cardiac Conf. 5:30 p.m. Tacoma Orthopedic Society—6 p.m. Tacoma Chapter Am. Psych. Assoc. P. Co. Pediatric Soc.—6:30 p.m.	C.P.C. of Mary Bridge 8 a.m. Staff of Tacoma General 6:30 p.m.	OB-GYN Conf. TGH—8 a.m.	Pulmonary Conf. St. Joseph's 8:15 a.m. St. Joseph's Trauma Conf.— 7 a.m.	Tumor Board 7 a.m.—Allenmore Neurology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.	
13	14	15	16	17	18
Mary Bridge Cardiac Conf. 5:30 p.m. Staff of Good Samaritan 6:30 p.m.	C.P.C. of Mary Bridge 8 a.m. PIERCE COUNTY MEDICAL SOCIETY 8:15 P.M.	Medicine Conf. TGH—8 a.m.	Renal Conference St. Joseph's 8:15 a.m.	Tumor Board 7 a.m.—Allenmore Cardiology Conf. TGH—8:15 a.m. Good Sam. Med. Ed.—8 a.m.	
20	21	22	23	24	25
Staff of Allenmore Hospital—7 a.m. Mary Bridge Cardiac Conf. 5:30 p.m. Staff of St. Joseph's 7:30 p.m.	C.P.C. of Mary Bridge 8 a.m. Tacoma Surgical Club 6:30 p.m.	Path. Conf. TGH—8 a.m.	C.P.C. of St. Joseph's 8:15 a.m.	Tumor Board 7 a.m.—Allenmore Joint Services Conf.—8:15 a.m. TGH Good Sam. Med. Ed.—8 a.m.	MERRY CHRISTMAS
27	28	29	30	31	
	C.P.C. of Mary Bridge 8 a.m. Tacoma Acad. of Internal Medicine 6:30 p.m.				

Editorially Speaking

A Funny Thing Happened to Our Legislators on Their Way to Bed One Night in 1971—

But before that there were a number of logical happenings to those same legislators.

To wit:

Senate Bill No. 149 (1969) forcing commercial insurance to cover *chiropractic* services—FAILED.

HB No. 771, giving *chiropractors* the title "Dr." and approving their use of X-ray—FAILED.

HB No. 494, forcing insurance carriers providing coverage for state employees to pay for *chiropractic* services—FAILED.

SB No. 461, providing *chiropractic* license reciprocity—FAILED.

SB No. 665, giving *chiropractors* reciprocity with their own national board for basic science examinations—FAILED.

HB No. 260, forcing Medical Service Bureau contracts to include *chiropractic* services—FAILED.

Then the "Funny Thing":

Late one night, long after bedtime, the Legislature was hustling through a bill concerning additional funding of teachers health insurance, and in sneaked a fine-print amendment to SB 298 which said that *any insurance company providing pre-payment health insurance to the teachers of the State of Washington shall include and pay on an equal basis all practitioners licensed pursuant to 18.22, 18.25, 18.53, 18.71 and 18.57* — This includes chiropractors! Though not supported by the state teachers' organization (WEA) and strongly opposed by physicians, this portion was included, without veto, when Governor Evans signed the bill into law.

So the chiropractors have their feet in the door—stomping squarely on the medical profession's efforts to see that citizens of the State of Washington, including teachers, have high quality medical care based on proven scientific principles.

Now what? Angry and provoked though we are—it's no time for the Bureau, the Medical Society or the individual physicians to be pro-

voked into angry responses that jeopardize our efforts to protect the public from unscientific quackery. Like many current health issues, this one has been tainted by political maneuvering. This we cannot ignore.

In fighting back, which we must do, we must not ignore the realities of politics—the importance of lobbys, letters, public relations with teachers and other groups, political contacts, etc.

It's time for all of us to thoughtfully consider an approach which, in the long run, will protect the public from chiropractic, protect our valuable friendships with worthy citizens groups and our legislators—and *still* uphold our principles in regard to our complete rejection of chiropractic as a tolerable method of providing health care for the citizens of this State.

The solution is not simple. Let's work toward a thoughtful and effective one.

ROBERT A. KALLSEN, M.D.

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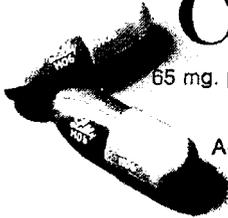
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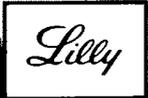
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Harold Kahler Honored At Puget Sound Hospital

Dr. Harold F. Kahler was an honored guest at the recent professional staff meeting of Puget Sound Hospital, according to Robert Huesers, administrator of the Hospital. Doctor Kahler, an active member of the professional staff at the hospital since September, 1969, recently announced his retirement as psychiatric consultant to the Superior Court of Pierce County. A silver bowl was presented to him by the Pierce County Superior Court Judges, the professional staff of Puget Sound Hospital and the Hospital.

Attending the affair were Judge Bartlett Rummel, Judge Hardyn Soule, Mr. Donald Perry, county clerk, Mr. Nemic of the county clerk's office, Dr. Clarice Hyatt, district health officer of Snohomish County and former Administrator of Mountain View Hospital, Miss Lillian Wilson, former director of nursing at Mountain View Hospital and Doctor Harlan P. McNutt, director of health of the Tacoma-Pierce County Health Department.

Doctor Kahler was born on August 22, 1899, in Oregon and received his degree in medicine in 1939. He interned at St. Luke's Hospital in Spokane, Washington, in 1938, and was a resident at Eastern State Hospital in 1940. He is also a member of the professional staffs of Tacoma General Hospital and St. Joseph Hospital and a member of the Pierce County Medical Society.

Having practiced for many years in the Tacoma area, Doctor Kahler was cited for his contributions to the community and his dedication to the mental health program for the residents of Pierce County. Doctor Kahler resides in Graham, Washington.

Dermatologists Elect John Shaw President



Dr. John M. Shaw, 701 North E. Street, Tacoma, has been elected president of the Pacific Dermatologic Association, one of the largest professional associations of dermatologists in the country, with membership drawn from the western United States and countries rimming the Pacific Ocean.

Dr. Shaw, who has just completed a three-year term as the Association's secretary-treasurer, became its 24th president by unanimous vote at the group's recent annual meeting, held this year at Guadalajara, Mexico.

Dr. Shaw studied at the University of Michigan, received his M.D. degree there, and took his internship and residency in his specialty at the University Hospital at Ann Arbor.

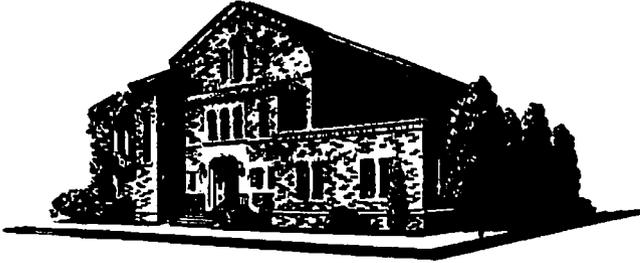
Returning to Washington in 1954, he established his practice and is currently a clinical assistant professor of dermatology at both the University of Washington and the University of Oregon Medical Schools.

He and his wife, Jean, have five children, three boys and two girls, of whom three are currently in college.

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PHYSICIANS' AND HOSPITAL SUPPLIES

PIERCE COUNTY MEDICAL SOCIETY MEETING

Medical Arts Building Auditorium

Tuesday, December 14

PROGRAM - - - 8:15 P.M.

**"Patient Care Appraisal and
Medical Education"**

Dr. James E. Hazelrigg

Dr. Marcel Malden

.

Social Hour: 6:00

Dinner: 6:45

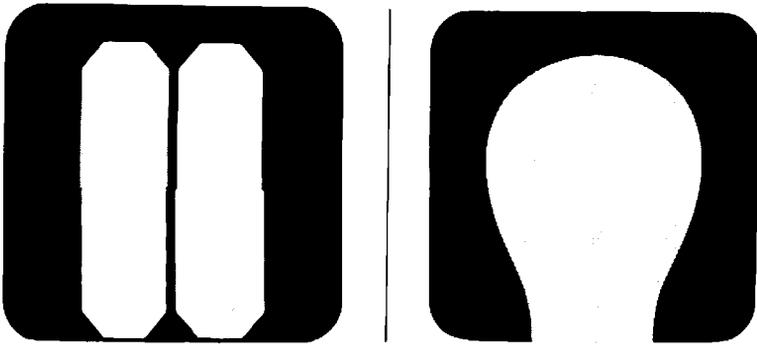
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Here's How SB 298, "Chiropractic Bill," Got Past Legislators

Hottest issue before the Pierce County physicians and the County Medical Bureau is SB 298, already signed into law. It includes an amendment requiring that health contracts covering teachers include chiropractic care.

Since our Bureau is now re-writing the contract with the local teachers, it is faced with trying to preserve a good relationship with the teachers and still uphold the medical profession's long-held view that chiropractic is pure quackery.

Following is the chronology of how such a drastically health-threatening measure was accepted by our lawmakers and our governor.

January 29—SB 298 introduced by Senators Washington, Ted Peterson and Fred Dore at the request of Washington Education Association to provide liability insurance to school employees protecting school property; authorizing school districts or institutions of higher learning to make available liability, life health care, accident, disability and salary protection insurance and permitting the schools to contribute up to \$20 a month for purchase of health insurance.

March 18—Senate Medicine & Dentistry Committee, chaired by Senator Day reported SB 298 out of committee, "do pass", with the amendment requiring that beneficiaries could utilize on an equal basis, chiropractic, podiatrists, optometrists, osteopaths, plus physicians. That amendment was passed by an unrecorded voice vote with no debate in the Senate.

April 13—SB 298 was passed by the Senate with a vote of 26-19, with 4 ab-

sent. Debate was based on the increase to \$20 for the premium contribution.

April 19—The bill was referred to the House Education and Libraries Committee. Ken Roberts, WPS, appeared before that committee and was successful in having the committee recommend that the amendment placed on in the Senate regarding non-physician coverage be removed.

April 26—The House Education & Libraries Committee reported the bill out, "do pass", with amendment as recommended by Mr. Roberts.

May 7—The House Education & Libraries Committee amendment to remove chiropractors and optometrists from SB 298 was not adopted by a standing vote of the House, 50-42. Representative Jim McDermott (an M.D.) moved for reconsideration, and on a roll call vote, the motion to reconsider the House amendment failed by a vote of 49-44. The effort to defeat the House Education Committee amendment that would have taken chiropractic and optometry out of SB 298 was led by Representative A. A. Adams, Tacoma, and Representative Bob Randall, Bremerton (optometrist). Adams particularly collected a lot of IOUs on this issue. Tacoma members of the House who voted with Adams included Representatives Ted Bottiger, Buster Brouillet, Frank Marzano, Len Sawyer, P. J. Gallagher, Lorraine Wojahn, and Tom Swayze. It should be noted that Swayze was voting because of the optometric clause and this is the only issue where we have had different opinions. On most other issues he is a good friend of medicine.

It should also be pointed out that Representative Ned Shera led the fight in support of the WPS amendment and was supported by Representative Jueling.

At this point the bill failed to get the necessary two-thirds vote needed to place the bill on final passage and was sent back to the Rules Committee.

May 10—The bill, with very heavy pressure from WEA, and the Superintendent of Public Instruction, came back out of Rules Committee and was passed. Several attempts were made to accomplish for the WEA what they needed in the \$20 premium increase by placing this in other bills, but these efforts failed and SB 298 was the only vehicle left for them to accomplish what they wanted in 1971. The bill finally passed the House by a vote of 76-22 with a number of medicine's friends voting for the bill because of the need by education. The bill went back to the Senate where other minor amendments were concurred, and was signed by the Governor on May 21.

It should be noted that May 10 was the final day of the 1971 Legislative Session.

Again, it must be recognized that SB 298 was a bill high on the priority list of organized education, who were not happy with the chiropractic amendment, but were finally forced to accept it. It also should be recognized that a dozen or so attempts to place chiropractic and optometric into other medical care bills failed.

Finally, the chiropractic amendment would not have been adopted if it had not been for *Representative A. A. ADAMS, Tacoma*.

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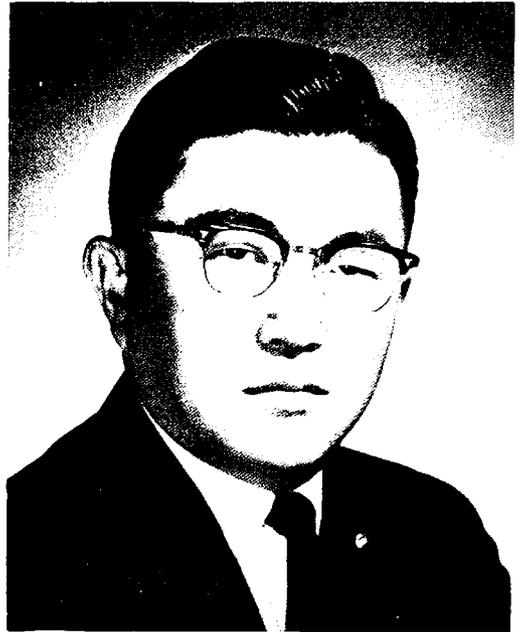
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MEDICAL SOCIETY

Confusion Also Reigns In Washington, D.C.

If you're a bit confused by H.M.O., H.I.A.A., H.C.C., N.H.I., Mediredit, etc., try a couple of days in Washington, D.C. You just might find a little confusion there also. At the recent National Blue Shield meeting, I had the pleasure of listening to two congressmen and three senators (including Edward Kennedy) as well as the project manager for H.M.O.'s and a couple of other Nixon representatives in H.E.W. Let there be no duobt in anyone's mind, change is coming. The "crisis" is most commonly attributed to poor access to care for some and prohibitive costs for most. There is little point in arguing the point as congress and the administration are convinced and legislation will be presented.

Currently the House Ways & Means committee is hearing testimony from all sides and we were told a bill will come out sometime next year. I came away from this meeting and the recent Western Conference of Pre Paid Medical Service Plans with the following beliefs.

1. Sen. Kennedy's plan is dead — at least for a few years. There simply is not enough support in the Ways & Means Committee and more specifically, Wilbur Mills won't buy it.

2. Some sort of compromise between the A.M.A. plan, Nixon's "Partnership Act" and a couple other similar plans will come out of the Ways & Means Committee and be adopted by both houses sometime after the '72 elections. One gets the impression that though the Senate won't like it, there probably will be no major change from the House version.

3. H.M.O.'s will be given the big push in the next year or two but will

not replace the whole pleuralistic system now in force. If No. 2 and No. 3 are correct there will be room for continued management-labor bargaining for health services with all sorts of plans including our own PCMB, Western Clinic and other plans that may be competing in our area in the coming months and years.

4. We should find ways of improving our service plan benefits and pay for them at least partially by improved cost controls and peer review activities. As Ned Parish—new president of Blue Shield puts it—we often hear that if we don't step in the government will. This is the wrong reason for the right end—we should be proud of our position and positive in our action.

WHAT SAY YOU?

—R. C. JOHNSON, M.D.

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- 14 Samuel E. Adams
David H. Johnson
- 15 Warren F. Smith
- 16 Robert M. Freeman
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- 20 Loy E. Cramer
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Letter To Editor

November 9, 1971

Robert Whitney, Jr., M.D., Editor
Bulletin of Pierce County
Medical Society
113 Medical Arts Building
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Dear Doctor Whitney:

I greatly appreciated reading the "President's Page", and I am wondering how many of us who did read it thought to cut it out, put in an envelope, and address it to the editor of the News Tribune or some other newspaper editor in order to indicate that we as doctors were becoming more and more aware of the political side of medicine and the political fighting we must do if we are to maintain our independence in directing and guiding and controlling health services.

I am certain that the reason the chiropractors were able to get these several nauseating bills through the State Legislature was simply because not enough doctors acted individually and independently indicating not only their desire, but indicating what the unbiased opinion of other so-called consumer groups were in regard to chiropractic. Certainly, individual letters from several thousand doctors would be of much more influence than the combined efforts of two or three lobbyists at the legislature.

Hence, I think if several hundred of us mailed the President's Page to local editors, it would give them a little more reflection when the next scare headline regarding doctors is presented to them over the wires of Associated Press and so forth. Certainly, we have a poor press, but this is only because we are too reluctant to indicate that we are deserving of a better one.

Sincerely,
RODGER S. DILLE, M.D.

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- Going on periodic drinking bouts.
- Losing time from work.
- Protecting and hiding liquor supplies.
- Drinking alone in the morning or before breakfast.
- Getting the "shakes" and "butterflies" and finding liquor mediates them.
- Finding it takes less alcohol to get drunk. (less tolerance to the drug, probably due to brain damage).
- Experiencing delirium tremens, (D.T.s).
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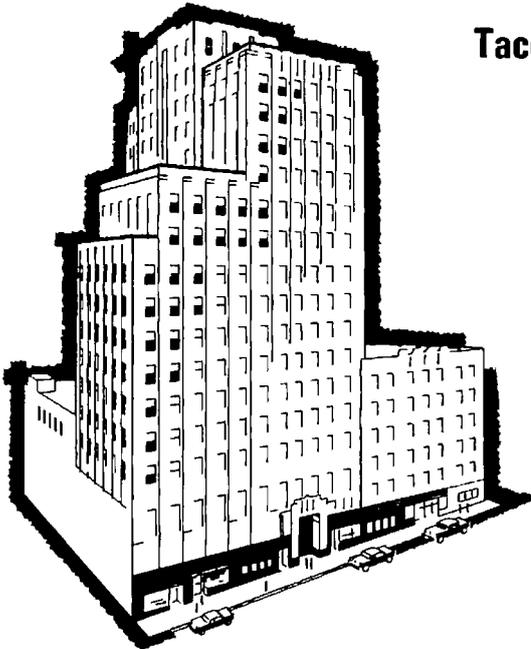
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WOMAN'S AUXILIARY PAGE . . .

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HAPPY HOLIDAYS

Thanks to the combined efforts of many Auxiliary members, the Medical Auxiliary's Art Auction was a financial and social success. Members and guests enjoyed delicious hors d'oeuvres, the art objects and over 100 paintings were sold. All monies raised at this charity event will be spent in the local community.

Judy Brachvogel and Linda BeMiller and their Committee did a marvelous job of organizing this festive occasion. Marylyn Baer and her Committee made hors d'oeuvres for 500, using Auxiliary Cookbook recipes in Bonnie Stagner's lovely kitchen. It took them all day! Auxiliary members organized by Carol Hopkins sent out 800 invitations. Mabel Miller and Edie Lawrence worked until 3 a.m. the night of the auction with the finances involved in an auction of this magnitude.

A full report of the art auction will be ready for our next general meeting in January. Congratulations to all of you for a hard job very well done!

WESTERN STATE HOSPITAL HELP

Western State Hospital needs Santa Claus helpers. The Pierce County Medical Auxiliary members have served in this capacity in the past, and the need is urgent again this year. Western State especially needs gifts for men and women—all gifts must be new merchandise. If your package is gift wrapped, please label for man or woman. Christmas gifts may be left at the reception desk of the Administration Building or, if mailed, address parcel to: Superintendent, Western State Hospital, Fort Steilacoom, Washington 98494. If there are any further questions about this project, contact Miss Monaghan, Director of Volunteer Services for Western State Hospital.

COMBINED BOARD MEETING

Three officers of the State Medical Auxiliary were guests at the last Board meeting, October 22, 1971, in Lois Stilwell's home. They were State Board President, Mrs. Rosco S. Mosiman, Pres-

ident-Elect Mrs. Paul G. Kinney, and Regional Vice President Mrs. Robert M. Shay, along with our members who are State Board members, Jean Judd, Dorothy Maier, and Helen Florence. The State Board was well represented.

There were several items of business on the agenda. It was decided that the fiscal year of Pierce County Medical Auxiliary be changed to a June 1 to June 1 basis. Now, our fiscal year will correspond with the election of county officers. Betty Johnson reported there are now 141 paid members. This year the Auxiliary will collaborate with UGN in publication of the Health Service Guide, contributing \$250. The idea of a first aid kit as a fund raising project was rejected. Thank you Bev Graham for researching the feasibility of this project. The pros and cons of the Auxiliary cooperating with the Ambulatory Care Center was discussed by Nancy Spangler.

AMAERF

Gloria Virak, Helen Whitney, Dorothy Grenley, Marylyn Baer and Toni Bourne will address about 310 AMAERF Christmas cards the first week in December.

Merry Christmas to you all. Have a happy holiday.

—NORMA SMITH.

PCMS Represented On Disaster Committee

The Pierce County Medical Society has been actively represented on the County Disaster Planning Committee. Among the activities for which this society has provided support is organization of medical support in case of a civil mishap in our community.

Communication has been established to provide a center at St. Joseph Hospital with the radio network connecting all of our local hospitals and the second channel intertying with facilities in Olympia and Seattle. The emergency directors of the area hospitals have coordinated to provide staff mobilization as necessary in any individual circumstance. The key to success in this program is graded response to match the particular need in any situation.

Physicians of our community have been given mobilization assignments for coordination purposes. Each hospital has a director who has worked out notification procedures for his individual staff. Doctors Paul Bondo, James Billingsley, George Tanbara and Art Wickstrom have spent many mornings with the Emergency Committee to help intertie this notification system to the communications of police, fire and civil disaster departments. A massive problem might eliminate phone networks and we have asked for medical staff to respond as soon as they are aware of such an occurrence by reporting to their assigned hospital. Short of this, identification is staged with proper backup, utilizing all com-

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munications media within the community. For example, key individuals have been selected at each hospital for primary notification through their Radio Page, the Doctors Exchange or Bell Boy systems. As each hospital has a few communication team leaders, none of these systems will be asked to page all of the fifty to one hundred and fifty doctors using their service, expecting simultaneous notification. They will only need to reach the five key individuals or alternates first and, as time allows, expand the notification. For backup, telephone operators in hospitals have been given change and telephone lists so that they can use the pay phones in house (these will not be blocked by a flood of incoming calls) and also notify key people. Each of us then should have a short list of two or three individuals with alternates in case we cannot reach the primary ones.

Your representatives on the Disaster Committee have been active in trying to coordinate this plan with the community and then the safety departments and disaster organizations of each hospital have tried to refine it to work best within their area. By cooperating with the various call systems of the community, we feel there is sufficient redundancy to get notification to our staff should a problem arise. The program is one of ongoing evaluation and change and thus the coordinators of Pierce County will welcome any suggestions that will improve our capability to provide unusual medical support in a needed situation.

IN MEMORIAM

Dr. Ward B. Van Vechten was 92 years old when he died in Tacoma on September 16, 1971. He graduated from the University of Oregon Medical School in 1902 and was the recipient of the Saylor Award. After graduation Dr. Van Vechten was health officer and assistant coroner in Multnomah County and on the staff of the University of Oregon Medical School.

In 1904 Dr. Van Vechten moved to Tacoma where he established his practice as physician and surgeon. In later years, he was senior medical examiner for the Metropolitan Life Insurance Co.

Dr. Van Vechten married the former Edith E. Ryan, member of a pioneer Sumner family, and built his home at North 45th and Stevens and lived there until the time of his death.

Active in the Presbyterian Church, Dr. Van Vechten taught Sunday School for many years and was an elder. He is survived by two daughters, Mrs. Wayne E. Taylor and Mrs. Ellwood Davidson, four grandchildren and 7 great grandchildren.

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Remarks From PCMS Tumor Board

The ravages of cancer remain apparent to the physicians who regularly attend the "Pierce County Medical Society Tumor Board" at Allenmore Hospital at 7 A.M. every Friday.

Many of these cases of non-resectible carcinoma have a clear relationship to cigarette smoking. All too often we think only of the relationship between the consumption of cigarettes and the development of such diseases as bronchogenic carcinoma and atherosclerotic heart disease. However, just recently the medical literature reemphasized the strong relationship between cigarette smoking and that of transitional cell carcinoma of the urinary bladder, and development of squamous cell carcinoma of the mouth, pharynx, larynx.

Recently, Dr. Philip Cole reporting in the "New England Journal of Medicine" showed a strong association in 90% of 470 patients between development of their urinary tract carcinoma and the amount of cigarettes that had been smoked during their life time.

An exceedingly interesting article was reported in the "Journal of the American Medical Association" in October of 1971 by Dr. C. Moore of the Louisville School of Medicine. The association of the development of primary carcinoma of the head and neck to cigarette smoking was shown. The most interesting point in the article was the fact that those who stopped smoking only had a 6% recurrence rate of secondary primary carcinoma whereas those who continued to smoke had a 40% chance of re-developing a primary carcinoma in the tissues that came in contact with the tobacco smoke.

We as physicians, have an exceedingly strong obligation to not only our patients but to all people to continue to make every effort to see that either cigarette smoking is either stopped or reduced.

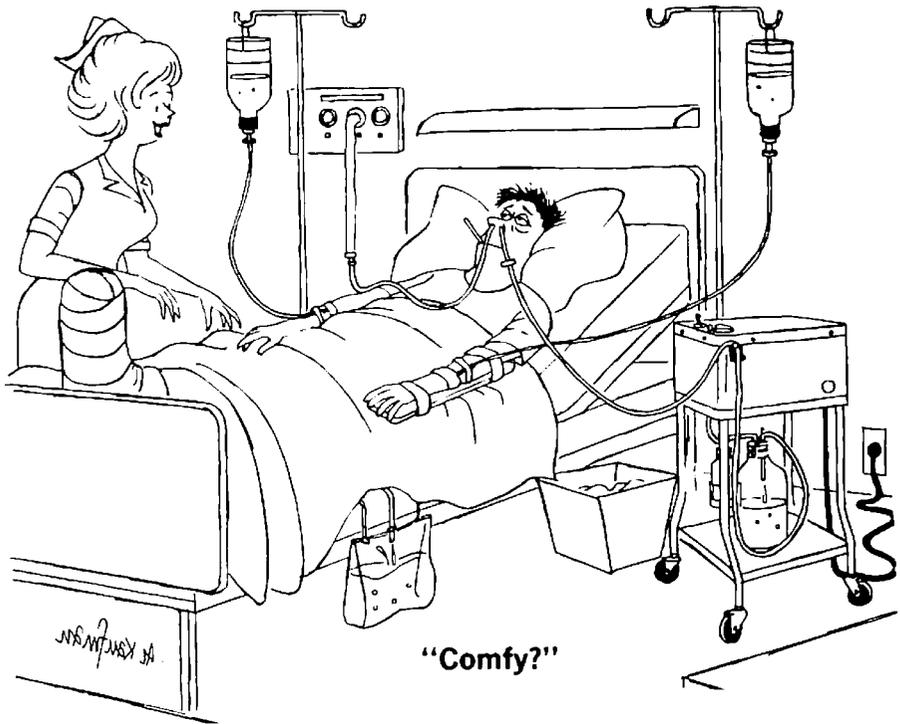
It seems that the few physicians who still maintain a stand that there is no 100% "cause and effect" relationship between cigarette smoking and various diseases often seem to be lecturing or making their point with their left hand and smoking with their right hand; I would expect that this is often an attempt to merely justify their own position but it is beyond one's imagination for a patient to seriously take the advise of a physician to stop smoking when that physician continues to smoke himself.

J. G. KATTERHAGEN, M.D.

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Third Monday of March, June, Sept., Dec.—7:30 p.m.
- STAFF OF PUGET SOUND HOSPITAL
2nd Monday of February, May, August, November
- TACOMA AREA CHAPTER OF AMERICAN PSYCHIATRIC
ASSOC.—First Monday of October, December, February,
April and June.
- TACOMA ORTHOPEDIC SOCIETY
First Monday of each month—6:00 p.m.
- PIERCE COUNTY MEDICAL SOCIETY
Second Tuesday of the month except June, July and
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- STAFF OF TACOMA GENERAL
First Tuesday of March, June, Sept., Dec.—6:30 p.m.
- TACOMA SURGICAL CLUB
Third Tuesday of each month at Top of the Ocean
- TACOMA ACADEMY OF INTERNAL MEDICINE
Fourth Tuesday of each month—6 p.m.
- PIERCE COUNTY ACADEMY OF GENERAL PRACTICE
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- PIERCE COUNTY PEDIATRIC SOCIETY
First Monday of each month except June, July and
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- STAFF OF ALLENMORE HOSPITAL
Third Monday of March, June, September, December—
7:00 a.m. at Allenmore Hospital
- STAFF OF MARY BRIDGE CHILDREN'S HOSPITAL
Fourth Friday of March, June, Sept., Dec.—12:15 p.m.
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