

The

PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

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JANUARY, 1976



David S. Hopkins, M.D.

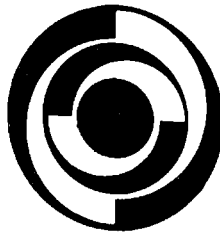
President, Pierce County Medical Society, 1976

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The BULLETIN

of the
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President's Page



David S. Hopkins, M.D.

I would like to begin this year by expressing the heartfelt appreciation of the Pierce County Medical Society for the tremendous job done last year by Past President Jim Early and the retiring members of the Board of Trustees. Any one who was remotely involved with the administration of Society affairs last year is aware of the great energy, insight and personal warmth that Jim brought to the job. As I noted in my inspiring inaugural address, which a few of you may have missed, anyone who has any doubts about the excellent job Jim has done need only wait for a few months of this administration to have the doubts resolved.

Hopefully, involvement will be the

name of the game for the Society for this coming year. These are exciting times, if you can call malpractice threats, doctors strikes, increasing government regimentation and gradual deterioration of the doctor-patient relationship exciting. Traditionally physicians represented the major purveyor of health care to the community and also were community leaders in the broadest sense. Over the past years our role has changed to the extent that we are now a portion of the health care pie and have very little control over some of the other major pieces of the pie. In spite of this we are still looked to for leadership and counsel by various organizations and individuals and, working through the Society, we can influence our place in the sun.

We have many new members in the Society with varied interests and experiences and we need both new and old members to come forth and be involved. We need political activists, we need writers for the Bulletin, we need speakers for the Speakers Bureau and we need members for the various committees. If you want to become involved in your future and the Society's, please let Dale Shirk know your area of interest.

Meet the President



David S. Hopkins, M.D.

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

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

Not finding the fulfillment he had envisioned in journalism, Dr. Hopkins sought a career in medicine and enrolled at the University of Minnesota Medical School in 1956 and earned his M.D. de-

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

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

Meet the President-Elect



Duncan Theodore Baer, M.D.

Dr. Baer was born March 13, 1931 in Port Angeles, Washington. He attended Queen of Angels Grade School and Roosevelt High School in Port Angeles. Following high school graduation in 1949, Dr. Baer's family moved to Seattle, but he went east and enrolled at Washington State University. Following completion of one semester, Dr. Baer transferred to the University of Washington.

Dr. Baer completed his pre-med at the "U" and transferred across campus to the Medical School in 1953 where he earned his Doctor of Medicine degree four years later.

Married in 1955 to Marylan Helen Pattison, the Baer's now have five children; Ted—age 19, Tim—18, Pam—15, Kim—14, and Tom age 10.

Having entered the Air Force during medical school, Dr. Baer went back on active duty following an internship at George Washington University Hospital

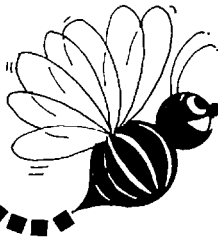
in Washington, D.C. and was stationed first in Montgomery, Alabama for orientation and then on to the school of Aviation Medicine for training at Randolph Air Force Base in San Antonio. In the fall of 1958, Dr. Baer was assigned as a flight surgeon to Nellis Air Force Base in Las Vegas, Nevada until 1961.

Following discharge from the Air Force, Dr. Baer entered ophthalmology residency at Highland Alameda Hosiptal in Oakland, California from 1961 through 1964 and directly following completion of the residency program, moved to Tacoma where he began practice in the Medical Arts Building in the summer of 1964. Dr. Baer moved to the Allenmore Medical Center in October 1966.

Certified by the American Board of Ophthalmology in May of 1966, Dr. Baer is also a member of the American Academy of Ophthalmology and Otolaryngology, Pierce County Medical Society, Washington State Medical Association and The American Medical Association.

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Thomas Hood, *The Last Man*



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Pierce County Medical Society Meeting*

Tuesday, January 13

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Cocktails 6:30 Dinner 7:15 Program 8:00

Program:

Malpractice: What Your Assessment Dollar Is Doing!

Special guest speaker, former State Senator Martin Durkin, retained by WSMA to lobby the Legislative Reform Package, will explain the current status of WSMA proposals to the Legislature. An overview of non-legislative and public relations activities will also be given.

This is an important meeting for all physicians who are interested in finding solutions to this National Malpractice Crisis. Please plan to attend and bring your wife.

John Shaw, M.D., To Head American Academy of Dermatology



During their 34th annual meeting in San Francisco, the American Academy of Dermatology elected John M. Shaw, M.D. of Tacoma as president-elect of the 4,200 member specialty group.

Dr. Shaw, who has served the Academy as assistant secretary-treasurer and secretary-treasurer for seven years has been a member of the Pierce County Medical Society since 1955.

Dr. Shaw indicates that the focus of his professional specialty society's activities will continue to center around post-graduate medical education but that the other problems of a legal and socio-economic nature are beginning to dictate an emphasis in these areas as well.

Dr. Shaw has maintained his association with the University of Washington School of Medicine as a clinical professor of dermatologic medicine while continuing to involve himself in organized medical activities within Pierce County. He is a past secretary-treasurer of the Tacoma General Hospital Staff, has served on various committees of the Pierce County Medical Society and has been a Washington State Medical Association representative to the American Medical Political Action Committee.

Dr. Shaw and his wife, Jean, have six children.

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Pierce County Medical Society

during the year 1975

Whereas, the Board of Trustees and the membership of the Pierce County Medical Society wish to express their gratitude for his unselfish service and leadership during his term of office, therefore

Be It Resolved that this certificate be presented to him in appreciation thereof.


President


Secretary

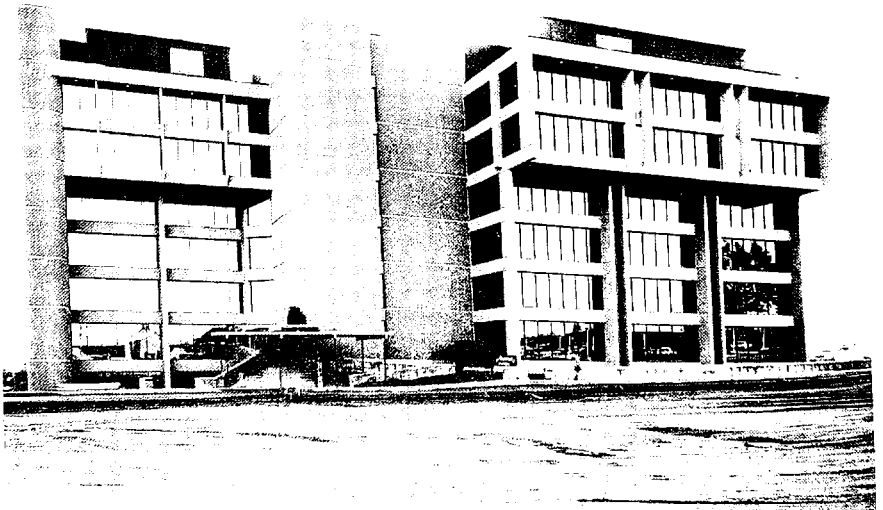




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Speaks



C. E. CASE

The Enigmatic Case

The history of medicine in Pierce County as documented in our archives runs a close parallel to the olde frontier type melodrama. It has its romance, its pathos, its heroes and villains. But in the instance of Doctor C. E. Case there is no clear definition of his role. He always wore a black hat . . . though, in at least one scene he emerged as the hero. At the time of the Great Streetcar Disaster, the fourth of July, 1900, it was C. E. Case who labored in surgery for a heroic twenty-fours attending the injured at Saint Joseph's Hospital. Five years later it was C. E. Case who fired the first volley in the great battle of Contract Practice in the P.C.M.S. . . . but paradoxically, he came out blazing both barrels at the 'good guys.'

Charles Elijah Case was born in California the year of the gold discovery. In his lengthy statement of qualifications for the Pierce County Medical Register in 1883 he described elaborately his pursuit of the study of medicine. He at-

tended various medical colleges across the country for a period of about eight years, attaining a degree of Doctor of Medicine and Master of Surgery after a five-month's course of study at the California Eclectic Medical College. He was elected to the faculty there immediately upon graduation, and for two years served as professor of Anatomy and Surgery at the College.

When he arrived in Tacoma early in 1883, Case established himself on a prime piece of real estate at the corner of Eleventh and Pacific, sent out handbills advertising his proficiency at surgery and the diseases of women and soon had a very busy practice. We can assume that Doctor Wintermute and others took a jaundiced view of this successful sectarian.

Doctor Case was a tall man, Lincoln-esque in appearance, affecting a long black beard which he tucked into his vest while at the operating table. He always wore a Prince Albert coat. As Doctor William McCreery later recounted . . . 'Case had a violent temper and was an atheist. He sometimes operated for Dr. Ball, who was intensely religious. Many a bitter religious war was waged over the open abdomen . . .'

After the death of Doctor Wintermute in 1896, there followed a period of more relaxed attitudes within the P.C.M.S., and in April of 1898 the Board of Censors reported favorably on a group of applicants for membership which included Doctor C. E. Case. The seven applications were taken up separately to be voted upon by the membership, thirteen members in attendance. The application of Doctor Case on ballot was rejected, receiving five black balls. This was the only occasion in our early ledgers of the P.C.M.S. on which an applicant receiving a favorable report by the Board of Censors was refused by the membership. By this time the California Medical College had been converted to a 'regular' School of Medicine and the question of Doctor Case's sectarianism

was moot. He was simply not loved by his colleagues.

In February, 1903, the P.C.M.S. again received an application for membership by Dr. Case and it was referred to the Board of Censors. At the meeting of March 17th that year, Dr. Case's application, which was to have been balloted on, was laid over as the Board of Censors had not reported upon it. At the meeting of March 31st, in an unusual action, a motion was made and carried to suspend the articles of the constitution and by-laws for the purpose of balloting upon the several applications for membership which had been laid over some weeks. The Secretary was instructed to cast the deciding ballot on each application and he cast a favorable vote to each. In this way, Doctor C. E. Case was elected to membership in the P.C.M.S. at last!

Having gained membership in the P.C.M.S., Case then became very useful in the organization . . . presenting exhibits for discussion at the meetings and serving on several committees. As one who had utilized a massive amount of public advertising in his own practice, he now took the opposite view, and objected to the conservative 'professional cards' many of the doctors ran in the newspaper as being unethical.

At the P.C.M.S. meeting of January 17th, 1905, a completely new topic for discussion appeared. Grant Hicks had just been installed as President and made a little speech. In the next entry the old ledger reads simply . . . 'Doctor Case made a few remarks on Contract Practice' . . . and then, 'Doctor Quevli made a short address as retiring President, calling upon the members to assist the new President in advancing the interests of the Society'.

The subject of Contract Practice had been introduced, and would now be the topic of controversy in the P.C.M.S. for more than three decades to follow.

What C. E. Case referred to as 'Contract Practice' was a system which had

originated in the community years earlier as the first working arrangement for pre-paid medical care in the nation. It began as a contract between the Saint Paul and Tacoma mill and the hospitals, for full medical care for their employees, paid for in advance. From this beginning, the contract concept mushroomed, so that by 1905 almost a third of the population in Pierce County was covered by some kind of pre-paid medical arrangement, often contracted by their social groups, or 'lodges'. Doctor Curran described Contract Practice then as an 'intricate proposition'. The contracts were outside the existing laws and took as many forms as there were doctors who practiced contract medicine . . . some bordering on flagrant quackery.

Once the irascible Doctor Case had introduced the subject of Contract Practice for discussion in the P.C.M.S., it became the primary topic for evasion at each meeting. Attendance at meetings doubled. Committees were appointed to study the problem and vague recommendations were made. Whitewash fairly dripped from every portico.

By November of that year C. E. Case had become impatient with the sidestepping and evasion, and determined to settle the matter of Contract Practice once and for all . . . to throw the rascals out!

He made his broadside attack in the letter reprinted here . . .

To the Board of Censors of the Pierce County Medical Society:
Gentlemen:

I herewith charge Doctors James R. Yocom, George C. Wagner, Grant S. Hicks and any and all other members of this society who are now doing contract work or so called lodge work, except of course Railway Contract work, Government, State, County or Municipal contract work, with violation not only of a resolution recently passed by this society but also with the subversion of this society's wishes and intentions relative to the doing of contract work and the abrogation of hospital contract work. The above

named members of this society, namely James R. Yocom, George C. Wagner and Grant S. Hicks, did most shamefully abuse the society's confidence when they bid for or solicited the contract work given up by the two hospitals of our city . . . and did, in the most undignified, underhanded, treacherous, indecent, vicious and ungentlemanly manner appropriate to themselves these contracts, thus subverting the will and desire of this society. I therefore pray your honorable body to cite each and every contract physician or surgeon before your body to show cause why they should not be expelled from this society.

(signed) Charles Elijah Case

C. E. Case had fired his volley at the fellows in the white hats. Grant Hicks was then President of the P.C.M.S., Doctors Yocom and Wagner had held offices in the P.C.M.S. intermittently for fifteen years and were held in high esteem by their colleagues. Doctor Case refrained from naming the fourth physician in that partnership, A. J. Coleman, possibly because Dr. Coleman was also a licensed attorney.

Nevertheless the problem of Contract Practice had to be solved in some way or the P.C.M.S. would not survive. In an ironic twist of circumstances . . . as the history of the P.C.M.S. unfolds . . . Doctor C. E. Case may have been a hero after all.

Lung Association Offers 14th Annual Symposium On Respiratory Disease

Dates for the symposium are February 12 and 13, 1976, at the Olympic Hotel, Seattle, Washington. The program is sponsored by the Washington Lung Association, Washington Thoracic Society and the University of Washington School of Medicine. It is acceptable for 14 prescribed hours of credit by the American Academy of Family Practice, and is accredited by the American Medical Association. Tuition is \$15.00.

Registration information may be obtained from the Washington Lung Association, 216 Broadway East, Seattle 98102.

Tuition is reduced to \$5.00 for pediatricians wishing to attend only the pediatric portion on February 12.

A Nursing Symposium on Respiratory Care will be presented on February 11, 1976. Registration information for this program may also be obtained from the Washington Lung Association.

Sincerely,

Frank H. Erickson

Regional Program Director

EASTSIDE HEALTH CLINIC 1720 East 44th St.

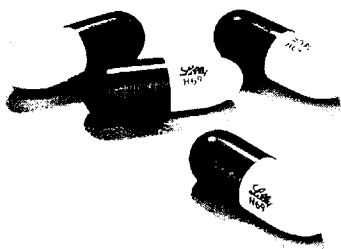
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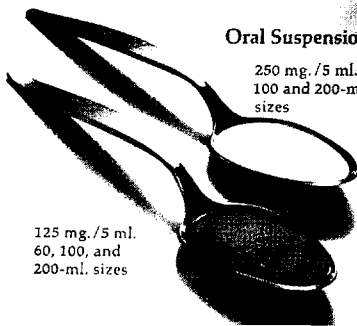
Seen by Physicians	December	Total - 1975	Total to Date 1972
Adults	97	1781	5339
Children	57	1306	4256
Laboratory services	33	968	*N/A
Prescriptions filled	98	1440	N/A
Referred to Physicians	11	300	N/A
Phone referrals	55	935	N/A
DPA	40	636	N/A
EPSDT	8	164	N/A

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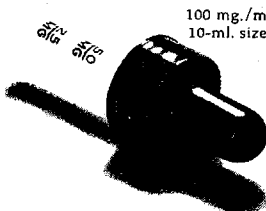


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Hospital Staff News

Puget Sound Hospital

The Special Care Unit at Puget Sound Hospital has recently undergone modernization and updating of equipment. It is now in full operation with its new equipment and is functioning quite well. The new equipment includes television monitoring of the patient from the Central Nursing Station. This permits more direct and constant observation of the patient which has greatly aided the nurses in their care of the patient and has facilitated a quicker response to the patients' needs.

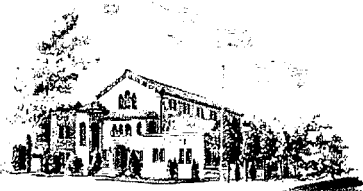
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Reported by: John Nagle, M.D.




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	November 1975	Total 1975	Total Since 1972
HEMOGLOBINS			
AA (Normal)	219	2881	9431
Peculiar Findings	0	0	1
Persistence Fetal Hb.	2	4	8
TRAITS			
AS	12	96	378
Blacks	12	96	375
Caucasians	0	0	3
AC	2	31	86
AG	0	0	1
AD	0	0	3
AE	0	4	4
Lapore	0	0	1
Beta-Thalassemia	1	12	30
Alpha-Thalassemia	0	1	1
DISEASES			
Sickle C	1	2	5
Sickle-Beta-Thalassemia	0	1	2
SS	1	2	2
TOTAL	238	3034	9953

PARTICIPATING PHYSICIANS

George Tanbara, M.D.	Myron Bass, M.D.	William Coyner, M.D.
David Sparling, M.D.	Ronald Gallucci, M.D.	Charles Curl, M.D.
Frederick Schwind, M.D.	George Kunz, M.D.	Maurice Origenes, M.D.
Richard Herd, M.D.	Robert Munson, M.D.	Gerhart Drucker, M.D.
Anthony Garcia, M.D.	James Schneller, M.D.	Paul Elsberry, D.D.S.
		Thomas Bowden, M.D.

Physicians Interested in Practice Opportunities in Pierce County

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society Office. Be sure to include the listing number.

General Internal Medicine:

Young Internist completes residency training at University of Rochester Associated Hospitals. Currently Chief Resident. Interested in solo, small or large group practice in General Internal Medicine. Military obligation met. Available July, 1976. Listing 101

Pediatrician:

28 year old graduate of University of Illinois Medical School, interested in all opportunities in general pediatrics. Interned: Medical College of Wisconsin (Marquette) and Milwaukee Children's Hospital. Straight Pediatrics. 3 year pediatric residency at Marquette and Milwaukee Children's Hospital completed June, 1976. National Boards Com-

pleted. Available August 1976. Listing 102

General Internal Medicine-Endocrinology:

Board eligible Internist wants opportunity for general internal medicine and endocrinology. 35 years old. Military completed. Graduate Indiana University School of Medicine. Interned St. Joseph's Hospital, Phoenix, Arizona. Internal Medicine Residency at Indiana University School of Medicine. Two year Clinical Endocrinology Fellowship, Marion County General Hospital and Eli Lilly Diabetes Center. Published. Available July, 1976. Listing 103

Hematology-Oncology/Internal Medicine:

Young internist training in medical oncology at National Cancer Institute seeks position in clinical practice of Internal Medicine and Hematology-Oncology. Willing to consider all practice opportunities. Available after June 1976. Listing 104

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Symposium on Cancer: Concepts, Care and Ethics; Paul F. Glaser Auditorium, Swedish Hospital Medical Center, Seattle, Washington, March 4 - 6, 1976. Guest speakers: Tristram Englehardt, Jr., Ph.D., Associate Professor, Philosophy and Medicine, University of Texas Medical Branch, Galveston; Emil Frei, III, M.D., Professor of Medicine, Harvard Medical School; Physician-in-Chief, Children's Cancer Research Foundation, Inc., Boston, Mass.; Robert Lukes, M.D., Professor of Pathology and Director of Hemopathology, University of Southern California School of Medicine, Los Angeles, Calif. Registration (limited to 200) \$15.

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PIERCE COUNTY MEDICAL SOCIETY



BULLETIN

Vol. XVII, No. 2

TACOMA, WASHINGTON

FEBRUARY, 1976



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The BULLETIN

of the
 Pierce County Medical Society

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President's Page



David S. Hopkins, M.D.

At this writing I have just returned from the AMA Leadership Conference in Chicago and the following impressions constitute a report to the Society.

— Chicago's O'Hare airport and its environs in January is a bleak place at best. People are not the same everywhere; some are worse off than we are.

— The most impressive individual, by far, at the conference was F. David Matthews, the new Secretary of Health, Education and Welfare. He is young, articulate, possessed of sweet reason and a sense of humor and with an apparent willingness to sit down and discuss medical care problems sympathetically. Unfortunately, his is an appointed position which can change with the political tide.

— The AMA is worth joining and supporting. Despite its past history of tending to react rather than act, the AMA remains a powerful voice in Washington and if it appears paranoid at times it is not without reason. The FTC, in filing its recent complaint against the AMA regarding physician advertising, totally by-passed the normal channels of notification and gave the AMA far less than an hour's notice that it was filing the complaint, thereby eliminating any possibility of study and immediate

rebuttal of the issue by the AMA attorneys. If we are to have any influence on the method of care of our patients we need to be totally united and the AMA helps us to do this and still remain a "learned profession." Another interesting and hopeful, statistic is that the young membership of the AMA has tripled as has the number of women joining.

— The National Health Planning and Resources Development Act is a broad, far-reaching, and some feel very dangerous, law. It would behoove all physicians to acquaint themselves with this law and stand ready to work with the Society in any of its attempts to influence the administration of this law.

— National Health Insurance is coming. House subcommittee representatives at the meeting who are working on legislation estimate it will be 30 months at the earliest before a bill is submitted.

— The professional liability problem was very much in evidence in Chicago. Cook County announced the transfer of three circuit court judges to handle the dramatic increase in cases already this year. Two of the most widely discussed proposals were physician sponsored insurance companies and voluntary binding arbitration.

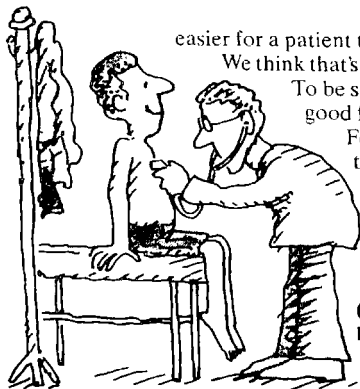
— The airline hostess on the flight to Chicago provided a more intensive medical discussion in four hours than did the three day conference in Chicago. Her non-stop recitation of varied symptoms was less than enthralling and included a half-hour session with a neurosurgeon regarding her strange tendency, on occasion, to become totally paralyzed from the neck down when she stood up quickly. I would rate her below listening to the country western channel on the earphones but above re-reading Business Week.

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Editorially Speaking

The Medical-Professional liability issue is presently in the hands of the legislature. At this writing it seems likely that a helpful bill will be reported out of the Senate Committee. The future of this bill in the House may be less certain.

Several colleagues have asked whether I thought their assessments for this legislative effort will really be productive. My own feeling is that we will get something useful this session but less than we ultimately seek. The very important requests for mandatory arbitration with mandatory initial screening panels and a top limit on awards, for instance, are not on the Senate Bill No. 3039. Because of their greater legal and financial complexity they have been separately introduced into the House bill which will be pushed the next full legislative sessions. There was fear that their inclusion in the present short legislative session could have resulted in the entire group of proposals being tabled. I think that splitting these issues was a wise tactical decision.

Clearly we will need to be involved in a continual legislative campaign over the next few years. I have no doubt that insurance premiums will remain high

(and may even continue to rise somewhat) for the immediate future, but eventually if we are successful, they should respond. It also seems clear that if we had not taken this course, the premiums would have continued to climb at the very high rate we have seen over the last few years.

The chief opposition, as expected, is coming from the local American Trial Lawyer's Association members and their spokesmen within the State Bar Association. I honestly do not believe that the majority of the Bar is strongly opposed to most of our proposals.

It has been emphasized and deserves re-emphasis that legislators are most responsive to direct contacts from constituents. Although the present session may be over by the time this bulletin is published, it is not too late to write or phone your senator or representative. Remember that the campaign you have helped to fund will continue at least another year and continuing contact with our legislators remains extremely important. If you do not know your legislative district, this can be learned by phoning the County-City Building, Department of Elections.

— W. Ben Blackett, M.D.

THE CRISIS

The following facts about the malpractice issues facing Washington physicians and their patients are excerpted from a pamphlet prepared by the Washington State Medical Association. These handy reference guides may be ordered in quantity for personal use and office distribution. Call the WSMA toll free 1-800-552-0612 and ask for "Facts About the Crisis."

NATIONALLY . . .

- Malpractice claims are growing at an annual rate of 12%.
- 90% of all malpractice suits were filed in the past 10 years.
- Average damage claims are 53 times the actual award.
- Patients receive only 15-38 cents of each malpractice premium dollar; the balance goes for commissions, lawyer's fees, administrative overhead, and state and federal taxes.
- Total cost of malpractice coverage has grown from \$60 million in 1960 to \$1.2 billion in 1975.
- "Defensive" medicine increases patient costs . . . Ralph Nader's Health Research Group found that 30% of all x-rays are taken to protect against malpractice suits . . . at a cost to patients of \$1.4 billion annually.
- Cost of increased malpractice rates for patients:

\$1.50 to \$2.00 more on the average for each office visit, although there is a considerable variation among specialists.

\$10.00 to \$15.00 more for each day in the hospital.

IN WASHINGTON STATE . . .

- Premium rates for doctors are rising: 1975—up an average of 56%, with an increase of 158% for some specialists. 1976—up an average of 69%.
- Hospital liability rates climbed an average of 290% for 1975 . . . increases are added to room rates.
- Hospital insurance rates have climbed from an annual rate of \$209 per bed in April, 1975, to \$613 per bed currently . . . a 193% increase.
- Taxpayers will pay a 340% increase in insurance rates for publicly-employed physicians; premiums for medical school faculty members will increase from \$500,000 this year to \$2,200,000 for 1976-1977.
- In four years, 1970-1974, the frequency of claims filed per 100 physicians has doubled, from 2.2 to 4.4
- Incurred losses (claims and reserves)

have climbed 603% from 1972 to 1974, while actual paid losses have jumped 1,091% during the same period.

- Between 1971 and 1975, average settlements and awards against physicians jumped 118%, rising from \$6,047 to \$13,223.

Last year the Legislature took the initial step toward solving the professional liability problem by strengthening the Medical Examining Board and the Medical Disciplinary Board. This means more rigorous appraisal of new doctor applications and requires continuing education as a condition for license renewal. In addition, "sick" doctors' licenses can be suspended or revoked by the Medical Disciplinary Board.

This year, the Legislature is asked to consider the Health Care Injuries Act which provides additional remedies to alleviate the malpractice crisis in Washington. All of these measures are important to ensure that adequate health care is available to all Washington residents.

- Physician liability rates vary according to medical specialty:

Year	Minimum Rate	Maximum Rate
1974	\$ 527	\$3,058
1975	788	6,356
1976	1,287	10,847

• Comparison of Washington State physician premium rates for 1974-1976:

1974	1976	
\$ 527	\$1,287	Physicians—no surgery
868	2,252	General practitioners performing or assisting on major surgery.
		Ophthalmologists, Proctologists
2,462	6 812	Anesthesiologists, Cardiac surgeons, Otolaryngologists, General surgeons.
4,058		Obstetricians — Gynecologists, Plastic Surgeons
3,058	8,156	Neurosurgeons, Orthopedists, Thoracic surgeons, Vascular surgeons
2,462	10,847	

Pierce County Medical Society Meeting

Tuesday, February 10

DINNER — ANTON'S
(East Main Between Puyallup and Sumner)

Cocktails 6:15 Dinner 6:45 Program 7:30

Program:

Mandatory, Continuing Education,
Recertification and You

Guest Speaker: **ROBERT F. WILLKENS, M.D.**
Chairman, Board of Medical Examiners

DETACH AND RETURN FOR REGISTRATION

_____ Please reserve _____ dinner(s) for me at \$5.00 each (includes tax and gratuity).

Enclosed is my check in the amount of \$_____.

_____ I regret I am unable to attend the dinner portion of the meeting, but will attend the program only at 7:30 p.m.

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Letters . . . To the Editor



Dear Doctor Hopkins:

In July of 1974 Washington State was awarded a contract from the National Cancer Institute to develop a model to provide cervical cancer screening for low-income, high risk women in Washington. The model, referred to as the Cervical Cancer Screening Planning Project was developed by a Washington Alaska Regional Medical Program under a subcontract from the state. The screening model was developed through close cooperation with the Washington Division of the American Cancer Society and with active support of the Fred Hutchinson Cancer Research Center and representatives of other concerned health care provider groups. The proposed model was accepted by the National Cancer Institute and the state was awarded an implementation contract in July of 1975.

Active screening began in September of 1975.

The screening exam includes a gyn history, breast exam, Pap smear and bimanual exam.

Attached is a list of providers of the Cervical Cancer Screening Service in the Tacoma area. Clinics and individuals providing the service are compensated on the basis of the number of patients from the target population screened. Cytologic specimens will be sent to the lab chosen by the screening facility which meets minimum standards to insure quality screening for less than \$3.00 per Pap. Follow-up and treatment will be ensured by the local screening facility and by county public health offices and will be monitored by the CCSP staff. The target population is defined as:

— women over 16 (with particular em-

PROVIDERS OF CERVICAL SCREENING SERVICE

PIERCE COUNTY

Clinic	Number	Days of Clinics
Eastside Clinic Tacoma-Pierce Co. H.D. 1720 East 44th Tacoma, Wa. 98404	593-4792	Wed., p.m.
Indian Community Clinic Tacoma-Pierce Co. H.D. 2002 East 28th Tacoma, Wa. 98404	572-3965	Mon. & Thurs.
Tacoma-Pierce County Health Dept. (Health Dept. will actually provide screening at Tacoma-Pierce County Family Planning Clinic, 649 County City Bldg., Tacoma, Wa. 98402 and 908 So. 10th, Tacoma 98405)	593-4343	Tues., a.m. every month
Family Clinic 1815 So. J Tacoma, Wa. 98405	627-9182	Wed. & Fri.
Planned Parenthood of Pierce County 312 Broadway Terrace Building Tacoma, Wa. 98402	572-6955	Tues, Wed & Sat.
Alice Hamilton Women's Clinic So. 56th and Puget Sound Ave. Tacoma, Wa. 98408	Kathy Bender—272-0686 Sally Muller—627-6315 Rosa Franklin—474-6812 Barb Jones—272-2008	Thurs., p.m. Call in a.m. Call last Call in p.m.
James Blankenship, M.D. 412 Bowes Drive Tacoma, Wa. 98466	Kathy Arthur 564-6424	

phasis to women over 40)

- women who have income levels falling at or below 200% of HEW poverty guidelines.
- women who have not had a Pap smear in the last year or have medical indication for a Pap smear

Information regarding eligibility is provided by the Pierce County Chapter of the American Cancer Society. Those meeting the requirements are referred to a screening provider in their area.

The purpose of this program is not to screen women that visit their own physician regularly. Instead, it is to provide services to women that do not have

their own physician or are unable, for any reason, to utilize the physician's services.

I would appreciate your cooperation in informing the physicians in the Medical Society about this program. I feel it is important that they be aware of the medical services that are available in the community. For questions or further information about this program, please feel free to contact the American Cancer Society at 383-1663.

Sincerely,

Michele Blankenship
ACS Volunteer

Dear Sir:

As chairman of the former WSMA School Health Committee, current member of the WSMA Council of Community Health Services (Chairman of the Child Health Committee) I attended the AMA Biennial 15th Conference for Physicians, Schools & Communities in Chicago, Nov. 19-21.

Nov. 19, Wednesday night, the state medical society representative met with the AMA Department of Health Education to share mutual concerns.

Nov. 20, an old-time Greek forum was held to show how similar concerns were present even then. Our Orv Harrelson spoke on "Where Are We Going in School Health Programs and Why?" It was an interesting and provocative paper spiced with a stereoscopic photographic show which was enviously received by the audience with comments as to how fortunate Tacoma was to have such an enlightened school health program. There was a presentation including current high schoolers who expressed their feeling on "Quality of Life — Points of View." This was followed by expressions on the law, school health, legislation.

Nov. 21, "Health and the College Community" pointed out that school health should not stop at high school but should extend to higher education

with its additional problems and ramifications "Galveston Medical School and Community Project" was an excellent presentation on the use of current computer sophistication with its advantages and pitfalls in dealing with low income and minority pediatric patients in multiple health facilities in a community.

During the discussion, question and answer periods, I got the feeling that depending on the person's profession it was mutual as to why don't the educators offer better health information to students and school personnel up to why don't physicians spend more time offering better health information to their patients.

I feel after attending the conference that it behooves all physicians, primary care and specialists to be involved in offering health information not only to their own patients but also to the individual school where their children go to, the school closest to their home or office and extend it further to the school district, the intermediate school district up to the Superintendent of Public Instruction for the state.

Anyone so interested please contact me and I will find the right slot for you.

Respectfully submitted,
George Tanbara, M.D.

Pierce County Medical Society

Comments by a Friend about a Friend

Scott Stoner Jones, M.D., is no longer with us . . . I would like to comment on this. I guess if anyone knew Dr. Jones, I knew him about as well as anyone because he and I "officed" together for almost 20 years until his retirement.

Dr. Jones came to Tacoma during the Big Depression in the late 1920s with his school-teacher wife, Oliva to whom he was yet married when he left Tacoma, Sunday 4 January, 1976. Dr. Jones worked for the Bridge Clinic and later officed with Dr. LaGasa . . . some of us associate these names, first-hand! When the Medical Arts Building was opened for occupancy, Scott became a "Charter-inhabitant" and officed in this building until he volunteered for duty as an Army Medical Officer at the onset of World War II. Scott served in the China-Burma-India Theatre advancing to the rank of Lieutenant-Colonel. After the war Dr. Jones returned to Tacoma and re-inhabited his office in the Medical Arts Building. I joined Dr. Jones there, in 1953 and we practiced as associates in the Medical Arts until we moved to the Puget Sound Medical Building in 1964 and we remained together until Dr. Jones retired in 1967. After retirement Dr. Jones came by the office every month to pick up medical magazines I saved for him, because even though retired, Scott liked to "keep up" by reading.

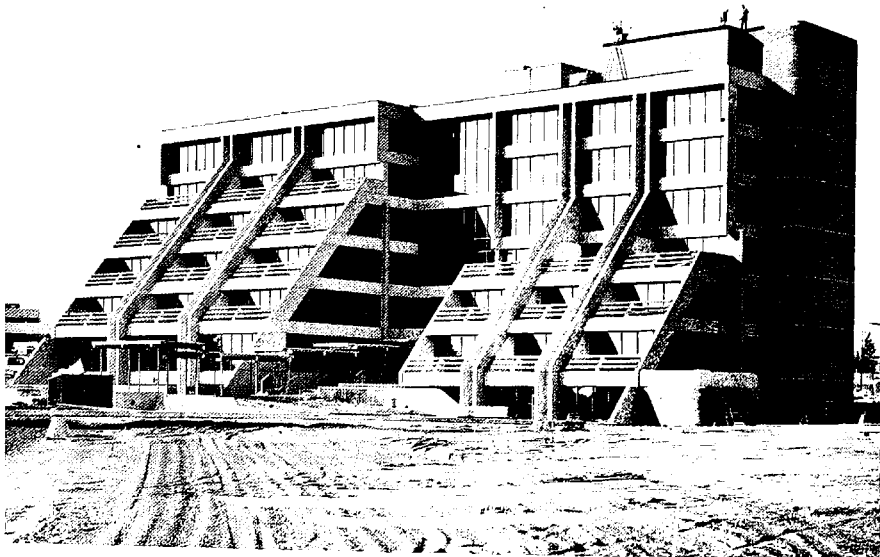
Dr. Jones was a Mason and in my opinion lived up to the creed of that organization in both lodge-life and private life. I would classify Scott as an "exemplary fellow" . . . I have never known a more sincere, fair, honest, industrious and unpretentious person. If I didn't already have a father I would have liked to have picked Scott!

Many thought Scott to be "stand-offish" and perhaps timid without a sense of humor . . . those folks just didn't know Scott . . . I admit Scott didn't drink, gamble or hell-around, but, he was still a man's man! Once while in the CBI some medical officers who wanted to plague Scott, got him "lit-up." Scott managed to find his way from the Officers' Club back to his tent where he promptly cracked his head on the tent pole and split open his forehead with a resultant loss of a minimal amount of hemoglobin. According to Scott Stoner Jones, this was the first and last serious drinking he ever did. He would grin and say, "Sure saved me a lot of money through the years, J. Edmund."

Dr. Jones always tried to practice his Specialty of Obstetrics and Gynecology to the maximum of his training and ability and was kind to his patients no matter what their creed, color or National origin. Scott was the first Board Certified Obstetrician and Gynecologist to come to Tacoma. When I finished my specialty training I joined Scott, and he taught me things which were not in textbooks; things which a younger man can learn only from working with an "old hand." I am thankful and appreciative for this help. I never knew Dr. Jones to "bad mouth" a physician colleague — or any other person. R.I.P . . . Scott . . .

— J. Edmund Deming, M.D.

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THE ARK

Speaks



J. R. YOCOM, 1889

The Hustler

The prosperity of Pierce County and Tacoma's own magnificence in 1890 were phenomena of the times. The newly applied use of steam in the woods and the new milling devices, combined with Tacoma's port and railroad facilities, created a climate for innovation and expansion. The opportunities were here for tradesmen, businessmen and professionals with new ideas and the energy to apply them. Pierce County was a frontier in industrial medicine and the pathfinder was James Reed Yocom.

Doctor Yocom was a new breed of pioneer physician. He was the first to successfully apply practical business methods to the health-care needs of the workingman and provide excellence in professional care. Doctor C. E. Case's charges were grossly in error in that it would have been impossible for Yocom to do anything in an 'ungentlemanly manner' . . . he was a gentleman of class.

The Yocom family had settled early in the American colonies, and as jurists, ministers and engineers had reached eminence in the young nation's history. Doc-

tor Yocom's grandfather owned one of the largest iron foundries in Pennsylvania and his father was Episcopal minister of St. Andrew's on Staten Island.

Doctor Yocom received his degree in Medicine at Harvard in 1888, then travelled abroad for a year's study in London and Berlin. Having completed this fine training, the young physician set out to meet the challenge of the American West. Through his family's friendship with the Staten Island Vanderbilts, then located in Tacoma, Yocom learned of the opportunities here for his profession. His arrival here in late 1890 was marked by his being admitted as member of the P.C.M.S. without the usual six-months' waiting period.

Tacoma's modern new hospital had just been completed at a cost overrun of \$12,000. In spite of the prosperity of the area, the hospital was in dire financial straits. Doctor McCutcheon then spent more time on finances than he wished to, and had hired Dr. Grant Hicks to assist as house surgeon.

Old documents show the progression of the hospital's financial pattern leading to the first 'hospital contracts.' The hospital in Old Town had operated on the income from 'sundry donations, sundry patients and the Pierce County.' (There was one entry in 1884 of \$30.00 from the sale of a cow!) The Marine Hospital began making payments in 1886 for the care of sick and injured seamen, and in 1888 the N.P. Railroad commenced payments for care of their injured workmen. When the new hospital opened in 1889 the progressive Saint Paul and Tacoma mill assumed responsibility for the hospital care of employees injured on the job. In 1891 Saint Paul and Tacoma entered into an agreement with the hospital insuring this care in the event of future accidents in the mill or in the logging camps subsidiary to the mill at specified rates. The agreement was drawn by staff physicians McCutcheon, Hicks and Yocom. A year later this agreement, or 'hospital contract' was extended to cover illness as well as injury, was pro-

rated and a small sum was deducted from the worker's wages for this, in what is believed to have been the first pre-paid medical plan in this country.

This ingenious plan worked well to stabilize the shaky financial structure of the hospital, and it worked well for the mill owners who were now assured of being able to hire and maintain the best crews on the basis of this fringe benefit.

Beginning in October of 1891 the physicians attending these "contract patients" at the hospital were compensated for their services on a fee-sharing basis, although it was publicly proclaimed that these physicians' services were free. These physicians were referred to as 'regular staff physicians' and the hospital charges included their services at the same rate as established in the fee schedule adopted by the P.C.M.S. that year.

Doctor Yocom was appointed by the City Council as Health Officer for the city in 1891 at a salary of \$900 annually, and remained in this position three years. In 1892 a hospital contract was made with the city's Department of Public Works, specifying that all 'city patients' may be under the special charge of the regular City Physician (Doctor Yocom). During this time Doctor Yocom was also retained by the N.P. Railroad as company surgeon, presumably administering the hospital contracts the railroad made prior to the opening of the N.P. hospital in 1904. The largest wood-products manufacturing firm in the State, the Wheeler-Osgood Company of Tacoma, entered into a similar contract arrangement with both hospitals in 1893.

In 1893 the Fannie Paddock Hospital offered contracts for full medical and hospital care to the masters of foreign ships entering the Port . . . with a 'Special Offer' . . . for \$35.00 the Hospital agreed to 'furnish hospital and medical care to the crew of said vessel while in port'. The modern hospital facility boasted a staff of twelve outstanding physicians whose services were advertised 'free of charge' to patients of the hospital. These physicians were listed by name.

The other physicians of the area used the hospitals for private patients but were not considered to be 'regular staff physicians' and so were not involved in the framework of the hospital contracts, thus delineating the doctors engaged in 'Contract Practice' from the others who were not.

At the time, the P.C.M.S. was mostly concerned with the prosecution of 'illegal practitioners' in the County, and in 1891, the year of the advent of Contract Practice, the P.C.M.S. carried on a veritable crusade against the practitioners outside of the new laws of Medical Licensure. By 1895 the problem of illegal practitioners had been compounded by the entrance of these untrained mercenaries into the field of Contract Practice, and the 'Lodge Contracts' appeared.

It's questionable whether the Hospital Contracts had been ethical, since the doctors were involved on a fee-sharing basis. The Lodge Contracts were for physicians services only, pro-rated as insurance and as administered were probably illegal as well as unethical. The P.C.M.S. was in the embarrassing position of being unable to bring down the Lodge Contracts without jeopardizing the Hospital Contracts that their leadership held.

The Contract Practice concept was truly the 'intricate proposition' Doctor Curran described it to be. Most employers held liability indemnity policies to protect themselves against loss in industrial accidents. In this area these didn't benefit either the company or the worker because . . . the high accident rates in the mills, on the docks and in the logging camps caused the insurance companies to reluctantly pay these indemnities without being forced to by court decisions. It worked better for the employers to contract directly for the hospital and medical care of their workers than to fuss with legal fees and court hearings. The indemnity companies then voiced objection the Hospital Contracts.

The enterprising Doctor Yocom, in his singular style, soon had entered into

contracts himself with the four primary indemnity insurance companies in the area as their examining physician.

By the turn of the century, Yocom was known as a real hustler. As Doctor McCreery recalled later . . . 'It was characteristic of Yocom that he was always going into some new scheme.' Yocom was a 'regular staff' member and on the advisory boards of both hospitals (engaged in contract practice at both), was chief surgeon for the N.P. Railroad, examining physician for the four insurance companies and on the legislative committee of the State Medical Association. When Saint Peter's hospital opened in Olympia, Yocom assisted Drs. Redpath and Ingram in establishing the same form of hospital contracts with the mills and logging camps in that area. Yocom made contracts with the Tacoma Eastern Railroad (later Milwaukee Road) and the Tacoma Smelter. Meanwhile he lectured and gave demonstrations on industrial safety standards and first aid at the mills and out in the logging camps.

Yocom had maintained his friendships at the Eastern medical schools, and through the years he disciplined himself to a program of continuous self-education by travelling frequently to keep abreast of the new advancements in medicine and surgery. He often visited the Mayo brothers to learn firsthand their new techniques.

His contemporaries in the P.C.M.S. viewed the energetic Doctor Yocom's enterprises as being of a high standard of professionalism. Doctor Keho, whose father arrived a year after Yocom, describes Doctor Yocom as hard-working and dedicated. His wife, a nurse at the early Saint Joseph's hospital, recalls that when the pink slips, or 'hospital tickets', issued to the insured workers began to arrive in the wards after a mill accident, the nurses would ready themselves to 'really hustle' because Doctor Yocom would soon arrive!

When Doctor C. E. Case's vitriolic charges ruptured the burlap and let the issue of Contract Practice out of the bag

and into dispute in the P.C.M.S., Doctor Wagner left the country for two years for a healthier climate, and Grant Hicks quit industrial medicine and limited his practice thereafter to a specialty he was especially gifted for . . . the treatment of women. The young doctor Curran, who had been an associate of Yocom's for two years, quit the practice of medicine for the time being and went back to the woods to become a logger.

Doctor Case's charges erred in his use of the term 'ungentlemanly', but perhaps the context of his charges approached validity. The inherent prejudice against organization of any kind within medicine and the abuses of the contract concept by those mercenaries engaged in Lodge Contract work had long before arrived at the flash point within the P.C.M.S.

Doctors McCutcheon, Yocom, Wagner, Hicks and Coleman had instituted a most humane plan and administered it quite professionally. Industrial medicine was a fact of life, as was the necessity of maintaining the hospitals. The economics of Pierce County were peculiarly adapted to the idea of pre-paid healthcare and this is where the idea was first put to use.

Mavis Kallsen, curator
P.C.M.S. Archives

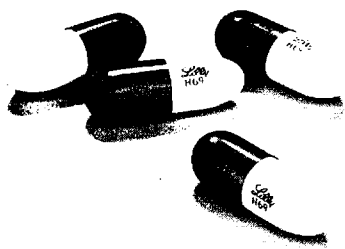
PSRO Update

The Washington State Professional Standards Review Organization is steadily gaining support in the state of Washington. Membership now numbers over 3100 — about 53% of the eligible physicians in the state. WSPSRO review will look at necessity, appropriateness and Child Health programs.

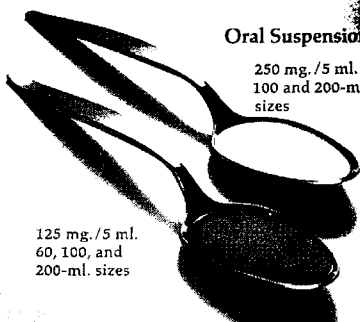
John S. May, President Pro Tem from Tacoma, advised WSPSRO has begun operating in two Seattle hospitals this month. Virginia Mason Hospital received full delegation early in January.

Several hospitals in the Tacoma area are scheduled to begin WSPSRO review activities this Spring.

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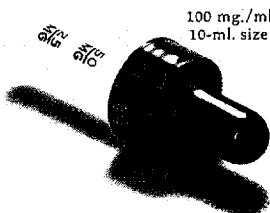


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Hospital Staff News

Tacoma General/Doctors And Mary Bridge

Recommendations regarding the future relationships between three Tacoma hospitals were made to a joint planning committee of The Doctors Hospital of Tacoma, Tacoma General Hospital, and Mary Bridge Children's Health Center Wednesday night. The consultants, TriBrook Groups, Inc., a Chicago-based hospital planning firm, will conclude a six-month study Thursday evening by recommending to a joint meeting of the three hospitals' boards of trustees and medical staffs that The Doctors Hospital of Tacoma and Tacoma General Hospital be merged. It was further recommended that Mary Bridge Children's Health Center would not be a part of the merger and would continue

to operate as an independent hospital. Children's Health Center would not be a part of the merger and would continue to operate as an independent hospital.


The three groups of hospital trustees and medical staffs will study the consultants' report in detail and reach their decisions with regard to the recommendations over the next several months.

Under the proposed plan The Doctors Hospital of Tacoma would be continued as an acute care facility, thereby helping to achieve more efficient utilization of Tacoma's hospital beds. The study recommendations are consistent with current national trends and recent federal and local planning guidelines.


Puget Sound Hospital

Doctor Mian H. Anwar has been elected president of the Puget Sound Hospital Medical Staff. Other officers elected were Hugo Van Dooren, President-Elect; and Rolstom D. Rivera, Secretary-Treasurer.

The new president, an anesthesiologist



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ist, completed his premedical education at Government College, Punjab University, Lahore, Pakistan. He attended medical school at King Edward Medical College in the same city, receiving his M.D. degree in 1958.

Doctor Anwar served his internship at Deaconess Hospital in Buffalo, New York from 1959 to 1960. Prior to that he served a residency at Mayo Hospital, Lahore in 1958-59. Other residencies were served at Fairview Hospital, Minneapolis, Minnesota; and at Mt. Auburn Hospital of Harvard University, Cambridge Massachusetts.

President-Elect Doctor Van Dooren, a psychiatrist, attended medical school at the University of Leiden and the University of Amsterdam, receiving his M.D.

degree from the latter of the universities in The Netherlands. From 1952 to 1953 he served an internship at St. Canisius Hospital, Nymegen, The Netherlands. A second internship was served at Tacoma General Hospital from 1953 to 1954. A residency in the department of psychiatry, University of Utah, followed the Tacoma General internship.

The new secretary-treasurer, a general practitioner, graduated from the University of the Philippines in 1964. He served a one year internship at St. Joseph Hospital, Baltimore, Maryland.

Doctor Rivera served a one year surgical residency at the same institution, followed by a two year general practice residency at Euclid General Hospital, Euclid, Ohio.

Pierce County Medical Assistants To Host State Meeting

Pierce County Chapter of AAMA, with Susan Thorton as State President, will be host chapter for the State Convention, May 14, 15, and 16, 1976 at the Sea-Tac Holiday Inn. The local chapter is busy with the planning stages to make this the "best ever" State Convention for the American Association of Medical Assistants.

The first 1976 meeting of this chapter was held at the Pierce County Humane Society meeting room, January 12, at 7:30 p.m. Newly installed President Doris Stansell called the meeting to order, and announced the new committee chairmen for the coming year; Membership, Sharron Vigil; Employment, Dee Lunstrom; Education, Susan Thorton; Program, Betty Moore; Ways and Means, Lucille Burnite; Hostess, Kate Babinski; and Publicity, Maggie Polwarth. The president encouraged all members and associate members to volunteer as co-chairmen to at least one of the new committees. "Medical Ethics" was the subject for discussion during the program, when several short tests were

given, bringing to light the need for constant review of this matter.

Future meeting dates and programs were announced for the current quarter. The February 9th meeting will feature Scotty Millar. Physicians' Assistant with an explanation of the MEDEX program. On March 8th, James W. Boudwin, M.D., Psychiatrist, will present a discussion of "Types of Depression" and their treatment.

Members and their guests are reminded of the new times, business meeting at 7:30 p.m., coffee break, followed by the program at 8:30 p.m., the second Monday of each month.

The 57th Annual Session of the American College of Physicians will be held April 5-8, 1976, in Philadelphia, PA. All scientific activities including the technical and scientific exhibits, will be at the Philadelphia Civic Center.

WOMEN'S AUXILIARY PAGE

AUXILIARY OFFICERS 1975-1976

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Health Education	Marge Ritche
Today's Health	Marge Ritche
Health Council	Dorothy Grenley
Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

Professional Liability Education

The Pierce County Medical Society requests the Auxiliary's help in the Professional Liability Education Program sponsored by WSMA. We are working to explain the medical malpractice crisis to general audiences throughout Pierce County with the hope of winning support for the Health Care Injuries Act — SB 3039 which is now on the House floor.

News media kits have been delivered to the 25 Pierce County newspapers, radio and TV stations. These contain his-

torical information and fact sheets on the professional liability.

Legislative packets containing a personal letter from Dr. Robertson and a copy of the WSMA proposed malpractice legislation were delivered to each of Pierce County's 17 senators and representatives.

A joint meeting of the Medical Society and Auxiliary was held on Tuesday, January 13th. Martin Durkin, legal counsel for the WSMA, was the featured speaker.

A speaker bureau has been organized and a malpractice archives has been set up at the Medical Society office. The archives will contain reference material and current articles dealing with the malpractice issue. Cards have been sent to all civic and community groups requesting time on their programs to explain our proposed legislation. We have had several requests for speakers so far. The speakers bureau will welcome any volunteer who would like to help in this effort. Contact Judy Baerg.

We are urging that everyone call her district representative or senator on the Toll-Free Hot Line, 1-800-562-8000, and register support of the Health Care Injuries Act.

February Luncheon

The first luncheon of 1976 will be held at the home of Mrs. Stanley Durkin, 915 No. Park Dr., on Friday, Feb. 20 at the usual 11:30 a.m. time. Mrs. Everett Nelson, former Pierce County Medical Auxiliary President is going to speak on the topic, "Retirement Can Be Fun."

Cookbooks

Our lovely new cookbooks are not selling as fast as we would like. Try to think of some people who might like to buy one or receive one as a gift and contact Nancy Kennedy or one of the other people who have books to get more copies.

Leprosy Among Indochinese Refugees

Leprosy is endemic in the Indochina peninsula (estimated prevalence 3 to 5 per 1000). According to a recent survey of the Center for Disease Control, 45 cases were identified from the examination of 27,000 refugees over 15 years of age. Five of the cases are proved to be lepromatous, 4 borderline, 3 dimorphous and 29 tuberculoid; the other cases are unproved. Twenty-seven are males. The age distribution is as follows: 10-19, 9; 20-29, 15; 30-39, 6; 40-49, 7; 50-59, 6; 60 plus, 2. Five cases had been recognized and treatment had begun in Vietnam; 40 cases were newly diagnosed here.

Because two-thirds of the adult refugees were placed with families or sponsors before screening was instituted, ad-

ditional cases of leprosy could be expected to be diagnosable (but undiagnosed) at this time. Over the next decade, new cases will doubtless develop in refugees already exposed. These cases will offer a continuing diagnostic challenge to physicians not experienced in leprosy and a significant responsibility to public health officials charged with ensuring continued therapy of the cases and surveillance of contacts.

Clinical consultation, drugs, and when necessary, hospitalization are available free of charge for all patients with leprosy from the Public Health Service hospitals at Carville, Staten Island and San Francisco.

Source: Washington State Department of Social and Health Services.

CLASSIFIED

Classified advertising rates are \$1.50 per line (35 pica spaces). Checks should be made payable to the Pierce County Medical Society. Payment must accompany copy. Closing date: 10th of the month preceding date of issue. All advertising requests received after the closing date will be used at the discretion of the Publisher only.

MEDICAL OFFICER NEEDED —National Guard. The medical officer accepted would be in charge of a newly authorized dispensary team currently staffed with eleven enlisted personnel. The educational level of these people is exceptionally high. Many have specialized medical training and are licensed or certified.

The 144th Transportation Battalion, to which the dispensary team is attached, drills in the National Guard Armory at South 11th and Yakima in Tacoma. Paid drills are usually held one weekend a

month and there is a two week active duty for training period in the summer. This vacancy presents an outstanding opportunity for a doctor to affiliate himself with a unique military unit that has received national recognition.

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HEMOGLOBINS			
AA (Normal)	93	2974	9524
Peculiar Findings	0	0	1
Persistence Fetal Hb.	4	8	12
TRAITS			
AS	4	100	382
Blacks	4	100	379
Caucasians	0	0	3
AC	2	33	88
AG	0	0	1
AD	0	0	3
AE	0	4	4
Lapore	0	0	1
Beta-Thalassemia	1	12	30
Alpha-Thalassemia	0	1	1
DISEASES			
Sickle C	2	4	7
Sickle-Beta-Thalassemia	0	1	2
SS	0	2	2
TOTAL	105	3139	10058

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David Sparling, M.D.	Ronald Gallucci, M.D.	Charles Curl, M.D.
Frederick Schwind, M.D.	Geroge Kunz, M.D.	Maurice Origenes, M.D.
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X-ray Services	10	199
Prescription Services	81	2,264
Referred to Emergency Rooms	5	189
Hospitalized	0	172
Referred to Community Agencies	0	804
Seen by Physicians in Clinic	17	864

ETHNIC & DEMOGRAPHICAL DISTRIBUTION

Black	22	624
Caucasian	191	3,178
Asian-American	7	82
Native-American	9	134
Mexican-American	5	85
Model City Residents	50	1,134
Other Areas	184	3,319

PARTICIPATING PHYSICIANS

On Referral Basis (Outside Clinic)	86	183
Friday Evening Clinic*	17	834

*Dr. H. Boyd	147
*Dr. T. Smith	191
*Dr. S. Whaley	116
*Dr. A. North	103
*Dr. G. Tanbara	48
*Dr. T. McDonnell	35
*Dr. G. Drucker	42
*Dr. D. Wilhyde	111
*Dr. A. Tsoi	33
*Dr. G. Oh	14

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		Total Communications	4

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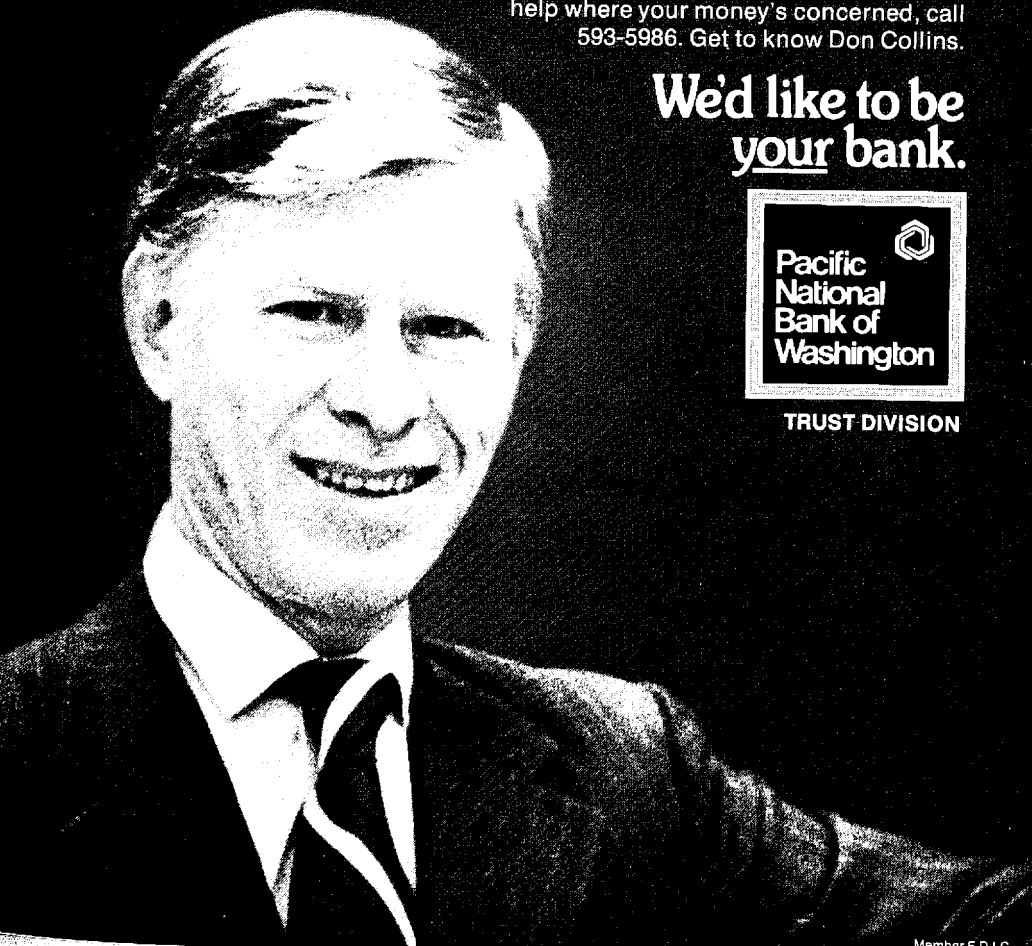
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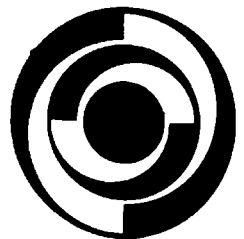


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President's Page



David S. Hopkins, M.D.

This writing is longer than it should be so anyone with a compulsion to read things through to the bitter end should probably leave this article in the bathroom or among the cereal boxes so it can be read leisurely while one is otherwise occupied.

The February meeting of the Society was held in Puyallup and was well attended by physicians from the Valley and Lakewood and fairly well attended by Tacoma physicians. We seem to see certain faces at one meeting and different faces at the next meeting and it would be nice to see all the faces at all the meetings.

The guest speaker for the evening was Dr. Robert Willkens, Chairman of the State Board of Medical Examiners, who outlined the Board's proposals for implementing the new law requiring certification of a physician's continuing medical education. The salient features are as follows:

- a) A total of 150 hours of medical education will be required every 3 years.
- b) These hours will be drawn from

5 different categories of medical education ranging from the very structured, academic, category 1 type of learning all the way to the very informal and varied category 5 material. To accommodate physicians in outlying areas, none of these hours will necessarily have to be in category 1, however there can be no more than 60 hours from any one category.

c) Completion of the recertification requirements of the American Academy of Family Physicians, the Physicians Recognition Award and the ACOG would be acceptable as fulfilling the State requirement. Recertification in a specialty would also be acceptable but would have to be done every 3 years.

d) Lastly, the Board is considering a provision which would require a physician to submit the names of 2 fellow physicians who would certify as to his maintaining an accepted level of practice. It is interesting to imagine physicians running around being nice and friendly to everyone for several weeks every three years.

The exact method of documenting the required category hours is still somewhat up in the air but it will probably be on a word of honor basis. The Board does not want to get into the business of accreditation, especially when it was estimated that it took approximately \$4000 to accredit a category 1 course recently in Spokane. The 3 year periods of recertification will be on a staggered basis with 1/3 of the doctors in the state beginning on July 1, 1976.

This is far reaching legislation and it would behoove us all, whenever possible, to attend the public hearings which will be held this month to obtain physician input.

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And that's why Ætna has created a library of video tapes for your education. Potential sources and causes of malpractice. Even suggestions as to how claims might be prevented. What's more, you can get credit hours for viewing them! Check the list below:

"DO NO HARM"

For physicians and hospitals. Involves the four most vulnerable areas in the hospital for malpractice claims. (Color)

"NURSES, RELATED PROFESSIONS, MALPRACTICE"

Primarily pertains to nurses responsibilities as well as problems they may encounter in their practice.

"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"

Comprehensive coverage of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

"ELECTRICAL HAZARDS IN HOSPITALS"

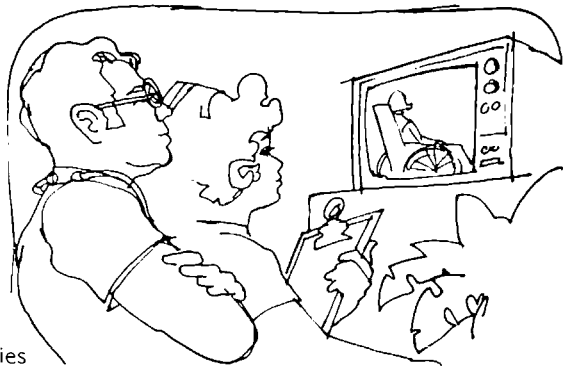
Gives physicians, nurses and technical personnel some basic knowledge of electrical equipment in a hospital and the dangers that electricity can cause there.

"COULD THIS BE YOU?"

Shows a physician violating all principles in the handling of a patient . . . and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your local association, please contact:

Thomas Fine
Ætna Life & Casualty
800 Washington Building
1325 Fourth Avenue
Seattle, Washington 98101



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Editorially Speaking



W. Ben Blackett, M.D., Editor

The GAO (General Accounting Office, a Federal Accounting Agency) which has more than once caused embarrassment to various branches of the Government by its discoveries, has done it again.

In a recent study of costs of administering medical care programs, the GAO has compared SSA's (Social Security Administration's) costs with those of four private insurance companies. The average *costs:

Travelers Ins. Co.	\$ 7.31
Mutual of Omaha	\$ 7.28

Blue Cross of Chicago	\$ 3.81
Blue Cross of Maryland	\$ 3.55
SSA	\$12.39

GAO concluded that the major reasons for the discrepancies are the higher salaries, lower productivity and lack of production standards for the government agency employees. For example, SSA accountants receive compensation which is 25% higher than for similar employees in Maryland Blue Cross and in the case of claims examiners, the discrepancy favored the government employees by 51%. But despite these higher salaries, it generally took longer for SSA to pay bills and settle with providers than for the private organizations.

I suppose all of this is no surprise to anyone who has been in the armed services, dealt with the post office or traveled by Amtrak, but it might be of interest to anyone who is still on the fence about National Health Insurance (especially as administered by the SSA as in the Labor Bill).

W. Ben Blackett, M.D.
Editor

* GAO Medicare—Part A cost performance



Most important of all is the fact:
ALL DRIVERS ARE EMERGENCY MEDICAL TECHNICIANS.
ALL ATTENDANTS ARE BOARD-CERTIFIED PARAMEDICS
AND HAVE PASSED THEIR ORAL EXAMINATIONS.

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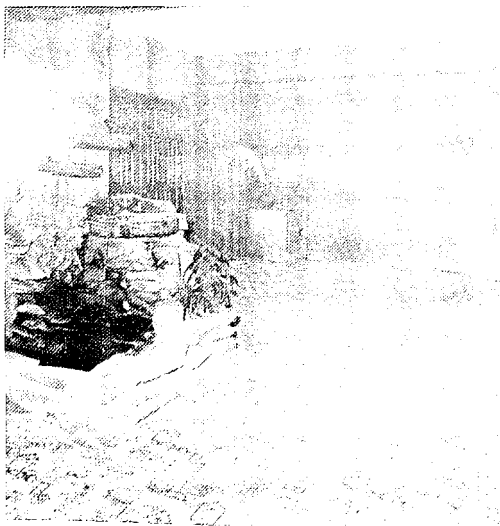


KELLER'S,

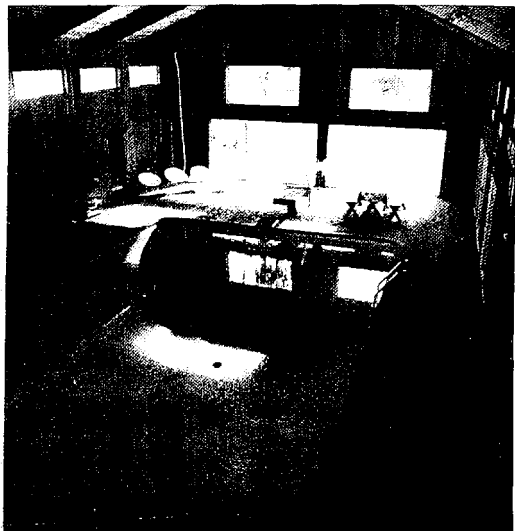
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Pierce County Medical Society

*General Membership and
Women's Auxiliary*

ANNUAL JOINT MEETING

Tuesday, March 9

DINNER — SHERWOOD INN

Cocktails 6:30 Dinner 7:30 Program 8:30

ENTERTAINING AND INFORMATIVE

Guest Speaker: Rev. Jeff Smith of "Chaplain's Pantry" fame will delight the audience with his reflections on "Early American Eating"

DETACH AND RETURN FOR RESERVATIONS

Please reserve Prime Rib dinner(s) for me at \$7.60 each (includes tax and gratuity) for the Annual Joint Meeting of the Pierce County Medical Society and Women's Auxiliary. Enclosed is my check in the amount of \$

please print name

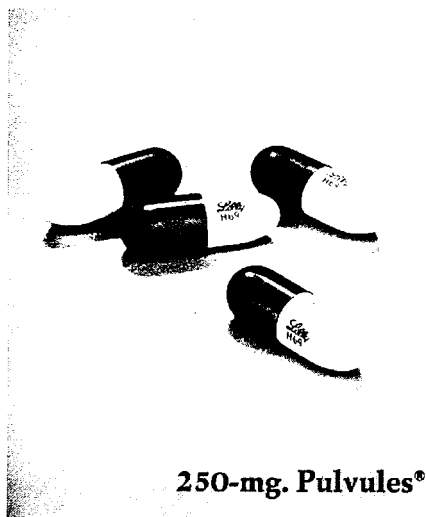
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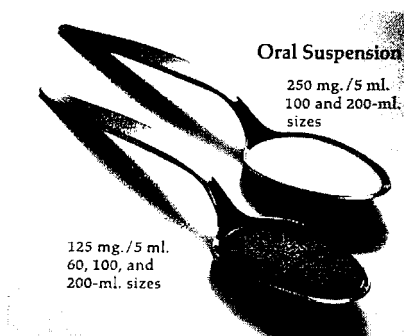


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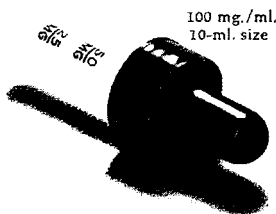


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200-ml. sizes

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Eli Lilly and Company
Indianapolis, Indiana 46206

Letters . . . To the Editor



MD's TO LOSE ALL RIGHTS TO EYE CARE EXCEPT SURGERY?

David Hopkins, M.D., President
Pierce County Medical Society
Bulletin

Dear Dr. Hopkins:

Most physicians are unaware that an attack is currently being made upon the practice of medicine unlike any which has preceded it. Various groups have in the past sought some of our privileges, but none, to my knowledge, has then gone on to prevent physicians from using them. Such is the campaign by optometrists against ophthalmologists and all other primary care physicians.

With political funds and staff larger than that of the entire AMA, the optometric lobby has already acquired the legal rights to use diagnostic drops in 6 states including Oregon. Rhode Island has a bill before the legislature to permit their use of drugs in the treatment of eye disease.

What few physicians realize is that the next step is to prevent other doctors from infringing on the optometrist's new found rights. Bills in Alabama and Louisiana originally proposed the definition of optometry be "whatever is taught in optometric school." Most such schools currently have diagnosis and treatment of medical eye conditions in the curriculum though how intensive such requirements are is questionable. The bills further state that "only an optometrist can practice optometry." There were special exclusions for ophthalmologists. In essence, the bills would have made optometrists the exclusive provider of all eye care except surgery. With a bill such as this, no GP, internist, pediatrician or other physician would be permitted to treat conjunctivis, foreign body, hordeolum or other eye problem. No physician or nurse would be permitted to take visual acuities unless acting under the dir-

ection of an optometrist. Nowhere in the Medical Practice Act does it specifically state what a physician is permitted to do. If any other field through legislative decree carves out its exclusive domain the physicians have no recourse. Luckily this time the bills were amended through hard work by ophthalmologists before they passed. But this type of bill is bound to come up again in other states as well. Similarly a proposal placed before the Federally mandated Health Planning Council of Pennsylvania specifies that optometrists assume primary responsibility for all eye care.

An optometric diagnostic drug law was attempted in the state of Washington in 1975. It failed by only 5 votes and undoubtedly will be reintroduced, probably in 1977.

Surprisingly the state Medical Association has not been able to take a clear stand against these measures, though the AMA House of Delegates has adopted a position against encroachment on the practice of medicine by optometrists. I would like to obtain a resolution from the PCMS in agreement with the AMA position to send to the WSMA as Kitsap County has already done. I urge your support in obtaining this resolution.

Sincerely,
Leonard B. Alenick, M.D.

Dear Dr. Blackett:

On February 23, we will launch a new section, *Impact*, in *American Medical News*, and I wanted to take this opportunity to tell you about it because we are very anxious to have the benefit of your active participation.

The new Section will appear in the fourth issues of *AM News* each month, and it will focus on the socioeconomic aspects of medicine. We hope that it will serve to clarify and interpret the many complex topics and events that are re-

ported in the regular news columns of the paper.

A newspaper, as you know, confines principally to reporting *what* happens; *Impact* will endeavor to concentrate on the *why* of major medical issues. Our primary objective is to provide AMA members with an even more comprehensive, yet economical, editorial package than AM News has previously offered, and we will greatly appreciate your reaction — when you have had an opportunity to assess *Impact* — as to how well we are doing that job.

We will also welcome any specific article or feature ideas you or your membership may have, and I hope you will always feel free to call or write me or Larry Boston regarding any comments or suggestions related to *Impact*. Hope you will be in touch with us soon.

With all good wishes,

Very sincerely,
Charles C. Renshaw, Jr.
Editor-in-Chief
Socioeconomic Publications

Dear Mrs. Kallsen:

One of the real treats in the Bulletin has been your historical vignettes. They have been a great addition to the Journal. I enjoy them thoroughly and look forward to many more.

Thank you for your many efforts and I'm sure, hard work and time involved.

Sincerely,
G. R. Barnes, Jr., M.D.

Dear Sir:

I would appreciate the following information being distributed to your membership.

The problem of child abuse arises quite frequently. Each doctor, for his own protection, should be aware of the applicable statutes involved.

Thanks for your cooperation. If you or any doctor has any questions, please do not hesitate to call me.

Dear Doctor:

I am writing this letter to remind and inform members of your profession as to the legal requirements of the child abuse law, RCW 26.44. Occasionally we have cases brought to our attention which should have been, but are not, reported by the attending doctor or doctors.

RCW 26.44.030 provides that a physician who has "reasonable cause to believe that a child has suffered child abuse or neglect" . . . shall report or cause a report to be made to the proper law enforcement agency, i.e., the police, sheriff, state patrol, or prosecutor. This report *must* be made immediately *orally* by telephone or otherwise, and followed up by a written report if requested.

A child is defined as any person under the age of eighteen years and includes any mentally retarded child regardless of age.

Child abuse or neglect includes injuries and sexual abuse.

RCW 26.44.060 provides that the reporting doctor is immune from civil liability for reporting or testifying.

All doctors should be aware that RCW 26.44.080 provides that failure to report such incidents is a *misdemeanor*, i.e., \$250.00 fine, 90 days in jail, or both.

I hope this letter will enlighten you as to the seriousness of the matter as provided by the legislature.

Very truly yours,
Donald F. Herron
Prosecuting Attorney

Family Clinic Needs Volunteers

David S. Hopkins, M.D.
President, Pierce County
Medical Society

Dear Dr. Hopkins:

We the staff of Family Clinic are asking for help in seeing our low-income and no-income or Governmental fee patients. If you would speak in behalf of the Family Clinic it would be highly appreciated.

If some of the Family Practice Doc-

tors would see at least one patient per week or one patient a month this would be of great help to us.

We do have lab services, prescription services, EKG service, Brain Scan service and X-ray services. Our biggest problem is getting the patient in to doctors' offices to see a physician.

Mr. President, we do keep a file card on our physicians. In other words, if a doctor agrees to see one patient a week or one patient a month, that is all that we will send him. If there is any other work to be done, we can handle this through the Family Clinic and all reports will be sent to the doctor's office.

Each patient is screened before he is sent to the doctor's office: We have three outreach workers to follow-up these patients and transport them to the doctor's office and any other facility if the patient has no means of transportation.

We trust that this is a way patients in our community can obtain medical service in a manner suited to private practitioners without governmental intervention.

If there are any further questions

please feel free to contact the staff of the family Clinic.

Sincerely,
Aaron Miller
Coordinator
Family Clinic

Magazines Requested

Issues of MD Magazine requested by the University of Puget Sound Library. They are interested in maintaining a file on this title and would appreciate any assistance in completing their back files as well as any current issues as they are discarded now and in the future.

- 1958: Jan.-Sept.
- 1959: Feb.-June; Aug.-Dec.
- 1960: Jan.-March
- 1961: May
- 1962: Aug.-Sept.
- 1963: May, July-Oct.
- 1971: Jan.-June
- 1973: need all
- 1974: need all
- 1975: need all
- 1976: to date

Contact: Desmond Taylor
UPS Library Director

Proposed Amendment to Pierce County Medical Society Articles of Incorporation

In accordance with Article XV — Amendments of The Pierce County Medical Society Articles of Incorporation which states:

“These Articles of Incorporation may be amended in whole or in part by mailed written ballot of all voting members provided that (1) two-thirds of the ballots returned to the Secretary-Treasurer favor the amendments and that (2) prior to that time the proposed amendment has been read at the last preceding regular society meeting and that (3) a copy of the proposed amendment is sent by mail to each member not less than fifteen days in advance of the meeting at which action is to be taken. A notice shall be deemed to have been sent if published in

the Bulletin of the Pierce County Medical Society, and such notice so published shall be deemed to have been sent on the date following the date of the publication thereof.”

The following proposed amendment to the Articles of Incorporation is published for the information of the General Membership (present wording is as stated. Proposed wording is in [brackets].
Article X — Board of Trustees

Composition. The Board of Trustees shall consist of the President, President-Elect, Vice-President, Immediate Past President, Secretary-Treasurer, [President, Women's Auxiliary to the PCMS, or her designee] and seven Trustees.

Four Humanities Seminars for Medical Practitioners To Be Supported in 1976 by the National Endowment for the Humanities

The National Endowment for the Humanities will again support a program of humanities seminars for physicians and other members of the health professions in 1976. The seminars will bring medical practitioners together with distinguished humanists from the fields of history, religion, sociology, and philosophy for a month of full-time study devoted to such issues as ethical conflicts, the rights of patients and practitioners, the purpose and limits of the medical professions and their relations to the community.

Up to 15 participants will attend each seminar tuition free and will receive a \$1,200 stipend to cover expenses, plus reimbursement for travel up to a \$300 maximum. Participants may be accompanied by members of their families, but the stipend will not be increased.

John C. Burnham, Professor of History and Lecturer in Psychiatry at The Ohio State University, will direct a seminar on his University's campus August 9-September 3. The aim of this seminar will be to identify the particular historical forces which have shaped the medical profession and determined the direction of its development. It will attempt to sharpen the participants' understanding of their profession by studying it in the context of Western culture and how it has been involved in the forces of social change.

H. Tristram Engelhardt, Jr., a philosopher and physician who is Associate Professor of the Philosophy of Medicine in the Institute for the Medical Humanities of the University of Texas Medical Branch at Galveston, will direct a seminar at his University, September 13-October 8. The seminar will examine the general issue of patient's rights and the particular issue of the right to health care through a consideration of the basic philosophical and ethical issues that bear

on the status of the individual, the nature of justice, and the relationship between the individual and society.

Renée C. Fox, Professor of Sociology in the Departments of Sociology, Psychiatry and Medicine at the University of Pennsylvania in Philadelphia, will conduct a seminar on her University's campus June 1-30. The seminar will examine from a cross-cultural perspective the ways in which social and cultural forces influence certain present-day medical phenomena and problems in American society. Conceptions of health and illness, the process of professional development, the hospital as a social system, modern medical research, and bio-ethical issues in contemporary medicine are among the topics to be considered.

William F. May, Professor and Chairman of the Department of Religious Studies at Indiana University in Bloomington, will direct the fourth seminar on the Stanford University Campus in Stanford, California June 28-July 23. Participants will explore basic ways of interpreting human nature and obligation as they affect decisions in medical practice. The seminar will also attempt to clarify the role of the practitioner in the several communities in which he or she operates, including the doctor-patient relationship, the family facing medical crisis, the decision-making ethos of the hospital, and the claims of society at large.

Applications are invited from physicians and other members of the health professions, including public health officials, nurses, hospital administrators, executives of professional societies, and others. Selection of participants will be made by the seminar directors with the advice of selection committees. The application deadline for the University of Pennsylvania and Stanford University seminars is April 15, with selections to be announced about April 22. The appli-

cation deadline for The Ohio State University and University of Texas seminars is May 13; selections will be announced about May 28.

Further information, including a leaflet describing the seminars in greater detail and application forms, may be obtained from:

Professor John C. Burnham
 Department of History
 The Ohio State University
 230 West 17th Avenue
 Columbus, Ohio 43210

Professor Renée C. Fox, Chairman
 Department of Sociology
 128 McNeil Building CR
 University of Pennsylvania
 Philadelphia, Pennsylvania 19174

Professor William F. May, Chairman
 Department of Religious Studies
 Sycamore Hall 230
 Indiana University
 Bloomington, Indiana 47401

Professor H. Tristram Engelhardt, Jr.
 Institute for the Medical Humanities
 University of Texas Medical Branch
 Galveston, Texas 77550

FAMILY CLINIC — DECEMBER, 1975

1815 South J Street 98405

(627-9182)

Monday Through Friday, 10 a.m. to 5:30 p.m.

Coordinator: Aaron Miller

PATIENT SERVICES	January 1976	Total Since Sept. 1973
Referred to Physicians	60	2,468
Laboratory Services	205	2,880
X-ray Services	3	202
Prescription Services	91	3,355
Referred to Emergency Rooms	6	195
Hospitalized	0	172
Referred to Community Agencies	0	1,050
Seen by Physicians in Clinic	51	915
ETHNIC & DEMOGRAPHICAL DISTRIBUTION		
Black		
Caucasian	35	659
Asian-American	236	3,404
Native-American	2	84
Mexican-American	2	136
Model City Residents	6	91
Other Areas	52	1,186
	229	3,538
PARTICIPATING PHYSICIANS		
On Referral Basis (Outside Clinic)		
Friday Evening Clinic*	17	118
*Dr. H. Boyd	4	10
*Dr. T. Smith		147
*Dr. S. Whaley		202
*Dr. A. North		116
*Dr. G. Tanbara		103
*Dr. T. McDonnell		48
*Dr. G. Drucker		35
*Dr. D. Wilhyde		42
*Dr. A. Tsoi		120
*Dr. G. Oh		47
		31

Red Cross Title VII Nutrition Project for Elderly

As specified by the Older American's Act, the Pierce County Title VII Program serves approximately 420 elderly a nutritious and attractive meal in nine locations situated in areas of high elderly population density.

The purpose of the Title VII Nutrition Program is to promote better health and foster independence of the elderly through more adequate diets and (re) socialization. Accompanying services include health and welfare counseling, shopping assistance, outreach, transportation and recreation. The target group are persons over 60 and their spouses, (especially those with low incomes) who do not eat properly because of income;

lack of facilities; incentive or knowledge; and/or lack of mobility.

80% of all persons served by the program make a cash contribution to help expand the program.

22% of all persons served by the program in turn volunteer to serve the program in all facets of its operation.

35% of all participants eat no other meal.

50% of all participants have no other source of social contact.

40% of all participants are low income.

For more detailed information please call the main office at 572-5422.

LOCATIONS:

1. Gig Harbor, St. Nicholas Catholic Church	SERVING: 60 M - F
2. Lakewood, Clover Park Education Center	55 M,T,W
3. Eastside - McKinley Park, 860 E. 38th	100 M - F
4. Parkland, Trinity Lutheran, 121st & So. Park	65 M - F
5. Puyallup, 428 W. Pioneer	65 M - F
6. North Side, First Lutheran Church, 6th & I	105 M - F
7. Japanese: Tacoma Buddhist Church	40/mo
8. Korean: Korean Women's Ass'n.	40/mo
9. Indian: Tacoma Indian Mission	40/mo

For Further Information: Nutrition Office — 572-5422

EAST SIDE HEALTH CLINIC — FEBRUARY, 1976

1720 East 44th Street 593-4792

Tacoma, Washington 98404

Director: John Erwin

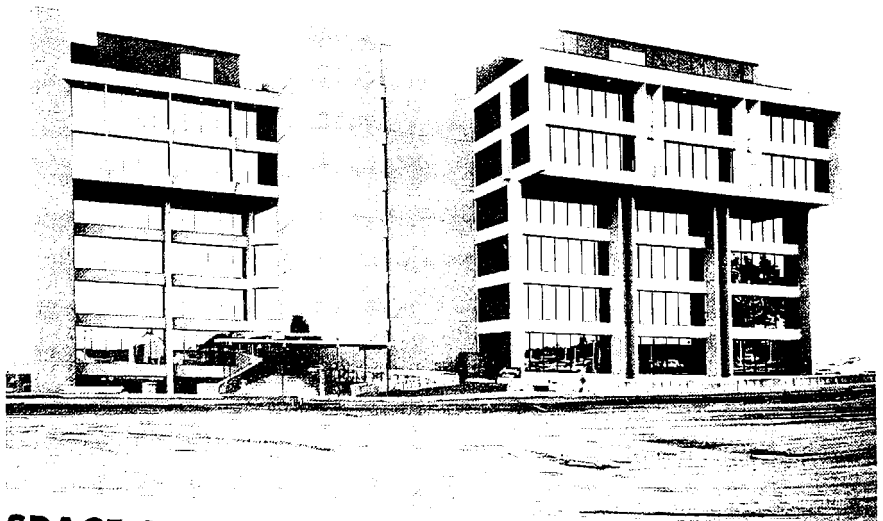
	January	Total - 1976	Total to date (1972)
Seen by Physician in Clinis			
Adults	174	174	5513
Children	116	116	4372
Laboratory Services	82	82	*1050
Prescriptions Filled	125	125	1565
Referred to Physicians	20	20	320
Phone referrals	85	85	1020
DPA	79	7 9	715
EPSDT	19	19	183

*Until Jan. 1975, the number of patients actually seen by M.D. was the only information available.

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JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

383-2201

DSHS Drug Regs

Dear Pierce County Physicians:

Department of Social and Health Services (welfare) prescriptions are demanding more of the pharmacists' time. As members of the health team we are offering some helpful hints:

1. More generics have been added to the welfare formulary. No longer can we fill prescriptions for Hydrodiuril, 100 mg Dilantin, Benadryl capsules or Isordil unless special justification is provided. When these brand names are prescribed, the pharmacist must: a) call for permission for a generic substitute; b) call for special justification; or c) request the patient to pay. As you know many other pharmaceuticals including penicillin, tetracycline, erythromycin, APC and codeine and Darvon must be filled generically when written for welfare recipients.

2. Under regulations effective 1975 prescriptions are valid for a maximum of only one year (except DEA prescriptions). Refill information is very helpful and appreciated by the pharmacist. Refill abuse is potential if the refill area is ignored on welfare as well as private prescription blanks.

3. BNDD (DEA) numbers are required on all welfare prescriptions.

4. On telephoned prescriptions, the pharmacist greatly appreciates being told if the prescription is welfare, labor and industries, etc.

If you have any questions on any prescription, please call one of us. Your pharmacist is as close as your phone.

Most Sincerely,
John Hickman, RPH
Pharmacy Service Committee
Professional Pharmacists of
Pierce Co.



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**BROOKSIDE
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NEW TACOMA CEMETERY
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WSPSRO ELECTION RESULTS

The newly elected WSPSRO Board met January 29th and appointed officers and length of Board service as follows:

Name	Specialty		Years to Serve on Board
OFFICERS:			
President			
John S. May, M.D.	General Practice	Tacoma	3
Vice President			
Robert A. Fithian, M.D.	Family Practice	Seattle	2
Secretary			
Robert J. Hoxsey, M.D.	Internal Medicine	Wenatchee	2
Treasurer			
Donald J. Hesch, M.D.	Diagnostic Roentgenology	Seattle	2
BOARD:			
Robert Hunter, M.D.	Obstetrics & Gynecology	Spokane	3
Alexander G. Robertson, M.D.	Clinical Pathology	Everett	3
William Y. Dunton, III, M.D.	Urologist	Mt. Vernon	3
Howard B. Kellogg, Jr., M.D.	General Surgery	Seattle	3
E. Harold Laws, M.D.	Internal Medicine	Seattle	2
Thomas H. Clark, M.D.	Family Practice	Sumer	3
Charles Hamon, M.D.	Internal Medicine	Bremerton	3
Angela J. M. Bowen, M.D.	Endocrinology	Olympia	2
Charles C. Strong, M.D.	Family Practice	Vancouver	1
Karsten C. Lewis, M.D.	Internal Medicine	Yakima	1
Edward G. Rockwell, Jr., M.D.	General Surgery	Spokane	1
Jimmie D. Losey, M.D.	General Surgery	College Place	2
A. J. Myers, D.O.	Dotcor of Osteopathy	Yakima	1

All officers will serve in their respective office for one year.

The following Board members will serve on the WSPSRO Executive Committee:

John S. May, M.D.	Robert J. Hoxsey, M.D.	Jimmie D. Losey, M.D.
Robert A. Fithian, M.D.	Alexander G. Robertson, M.D.	A. J. Myers, M.D.
Donald J. Hesch, M.D.	E. Harold Laws, M.D.	Robert Hunter, M.D.

Also elected were six physicians who will serve on the Peer Appeals Council. The Council is the princopal judicial body within WSPSRO. Those elected were:

Name	Specialty	City
Donald H. Boettner, M.D.	Generay Surgery	Bellingham
John H. Dawson, M.D.	General Surgery	Seattle
Herman S. Judd, M.D.	Family Practice	Tacoma
Archie Y. Hamilton, M.D.	Pathology	Vancouver
J. Thomas Rulon, M.D.	Otorhinolaryngolofy	Spokane
Gerald A. Dierdorff, D.O.	Doctor of Osteopathy	Sunnyside

Tacoma Hospital Review Implementation

Tacoma General and St. Joseph (March); Good Samaritan (April); Doctors (May); Lakewood General (June).

Hearings Set

Hearings on the FTC anti-trust complaint against the AMA were scheduled to begin Feb. 25. The complaint charges that the AMA *Principles of Medical Ethics* proscription on advertising by physi-

cians is in restraint of trade. The AMA filed its reply to the charge on Jan. 23. The hearings will be before a Federal Trade Commission administrative law judge in Washington, D.C. Also named in the FTC complaint are the Connecticut State Medical Society and the New Haven County Medical Assn.

WOMEN'S AUXILIARY PAGE

AUXILIARY OFFICERS 1975-1976

President	Anne Katterhagen
President-Elect	Marie Henry
1st V.P. & Program	Georgia McPhee
2nd V.P. & Membership	Judy Brachvogel
3rd V.P. & Historian & By-Laws ..	Marian Doherty
4th V.P. & Social	Lona La Tona
Recording Secretary	Helen Whitney
Corresponding Secretary	Reta Bergstrom
Treasurer	Betty Johnson
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Joint Dinner Meeting

Tuesday, March 9th is the date for this year's joint meeting of the Medical Society and the Auxiliary. It will again be held at the Sherwood Inn with the cocktail hour beginning at 6:30 and the dinner at 7:30. The cost of the prime rib dinner is \$7.60 per person. Jeff Smith from the Chaplain's Pantry will be the speaker. Reservations will be taken by the calling committee.

Legislative Action

Hopefully, by the time this bulletin comes out, Governor Evans will have signed HB 1470 into law. This is the first of several bills on malpractice legislation that will be coming out. Try to keep informed and make the effort to contact your legislators to let them know your opinions. It does help. Kathleen Skrinar has a great deal of information on these matters. If you need any information, give her a call.

Volunteers Needed

There is always a job that needs doing if people are willing to help. Right now we need people who will help gather information for a proposed medical information resources bank. This will be done according to certain forms and questionnaire sheets. It takes no special talent; just a little time. And the more volunteers we have, the less time will be needed from each individual. If you are interested, please call Betty Bahn at 565-0527. She can give you more information if you need it.

Board Meeting

The next Board Meeting is scheduled for 9:30 a.m. on March 16 at Allenmore.

Retirement Is Fun!

Those of us who listened to Mrs. Everett Nelson speak at the February Luncheon Meeting learned how a little planning and effort can turn into a great deal of enjoyment. It was a real pleasure to hear how the Nelsons have found so many different things to be so much fun for them. Retirement can be fun!

CLASSIFIED

Classified advertising rates are \$1.50 per line (35 pica spaces). Checks should be made payable to the Pierce County Medical Society. Payment must accompany copy. Closing date: 10th of the month preceding date of issue. All advertising requests received after the closing date will be used at the discretion of the Publisher only.

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WANTED

Doctors to volunteer one or two hours a week at a free medical clinic here in Tacoma.

The East Side Health Clinic, located in Salsban, is in its fourth year of operation. It is housed in a new building and is one part of a popular Community Center. The clinic contains a large office, six examining rooms, a well-stocked pharmacy and a laboratory.

At the present time, a pediatrician and an internist are seeing all the patients and their time is so filled that needy patients

are turned away every week. The accompanying statistics show the viability and over-all acceptance of the clinic. What it needs is simply more medical help.

If you can supply some of this need or if you have any questions, please contact Dr. George Tanbara at 383-5777, Dr. George Race at FU 3-4766, or call the clinic at 593-4792 and talk to either the director, Mr. John Erwin or to his assistant Mrs. Pam Charvenka. YOUR help is urgently needed.

SUMMER CAMP DOCTORS NEEDED.

The Mt. Rainier Council of the Boy Scouts of America need physicians to cover summer camp at Hahobas Scout Reservation located on the Hood Canal. The Health Lodge will serve as quarters for each physician and his family during his week at summer camp. A corpsman from Ft. Lewis will be present to provide initial care and to assist the physician. Weekly sessions begin on 11 July and end 7 August. For further information contact Larry Rork, M.D., at Madigan Army Medical Center, phone number 967-6946, or at home, 537-4127.

CLOTHES DRYER. Nearly new Maytag heavy duty gas dryer; 11 mos. light use; free in-county delivery, \$150.00. 565-1453.

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FIRST, SIX DAYS IN JAPAN

Tokyo, the capital. A unique blend of big city sophistications and village-small folkways. Ancient temples, contemporary towers. Spend five glorious nights at the prestigious Hotel Okura, across from the American Embassy on elegant "Embassy Row." An architectural gem with splendid views of Tokyo, Tokyo Bay and Majestic Mt. Fuji. For bird's eye panorama, soar to the 1092-foot top of Tokyo Tower or the Panorama 36 Observatory of the Kamisugaseki Building. For camera close-ups, walk the famed Ginza with its potpourri of excitements. Irresistible shops, cabarets, restaurants, tea and coffee houses. Wander the winding streets and alleys of picturesque Shimobashi, a village microcosm in a teeming city.

Reflections of classic arts—rich museum collections... colorful temples... lanterned shrines... the moated Majesty of the Imperial Palace. *Kabuki* and *Noh* plays... *Bugaku*, ancient court music and dance. Sports, ancient and modern. Heed the Japanese saying: "Never say *kekko* (magnificent) until you've seen Nikko." An optional day excursion of picture-postcard scenes

in a 200,000-acre resort of snow, water and land sports. The five-story Pagoda, Futaarasan Shrine, Rinnoji Temple. The exquisitely carved "Gate of Sunlight" at Toshogu Shrine, *kekko* ceilings, walls, paintings, carvings.

Story-book Kyoto, an optional two days. Former historic seat of government, treasure house of ancient culture. Past splendors in over 200 shrines, 1500 Buddhist temples, the Old Imperial Palace, Nijo Castle. The much-photographed Golden and Silver Pavilions. Buy woodblock prints, lacquerware, ceramics, silks. And in the Gion district, Japan's last stronghold of the apprentice geisha, traditional drama, music, dance. *Ikebana*, flower arranging. The tea ceremony.

THEN, SIX DAYS IN HONG KONG

Hong Kong, meaning "Fragrant Harbor." The British Crown Colony which has long conjured up colorful to lurid lore of international intrigue. Free port and a shopper's paradise.

Five spellbinding nights at The Mandarin where Oriental ambience and Occidental elegance meet. In Hong Kong's fascinating heart, close to international bazaars overflowing with bargains. Overlooking the spectacular harbor, chock-a-block with junks, sampans, ferry boats, great ships. Backed by towering wooded hills.

Take the Peak Tram for fantastic vistas from Victoria's 1823-foot-high peak. The ferry to Kowloon ("Nine Dragons") for a glimpse of the People's Republic. Shop both sides of the harbor. Gamy Cat Street and nearby Hollywood Road. Nathan Road and its side streets. Mammoth Ocean Terminal. Custom tailors.

Swim lovely beach fringes. Take an air-conditioned junk or *wal/ah-wallah* to other islands. Fan out into fishing villages like Aberdeen where sampan "taxis" afford close-ups of floating shops, stalls, homes and seafood specialty floating restaurants.

Dine sumptuously on regional Chinese cuisines. Or international foods prepared to please a prince's palate. Restaurants, like shops, reflect Hong Kong's global reach. Sample a night

life that explodes like firecrackers on Chinese New Year's. For gambling and gambling, a glimpse into a historic past, take the optional trip to the Portuguese colony of Macao.

FINALLY, HONOLULU

Relax from Japan's frenetic pace, Hong Kong's razzle dazzle. Renew yourself for two nights at the magnificent Kahala Hilton. Stunning appointments. Performing porpoises in a tropical lagoon. A golden sand beach, swimming pool.

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WARNING:

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

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

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

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

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

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

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth, anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions, nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, parosmia, asterix, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

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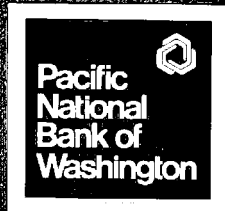
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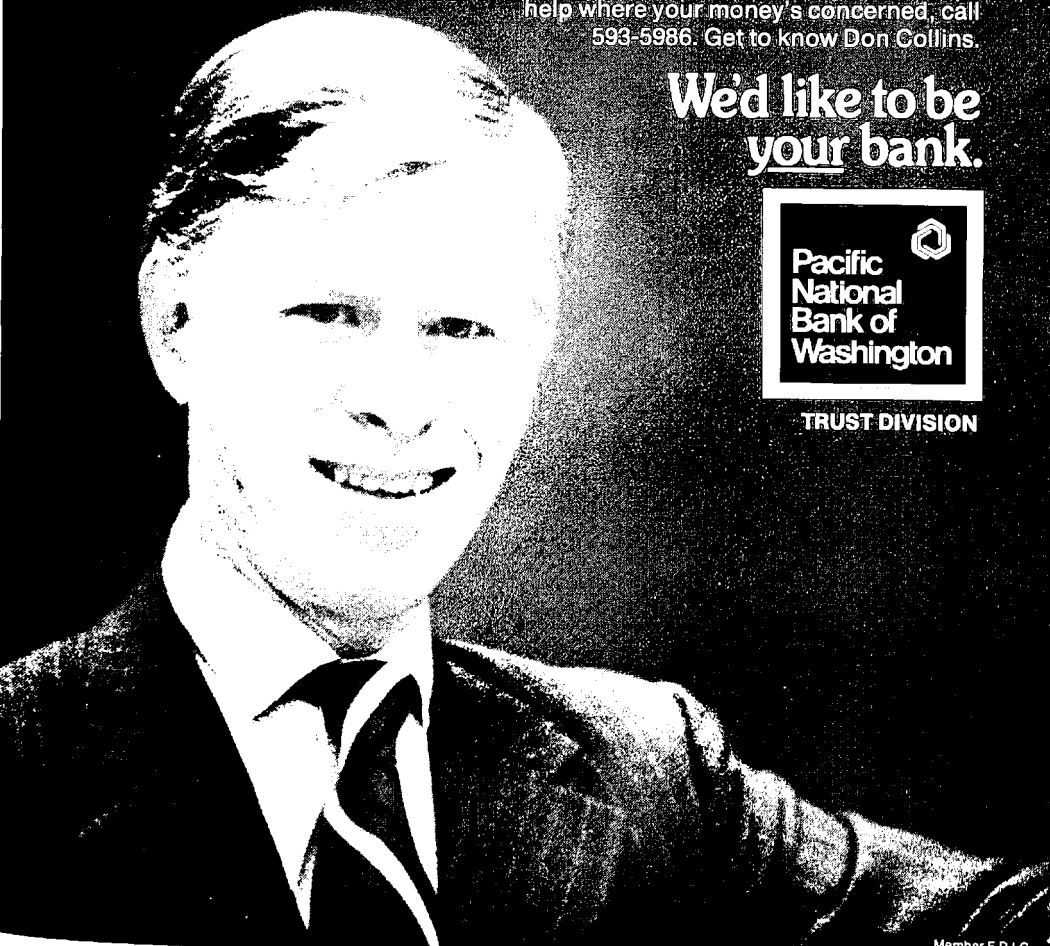
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TACOMA, WASHINGTON

APRIL, 1976



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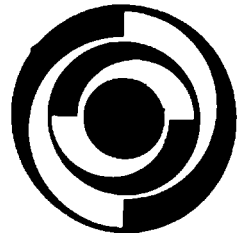


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The BULLETIN

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Editorially Speaking



Stanley W. Tuell, M.D.

It Ain't Over Yet!

If you heaved a big sigh of relief when Governor Evans signed the "Malpractice Bill" on February 21st, you may as well take a big, deep breath and get ready to plunge into the next phase of the battle.

Evans currently called it the first small step in the solution to your malpractice insurance premium problem. Already the State Medical Association has called back into session the seven-doctor task force that formulated the basic elements for that legislation (including three Tacoma members — Ben Blackett, Bob Florence, and this writer) and is keeping active the steering committee that guided the legislative drive (including JoAnn Johnson of Tacoma).

The State Board of Trustees meets on April 4th to plan the strategy for the coming year, hopefully to have an even more decisive measure ready to present

to the next Legislative Session in Olympia.

Legislators respond to voters. The voters are your patients.

Keep your patients aware of the ongoing crisis by reminding them that if the crisis is not solved they will suffer because:

1. Doctors' fees will have to go up.
2. Hospital charges will go up.
3. Necessary but hazardous treatments may be withheld.
4. Unnecessary measures and treatments may be utilized for the doctors' protection.
5. Perhaps most serious of all, because of cutting services, early retirement, lack of new doctors, etc., there will be a drastic shortage of health care providers in this state within a few years.

To have the success that we had in the last legislature, it wasn't enough just to be "the good guys." It took a lot of time, work and money.

Speaking of money, it's hard to believe that over 20 per cent of the State's doctors chose to take "a free ride" while the rest paid their own \$100 assessments to finance the battle. That \$100 is a pittance compared to the potential savings to you and your patients if we win our battle. There may be a few "hardship cases" but in general, if you've been a free rider up to now, how about sending in your assessment to the WSMA Office.

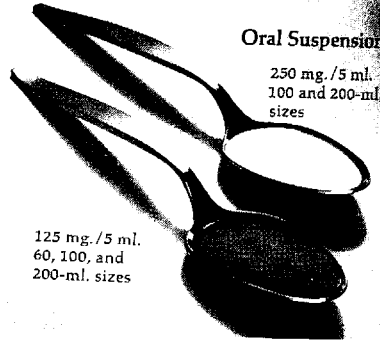
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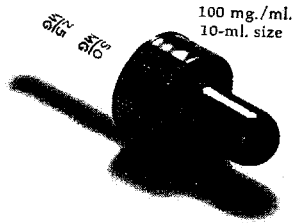


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WSMA To Hold Tacoma Meeting— All Physicians Welcome

Pierce County Medical Society Members are cordially invited to attend the ANNUAL MEETING OF THE CHILD HEALTH COMMITTEE OF THE WSMA COUNCIL ON COMMUNITY HEALTH SERVICES, Saturday, April 24, 1976, at Jackson Hall, Tacoma General Hospital, 9:30 a.m.

TENTATIVE AGENDA

- I. 9:30 a.m. Registration (fruit juice, coffee and rolls will be served)
- II. 10:00 a.m. General meeting with Orientation and Purpose
- III. 11:00 a.m. Small Group Sessions
 - A. Medical aspects of sports
 - B. Education for All
 - C. Liaison with Governmental Agencies
 - D. School Health
- IV. Break—(Sandwiches, coffee & soft drinks will be served)
- V. 1:00 p.m. Summation and Recommendation to WSMA
- VI. 2:00 p.m. Adjournment

Only those items on the agenda will be discussed, absolutely no new topics. If you have special interests, please contact Dave Sparling, Stan Mueller or me as soon as possible.

Here is your chance to have a voice in WSMA matters at a state level—don't pass it up! Primary care and specialists get involved!! Advance registration is desirable, but come regardless, if you can.

Respectfully submitted,
George Tanbara, M.D.

(Detach and mail for Registration)

I will attend the Child Health Committee Meeting

Name

(Please Print)

Address

City Zip

Phone number(s) Office

Res.

All correspondence to: Mr. George Morford, WSMA, 444 N.E. Ravenna Boulevard, Seattle 98115. Attention: Child Health Committee of the Council on Community Health Service.

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Pierce County Medical Society

Tuesday, April 13

DINNER—SHERWOOD INN

Hosted Cocktails 6:00 Dinner 6:30 Program 7:30

PROGRAM

A TRIBUTE TO SCHOOL HEALTH

Co-sponsored by the Pierce County Pediatric Society, this meeting will focus on health issues for Pierce County School Districts. These issues are of importance to you, the physician, and should be of definite interest to you, the physician member of this community.

Guest of Honor and Keynote Speaker will be Orvis Harrelson, M.D., who will also receive a recognition award for his invaluable contributions to school health, both in this community and throughout the country.

Please call the Society Office for reservations

In Memoriam



William L. Spaulding, M.D.

William L. Spaulding, M.D., died Sunday, February 22, 1976, at the age of 72.

A thirty-year career man with the United States Army, Dr. Spaulding retired from active status with the Military at the rank of full Colonel in January of 1960.

Born in Portland, Oregon, January 30, 1904, he received his M.D. degree from the College of Medical Evangelists (Loma Linde University) in 1931, followed by a rotating internship at Fresno General Hospital in California which was completed in 1932. He entered the military service in November of 1934 and completed an ophthalmology residency at Walter Reed Army Hospital and while in the military service, he also practiced in California and Oregon.

Following his retirement in 1960, Dr. Spaulding joined the Pierce County Medical Society.

Among his honors during his military career, Dr. Spaulding was awarded the Legion of Merit with Oak Leaf Clusters and the Croix de Guerre and had served as Chief of Ophthalmology at Walter Reed General Hospital, Madigan General Hospital, Tokyo Army Hospital, Ford Ord and Brook Army Hospitals. A fellow of the American Academy of Ophthalmology and Diplomat of the American Board of Ophthalmology, Dr. Spaulding also achieved fellowships in the American College of Surgeons and the International College of Surgeons.

In his 16 years in Pierce County, Dr. Spaulding practiced almost exclusively at Doctors Hospital, where he will be especially missed by the attending staff and employees who came to know and love him so well.

He always had time to help with everyone's problems: physician, hospital medical staff and patient.

Our country was honored by his years of military service and our county by his remaining active years with us.

In Memoriam



S. Robert Lantiere, M.D.

S. Robert Lantiere, M.D., a 32-year member of this medical community, died Friday, March 5, 1976 at the age of 69.

Dr. Lantiere was born on the Island of Malta, on the fifth day of December, 1906. Six years later, he emigrated to New York City with his family and spent his youth on the Eastern seaboard. Recognizing an early desire to become a physician and surgeon, Dr. Lantiere completed his pre-medical studies at Cornell University and enrolled in Rush Medical College, University of Chicago in 1930 where he received his M.D. degree four years later. His internship and residencies were completed at Good Samaritan Hospital and Multnomah County Hospital, University of Oregon, in Portland and he was licensed to practice medicine and surgery in the State of Washington on July 17, 1935. His first private practice was in Cathlamet, where he met and married his wife Hilda.

Dr. Lantiere's private practice was interrupted by military service and he served in the Army Medical Corps as a Captain until discharged in 1942. Following completion of Military obligation, he moved his family to Tacoma where he began his thirty-year plus contribution of service to Pierce County residents and this Medical Community.

Dr. Lantiere was elected to Membership in the Pierce County Medical Society on September 12, 1944.

Dr. Lantiere has earned the respect, admiration and love of all who knew him; both physician colleagues and patients alike. His passing marks a loss for the entire community and he will be missed by all of us who considered him friend.

Letters . . .



Representative Ted Haley, M.D.
Legislative Building
Olympia, Washington 98504

Dear Ted:

I hope you are enjoying as much serving in the Legislature as we are enjoying having you there.

Needless to say, we feel you were an immensely important part of the passage of SHB 1470, the House version of the Health Care Injuries Act — particularly when it got down to concurrence in the Senate Amendment removing the section on access to records.

I am quickly learning just how “tough” you have to be to be effective in the legislative process. I have received many compliments from your fellow legislators on the articulate way you describe the issues, and also on the fact that you are a man with the courage of his convictions. This letter is not only to thank you for your interest and concern on the major health issues but hopefully to encourage you to continue to serve in the Legislature.

You should have received a copy of my letter to the Dental Association in regard to our support in opposing the anti-fluoridation initiative. As Harlan mentioned, you do provide an excellent “antenna” for the medical profession within both the public and legislative arenas, and when there are areas you feel we should be involved in, and are not, we would appreciate your bringing these to our attention.

Again, please do not hesitate to contact me, or other leadership or staff within the Association, if we can be of assistance to you.

Many thanks and best regards.
Sincerely yours,
William O. Robertson, M.D.
President, WSMA

Dear Sir:

I am retiring from active medical practice. I enjoyed my twenty-two years of active duty in the Air Force, and on retirement, I was very happy to enjoy the support your organization provided for a physician in private practice in civilian life.

During my time in private practice I have especially appreciated the counsel and communications of the Washington State and Pierce County Medical Societies.

The administrative skills demonstrated in the planning and coordination of physician activities provides an excellent example of teamwork at local and state level.

Sincerely,
Chester R. F. Poole, M.D.

Summertime - Vacation Assistance

Medical Office Assistants are now available for full or part time work April through August.

They have academic preparation and can competently perform in areas of receptionists, medical secretaries, or medical assistants. You will find them suitable for various office positions, such as: physicians, hospitals, laboratories, organizations, insurance companies and medical reference libraries.

Physicians in this area have approved this program. You will be highly pleased to have these students in your office, as they are willing to work, capable of performing, friendly and greatly concerned with maintaining high standards in the profession.

Anyone that is interested should contact: Jane Robben, RN at Clover Park Vocational Institute. Telephone 584-7611 Ext. 240.

10 minutes ago everyone drank to Harry's health.



**Then gave him black coffee
so he could drive home.**

They thought it would sober him up. It's one of the myths about drinking and driving that most people live by—and some people die by. Like the myths that just a couple of drinks, a few beers or a little wine won't affect driving. That a cold shower will help.

Most people aren't alcoholics or problem drinkers. And they know better than to drive while drunk. Yet they *don't* know that safe driving ability is gone long before signs of intoxication appear.

Unfortunately, they often won't listen to family or friends, who may not have the facts in any case.

But they will listen to you—the health care professional. They respect you, your knowledge, your motives. You have the facts that can save lives. Information, not medication, will reduce the leading cause of death among high school students—traffic crashes. Information will equip adults who frequently are in situations where drinking is followed by driving, to help themselves and each other. But the information has to come from someone they'll believe—from you.

You can help educate the public you care for. We'll help you. For new literature on alcohol abuse and driving, write to: Drunk Driver, Dept. M.D., Box 2345, Rockville, MD 20852.

They'll listen to a pro.

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THE ARK

Speaks



C. E. CASE, ABOUT 1885

A Case of Malpractice

During the career-span of C. E. Case, 1883-1921, the P.C.M.S. developed from the small gathering in Doctor Wintermute's office to basically the organization it is today. In those thirty-eight years physicians struggled with about the same problems as faced today . . . quackery, socialized medicine and the malpractice suit. Doctor Case was involved in all of these. He trained himself to be an able surgeon and overcame his sectarian schooling. He adapted to the concept of pre-paid healthcare for the working man and even cooperated with Yocom and others in establishing the P.C.M. Bureau. But it was his penchant for vengeance that was his undoing . . . when a malpractice suit intended to rid him of a young adversary brought about his own downfall.

When Doctor Case made his blazing charge against the physicians engaged in Contract Practice in November, 1905, his letter could never have received serious consideration by the membership without his having considerable political clout in the P.C.M.S. This he had in the

backing of Doctors Dewey and Shaver, founding members and the 'old guard' of the P.C.M.S., and Doctor E. M. Brown, then the most prominent and most fearless surgeon in the County.

Doctor Shaver was elected President of the P.C.M.S. two months after Case had made his controversial charges, and Case then gained some stature in the Society, serving on the Board of Censors, acting as greeter to visiting dignitaries and eulogizing departed members. He married a nurse at Saint Joseph's who persuaded him to shave off his long beard, but he maintained a walrus-style mustache for the remainder of his life.

In an interview with the local press in October, 1906, Case described an operation he'd performed, and described himself as an 'eminent specialist' and a graduate of the San Francisco College of Physicians and Surgeons (which he was not). The P.C.M.S. then passed a resolution condemning such public-acclamation, and appointed Doctor Yocom chairman of a committee to oversee all further news releases by its members.

C. E. Case was approaching the age of seventy and still busily engaged in the practice of surgery when he encountered his young adversary, Doctor C. A. Beach. Beach's brother was employed at the N.P. Hospital as chief surgeon and the young Doctor Beach was establishing himself as a 'country doctor' in the valley.

Following is an edited version of a transcript of the testimony of Dr. P. R. Brenton, health officer for the City of Tacoma, a witness on behalf of the plaintiffs in the case of Fairfax vs. Beach in October, 1919 in the Pierce County Superior Court:

Doctor Brenton testified that he was a graduate of the College of Physicians and surgeons, San Francisco, and had examined the plaintiff at the request of Dr. J. R. Brown just two or three days prior to this testimony.

Upon examination of the plaintiff he had found . . . 'a laceration of the third degree of the perineum, which extended from the entrance of the va-

gina back to the opening of the bowel. There was a tear of the vagina, septum of the vagina, and tear of the perineum up to the bowel and including the bowel. There was also a tear of the cervix on both sides, extending up more than an inch.'

The plaintiff then made a hypothetical question as follows:

'Assuming that sometime after the 20th day of March, 1918, the plaintiff, Edna Fairfax, being pregnant, employed the services of the defendant, C. A. Beach, as a physician, in and about her confinement, informing the defendant that she had been examined previously thereto by Doctor Karshner, who had informed her that she had plenty of room, was physically normal and in good health and would have no trouble upon the occasion of her childbirth, and assuming that upon that occasion plaintiff informed defendant that she expected to be confined about the middle of June, that she was about 20 years old and that this was her first child,

'and assuming that sometime between the 14th and 17th of June the plaintiff caused the defendant to be notified that she was in pain, but that such pain was not in fact true labor pain, and assuming that on or about the first day of July, 1918, at about 8 o'clock p.m., plaintiff again caused the defendant to be notified that she was in pain, and that the defendants came to the house, examined the plaintiff, Edna Fairfax, and stated to her that everything was all right, but that she should not be confined until the following morning and that he could save her considerable pain by taking the child then (by cesarean section), to which the plaintiffs replied that they wanted the child born naturally,

'and that upon the following morning the defendant, C. A. Beach, was requested to examine the plaintiff, and that he did so and informed her that she was progressing very slowly, that she had dilated only about an inch, and that it would be some time before the child was born, and assuming that the defendants then went to breakfast in this house, read the paper, and that about an hour and a half later the defendant was again called to examine the plaintiff,

'and that then the defendant put straps upon the shoulders of the plaintiff, and told her to pull upon this harness when her pains came and that after three or four pains the defendant in-

formed the plaintiffs that this harness was doing no good and removed the same,

'and defendant sent his wife, defendant Mary Beach, out of the room, telling her to 'get them' or 'bring them' and that the defendant Mary Beach went from the room and shortly thereafter returned with the instruments used by physicians in childbirth, and that the defendant C. A. Beach inserted the forceps while the defendant Mary Beach attempted to put the plaintiff under the chloroform,

'and assuming that during this time the plaintiff was lying lengthwise of the bed, and that the practical nurse in attendance said, 'Doctor, you are cutting her all to pieces. I never saw an instrument case where they did not put the patient crosswise of the bed, or on a table', and that the defendant said, 'She is all right where she is',

'and assuming that the defendant C. A. Beach worked with the forceps under these conditions for about a half or three-quarters of an hour and then the water sack or membranes were broken,

'and assuming that he then called upon the plaintiff, Clifford Fairfax, the husband, aged about twenty-two years, who had never seen a pair of forceps before and had never been present at a delivery, and instructed him to pull upon the forceps with him, and that after pulling in this way, that the defendant gave over the forceps entirely, saying 'You must pull harder', that Fairfax did then pull as hard as he could, and thereupon the baby's head was born with a noise, and assuming that for about two hours thereafter, after the head of the baby was born, Doctor Beach worked upon the plaintiff,

'and assuming that after the lapse of about two hours the plaintiff was permitted to come out from under the influence of the chloroform, and that her mother, Mrs. Taylor, entered the room and that the defendant removed the prong of the forcep with which he had been working and that the plaintiff was then instructed by her mother as to how to bear down with her pains, and that during the first labor pain thereafter the child's body was born naturally, and assuming that the said child was born dead at that time . . .

'and that an examination disclosed that the plaintiff Edna Fairfax was so lacerated and torn that an operation

was necessary to repair such damage, and that the defendants called in Doctor Case of this city to perform such operation,

'and that Doctor Case performed such operation and then ordered the plaintiffs to employ a trained nurse to be sent to the house,

'and assuming that the trained nurse arrived after the doctor left such house, that she was given no instructions with respect to her patient, and assuming that on the following morning the plaintiff had a chill followed by a sinking spell, and that the trained nurse telephoned to the defendant Doctor Beach and told him that she wanted him to come at once that she was worried over the condition of the patient, and that Doctor Beach replied that he couldn't come, that she should call Doctor Case . . .

'and assuming that about two or three hours later both Doctor Case and Doctor Beach arrived at the house, and friction developed between the two doctors, and that the defendant, Dr. Beach, permitted the patient and her family by his words and actions to know of this friction, let them know he was mad, refused to enter the sickroom except upon request and urging,

'and that two or three days after, Doctor Beach called Clifford Fairfax to his office in Puyallup, and told him the said Clifford Fairfax that he felt he was not welcome at his house anymore, but that there was something he wanted to tell him which would not be pleasant for him to hear, but that he (Doctor Beach) felt it his duty to inform him, that Doctor Case was not a Christian man but was a dope fiend, that it was a mania with dope fiends to attempt to inculcate the drug habit in others with whom they may come in

contact . . . and that he, Clifford Fairfax, would have to watch Doctor Case very carefully in order to see to it that Doctor Case did not inculcate the drug habit in his wife.'

In answer to this hypothetical question by the plaintiff, Doctor Brenton testified that the defendant, Doctor Beach, had erred in his treatment of the patient.

When the suit was settled against Doctor Beach for the sum of \$2000 in damages, the P.C.M.S. took exception to the verdict. At the urging of Doctors Read and Tenney, the PCMS examined the transcript of Dr. Brenton's testimony, noting that Brenton had testified he had examined the plaintiff in October, 1919, and found the numerous lacerations that Doctor Case had supposedly repaired in July, 1918. The reference to Case's morphine addiction was not a contention. The P.C.M.S. considered filing an appeal but took no action other than the censure of Doctor Brenton for unprofessional conduct in his testimony in the case.

The young Doctor Beach left town, and Doctor Case suffered a disabling illness which confined him to his home for the remaining year of his life. After his death, Case was eulogized by Drs. Tenney and Read as a 'a man of strong likes and dislikes . . . who had always taken an active interest in the affairs of the Society.'

Mavis Kallsen, curator
P.C.M.S. Archives

H.E.W. To Conduct Health and Nutrition Examination in Pierce County

Congress in 1956 authorized the Public Health Service to conduct continuing U.S. national health surveys to collect information about the Nation's health. This information is used by Federal, State, and local health agencies, medical researchers, educators, physicians, dentists, and many other public and private agencies. One part of these national health surveys is the Health Examination

Survey which collects data on scientifically designed samples of the U.S. population through a series of consecutive programs.

The first three programs of the Health Examination Survey were concerned with samples of special age segments covering certain aspects of health. The first program surveyed a probability sample of U.S. adults aged 18-79 years

and obtained data on prevalence of certain chronic diseases (specific cardiovascular diseases, rheumatoid and osteoarthritis, and diabetes). The second survey studied children aged 6-11 years, focusing attention on factors and conditions relating to growth and development, as well as compiling normative data on specific sensory organ function (e.g., auditory acuity levels). The third program surveyed a probability sample of U.S. adolescents, stressing the same measure of growth and development, the results of abnormalities, illnesses, accidents or injuries which have an effect on growth; and the prevalence of sensory deficits.

The most recently completed program, The Health and Nutrition Examination Survey (HANES), was designed to measure the nutritional status of the population between 1 and 74 years of age, and to detect the prevalence of chronic pulmonary disease, disabling arthritis of the hip or knee and cardiovascular disease in adults from 25 to 74 years. In addition,

information on health care needs was also obtained.

In all, some 45,000 persons have participated in these surveys and more than ninety reports relating to the survey findings have been published and widely distributed. Lists of these publications and single copies may be obtained from the National Center for Health Statistics, Health Resources Administration.

The current program, HANES II, will provide the first look at change in the nutritional status of the population over time through data on dietary intake, laboratory tests, body measurements and clinical assessments of persons 6 months to 74 years. In addition, we will be measuring the prevalence of the following conditions in certain age segments of the population: diabetes, kidney disease, heart disease, liver disease, hypertension, allergies, speech defects and hearing problems, osteoarthritis and disc degeneration in the cervical and lumbar spines, and otitis media.

June Hematology Session Scheduled

The American College of Physicians (ACP) will sponsor a four-day postgraduate course entitled "Topics in Clinical Hematology: Disorders of Proliferation" on June 14-17, 1976, near Seattle, WA. The course, held in conjunction with the American Society of Hematology and the University of Washington School of Medicine, will be held at Rosario Lodge, Orcas Island, WA.

The course will deal with subtopics in hematology concerned with disorders of proliferation. It is planned to provide the primary physician and subspecialist with a better understanding of the basic pathophysiologic principles underlying these disorders and appropriate problem-solving and management schemes.

The American College of Physicians postgraduate courses have been approved by the American Medical Association Advisory Committee on Continuing Med-

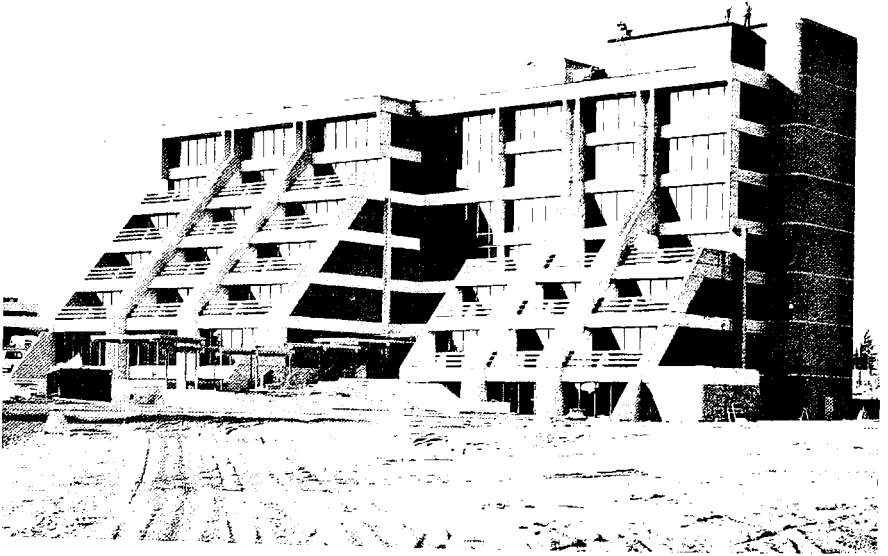
ical Education, and may be used to fulfill Category No. 1 requirements for the AMA Physician's Recognition Award.

The Seattle postgraduate course is being planned under the co-direction of James R. McArthur, M.D., Clement Finch, M.D., and Robert S. Hillman, M.D.

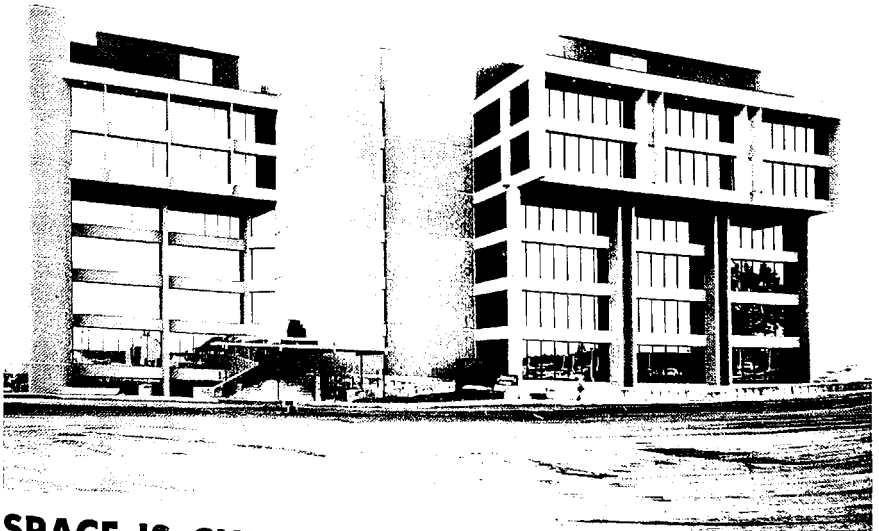
For Information and Registration: Registrar, Postgraduate Courses, ACP, 4200 Pine Street, Philadelphia, PA 19104.

SERVICE CHARGES ON UNPAID BILLS are ethical if they reflect actual costs, there is no profit-taking, patients have been informed in advance of delinquency charges, and the bills are more than 60 days past due, the WSMA Judicial Council has announced. Charges should be cancelled or rescinded if a reasonable partial payment is made, a budget payment plan is agreed to, or if there is a special hardship situation.

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JOHN WOLFE, EXECUTIVE DIRECTOR

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383-2201

Proposed Regulations of the Board of Medical Examiners and Governing Requirements for Continuing Medical Education of Physicians

Notice is hereby given in accordance with the provisions of the RCW that the Washington State Board of Medical Examiners intends to adopt, amend or repeal rules concerning mandatory continuing education. (The statement of proposed rules follows, but the Board reserves the right to adopt any rules consistent with the subject matter herein after hearing testimony.)

The hearing will take place at 1:30 p.m. on Friday, April 23, 1976 in the Spanish Ballroom of the Olympic Hotel, 4th and Seneca Streets, Seattle Washington.

Interested persons may submit data, views, or arguments to the Board of Medical Examiners in writing, to be received by the agency prior to April 23, 1976, and/or orally at 1:30 p.m. on Friday, April 23, 1976.

Washington State Board of Medical Examiners

By: Robert F. Willkens, M.D., Chairman

WAC 308-53-400 SCOPE. This regulation governs all physicians who wish to become licensed to practice in the state of Washington or who wish to renew their licenses to practice in the state of Washington.

WAC 308-53-405 GENERAL REQUIREMENTS. (1) The Washington state board of medical examiners requires fifty credit hours of continuing education annually.

(2) In lieu of fifty hours of continuing medical education the board will accept a current physicians recognition award of the American medical association, or a current certificate of continuing education from either the American academy of family physicians or the American college of obstetricians and gynecologists and will consider approval of other programs as they are developed. The board will also accept current recertification by a specialty board as the equivalent of fifty hours of continuing medical education. A physician need not further document his or her continuing medical education for the year the award or recertification is granted.

(4) In case licensees fail to meet the requirements because of illness or other extenuating circumstances, each case will be considered by the board on an individual basis; and when circumstances justify it, the board may grant an extension of time.

WAC 308-53-410 CATEGORIES OF CREDITABLE CONTINUING MEDICAL EDUCATION ACTIVITIES. The following are categories of creditable continuing medical education activities approved by the board. A maximum twenty credit hours may be earned in each category:

Category I — Continuing medical activities with accredited sponsorship

Category II — Continuing medical activities with nonaccredited sponsorship

Category III — Teaching medical phy-

sicians or the allied health services

Category IV — Books, papers, publications, exhibits

Category V — Nonsupervised: Self-assessment, self-instruction, specialty board examination preparation, quality care and/or utilization review

WAC 308-53-415 CONTINUING MEDICAL EDUCATION REQUIREMENT.

(1) It is mandatory that credit hours be earned in three categories. The credits must be earned in the twelve-month period preceding application for renewal of licensure.

(2) One clock hour substantively spent meeting the requirements of category I, II, IV, or V shall equal one credit hour for the purpose of satisfying the fifty-hour continuing medical education requirement.

(3) One clock hour spent in instruction pursuant to category III shall equal two credit hours for the purpose of satisfying the fifty-hour continuing medical education requirement.

(4) (a) **Category I: Continuing medical activities with accredited sponsorship.** The board has approved the standards adopted by the house of delegates of the American medical association in June, 1970, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so accredited as credit towards the licensee's continuing medical education requirement for annual renewal of licensure.

(b) **Category II: Continuing medical activities with non-accredited sponsorship.** A maximum of twenty credit hours may be earned by attendance at formal continuing medical education programs offered by organizations or institutions that are not approved in accordance with the provisions of category I.

(c) **Category III: Teaching medical physicians or the allied health services.** Credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(d) **Category IV: Books, papers, publications, exhibits.**

(i) A maximum of twenty credit hours may be earned under category IV, with specific subcategories listed below. Credit may be earned only during the year of presentation or publication.

(ii) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing cannot be accepted in this or any other category for credit.

(e) **Category V: Nonsupervised.** (i) A maximum of twenty credit hours may be earned under category V. Credit may be earned only for the year in which the study, preparation, care and/or review occurred.

(ii) Self assessment: Credit hours may be earned for completion of a multi-media medical education program.

(iii) Self-instruction: Credit hours may be earned for the independent reading of scientific journals listed in Index Medicus.

(iv) Specialty board examination preparation: Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(v) Quality care and/or utilization review: Credit hours may be earned for participation on a staff committee for quality care and/or utilization review in a hospital or institution.

WAC 308-53-420. APPROVAL NOT REQUIRED. (1) It will be unnecessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing medical education program sponsors need not apply for nor expect to receive prior board approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of credit

hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing medical education that constitutes a meritorious learning experience.

WAC 308-53-425 CERTIFICATION OF COMPLIANCE. (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the fifty-hour continuing medical education requirement on a form supplied by the board.

(2) The board reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the fifty-hour continuing medical education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(3) In addition to the educational certificate, the renewal of the practicing physician's license will be contingent upon the acceptability of his or her performance by no less than two of his or her peers who, by consultation, coverage, or similar mutual involvement with identical patient problems, will certify to the competence and moral character of that physician. This certificate must also be received by the professional licensing division prior to relicensure.



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Legislative Page . . .



Robert W. Florence, M.O.

I have been assigned the task of writing a monthly legislative page to keep the Pierce County Medical Society membership up to date on medical legislative matters. I could not come up with a good excuse quickly, so here is your first legislative report.

The headline news for this first issue is Substitute House Bill 1470 which Governor Evans signed into law on February 21, 1976. While the bill is short of ideal, it will serve as a good first step. Briefly, it provides the following:

1. Elimination of "ad damnum" clause.
2. Statute of limitations: three years from date of occurrence or one year from discovery, but not later than eight years after date of occurrence. The limitation does not apply to minors prior to the age of majority (18).

3. Establishes element that patient must prove: 1) health care provider failed to follow an accepted standard of conduct; 2) patient did not consent to treatment and/or 3) health care provider promised that the injury would not occur.

4. Permits payment of awards in an annuity plan.

5. Standard of care limited to Washington State.

6. Establishes guidelines for determining if informed consent was obtained. A signed informed consent form is prima facie evidence that patient gave informed consent, but is not required.

7. Permits evidence to be introduced showing compensation from public sources to the patient.

8. Attorney fees subject to court review.

9. Provides for immunity from civil actions for persons acting in good faith in peer review functions.

A WSMA review of this bill was carried out on March 13th, and it was the consensus that this bill will probably not have any significant effect on professional liability premiums, and the really tough elements of 1) statute of limitations, 2) contingency fees and 3) ceiling on awards will require additional legislative efforts if premiums are to be reduced.

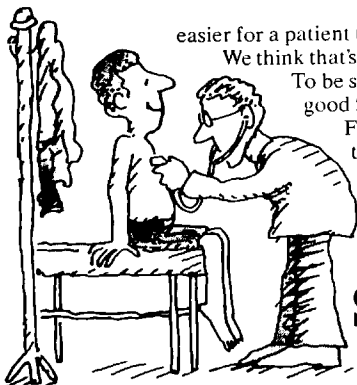
Robert W. Florence., M.D.

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WOMEN'S AUXILIARY PAGE

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Legislative	Kathleen Skrinar
Nominating	Nancy Spangler

April Luncheon

There has been a change of date for the April luncheon. It will be held on Friday, April 23rd instead of the 9th of April. The location is the same—Mrs. Harold Johnston's, 10111 Lake Steilacoom Dr. S.W., and Mrs. Lynne Turner will be speaking on the topic "Fascinating Womanhood." There will be some important business matters to take care of at this meeting including voting on the slate of new officers, voting on some by-laws, and voting on the financial committee report. We hope to have a big turnout for this luncheon meeting!

Tel-med

An ad-hoc committee is gathering information to see whether the tel-med program may be a good area for the auxiliary to donate both volunteer time and financial support. Tel-med is a collection of tape recorded health messages, 3-5 minutes long, designed to provide information regarding health and illness. A caller dials the tel-med number, asks for whatever tape he or she is interested in, and the operator plays the requested tape. These tapes are not meant to replace the family doctor but can be used to help decide whether to consult a doctor.

The tel-med program is currently in use in Seattle and will be introduced in Tacoma within the next few months. The ad-hoc committee will be presenting information to the auxiliary to help us decide if we can help support this vital community project.

Proposed Change In Bylaws

The following proposed changes will be voted on at the April meeting: Article 1—Title and Definition now reads: "The name of this organization is the Woman's Auxiliary to the Pierce County Medical Society. It is a component auxiliary of the Woman's Auxiliary to the Washington State Medical Association." The new proposed Article 1 reads as follows: "The name of this organization is the **Pierce County Medical Society Auxiliary**. It is a component auxiliary of the **Washington State Medical Association Auxiliary**."

Article 2—Objects now reads: "the objects are: (1) Through its members to assist the Pierce County Medical Society in its program for the advancement of medicine and public health. (2) To do such work as may be approved by the Pierce County Medical Society. (3)

To promote mutual understanding and cultivate friendly relations among physicians' families, and at all times to stimulate a feeling of local cooperation. (4) To promote good public relations in the community. (5) To do such work as may be requested by the State Medical Auxiliary and to assist at the State conventions." All of these objects are deleted and the name of Article 2 changed to Purposes. It will read as follows: "The purposes of the Pierce County Medical Society Auxiliary are exclusively educational and charitable. They are: (1) To assist in those programs of the Pierce County Medical Society that improve the health and quality of life for all people. (2) To promote health education. (3) To encourage participation of vol-

unteers in activities that meet health needs; and to support health-related charitable endeavors.

Proposed Slate of Officers

The Nominating Committee has proposed the following slate of officers which will be voted on at the April meeting: President — Marie Henry; President-Elect — Helen Whitney; 1st Vice President — Em Stern; 2nd Vice President — Stephanie Tuell; 3rd Vice President — Evelyn Osborne; 4th Vice President — Marjorie Ritchie; Recording Secretary — Marlene Waldron; Corresponding Secretary — Pat Kesling; Treasurer — Betty Johnson; and Dues Treasurer — Glenna Blackett.

College of Medical Education

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April 21 Wednesday	Diseases of the Adrenal Glands	Peter Capell, M.D. Endocrinologist, Seattle
April 22 Thursday	Disorders of Male and Female Sex Hormones	John Leonard, M.D. Endocrinologist U.S. Public Health Service Seattle, WA.
April 23 Friday	Diabetes Mellitus Disorders of Fat Metabolism	Robert L. Reeves, M.D. Endocrinologist Olympia, WA.

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SUMMER CAMP DOCTORS NEEDED.

The Mt. Rainier Council of the Boy Scouts of America need physicians to cover summer camp at Hahobas Scout Reservation located on the Hood Canal. The Health Lodge will serve as quarters for each physician and his family during his week at summer camp. A corpsman from Ft. Lewis will be present to provide initial care and to assist the physician. Weekly sessions begin on 11 July and end 7 August. For further information contact Larry Rork, M.D., at Madigan Army Medical Center, phone number 967-6946, or at home, 537-4127.

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JUNE 15 IS THE DEADLINE for receipt of applications for the Family Practice Board's next certification examination. Exams will be in 7 cities, October 30-31. Contact Nicholas Piscano, M.D., American Board of Family Practice, University of Kentucky Medical Center, Lexington, Kentucky 40506.

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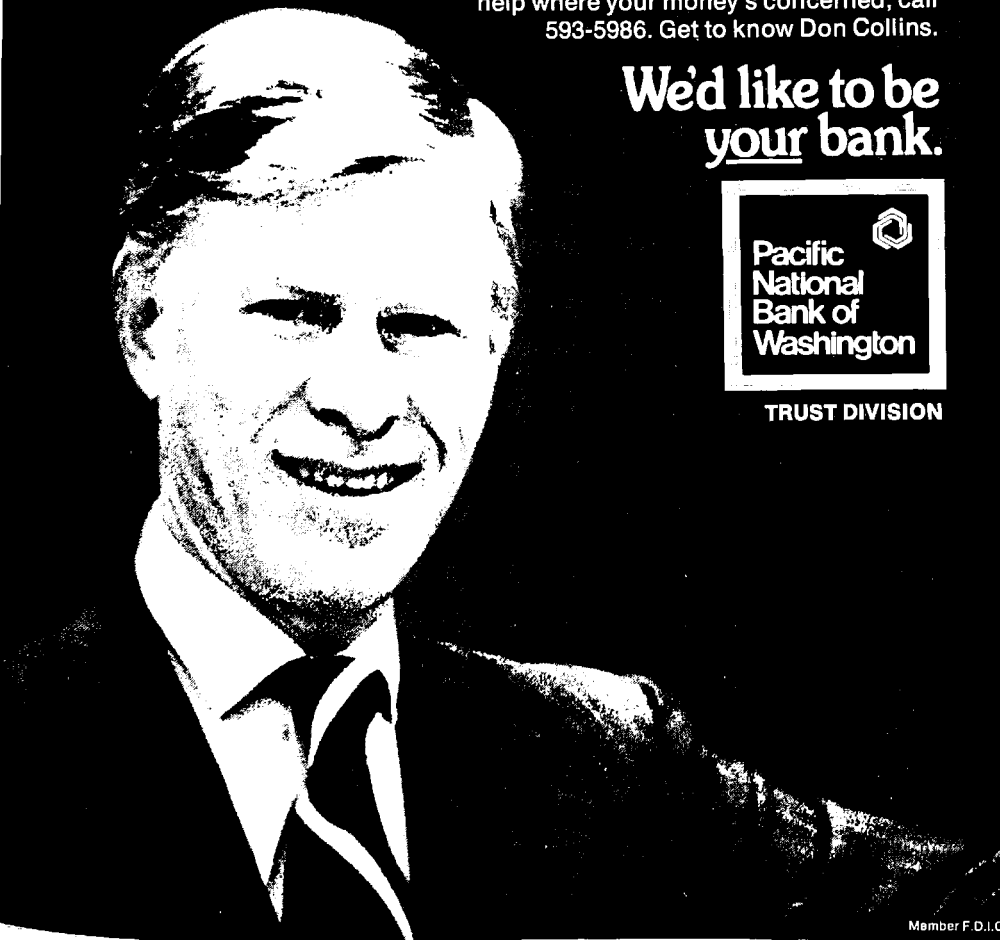
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PRESIDENT'S PAGE



David S. Hopkins, M.D.

I Was At the Beach . . .

In response to the phone call regarding the absence of the President's Page in last month's bulletin, let me explain that the page was missing because, at that time, the President was lolling on the beach at Grand Cayman Island with his secretary and forty thousand dollars of the Society's money; but a man can no more change his nature than a leopard his stripes or a hummingbird stop humming, so I returned. Now that I have your attention, let me say that the recent "Islands of the Sun" Caribbean cruise sponsored by our medical society was excellent, both in terms of education and vacation, and I urge the members to take note of future trips sponsored by the Society because increased participation means income for the Society.

At this writing the College of Medical Education applied and is being evaluated for a category I status for continuing medical education. The College, which was inaugurated by the medical society, is now a separate corporation but continues to be given executive direction by the Committee on Continuing Medical Education of the Society. If accreditation is granted, the College will be able to present its category I programs through joint sponsorship with various area hospitals. This should prove a boon to the practicing physician who needs 150 hours every three years under the new legal requirements.

In the February 23rd issue of *Medical Economics*, one of the Associate Editors relates her frustrating experience of having to wait several hours in a physician's office and proposed some solutions for this recurrent problem. She was particularly resentful of the apparent indifference of the staff to this long waiting period and states, "doctors' practices are scheduled exclusively for their convenience . . . I know of no other business situation where the seller expresses such a total disinterest and contempt for the buyer."

When one considers that many of the professional liability suits have their origin in the area of alleged physician's disinterest and lack of communication. This article merits thoughtful consideration.

D.S.H.

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EDITORIALLY SPEAKING



W. Ben Blackett, M.D.

The Ball Is in Our Court

The physicians of Washington State, along with lay hospital administrators and governing board members have received statutory immunities from suit for their good faith measures taken to control any substandard medical practices.

This measure passed the legislature without significant challenge, indicating a general agreement that such immunity is necessary to effective self discipline. Along with this immunity, however, is a clearly implied charge that the medical profession and responsible board members are expected to use their authority where necessary for the protection of the public. We need to recognize that the immunity provided to encourage action will not necessarily

extend to protect us where we have failed to act.

Hospitals have found themselves held liable in several cases around the country for failure to control or remove a physician from the staff where there was evidence of tolerating less than adequate performance. Thus it seems that immunity provided for disciplinary action may be balanced by a decreased protection in instances of inaction.

This has been carried a step further in a New Jersey case in which a hospital and its individual physician staff members were named defendants in a damage action based upon failure to remove from the staff or otherwise control a physician alleged to have been a known substandard practitioner. This legal theory was approved by a New Jersey appellate court which denied the staff physicians' motion for dismissal from the case. This incidentally is the same state court system which promulgated one of the most restrictive state contingency fee systems for plaintiffs' attorneys in malpractice cases.

While cases of this sort are still rare and seem confined to rather special circumstances, they may represent an increasing trend. And where we have requested and have been accorded special protection to police ourselves, we should not be surprised to find that we are now, more than ever, expected to do so.

W.B.B.

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Robert W. Florence, M.D.

The Marathon Is Over . . .

Now that our State Legislature has completed its marathon session, the State Medical Association is in the process of reviewing the impact of the measures passed by the legislature and affecting physicians. The continuing education requirements are being considered by the State Board of Medical Examiners, and rules will soon be forthcoming. A study is being made of the informed consent provisions of the package passed by the legislature, and it is hoped that some definite recommendations can be made shortly after this new law is studied in depth by the end of April.

Turning to national legislation, all reports seem to indicate that no definitive action is going to be taken on any type of national health insurance during the present year, but there is still the possibility for action on a catastrophic-only type NHI plan sponsored by Senate Finance Committee Chairman, Russell Long (D-L.A.).

On March 25, Senator Herman Talmadge (D-GA) introduced a controversial package of Medicare and Medicaid amendments with hearings promis-

ed for some time this year. He states that the amendments are aimed at saving money and making the programs more efficient. It provides a merger of Medicare, Medicaid and quality assurance activities into a single HEW administration for health care financing, and new payment methods would be instituted for hospital-based radiologists, pathologists and anesthesiologists. No percentage, lease or direct billing arrangements would ordinarily be recognized for Medicare-Medicaid reimbursement. The AMA has expressed concern to Senator Talmadge and his staff since the limitations in the proposed amendments would be imposed "on top of the currently effective unfair limitations in Medicare and Medicaid reimbursement for physicians services with no recognition of current inflationary pressures on the physicians practice. Reductions in reimbursement for some physicians and a decreasing incentive for physician participation in either federal program can be anticipated."

There seems to be a good chance that a health manpower bill will come out of the present session of Congress, one such bill being recently approved by the Senate Labor Subcommittee on Health. This bill does not include provisions for licensure and relicensure of physicians, but proposes a federal study of the issue. It also does not require all students to pay back the government in service or money in exchange for subsidies to the medical schools.

North Carolina is filing suit against the new health planning law, and the AMA is joining North Carolina in that suit. Executive Vice President James H. Sammons, M.D. stated the AMA's position as believing the law is grossly unconstitutional and a direct threat to the rights of both physicians and patients.

R.W.F.

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WOMEN'S AUXILIARY PAGE

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BOARD MEETING

Tuesday, May 11, is the date for the Combined Board No-Host Luncheon, to be held at the Oakbrook Golf and Country Club. The luncheon will follow the meeting, which is scheduled for 10 a.m. Anyone who will *not* be attending the meeting should notify Anne Katterhagen.

BOX SOCIAL

The luncheon in May will be a box social, to be held at the home of Mrs. Paul Smith, Jr., 235 Bella Bella Drive, Fox Island. The date is May 21st and the time is 11:30. Everyone is to bring a box lunch. The lunches will not be auctioned but will be judged, with prizes being given for the Funniest, the Prettiest, the Littlest, the Biggest, and the Most Unusual. So bring your box lunch and have fun at the final luncheon of the year.



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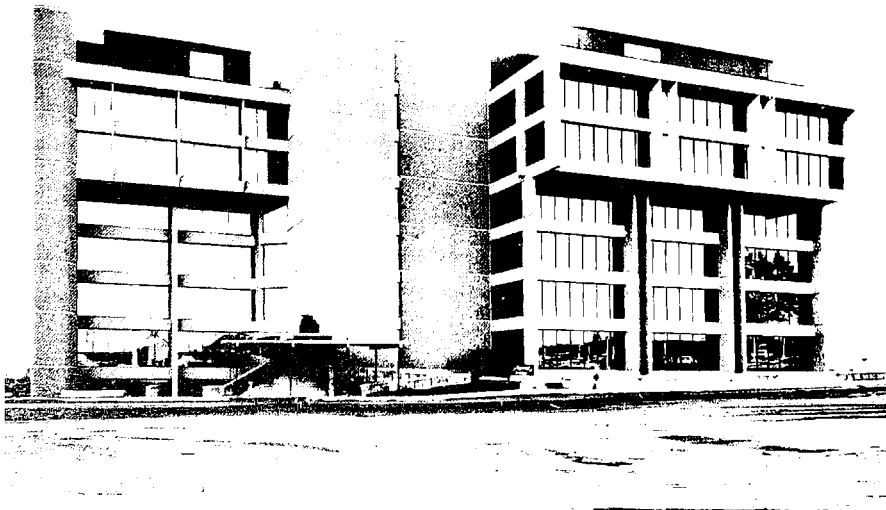
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Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathetic patients. The following may occur: hyperuricemia and gout,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

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10 minutes ago everyone drank to Harry's health.



**Then gave him black coffee
so he could drive home.**

They thought it would sober him up. It's one of the myths about drinking and driving that most people live by—and some people die by. Like the myths that just a couple of drinks, a few beers or a little wine won't affect driving. That a cold shower will help.

Most people aren't alcoholics or problem drinkers. And they know better than to drive while drunk. Yet they *don't* know that safe driving ability is gone long before signs of intoxication appear.

Unfortunately, they often won't listen to family or friends, who may not have the facts in any case.

But they will listen to you—the health care professional. They respect you, your knowledge, your motives. You have the facts that can save lives. Information, not medication, will reduce the leading cause of death among high school students—traffic crashes. Information will equip adults who frequently are in situations where drinking is followed by driving, to help themselves and each other. But the information has to come from someone they'll believe—from you.

You can help educate the public you care for. We'll help you. For new literature on alcohol abuse and driving, write to: Drunk Driver, Dept. M.D., Box 2345, Rockville, MD 20852.

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LETTERS

TO: MEMBERS, WASHINGTON STATE MEDICAL ASSOCIATION

It was my pleasure and privilege during the past several months to serve as a Special Legal Counsel on professional liability to your Association. During this time, I had the opportunity to work with the officers, staff and other special counsels in the drafting and presentation of the Health Care Injuries Act (SB 3039 and HB 1470) to the Special Session of the Washington Legislature.

The passage of SHB 1470 has been described as another constructive step towards solution of the professional liability crisis facing you and other health care providers, hospitals and patients in this state. This new law, containing ten provisions originally recommended by your Task Force on Professional Liability, will take effect sometime in June, depending on just when the Legislature adjourns this Special Session. Let me emphasize that the impact of the law on professional liability premiums will not be known until sometime after that.

What each physician must recognize is that we face a very effective and well-organized adversary in trying to modify the tort system, both from members of the legal profession and from the consumer-oriented groups and legislators who not only feel the benefit of doubt must always be to the patient, but who also are reluctant to accept improved remedies.

I am confident that the past several months have seen a significant change in their polar position -- and have begun a more collaborative effort towards resolving our differences.

I am hopeful that the medical profession recognizes the leadership provided to your professional liability campaign by such individuals as Dr. Bill Robertson, Dr. Al Thompson, Harlan Knudson, Jim Krinbring and other members of your staff. Also, I trust that you will express to the many individual legislators who assisted in the study and eventual enactment of SHB 1470 your appreciation for their diligence and action in this most important area.

Now, it is vital that you prepare legislative and nonlegislative programs in a continued effort to solve the professional liability dilemma.

Sincerely,



MARTIN J. DURKAN

F.T.C. vs. A.M.A. — ADVERTISING

Physician advertising isn't forbidden, but solicitation of patients is, the A.M.A.'s Judicial Council declared. Meeting recently in San Francisco, the Council reaffirmed long-standing policy set forth in A.M.A.'s Principles of Medical Ethics. It said the Principles "are intended to discourage abusive practices which exploit patients and the public."

In a statement the Council said, "The Principles do not proscribe advertising; they proscribe the solicitation of patients." Physicians may furnish information to the public through "the accepted local media of advertising or communication which are open to all physicians on like conditions." As examples it cited office signs, professional cards, dignified announcements, telephone directory listings and reputable directories. The information could include the physician's name, location, office hours, type of practice and other information "that will enable people to make a more informed choice of physician." The Council said that if a physician chooses to supply fee

information to a reputable directory, the "data may include his charge for a standard office visit or his fee or range of fees for specific types of services, provided disclosure is made of the variable and other pertinent factors affecting the amount of the fee."

The Council defines "solicitation" in the Principles as "the attempt to obtain patients by persuasion or influence using statements or claims which (1) contain testimonials; (2) are intended or likely to create inflated or unjustified expectations of favorable results; (3) are self-laudatory and imply that the physician has skills superior to other physicians engaged in his field or specialty of practice; or (4) contain incorrect or incomplete facts, or representations or implications that are likely to cause the average person to misunderstand or be deceived."

The Federal Trade Commission, in its antitrust complaint against the A.M.A., charged that A.M.A.'s Principles proscribe advertising by physicians and thus act as a restraint on trade. The case is scheduled to start October 18.

LITTLE UNJUSTIFIED SURGERY IS FOUND IN NEW YORK STUDY

Using a technique hailed by federal officials as "the most comprehensive assessment study in the country," a New York group found that the incidence of unjustified surgery in 12 Brooklyn-Long Island hospitals was "less than 1 percent."

The findings are reported by Ralph Emerson, M.D., of Roslyn Heights, New York, president of the Medical Society of the State of New York, in the March issue of the state society's journal.

The study extended over a period of several years, with the aid of other groups, and included 1,900 diagnoses and 3,800 procedures. "It has been described by officials in the U. S. Department of Health, Education and Welfare as the most comprehensive assessment study in this country," Dr. Emerson said.

"By analyzing history, physical examination, laboratory data, the indications for surgery, with operative and pathologic report as the basis, we

were able to assess whether a surgical procedure was justified or unjustified and pinpoint the area of deficiency.

"The incidence of unjustified appendectomies was 2.67 percent, which is below the acceptable national range and may indicate that our surgeons were too conservative. The incidence of unjustified surgery in 833 consecutive cases was less than one percent. We believe this is a more realistic percentage and refutes the myth of a 24 percent incidence of unjustified surgery being publicized in the news media."

Dr. Emerson emphasizes that "Our study should not be used as a national average, since it reflects only what is occurring in our local area for the reviewed operative procedures. We will not know the true incidence of unjustified surgery if we depend on the unscientific difference of opinion concept as the criterion for unjustified surgery."

ON CERTIFICATION AND RE-CERTIFICATION

In obedience to an act of the legislature of Washington Territory passed November 8th, 1881, all those practicing medicine and surgery in the territory were required to make affidavit to their qualifications in the offices of the auditor of each county. The law espoused to regulate the practice of medicine, but in fact did nothing beyond providing for certification of the practitioners.

One of the more eloquent statements in the old Medical Register is the statement of Henry Green, a fellow who apparently had lots of diversified adventures in the practice of medicine and surgery and was in the twilight of his career when he arrived in Pierce County.

The evidence that he could scarcely sign his own name, possibly out of illiteracy, is no less interesting than the fact that he received his Diploma and Degree of Doctor of Medicine from a "committee duly authorized to confer said degree". He was nonetheless registered here as a physician and surgeon, and by this certification was complying fully with the regulations of that time . . . "and further affiant saith not".

The Ark salutes here the old Surgeon of the Confederate Army . . . Henry Green, who had a little problem with certification, but carried it off in style.

Medical Statement of Henry Green

*Territory of Washington
County of Pierce*

Henry Green being his duly sworn deponent says that he is now and has been for more than one year past, a physician and surgeon practicing said profession and residing at Colquhoun in Klaskanin County Washington Territory that affiant was born on ship board at sea while his parents were en route from Ireland to the United States of America on the 13th day of September 1826 and that affiant arrived at Baltimore Md four days afterwards and has been a resident of the United States ever since. That affiant commenced the study of medicine with and under the instructions of J. Green M.D. in the year 1850 and continued his studies until said J. Green died the year 1855 at which time he went to the Colony Office and continued his studies for the further period of one year and six months and received his Diploma and Degree of Doctor of Medicine from a Com-

*mittee duly authorized to confer said Degree that said Committee consisted of the following named persons to wit:
J. H. Morley M.D. Professor of Medical Jurisprudence and the Diseases of Children
C. E. Patton M.D. Professor of Surgery Diseases of the Genous System and Minor Surgery
M. C. Mason M.D. Professor of Obstetrics and Diseases of Women
U. A. Byrne M.D. Professor of Chemistry and Pharmacy on & on in the month of December 1857 that affiant entered the Confederate Army as Surgeon in June 1861 and left his diploma on deposit with an Aunt at Baltimore Md who died during the absence of affiant in said army and that affiant has not been able to find his said diploma since his return and he has been unable to procure a copy of said diploma and further affiant saith not*

H. Green

*Subscribed and sworn to before me
this 5 day of April 1882
W. W. Kelly
Auditor*

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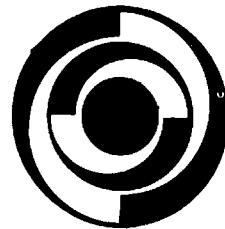
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"REFLEX"IONS

PHOTO CONTEST TO KICK OFF NEW BULLETIN FEATURE IN JUNE

Beginning with the June issue of *The Bulletin*, a new feature page, "Medical *REFLEX*ions," edited by Glen G. McBride, M.D., will bring to our readers reproductions of the membership's favorite photographic efforts. General categories will be: "People", "Captioned Snaps", "Pictorial Essay", "Action" and "Scenery".

To begin the feature, the contest will run through September. Winners will have their work printed on these pages each month, and grand prize winners will be published in the October *Bulletin*.

Shutterbugs, here's the opportunity you've been waiting for! Fame, fortune and who-knows-what (?) may await you in the Medical *REFLEX*ions Photo Contest!

Here's all you do to enter: Send your favorite picture, along with suggested category and any identifying information you may wish, to:

Pierce County Medical Society
Medical Reflections
813 South K Street - Suite 200
Tacoma, Washington 98405

Enter as many photos for each category as often as you wish. Color may be submitted, but, regrettably, reproduction must be in black and white only.

Deadline for each entry is the 15th of the month prior to date of publication.

YOUR MEDICAL LIBRARY

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

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		MARCH 1976	TOTAL 1976	TOTAL SINCE 1972
HEMOGLOBINS:	AA (Normal)	379	1,092	10,616
	Peculiar Findings			1
	Persistence Fetal Hb.			12
TRAITS:	AS	20	34	416
	Blacks	20	34	413
	Caucasians			3
	AC	6	11	99
	AG			1
	AD			3
	AE		2	6
	Lapore			1
	Beta-Thalassemia		4	34
	Alpha-Thalassemia			1
DISEASES:	Sickle C			7
	Sickle-Beta-Thalassemia		1	3
	SS			2
	C/Thalassemia		1	1
TOTALS		405	1,145	11,203

PARTICIPATING PHYSICIANS:	George Tanbara, MD	Myron Bass, MD	Charles Curl, MD
	David Sparling, MD	Ronald Gallucci, MD	Maurice Origenes, MD
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PROGRESS REPORT FOR MARCH 1976

Director — Mr. John Erwin

	March	Total - 1976	Total to Date (1972)
Seen by Physicians in clinic: Adults	174	508	* 5,847
Children	116	313	* 4,569
Laboratory Services	83	219	1,187
Prescriptions Filled	140	398	1,838
Referred to Physicians	21	65	365
Phone Referrals	74	268	1,203
DPA	70	195	831
EPSDT	12	34	198

* Until January, 1976 the number of patients actually seen by our clinic physicians was the only information available.

STATE CONVENTION

PIERCE COUNTY MEDICAL ASSISTANTS TO PARTICIPATE IN STATE CONVENTION

Final plans for the ninth annual State Convention of the Washington State American Association of Medical Assistants were announced by Convention Chairman and incoming State President, Susan Thornton, at the April 12th meeting of the Pierce County Chapter, A.A.M.A.

This convention will be held at Sea-Tac Holiday Inn, May 14, 15 and 16, 1976. Friday will include day-long registration, a luncheon and fashion show at the Top of the Inn, to be followed by the Board of Trustees meeting. During this time workshops will be presented: on "Collections," by Frank Rossiter of Puget Sound Collections, and "Reach to Recover," by Gail Strait of the American Cancer Society. A no-host dinner will be followed by the meeting of the House of Delegates. The Hospitality Room will be open from 10:00 P.M. on for the delegates and others to get acquainted.

Saturday, May 15, Workshops will start at 8:30 A.M. Bob Thornton will present a two-hour workshop on "Uncork Your Hidden Abilities." There will be alternate workshops, presenting James Krueger, M.D., Internist, with a program

on "Anaphylactic Shock;" "Keogh, You, and I.R.S." by a representative from the Puget Sound National Bank; and "Save a Life," a C.P.R. review, with Becky Irvin of Tacoma General Hospital.

The General Session will open at 10:35 A.M., followed by Education Session I, with State Representative Ted Haley, M.D., presenting "Working with the Legislature."

The President's Luncheon will be at the Top of the Inn from 12:30 to 2:00 P.M., with Dixie Lee Ray as guest speaker, on "The Importance of an Individual."

The Education Session II will begin at 2:30, with Thomas Irish, M.D., Physician Advisor for Pierce County Chapter A.A.M.A., lecturing on "Plastic Surgery." Luella Mitchell, National Representative, A.A.M.A., at 3:15 P.M. will tell us what goes on "Inside A.A.M.A." The final session of the afternoon will feature John Barline, Tacoma attorney, who will advise on "Estate Planning for the Single Woman."

New State Officers will be installed at the banquet following an "Attitude Adjustment" hour, and the Wilson High School Bell Choir will entertain. Pierce County Chapter will honor the newly installed officers at a reception following the banquet.

MASSAGE OF SCALP INCREASES HAIR LOSS

Vigorous scalp massage is a "no no" if you want to keep your hair, says a communication in the April 5 issue of J.A.M.A. Vigorous combing and brushing are bad for the hair.

"Shampoo and dry gently, and avoid scalp massage," are the watchwords in the J.A.M.A. item, written by Dr. Joseph B. Jerome of the A.M.A.'s Department of Drugs.

Neither the scalp nor the hair roots need massage, says Dr. Jerome. Vigorous scalp massage, with or without a shampoo, and regardless of whether

the hair is dry, wet, or being briskly towed dry, is mechanically damaging to the hair. Vigorous manipulation of hair, whether by massaging, shampooing, drying, brushing, or combing, tends to break hair mechanically and thus to produce characteristic artificial alopecia, he says.

One last word: All individuals lose from 25 to 100 hairs a day. This loss is usually not noticed until an individual becomes concerned with hair loss, at which time normal hair loss is often aggravated by mechanical loss due to manipulation procedures.

SUMMERTIME-VACATION ASSISTANCE

Medical Office Assistants are now available for full- or part-time work April through August.

They have academic preparation and can competently perform in areas of receptionists, medical secretaries, or medical assistants. You will find them suitable for various office positions, such as: physicians, hospitals, laboratories, organizations, insurance companies and medical reference libraries.

Physicians in this area have approved this program. You will be highly pleased to have these students in your office, as they are willing to work, capable of performing, friendly and greatly concerned with maintaining high standards in the profession.

Anyone that is interested should contact: Jane Robben, R.N., at Clover Park Vocational Institute. Telephone 584-7611, ext. 240.

SUMMER CAMP DOCTORS NEEDED

The Mt. Rainier Council of the Boy Scouts of America need physicians to cover summer camp at Hahobas Scout Reservation, located on the Hood Canal. The Health Lodge will serve as quarters for each physician and his family during his week at summer camp. A corpsman from Ft. Lewis will be present to provide initial care and to assist the physician. Weekly sessions begin on 11 July and end 7 August. For further information contact Larry Rork, M.D., at Madigan Army Medical Center, phone number 967-6946, or at home, 537-4127.

GENERAL SURGEON opening practice in Pierce County July, 1976. Interested in purchasing used office equipment and furnishings. Contact the Society office, 572-3667.

DOCTOR'S OFFICES — 1,250 square feet of space, including lab, X-ray, private offices, examination rooms. Located on bus line, off-street parking for 22 cars. Ideal for G.P. Call Mr. Weaver, 474-8445.

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PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

General Internal Medicine — Gastroenterology

501 - Young internist seeks affiliation with small to medium group practice. Graduate Bowman-Gray School of Medicine, Wake Forrest U. Internship and Residency (Medicine), Madigan Army Medical Center. Currently Chief, Internal Medicine, of Army Hospital. Special interest -Gastroenterology. Available June, 1976. Prefers Lakewood area.

JUNE 15 IS THE DEADLINE for receipt of applications for the Family Practice Board's next certification examination. Exams will be in 7 cities, October 30-31. Contact Nicholas Piscano, M.D., American Board of Family Practice, University of Kentucky Medical Center, Lexington, Kentucky 40506.

FORT STEILACOOM COMMUNITY COLLEGE MEDICAL SECRETARIAL GRADUATES AVERAGE BETTER THAN A 3.5 G.P.A.

The six June graduates who have earned an Associate degree in Medical Secretarial Science from Fort Steilacoom Community College average better than a 3.5 G.P.A. on a scale of 4.0.

Their comprehensive two-year course equips them to enter any medical office where top-flight abilities are needed and valued. In addition to basic secretarial knowledge and skills, the graduates have had a year of medical terminology plus medical transcription, medical office procedures (including bookkeeping, insurance, medical law and ethics), standard first aid, and anatomy and physiology. Each has spent a minimum of 300 hours in a doctor's office, laboratory, clinic, or hospital in a paid position.

These graduates are intelligent, qualified girls who can help you administer your front office. Each has her resume on file at the Pierce County Medical Society. Contact the Society or Jean Graves, Fort Steilacoom Community College, 552-3772.

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BULLETIN

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Ralph A. Johnson, M.D.	Clinton A. Piper, M.D.
Donald F. McKay, M.D.	Terrance C. Tisdale, M.D.

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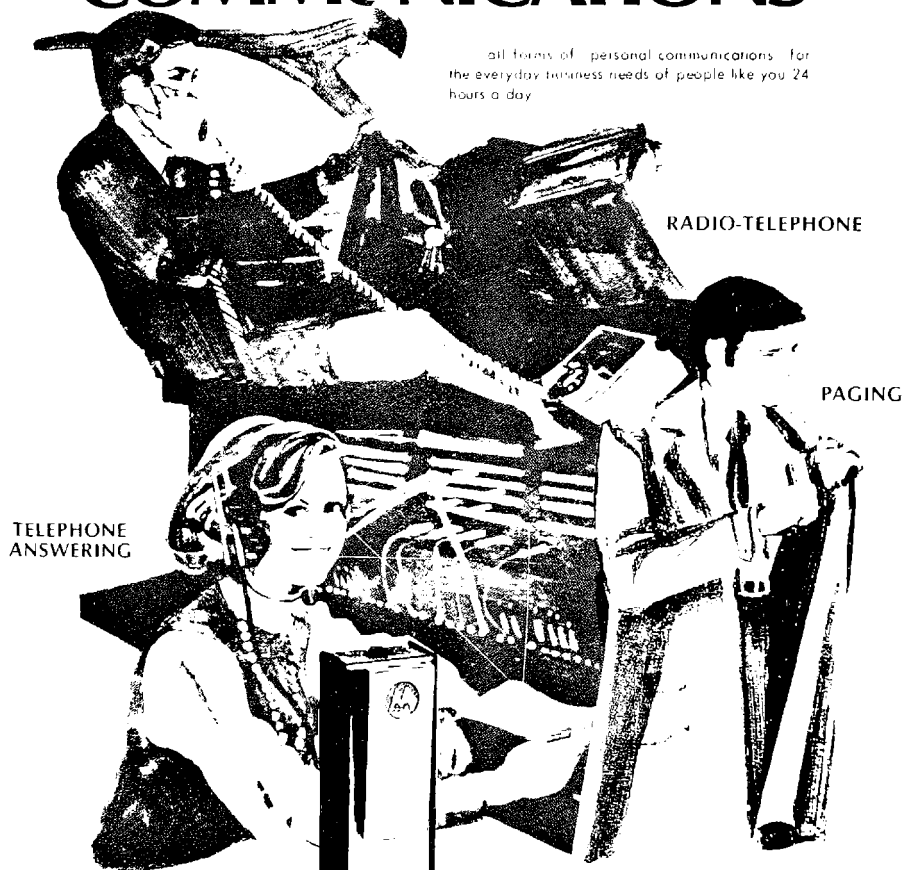
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Cover Photograph – Doctor Bridge with Ambulance, 1908-09 –
Courtesy of Mary Bridge Hospital.
Photograph on page 14 – *Courtesy of Tacoma Public Library.*

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PRESIDENT'S PAGE



David S. Hopkins, M.D.

AAMA Holds State Meeting...

This past month the American Association of Medical Assistants held its annual state meeting at the Sea-Tac Holiday Inn. The program included discussions of the new Washington State X-ray regulations and anaphylactic shock and an address by Dr. Dixie Lee Ray on the "Importance of an Individual."

This organization has never received adequate support by we physicians in Pierce County despite the fact that it exists solely for the purpose of improving the education and professionalism of the people who assist us in our offices. It is not, and never will be a trade union or collective bargaining agency. The AMA has repeatedly endorsed this organization at its National Conventions, and physicians of the

Pierce County Medical Society serve as advisors to the local AAMA Chapter.

In keeping with the push for continuing medical education the AAMA has established a certifying board which gives certification exams several times per year. I strongly urge all office based physicians in Pierce County to enroll their assistants in this organization.

Some of you may be concerned that, with all this education, your assistant may be leaping ahead of you to the diagnosis or the appropriate procedure. Not to worry. We have developed a simple system, by which, with a slight nudge, a subtle look or the proffering of the correct instrument, she can lead you through any situation.

The May Society meeting was held in conjunction with the Madigan Hospital staff and, as always, it was a very pleasant evening. It is worth while dwelling a little while on the close and warm relationship which exists between Pierce County Physicians and an Army Hospital, and which is not duplicated anywhere else in the country. This meeting has been an annual event since 1943 and for many of us is the harbinger of Spring. It was a thoroughly enjoyable evening for me, marred only by one incident. General Reed made the mistake of talking to me while I was eating and when I turned to answer him I stabbed myself in the face with my fork.

D.S.H.

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LEGISLATIVE NEWS



Robert W. Florence, M.D.

On the National Scene . . .

Now that our state legislature has gone home and things are a little quieter in Olympia, we can turn our attention to the national scene. Action is going on regarding the Health Manpower bill (HR 5546), Social Security Amendments; hearings are being held to modify the Administrative Procedure Act; legislation is being considered to improve the health care of Indians, and opposition to the Kennedy-Corman bill to federalize the nation's health care are among many health related actions being considered in Washington, D. C. at this time. Also, the constitutionality of the Health Planning and Development Act is being contested by the state of North Carolina and the National Association of Regional Councils, and the A.M.A. is joining the suit.

The Health Manpower bill (HR 5546) will probably have been debated on the Senate floor by the time this letter appears and, as currently written, provides federal control of the type, number and location of residencies. An amendment is to be offered by Senator J. Glenn Beall, Jr. (R-Md) which will call for further, more detailed study of the distribution pattern among the medical specialties instead of the control provision.

Raymond T. Holden, M.D., Chairman of the A.M.A. Board of Trustees, in testimony before a Senate Judiciary Subcommittee urging support of S 3358, proposed by the A.M.A. to amend the Administrative Procedure Act. He cited instances where agencies have issued "regulations in contradiction to clear statutory language" to "bootstrap" themselves "into positions of broader power and have attempted to ignore the law altogether." He cited the utilization review regulations under PL 92-606 and other examples.

Opposition to the Kennedy-Corman bill to federalize the nation's health care came from a strong segment of labor last month, when a Teamster leader told the National Leadership Conference on America's Health Policy that, "We cannot support a program that gives the federal government total control over financing and delivery of health care."

The A.M.A. is representing the interests of medicine well in the national arena and is deserving of our support.

R.W.F.

QUOTABLE QUOTES — from *Lancet*, May 1, 1976

"'If only the Minister of Health were more versed in the subject.' 'If only Ministers of Health could be allowed to do a good long stint at the job.' 'If only Ministers of Health were always in the Cabinet and could get what they want out of the Chancellor of the Exchequer.' All these 'If only's' and others like them are mere distractions from serious attention to the subject of Medicine and Politics. If a service is administered by a department of state, neither the personality nor the stint nor the status of the individual minister is going to vary very much, or make, in principle, much difference." — Rt. Hon. J. Enoch Powell, M.P., Minister of Health 1960-63 *in* *Medicine and Politics: 1975 and After* (a new edition of *A New Look at Medicine and Politics*, first published in 1966). London: Pitman Medical. 1976.

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Comprehensive coverage of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

"ELECTRICAL HAZARDS IN HOSPITALS"

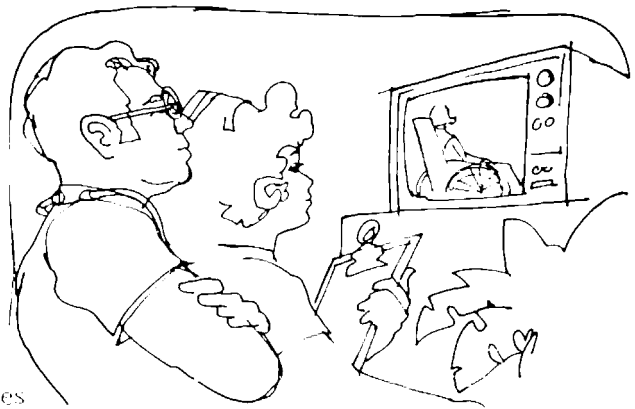
Gives physicians, nurses and technical personnel some basic knowledge of electrical equipment in a hospital and the dangers that electricity can cause there.

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Shows a physician violating all principles in the handling of a patient . . . and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your local association, please contact:

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LETTERS

MEMORANDUM

FROM: William O. Robertson, M.D., President
Washington State Medical Association

SUBJECT: SWINE FLU IMMUNIZATION PROGRAM

As you know, on the national scene the Center for Disease Control has recommended a plan to President Ford to cope with a potential epidemic of swine influenza. At the April 4 meeting of the WSMA Board of Trustees, Dr. H. Paul Dygert of Vancouver reported on his attendance at a meeting in Atlanta, Georgia, and received Board endorsement of our continued collaboration with the developing program. There is no doubt that the preparation of vaccine and the planning for distribution must go ahead.

The WSMA Council on Community Health Services learned in a meeting with Dr. John Beare of the Department of Social & Health Services that the immunization program will be implemented through local health districts. Many local county health officers may already have contacted the respective county medical societies. However, if you have not already become involved in local planning, you may wish to contact the district health officer in your area.

I have also appointed Dr. H. Paul Dygert as Chairman of an Ad Hoc Technical Advisory Committee to look into the efficacy of moving ahead with the inoculation phase of the program. The purpose of the Committee will be to provide some assurance to our membership, that they will be acting on the best possible information from a technical point of view. For example, if no additional cases are reported between now and September, is it appropriate to institute the vaccination program per se? A progress report from Dr. Dygert to the WSMA Board of Trustees is enclosed for your information.

In addition, the Association is looking into the professional liability aspects of the immunization program. Advice will be obtained from WSMA Legal Counsel, the AMA Law Department, and the State Department of Social & Health Services.

NOTICE TO F.A.A. MEDICAL EXAMINERS

The Department of Transportation has advised that the following FAA medical forms have been revised:

FAA Form 8500-8 (10-75), Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate.

FAA Form 8500-7 (2-76), Report of Eye Evaluation.

FAA Form 8500-14 (2-76), Ophthalmological Evaluation for Glaucoma.

The newly revised forms have superseded forms 8500-8 (10-73), 8500-7 (10-70), and 8500-14 (10-70), and supplemental form 8500-22 (9-75) used in conjunction with 8500-8 (10-73). Forms bearing the dates listed in this paragraph should be destroyed upon receipt of the revised forms.

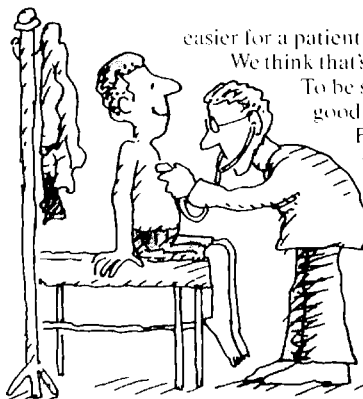
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BRIDGE OVER TROUBLED WATER



Doctor Albert Bridge

by
MAVIS KALLSEN
Curator
P.C.M.S. Archives

During the year of 1905, the undercurrent of dissension within the PCMS over contract practice reached turbulence. Dr. C. E. Case was rocking the boat on the choppy waters of fraternal love in the Society, and it was about to capsize. But out in the boondocks of Pierce County a young doctor envisioned a medical empire that would make him rich and famous, and he was already constructing the span over these troubled waters . . . an organization that would provide total prepaid health care with or without the sanction of the PCMS.

The summer of 1904 the young Doctor Albert Bridge arrived in Eatonville pushing his bicycle. He had pedaled up from the train station in Tacoma with all his worldly goods, mostly surgical tools and drugs, packed on his back. Two miles out of Eatonville he'd had a flat tire, and hiked with his bike the rest of that dusty road through the woods. To Nels Christianson, who operated the general store in Eatonville, he confided it was his ambition to "become a millionaire here."

Albert Bridge was no stranger to the woods, having been born in a logging camp in Vermont. When he was twelve his father was killed in a

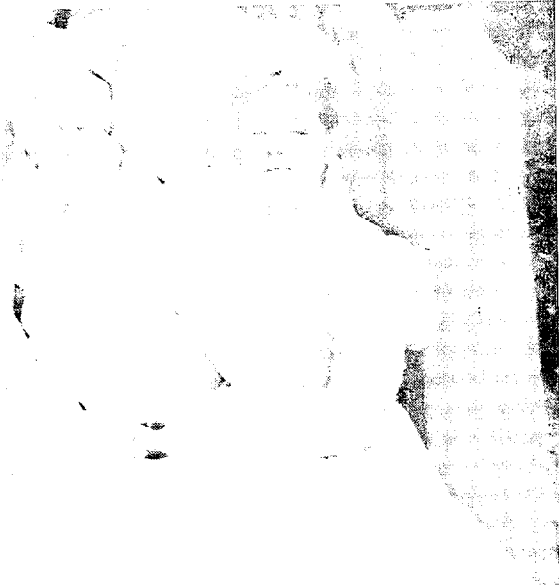
logging accident and the family moved to town where Albert attended school for the first time. He proved to be such a bright and able student his mother insisted he continue his schooling instead of going to work in the logging camps, and she worked as a cook in order to send him on to the University. He earned his degree in medicine at the University of Vermont in 1904.

Bridge's first task in Eatonville was to raise capital for a hospital. Besides his medical practice income, he picked up a few dollars delivering telegrams on his bike for a fee of fifteen cents each, and he sometimes drove the supply wagon for the general store. In three years he had saved enough to buy a small frame cottage and convert it to an emergency hospital. His first employee was the beautiful Genevieve Carson, newly graduated from Saint Joseph's school of nursing.

The intensity of the young Doctor Bridge's ambition was no less than the compulsion Genevieve herself had toward achievement in the field of medicine. Fun-loving and spunky, the beautiful Genevieve was the Doctor's counterpart in nursing, and blazed trails of her own in a long and successful career. She once fought off a pack of dogs in the dead of night in the streets of Eatonville, over an amputated leg the dogs had carried off from the hospital.

Up to that time loggers seriously injured in the woods around Eatonville were brought into Tacoma hospitals in "drays," usually crude wagons used for hauling supplies to the camps, or in "crummies" hauled behind the log trains. A common error in northwest history books is that logging camps sometimes had their own doctors, but this never happened. First-aid crews in the old camps could apply splints and administer whiskey, and the boss of that crew was called "doc," but the first-aid crew was usually the fire-crew too, and in the event of an accident they were primarily interested in putting out the fire. The closest thing the camps had to having their own doctor was Albert Bridge.

At the time when the Tacoma hospitals were



Genevieve Carson — 1907

forced to give up their medical service contracts by action of the PCMS, Albert Bridge contracted for complete service for the loggers with several improvements on the basic idea . . . it was his hospital and it was located where it could be most useful. Bridge's Eatonville General Hospital was an immediate success.

As highball logging in the Eatonville area reached fever pitch, the hospital became the center of activity in town. Albert Bridge added motorized ambulance service, hired another doctor to assist him and branched out with an auxiliary hospital at Morton.

In addition to the industrial contracts he held, Bridge decided that the community itself needed a cheap medical service of high quality. He devised a means to render this service and still make money at it, by selling "hospital tickets" to individuals not covered by the industrial contracts. It cost a bachelor one dollar and a married man a dollar and a quarter a month for full health care coverage. Children of the insured were treated free!

Down in Tacoma, where Doctor Yocom had a substantial monopoly on industrial medicine contracts, the inroads Bridge made on the logging contracts were viewed with alarm. Yocom

persuaded his former associate Doctor Thomas Curran, who had been logging the Everett area for about five years, to return to medicine. The two then formed the incorporated Yocom and Curran Clinic which was later renamed the Western Clinic. But it was another decade before Yocom and Curran extended their contracts to cover the families of the insured workers or made individual contracts as Albert Bridge did.

Doctor Bridge made regular rounds of the logging camps to check on health conditions. This was in a day when access to most camps was by railroad, in which case Bridge worked a handcar, or by hikes over skid roads. He sometimes performed minor surgery on these camp visits, and young Genevieve often accompanied the Doctor on these forays for days at a time.

Eatonville became a medical center for the logging community. Bridge built a substantial tile building on the main street of town, with his offices and drugstore on the first floor and the hospital and laboratories upstairs. The management of the hospital was largely Genevieve's responsibility.

Just before World War I, Bridge decided to expand his services to the other side of the mountains and sent Genevieve to operate a hospital in Ellensburg. The project was unsuccessful when Genevieve met and married an insurance salesman and moved to Spokane. The marriage proved unsuccessful too and Genevieve returned to Tacoma to head the nursing staff of the N.P. Hospital. She never again was employed by Albert Bridge, but as their careers paralleled in Pierce County they remained very close friends.

When World War I began, Doctor Bridge was both town mayor of Eatonville and chairman of the school board. He was also chairman of the local Red Cross, which was assigned a quota of \$1,000 for war relief. To help meet the quota, Doctor Bridge staged a boxing and wrestling smoker in the town hall and he himself stepped into the ring with a young logger as his opponent. It was a great event for the Red Cross fund, with receipts totaling over nineteen hundred dollars, but by the second round the logger had



Eatonville Hospital nursing staff – 1908 (Genevieve far right)

blackened both Bridge's eyes and broken his nose, and the referee stopped the fight.

The Pierce County Industrial Medical and Surgical Bureau was organized by the PCMS in 1917 ostensibly to provide first-aid care in industrial accidents. It preceded the State Industrial Insurance Act by six years, and was considered a form of Bolshevism in medical circles nationwide. By contracting with industrial groups, the physician members of the Bureau had in fact entered the field of contract practice themselves, but continued to oppose contract practice outside the Bureau relentlessly.

In 1923 Albert Bridge moved his headquarters to Tacoma, with a clinic and offices in the Fidelity Building, maintaining the hospital at Eatonville with Doctor Wiseman in charge there. With the passage of the Industrial Insurance Act, contracts for the medical care of teachers and public employees were up for grabs, and Bridge won them. He later won the huge teamsters contract in fierce competition with the PCM Bureau and the Western Clinic.

By 1930 Albert Bridge had built his medical empire, with over 14,000 contracted patients in Pierce, Pacific and King Counties. He then built the modern hospital complex on Market Street, now the Doctor's Hospital. He contin-

ued to wear plaid shirts and logger's boots and was considered a curiosity at the Country Club, but he was much admired by the business community and he had the biggest business of any doctor in Pierce County. In those years, as his friend Valen Honeywell later recounted . . . "He played as hard as he worked and he hated to be beaten even in a simple card game."

In 1933 the King County Society organized their own physicians' service patterned after the PCM Bureau, and almost immediately took steps to rid themselves of competitors in their area, namely, Curran's State Clinic there and the Bridge Clinic, who had been providing prepaid health care in King County for years. The president of the King County Society personally charged Curran and Bridge with an assortment of violations, and the politics of the time being as they were, the PCMS complied with their own litigation against their two members, charging them with "misconduct as physicians and as citizens."

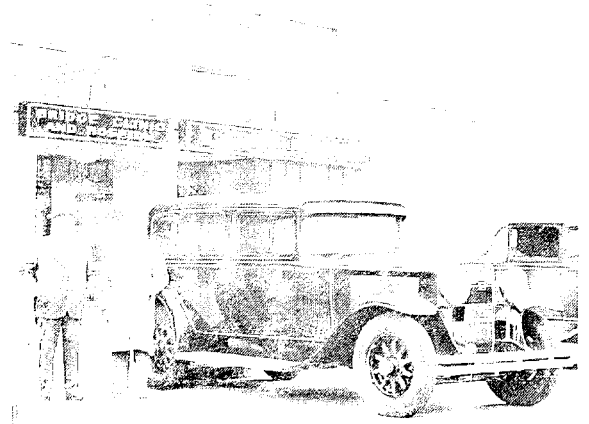
The proceedings which followed can only be described as grotesque, and the outcome was that both Curran and Bridge were expelled from the PCMS. As Tom Murphy, Sr. recalls . . . "It was a battle, and in taking Bridge's side in the skirmish I was almost thrown out too."

Non-members of the medical fraternity, both Curran and Bridge continued to provide low-cost quality medical services for the community for many years as pioneers in the territory of prepaid health care.

Albert Bridge was planning to retire, but when World War II caused a shortage of doctors he worked harder than before, slept at the hospital and often saw over two hundred patients a day. He was on call at all times for emergencies and, aside from his professional associates, saw few friends other than the still-beautiful Genevieve. He financed her purchase of the Puyallup Valley General Hospital, and Genevieve managed a return on his investment.

Shortly after the war ended, Bridge's health failed and he became a patient in his own hospital for the last four years of his life.

Bridge had amassed a sizeable fortune and he instructed his attorneys to bequeath the bulk of his estate to Genevieve. When Genevieve learned this she convinced Bridge's attorneys that she



Albert Bridge and his Tacoma Clinic – 1931

wouldn't accept the inheritance, and finally persuaded Bridge that the money should go to establish a much-needed hospital for children here in Tacoma, honoring his mother, Mary Bridge.

Albert Bridge has spanned the turbulent times of acceptance of the prepaid health care concept, and his hospitals may live to see something else.



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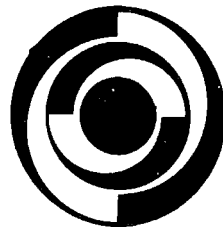
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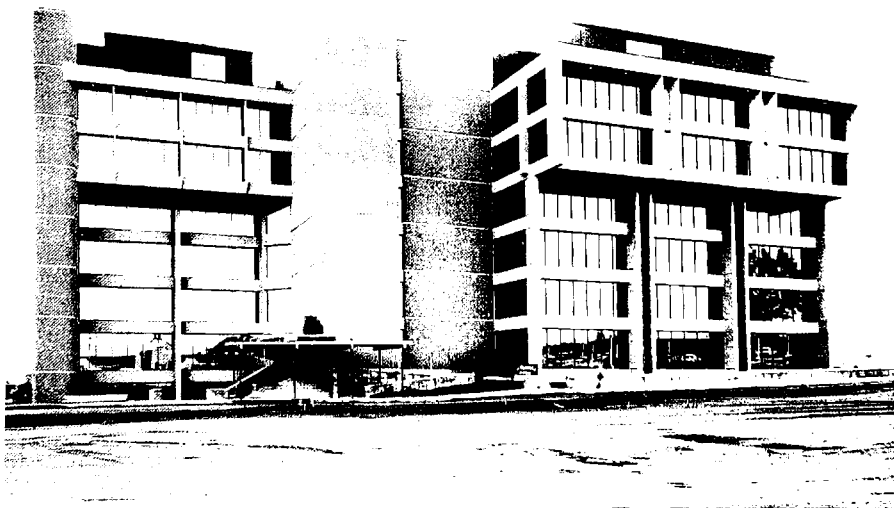
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CONTINUING MEDICAL EDUCATION IN PIERCE COUNTY

A Report

Marcel Malden, M.D., Chairman
PCMS Committee on Continuing Education

Elsewhere in this issue you will find a statement of the fresh regulations of the Board of Medical Examiners held on the 23rd of April, 1976, the hearing and the regulations all resulting from a law passed by the State of Washington Legislature in 1975. Whether mandated continuing medical education is effective in helping modern day physicians in keeping up with the rapid progress of medical knowledge, whether it leads to improvement in patient care and in what form it is most desirable, has been argued frequently and extensively on many occasions and by a number of organizations. All the discussions and resolutions notwithstanding, the Legislature of the State of Washington must have felt in its wisdom that at present the measurement of hours spent by a physician in some educational process is the only feasibly measurable activity that can be suitably regulated by law. Thus every one of us seeking relicensure in the State of Washington will have to provide the evidence (at present in the form of an affidavit) of having completed 150 hours of approved continuing medical education every three years. The regulations specify the different approved categories, the amount of time that can be spent in each, etc. Whilst the regulations in our state may appear to be cumbersome, in point of fact they seem less restrictive and more practical than similar regulations in some other states.

The five categories of different continuing medical education activities hopefully will give everybody an opportunity to fulfill the requirements. The Category I credit hours appear to be the most difficult to come by. Category I course has to be arranged by an organization or agency accredited by Washington State Medical Association acting on behalf of American Medical Association and this in compliance with objectives and criteria specified both by AMA and WSMA, although current certificates of continuing medical education from either the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists will be accepta-

ble. Generally it was necessary to travel from Tacoma either to Seattle or to points further afield in order to obtain Category I credit from courses sponsored by suitably accredited institutions. Increasingly, this is costly both in terms of travel and in rapidly raising registration fees, recently exceeding \$200 for a two- or three-day course. In the State of Washington only the University of Washington and Virginia Mason Continuing Education Program were accredited by the American Medical Association. Indeed, American Medical Association will accredit only programs that draw physicians from at least five states.

Last December WSMA accredited Spokane Medical Education Council for provision of Category I credit that would be recognized for Physicians Recognition Award of the AMA and hence for Category I credit for purposes of relicensure.

On April 20th, a visiting Accreditation Team from WSMA spent a day in Tacoma and reviewed the College of Medical Education, Inc. as an agency that could be accredited for provision of Category I educational offerings. COME, Inc. had to prepare extensive pre-survey questionnaire, had to provide detailed documentation of its past activities, present organization and future plans, the visiting team met with members of various continuing medical education committees, attended the sessions at St. Joseph Hospital and visited both Tacoma General and St. Joseph. As a result of this visit, the College of Medical Education, Inc. has been granted an accreditation for a two-year period, providing some additional requirements are fulfilled and providing a report on progress is rendered at the end of the first year. Numerous past and present members of the Committee on Continuing Medical Education of the Pierce County Medical Society have worked very hard towards this accreditation and the news is welcome.

Many a final detail will need to be worked out, but it is hoped that the process will work something like this. On the basis of evaluation of educational needs of this community the Program Subcommittee of the Continuing Medical Education Committee will prepare a program with stated objectives and in response to specified criteria. This program will then be submitted for approval to the College of Medical Education.

If approved, it would then fulfill the needs for Category I time. It is currently planned that these programs will take place perhaps three or four times a year, usually in the mornings and in different hospitals. An example of such a program is the Course on Endocrinology which took place at St. Joseph Hospital on April 20th, 21st, 22nd and 23rd.

Significant expenses are likely to occur in relation to such a course and they would have to cover lecture fees, printing of programs, publicity, keeping of records and payment for the staff, and whilst we are hoping for financial support from the various hospitals, a share of the cost will have to be borne out of the registration fees. But even then it is hoped that these fees will offer a saving in comparison with those charged elsewhere and, of course, there will be the convenience of time and place and a saving on traveling costs.

In addition, if another organization, as for example a Specialty Society, were to put together a program for which it wished to have Category I credit, the College of Medical Education, if requested, will be in position to co-sponsor such a program provided this program met the Accreditation criteria and quality. Until last week, it appeared that the College of Medical Education would be the only institution in this area that could co-sponsor another Category I program. At its meeting on the 13th of May, 1973, the Committee on Continuing Medical Education of the Washington State Medical Association clarified this issue and opened the opportunity for other organizations in Spokane, Tacoma and elsewhere to apply directly to the Washington State Medical Association for accreditation. Thus, by removing restrictions and opening alternative pathways, this decision will add to the ease of cooperation between various organizations in Pierce County. This is a good moment to briefly review the history of Continuing Medical Education as it has developed here. In the fall of 1968, the Board of Trustees of the Pierce County Medical Society established the Committee on Continuing Medical Education of the Pierce County Medical Society. Dr. Gale Katterhagen was the first chairman and the initial courses were related to the rapid advances in coronary care and the use of coronary care units. In those early days it

seemed that there was also a need for additional continuing medical education facilities for nurses and thus the concept of a unified organization providing opportunities for physicians, nurses and other allied health personnel came into being, resulting in the formation of the College of Medical Education. In this endeavor the Pierce County Medical Society was assisted by the University of Puget Sound and Mrs. Maxine Bailey was recruited as the "staff person." The subsequent growth and success of the College were in large measure due to her untiring efforts, her enthusiasm, her skill and her diplomacy.

The nursing and allied health personnel programs have grown very rapidly and today the College is recognized in the nursing circles as a premier continuing medical education institution. For some two years now, these nursing courses had to comply with rigidly established criteria and objectives and in fulfilling them Mrs. Bailey and her staff have gained experience which has already been helpful in the present accreditation process. The College of Medical Education has always been loosely and informally organized. In the spring of 1975, the Board of Trustees of the Pierce County Medical Society requested that the College of Medical Education become an independent incorporated institution. In response to this the College became incorporated in the fall of 1975 with its own Board of Directors, in which Pierce County Medical Society is strongly represented.

As the nursing side of the College programming grew rapidly, the physician's side was not as successful and the last few courses organized during 1974 and 1975 were woefully poorly attended. The Committee on Continuing Medical Education spent many hours discussing the causes and alternatives and eventually, with initiative coming from Dr. Baerg and Dr. Kapelowitz, decided to change the format of its offerings to that exemplified last month by the program at St. Joseph Hospital. Hopefully, the very generous response and the excellent attendance bode well for the future.

The Pierce County Medical Society, through its Board of Trustees, has been closely associated and fully informed about all the activity and the members of the Committee on Continuing Medical Education have derived reassurance and encouragement from this support.

Any ideas and suggestions are warmly welcomed and can be addressed to Mr. Shirk at the Society's office or to Mrs. Maxine Bailey, College of Medical Education, Inc., Univ. of Puget Sound, 1200 N. Warner St., Tacoma. Let us hear from you!

A.M.A. ANNUAL CONVENTION

A.M.A. ANNUAL CONVENTION SET JUNE 26 IN DALLAS

The 125th annual convention of the American Medical Association will be held June 26 — July 1 in Dallas.

Complete program for the convention is published in the April 19 issue of the *Journal* of the AMA.

The convention will include special lectures, post-graduate courses, scientific exhibits, medical motion pictures and other activities designed to further the continuing education of physicians.

In addition to the scientific programs at Dallas' Convention Center, the House of Delegates, the AMA's policy-making body, will convene in the Fairmont Hotel for its semi-annual session. The House includes 256 delegates, representing each of the state medical societies and the scientific specialties, plus the military services and the federal government. Interns, residents and medical students now have official representation in the policy body.

More than 50 post-graduate courses will be offered, covering the complete range of medical practice. Subjects will include diagnosis and treatment of various types of cancer, surgical suturing, important treatment developments of the past ten years, human sexuality, injuries of the hand, urology, eye problems, care of the burn patient, neurology, head injuries, occupational medicine, dermatology, kidney disease, orthopedics, exercise in treatment of heart disease, diabetes, anesthesiology, antibiotic therapy, a biofeedback training course, lung disease, allergies and both basic and advanced training in resuscitation of the heart attack victim.

General lecture sessions will cover topics such as the federal thrust in primary health care, influence on the practice of medicine of government regulation of drugs, and contemporary nutritional therapy. Special topics will include sessions on pets and human disease, cystic fibro-

sis, and on prescribing of antibiotics in everyday practice.

The 18th National Conference on Medical Aspects of Sports will be held on the opening day of the convention, June 26.

The 53rd annual convention of the AMA Auxiliary will be held simultaneous with the general convention. The program will be a combination of business sessions, educational programs and social events for physicians' wives.

The American Medical Golf Association will hold its 50th annual golf tournament June 28 at the Brook Haven Country Club in Dallas. The American Physicians Art Association will sponsor the annual exhibition of paintings, sculpture and other art works by physicians at the Convention Center. Awards will be presented for outstanding work in the arts.

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"Let's run this up the flagpole, guys . . ."

by Alex Dworsky, M.D.

"Hold all calls, sweetheart!"

The silky-haired, full-bosomed, long-legged receptionist nodded. Her training sensed the urgency in the voice of Arthur Holtzman, her employer and part-time friend. Madison Avenue had never been the same since A.H. had invaded the territory. A.H. was his name, advertising his game. You want a job done, get A.H.! Sure fire! Never miss! Marie knew that this had to be something big, real big. She only hoped his ulcers would stand up.

A.H. moved briskly toward the conference room door. His quick glance confirmed the richness and quality of his expansive outer office with its plush carpeting, luxurious deep-seated chairs and couches, the purposefully expensive wall paintings that he personally had chosen. *Class*, he thought . . . *real class!* Not too bad for an East Side kid. "*And my mother wanted me to be a doctor!*"

Once inside the conference room, A.H. nodded perfunctorily at the eight eager, intelligent, taut faces of the men seated at the conference table. He flew to his seat at the head of the table, ripped off his pin-striped jacket, loosened his tie.

"You'll got your memos yesterday?" he barked. It was more a statement than a question. They, in turn, hurriedly replied in a sea of chicken-head nods. "This is big, guys! Real big! Whoever gets in on the ground floor probably picks up the whole package. O.K. Let's see how the ball bounces. J.J., take off!"

"Right, A.H." said J.J. "Now, from the top, guys. You know the government is about to blow the lid off of this unethical advertising crap that the doctors have been hiding behind all these years. That means that these birds are going to come screaming to us for help. And we mean to be ready!"

"On the button," exhorted A.H. The excitement in his voice pierced the room. "Blast it out loud and clear! We're going to blanket the media — papers, magazines, radio, telly . . . you name it!" Suddenly his face grimaced in pain. One hand flew to the upper part of his abdomen; the

other quickly dislodged a pill from one of the pockets of his vest. He popped the pill into his mouth. Slowly the pain eased off. Then, pointing a slim finger in the direction of the man to his immediate left, he said, "Get the train out of the station, R.T."

"Right, A.H.," said R.T. "The way I see it, we sell this medical package just like we would any other package. We gotta give *our doc appeal!* We gotta *sell* the consumer on going to *our doc* instead of some other quack! O.K. Now, first things first. We make an appeal through the pocketbook. Money, buys! Money! O.K., A.H., I've had a couple of the boys block out some ideas along these lines. Give a listen." He paused to listen, beaming in anticipation, as the ideas burst through, in rapid fire, almost like a blast of firecrackers.

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"We have this guy take out kids' tonsils — two for the price of one."

"We operate on a Dine-Out basis . . . the patient buys the book that lists the participating doctor . . . then he can bring his wife along for a free visit."

"We use the 'Special this week' idea . . . stuff like complete blood count for only three dollars this week only."

"We offer for patients short of cash — operate now, pay later."

"We give 'em something — say the surgeon does a gallstone operation and he offers to make up for the patient a beautiful necklace made up of her own gallstones at no extra charge."

"We have this bird who does geriatrics. He guarantees to keep you alive or else he picks up the funeral expenses."

A.H. had been listening intently. "Geriatrics, eh?" he mused. His face lit. "Say, we could use the Specialist angle!" R.H. broke in.

"Right on, A.H.!" he shouted. "We've covered that tree! Shake some branches, guys!" The deluge poured forth. —*More . . .*

"The radiologist who personally signs and frames your x-rays."

"The anesthesiologist who mixes after shave lotion with his ether, guaranteeing a refreshed after-surgery feeling."

"The psychiatrist who offers four couches, no waiting!"

"The ophthalmologist who throws in an extra set of contact lenses for evening wear."

"The pediatrician who gives free coupons for ice cream cones and hamburgers."

"Hernia repairs while you wait."

"Need a heart transplant? Get to choose your very own next heart! Don't get stuck with a hard-hearted Hannah transplant!" A.H. was pleased. This was *his* team; he'd brought them right along since they'd been pups. *Damn! Wouldn't that stomach pain go away!* He popped two pills in his mouth.

"Guys," he said, "I like it. I like it. We've got some teasers and pleasers. Now I want some hard core stuff! We need something for the 'Big, big, shew! Let's pop the corn on that one!' R.T. jumped in.

"We go with the testimonial jazz, A.H.," he ventured.

"Gimme a ferinstance," A.H. countered.

"No sweat, A.H. Try these on for size. Joe Namath endorsing his orthopedist. Jane Russell and Zaza Gabor speaking up for their plastic surgeons. Burt Reynolds endorsing his g-u man. Christine Jorgensen conducting a panel on human sexuality."

"I dig," said A.H. as, grimacing, he popped two more pills.

"And, then," continued R.T., "we move to the structured commercial. We throw the works in on these. Give A.H. a few ferinstances, guys."

"Four women around a bridge table. Mabel tells Alice that she doesn't mean to be catty but that her hands are so rough and ugly. Alice bursts into tears... she'd tried everything. Mabel exposes her hands to the group. They all gush at their loveliness. That's when we sock in the punch line that Mabel has been using Dr. Unc-

tuous as *her* dermatologist. Fade out."

"Fade in on typical operating room scene. Except this time there are two people on the table. Dr. Option is delivering Mrs. Larkin of her fifth baby. And, it develops, that at the same time — and at no additional cost — he is going to perform a vasectomy on *Mr.* Larkin."

"Fade in on a bunch of buys guzzling beer in a bowling alley. One of the group, Mike, is downing *pitchers* of beer as the others look at him in amazement. The kicker comes as Mike explains that it wasn't always so, that it was only after the wonderful Dr. Urinal had fixed up his kidneys. Fade out as Mike keeps guzzling with the background music of the strains of *Old Man River.*"

"Music!" screamed A.H. "Terrific! We work out identifying themes..." The guys were ready! "For the shrinks we use *Bye Bye Blues!* Dermatology goes with *I've Got You Under My Skin!* *Smoke Gets In Your Eyes* for ophthalmology! *Night and Day* could underline the 24 hour availability pitch!"

A.H. suddenly grabbed at his stomach. His face turned ashen. He tried to pop a pill but he just couldn't. It was with only great effort that he could hear the distant voices...

"The theme from Dr. Zhivago! The orthopedists' pitch with the 'The hip bone connected to the thigh bone, the thigh bone connected to...'"

A.H. slumped forward, then slowly, lifelessly, his body slid out of the chair onto the floor. The guys rushed to their fallen leader. Stunned, they forced themselves to the realization that A.H. was quite dead. Finally, it was left to J.J. to pick up the pieces. He glided into the still-warm chair. He spoke softly, deliberately.

"Guys," he said, "I think we should do one just for the Gipper. I'm sure he would have wanted it that way. Let's run this up the flagpole. How about the internist who throws in a set of complete instructions on heart massage..."

The guys silently nodded their approval. They could almost hear the fade out music, "And Then My Heart Stood Still"...

(Reprinted courtesy of the Orange County
[California] Medical Association Bulletin.)

A. M. A. NEWS RELEASE:

AMA Attacks Report on "Unnecessary Surgery;" Calls for New Hearings

The American Medical Association has called for a re-opening of hearings by a Congressional Subcommittee on the subject of alleged unnecessary surgery.

The call for new hearings was made in a letter to Rep. John E. Moss (D. Cal.) from James H. Sammons, M.D., executive vice president of the American Medical Association. Rep. Moss is chairman of the Subcommittee on Oversight and Investigations of the Committee on Interstate and Foreign Commerce of the House of Representatives.

In a critique of the Subcommittee report accompanying the letter, the AMA demonstrated that none of the Subcommittee's conclusions is valid for all are based on inaccurate or invalid data. Further, the AMA noted, in a number of instances the Subcommittee staff either knew or had reason to suspect that the data were inaccurate. In one such instance, the Subcommittee staff had been informed three months before the report was issued that its figures on surgery rates among Medicaid patients were grossly inflated, yet the figures were published in the report.

The AMA critique also demonstrated that the method used by the Subcommittee staff to arrive at its estimates of "unnecessary surgery," the number of lives supposedly lost and the amount of money allegedly wasted are all based on inaccurate figures.

The Subcommittee Report used 17 percent as the figure for operations not confirmed by a consultant, and thus considered unnecessary by the Subcommittee's definition. The figure was based on a study by Eugene McCarthy, M.D., of Cornell Medical School in New York City.

A follow-up survey by Dr. McCarthy has revealed that nearly a third of those for whom the operation was not confirmed did in fact have the operation. The Subcommittee staff had been told by Dr. McCarthy that a follow-up survey would undoubtedly reduce the percentage since a number of the patients would probably require surgery subsequently. Even by the Subcommittee's own chosen method, the number of unnecessary operations and unnecessary deaths is overstated by one-third.

Equally inaccurate is the figure used by the Subcommittee staff to determine the "death rate" for elective surgery. The staff used a figure of 0.5 percent. However, a table cited in the Subcommittee Report as support for that figure shows that it is actually 75% too high.

More basic, however, is the validity of using second opinion studies as a measure of "unnecessary surgery."

"The medical community is virtually unanimous that second opinion studies are *not* valid measurements of surgical necessity," Dr. Sammons stated in his letter to Rep. Moss. Dr. Sammons noted further that Dr. McCarthy himself had stated on several occasions that his study was not a study of unnecessary surgery and that it cannot be projected nationally. Dr. Sammons recommended that Rep. Moss reopen the hearings in order to "resolve that issue once and for all."

YOUR MEDICAL LIBRARY

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

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

HOURS: Monday - Friday 8:00 A.M. - 5:30 P.M.
(Other times key is available by request)

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		APRIL 1976	TOTAL 1976	TOTAL SINCE 1972
HEMOGLOBINS:	AA (Normal)	67	1,159	10,683
	Peculiar Findings			1
	Persistence Fetal Hb.			12
TRAITS:	AS	5	39	421
	Blacks			
	Caucasians			
	AC	1	12	100
	AG			1
	AD			3
	AE		2	6
	Lapore			1
	Beta-Thalassemia		4	34
Alpha-Thalassemia			1	
DISEASES:	Sickle C			7
	Sickle-Beta-Thalassemia		1	3
	SS			2
	C/Thalassemia		1	1
TOTALS		73	1,218	11,275

PARTICIPATING PHYSICIANS:	George Tanbara, MD	Myron Bass, MD	Charles Curl, MD
	David Sparling, MD	Ronald Gallucci, MD	Maurice Origenes, MD
	Frederick Schwind, MD	George Kunz, MD	Gerhart Drucker, MD
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Tacoma, Washington 98404

PROGRESS REPORT FOR APRIL 1976

Director - Mr. John Erwin

		April	Total - 1976	Total to Date (1972)
Seen by Physicians in clinic:	Adults	164	672	* 6011
	Children	71	384	* 4640
Laboratory Services		51	270	1238
Prescriptions Filled		103	501	1941
Referred to Physicians		12	77	377
Phone Referrals		30	309	1233
DPA		61	256	892
EPSDT		8	42	206

* Until January, 1975 the number of patients actually seen by our clinic physicians was the only information available.

C.M.E. RECERTIFICATION

Congress on Continuing Medical Education – Olympic Hotel, Seattle, Washington
23 April 1976, Combined with Public Hearing, State Board of Medical Examiners

Reported by: James D. Krueger, M.D.

This is a short summary of my understanding of what happened during the program and public hearing. The morning was taken with a program of three presentations: (1) The Short and Happy History of Continuing Medical Education, by John N. Lein, M.D., followed by (2) Robert G. Petersdorf, M.D., talking about Recertification, and finally (3) the Panel on Continuing Medical Education, Past, Present and Future, that included Doctors William O. Robertson, John N. Lein, Arch H. Logan, Jr., Robert G. Petersdorf, Robert F. Wilkens, John Wright and L. Andrew Healey. To me, the most interesting part of that program was the panel discussion where bits of philosophy began to come out. Doctor John Lein pointed out that right now in most CME programs time is a constant, achievement is a variable. Doctor Healey pointed out that at the present "time program" (example AMA program) is a bet by the medical profession that the public will accept time investment certification instead of performance examination. At about this time Doctor Petersdorf put in that the only exam at the present time that has been proven are cognitive type examinations that all of us are familiar with from school. Some of the other possible programs are touched upon, such as audit type programs, but these are recognized to be in their prototype testing stage and not ready for general use. Also, from a point of view of agreement within the medical group as to what is most important to test for. Doctor Petersdorf takes the academic approach and says, "Well, it doesn't matter if you have anything else, if you don't have the knowledge you can't do very much good." There was a general rumble from the audience and that point was not pursued further.

The afternoon hearing was really broken into two parts. The first part of the hearing is when the Board presented its thoughts on its implementation of the recently passed law authorizing the Board of Medical Examiners to begin to set

various criteria for relicensure. In essence, the first part of the program proposed the next-to-final draft based upon prior hearings and received comments from the audience. Then the Board met again and came back with the following final proposal:

WAC 308-52-320 – License Renewal Registration Date and Fee

(1) Effective with the renewal period beginning July 1, 1976, the annual license renewal date will be changed to coincide with the licensee's birthdate. Conversion to this staggered renewal system will be accomplished as follows:

Current licensees, as of June 30, 1976. Licensees desiring to renew their licenses will be required to pay a fee of fifteen dollars plus one-twelfth of that amount for each month, or fraction thereof, in order to extend their license renewal to expire on their birth anniversary date during calendar year 1977 or 1978. Example: Licensee's birthdate is September 1, therefore, the fee is computed at fifteen dollars plus three dollars and seventy-five cents for three months, or eighteen dollars and seventy-five cents.

(2) Under the staggered license renewal system the late payment penalty provision will be applied as follows:

Before the expiration date of the individual's license, as a courtesy, a notice for renewal of license will be mailed to last address on file to every person holding a current license. The licensee must return such notice along with current renewal fees prior to the expiration of said license. Should the licensee fail to renew his or her license prior to the expiration date then the individual is subject to the statutory penalty fee of ten dollars.

Renewal Fees to Provide for Changeover Are:

If your birthdate is in: Your Renewal Fee is:

July	\$16.25
August	17.50
September	18.75
October	20.00
November	21.25
December	22.50
January	23.75
February	25.00
March	26.25
April	27.50
May	28.75
June	30.00

Thereafter, renewal fee will be \$15.00 on your birthdate each year, provided the fee is not increased.

Mandatory Continuing Medical Education

Adopted by the State Board of Medical Examiners after public hearing, April 23, calls for every licensed physician to document 150 hours of continuing medical education every three years. Ninety hours may be earned in Category I, continuing medical education activities with accredited sponsorship. Up to 60 hours may be earned in Category II, non-accredited programs and courses; Category III, teaching; Category IV,

authorship of books, papers, publications and exhibits; Category V, multi-media, reading scientific journals, preparation of board certification or recertification, and quality care and/or utilization review activities in a hospital, institution or government agency. Actual specialty board recertification *will be accepted in lieu of 150 hours* of CME documentation during a three-year period.

A proposed co-signer testimonial by two colleagues certifying to a physician's competence, performance and moral character was withdrawn.

Two hundred seventy-five physicians attended the public hearing and an additional 234 had submitted written comments to the Board. Physicians should begin keeping a desk record file of their continuing medical education activities beginning July 1, 1976, in preparation for the first 3-year report to the Board of Medical Examiners in 1979.

The mechanisms and method of reporting are not yet clear. This will be published and brought out over the next several weeks so that everybody will have time to accumulate their CME hours. AAFP and AMA Recognition Award certificates will be honored.

MEDICAL "REFLEX"IONS

Because of the late start in calling for photographs for our new feature page, "Medical REFLEXions," to be edited by Glen G. McBride, M.D., we are unable to begin publishing entries this month, as promised. We sincerely hope to be able to do so with the July issue. HOWEVER! First, we need some photos! DO NOT BE SHY. Get your entries in the mail, or bring to:

Pierce County Medical Society
Medical Reflexions
813 South K Street, Suite 200
Tacoma, Washington 98405

General categories are "People," "Captioned Snaps," "Pictorial Essay," "Action," and "Scenery." Send one or as many as you like, being sure to include suggested categories and identifying information. You may submit color, but, regrettably, reproduction must be in black and white only.

Medical REFLEXions Photo Contest will run through September. Winners will have their work printed on these pages each month, and grand prize winners will be published in the October Bulletin. Deadline for each month's entries will be the 15th of the month prior to date of publication.

UNDERSTANDING BIRTH DEFECTS June 16 - 18, 1976

Sponsored by: • Division of Congenital Defects, Dept. of Pediatrics, University of Washington
• Puget Sound Chapter, National Foundation of March of Dimes

TOPICS:

- Human Embryology and Human Genetics
- Lab/Demonstration on Embryology and Genetics
- Environmental Causes of Birth Defects
- Genetic Causes of Birth Defects
- Birth Defects with Unknown Causes
- Personal Perspectives of Being Handicapped
- Community Resources and Education for the Handicapped
- Role of the Nurse
- Role of the Therapist
- Managing the High Risk Pregnancy
- Teenage Pregnancies - Why So Many?
- Advances in Treatment - The Team Approach
- Legal Dilemmas
- Ethical Implications of Treatment
- Several Panel and group discussions on above topics

This workshop will deal with the FUNDAMENTALS of topics related to birth defects. It is designed to provide a broad perspective in terms of concepts and points of view. We will be dealing not only with facts, but also with issues and ethical dilemmas such as - Should restrictions be placed on the reproduction of people with certain birth defects? Do some situations call for termination of treatment for severely handicapped people? The course is open to all interested persons, but is geared towards nurses, and physical and occupational therapists. Teachers are welcome to enroll. This workshop will consist of guest lecturers, all of whom are experts in their fields. The topics are listed above. There will also be panel discussions, group discussions, lab/demonstrations, and lots of resource materials and handouts.

Program Director:

Dr. David B. Shurtleff, Head, Division of Congenital Defects

Course Coordinator:

Rae Nelson, Director, Health Education Program

Date and Time:

June 16 and 17, 8:00 A.M. to 5:00 P.M.

June 18, 8:00 A.M. to 12:00 Noon

Location:

University of Washington campus

Fees and Credit Option:

Two extension credits (Health Education x498) \$40

Noncredit - \$34

SPECIAL GUEST SPEAKERS:

Dr. John Opitz

Professor of Pediatrics and Medical Genetics

University of Wisconsin

"Mental Retardation- Causes and Diagnosis"

Dr. Philip D. Pallister

Director, Genetic and Birth Defects Unit

Shodair Crippled Children's Hospital

"Genetic Counseling and Prenatal Diagnosis"

TO REGISTER:

Complete the attached form and return it with the appropriate fee as directed. Registration is limited. If you register and find you cannot attend, the registration fee less 10% handling fee will be refunded if requested in writing prior to June 10, 1976. For more information contact Rae Nelson, at (206) 543-3568.

REGISTRATION FORM / Understanding Birth Defects
June 16 - 18, 1976

Conference No. 542

Fees: \$40

(Noncredit \$34)

Mail with fee to: Short Courses Registration, University of Washington DW-50
Seattle, Washington 98195

NAME _____

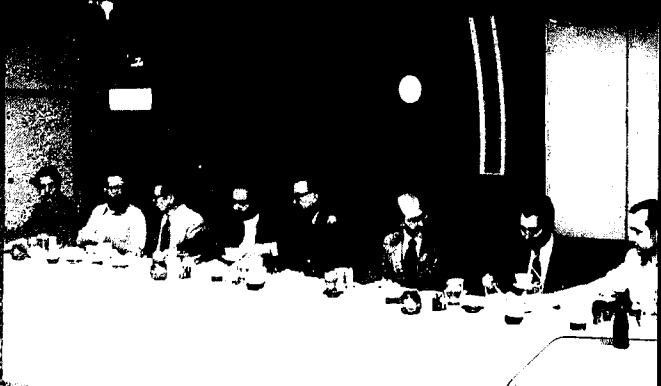
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ANNUAL SPRING DINNER MEETING WITH MADIGAN ARMY MEDICAL CENTER



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time was had
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SUMMERTIME-VACATION ASSISTANCE

Medical Office Assistants are now available for full- or part-time work through August.

They have academic preparation and can competently perform in areas of receptionists, medical secretaries, or medical assistants. You will find them suitable for various office positions, such as: physicians, hospitals, laboratories, organizations, insurance companies and medical reference libraries.

Physicians in this area have approved this program. You will be highly pleased to have these students in your office, as they are willing to work, capable of performing, friendly and greatly concerned with maintaining high standards in the profession.

Anyone that is interested should contact: Jane Robben, R.N., at Clover Park Vocational Institute. Telephone 584-7611, ext. 240.

FORT STEILACOOM COMMUNITY COLLEGE MEDICAL SECRETARIAL GRADUATES AVERAGE BETTER THAN A 3.5 G.P.A.

The six June graduates who have earned an Associate degree in Medical Secretarial Science from Fort Steilacoom Community College average better than a 3.5 G.P.A. on a scale of 4.0.

Their comprehensive two-year course equips them to enter any medical office where top-flight abilities are needed and valued. In addition to basic secretarial knowledge and skills, the graduates have had a year of medical terminology plus medical transcription, medical office procedures (including bookkeeping, insurance, medical law and ethics), standard first aid, and anatomy and physiology. Each has spent a minimum of 300 hours in a doctor's office, laboratory, clinic, or hospital in a paid position.

These graduates are intelligent, qualified girls who can help you administer your front office. Each has her resume on file at the Pierce County Medical Society. Contact the Society or Jean Graves, Fort Steilacoom Community College, 552-3772.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

General Internal Medicine – Gastroenterology

501 - Young internist seeks affiliation with small to medium group practice. Graduate Bowman-Gray School of Medicine, Wake Forrest U. Internship and Residency (Medicine), Madigan Army Medical Center. Currently Chief, Internal Medicine, of Army Hospital. Special interest - Gastroenterology. Available June, 1976. Prefers Lakewood area.

JUNE 15 IS THE DEADLINE for receipt of applications for the Family Practice Board's next certification examination. Exams will be in 7 cities, October 30-31. Contact Nicholas Piscano, M.D., American Board of Family Practice, University of Kentucky Medical Center, Lexington, Kentucky 40506.

SUMMER CAMP DOCTORS NEEDED

The Mt. Rainier Council of the Boy Scouts of America need physicians to cover summer camp at Hahobas Scout Reservation, located on the Hood Canal. The Health Lodge will serve as quarters for each physician and his family during his week at summer camp. A corpsman from Ft. Lewis will be present to provide initial care and to assist the physician. Weekly sessions begin on 11 July and end 7 August. For further information contact Larry Rork, M.D., at Madigan Army Medical Center, phone number 967-6946, or at home, 537-4127.

GENERAL SURGEON AND GENERAL INTERNIST opening practice in Pierce County. Interested in purchasing used office equipment and furnishings. Contact the Society office, 572-3667.

PIERCE COUNTY MEDICAL SOCIETY

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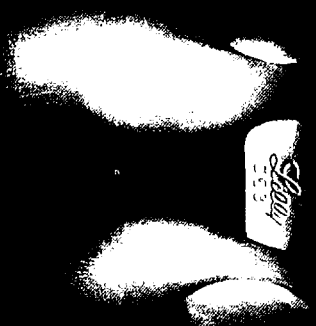
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Vol XLVII, No 7 • Tacoma, Washington



BULLETIN

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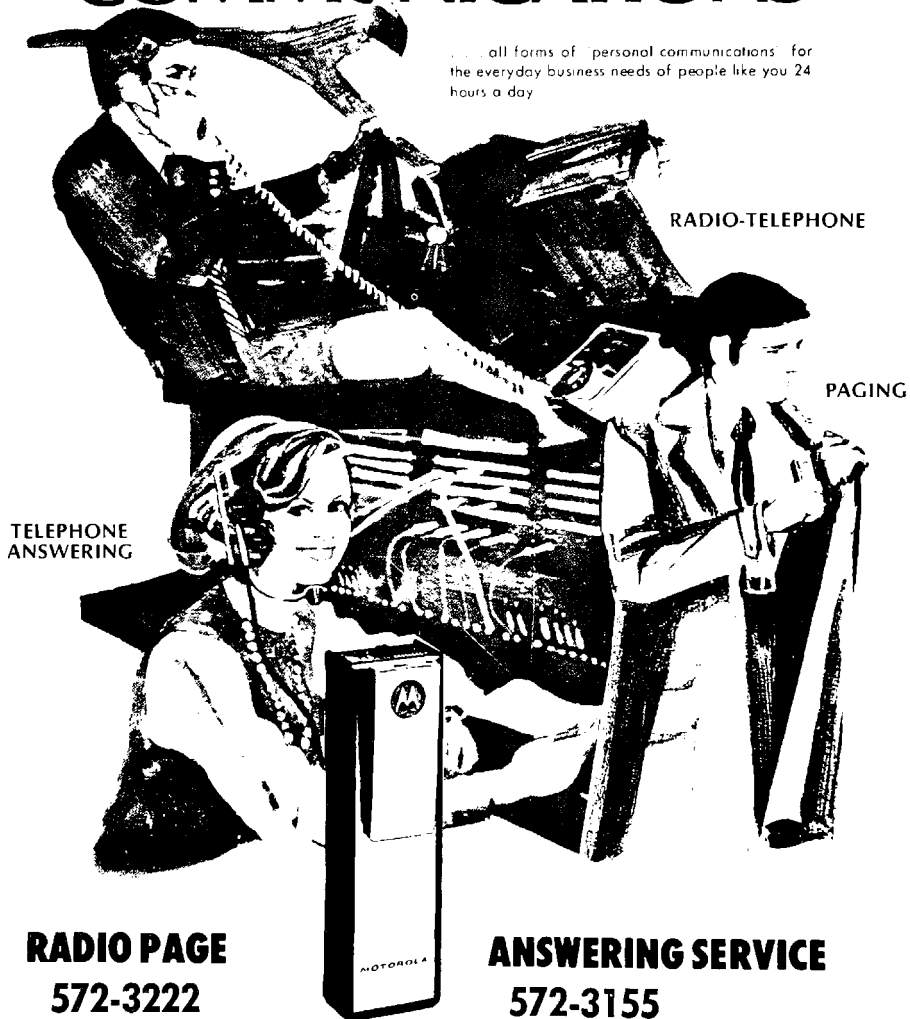
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Cover photograph courtesy of Glenn G. McBride, M.D.

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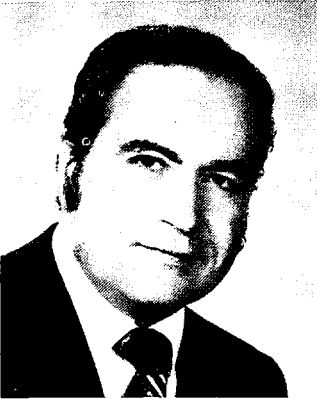
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PRESIDENT'S PAGE



David S. Hopkins, M.D.

OINK- SWINE FLU

The swine flu immunization program is beginning to take on "Alice in Wonderland" type qualities. The Executive Committee of the Society met recently with Dr. Harlan McNutt, Pierce County Health Officer, who advised us that his department is geared up and ready to swing into action but where, and with what, and to whom is still not quite decided. We in turn solemnly pledged the Society's support to whatever does happen. If certain pharmaceutical companies can be encouraged to make the right vaccine and other companies to make the vaccine at all, in view of their insurance problems, then, liable or not, here we come.

The one bright spot in this picture is that, for once, the name of the flu matches the disease. Previous flus had euphemistic names like Port Chalmers, Hong Kong and Victoria that sound more like

travel brochures than diseases. When you utter the words swine flu, with all the disgust and disdain that you can muster in your weakened condition, you feel as though you have both described the disease and cursed your situation.

The Washington State Medical Association has informed us that approximately thirty-five hundred of the forty-two hundred active members of the WSMA have paid the one hundred dollar professional liability assessment. A third billing of the assessment is currently being mailed. There are only forty-one members of the Pierce County Medical Society that have not paid the assessment. Understandably, some physician members that are not faced by the heavy burden of large professional liability premiums have been hesitant to pay the assessment and there are other even more compelling reasons for some members not paying, but I strongly urge all members to contribute because all benefit and, in addition, the patients benefit.

If any of these members feel for one reason or another that they cannot pay the assessment or would prefer to pay it in installments they are urged to correspond directly with Dr. William O. Robertson at the WSMA central office.

Congratulations are in order for Dr. Maurice Origenes who was recently awarded a distinguished citizen award at the 5th annual banquet of the Municipal League of Tacoma-Pierce County. This type of community involvement probably does more for doctor-patient relationship than a lot of expensive medical propaganda through the media.

D.S.H.

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EDITORIALLY SPEAKING



Stanley W. Tuell, M.D.

Consent Form Not Mandatory

About those new informed consent forms from the State Medical Association— why have 'em?

The State Legislature recently passed into law the concept that physician's standard of care shall be comparable to the Standards practiced in the State-wide community. Despite our many doubts and misgivings about whether true suit-proof informed consent can ever be achieved, that recent Legislation would suggest that the use of a state-wide, WSMA-approved informed consent form will make such a consent more likely to be upheld in court, since it will follow a state-wide stand. In answer to other questions coming in:

No, use of this form is not mandatory.

No, you do not need to use it for all "medical treatments" as implied by the form's title. It is suggested it be used for all surgery or other invasive or endoscopic procedures, but its use in other treatments, such as prescribing medicines, is up to the physician's evaluation of its applicability to that particular patient, risk involved, etc.

Yes, the signing can be supervised and witnessed by one of your office staff.

To separate the form, pull it off at the top, removing the two carbon sheets. Turn the sheets over as a unit, without reshuffling them, or the automatic carbon won't work.

Use ball point pen. Press hard.

Keep the copy with the patient's original signature on it. *Give* the *middle* copy to the *patient*. If the patient is going to the hospital for the procedure, send the *third* copy to the *hospital*.

State-wide utilization of this form, perhaps with individual variations for certain specialties, should stabilize the doctrine of informed consent in this State and make court interpretation of that doctrine less nebulous than it now is.

S.W.T.

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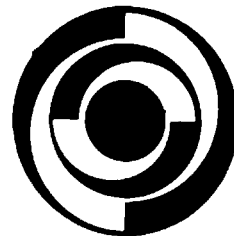
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LEGISLATIVE NEWS



Robert W. Florence, M.D.

About Bills P.L. 94-294 and H.M.O.

President Ford has signed the Medical Device Bill into law (P.L. 94-294) which classifies devices into three categories, (1) "general control" class, (2) "Performance standards" class where standards are determined necessary to assure safety and effectiveness and (3) the "pre-market approval" class for those devices where pre-market approval is deemed to be necessary to assure safety and effectiveness of devices which are used in supporting or sustaining human life, or are of substantial importance in preventing impairment of health.

The H.M.O. Bill S1926 has finally been reported out by the Senate Labor and Public Welfare Committee, and at the time of this writing is awaiting Senate Floor action. The most controversial section waives the open enrollment requirement for H.M.O. This will rule out coverage for many chronically ill people. A.M.A. spokesmen have stated that the H.M.O. Amendments bill

brings the H.M.O. Program perilously close to a mere subsidy of existing pre-paid group practice plans. Employers with 25 or more employees must include an H.M.O. option for employees covered in its employee benefit plan.

Court tests of the various states' new medical liability laws are producing different results from state to state. The Illinois supreme court recently declared unconstitutional three of four medical society sponsored laws—mandatory pre-trial screening panels, the \$500,000 cap on awards and the requirement that all insurance rate increases be justified. At about the same time Florida's supreme court ruled that the state's mandatory pre-trial screening panel did not infringe on constitutional rights. The lower courts of New York handed down a similar decision in January. A state circuit court in Oregon has declared all but one minor section of that state's medical liability law to be constitutional.

How would you like Wisconsin's new law which provides that a practitioner shall not prescribe for his own personal use, or take without a prescription, a controlled substance listed in schedules 1 through 4 of the state's controlled substance law?

Hats off to Colorado, the first state in the nation to enact a "sunset" law. The law provides for periodic review and termination, continuation or re-establishment of state regulatory agencies by the state legislature. These agencies will periodically have to demonstrate their need and usefulness to the legislature; otherwise they will automatically be terminated. The idea sounds good and it will be interesting to see if it will really work.

R.W.F.

7.0%=11.5%*

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THE ROYAL SCRIBE



Royal A. Gove, M.D.

by
MAVIS KALLSEN
Curator
P.C.M.S. Archives

The P.C.M. Bureau was a revolutionary thing for the times. Like the revolution we celebrate this Bicentennial, the Bureau didn't come about overnight and the first years of its existence were tumultuous. In our P.C.M.S. archives collection we have old ledgers and documents sketching the onset of contract practice and events leading up to the revolutionary P.C.M. Bureau. The years 1917 through 1919, the first years of the Bureau, we have recorded by the Society's most articulate scribe ... Doctor Royal A Gove.

Doctor Gove must have had a feeling for history. He saved everything and entered his own remarks into the record, providing a humanistic view of the perilous early life and times of the P.C.M. Bureau.

In the beginning, the objections to contract practice entered early in the P.C.M.S. but were handled in a courtly manner. In 1890, Doctors Dewey and Shaver protested to the trustees against the contracting by Fannie Paddock Hospital for treatment of "other than pauper patients," but no action was taken.

April of 1898 a special meeting of the P.C.M.S. was held in the Whist Club Rooms of the Hotel Donnelly. The subject of discussion for the evening was the financial management of the hospitals in relation to the welfare of the medical profession. As recorded in the minutes ...

"Many of those present were of the opinion that those hospitals which sell hospital tickets or contract with corporations for the care of employees

are unworthy of our goodwill and support. While many others were of the opinion that the hospitals are justified in making these financial arrangements.

"At 11 p.m., the Society adjourned to the supper room where a bountiful repast was spread. The toastmaster for the evening, in his clever and interesting way, managed and preserved order while inviting those present to respond to toasts in a very able manner ... adjourned at 1:30 a.m."

The next discussion of the contract practice concept was at the P.C.M.S. meeting of January, 1905, when Doctor Case "made a few remarks." Doctor Thomas Curran, an employee of Yocom's, was asked to report on this subject and two weeks later read an interesting paper on "Hospital Contract Work," asserting that ... "Whereas, during all the years the members of the medical profession have given their services to the said hospitals for such cases absolutely free ..."

We also have in our archives documents showing the physicians were paid under these contracts in accordance with the fee schedule set by the P.C.M.S. As Doctor Curran concluded ... contract practice was an intricate proposition.

In November, 1905, when Doctor Case made his charges against Yocom, Wagner and Hicks, he also submitted a proposed amendment to the constitution and bylaws of the P.C.M.S. as follows ...

"Any member of this Society may be summarily expelled from membership without a hearing by three-fourths of all members in good standing present, upon the following grounds; conviction of a felony, willful fraud in his credentials, an openly immoral life, public conduct of extreme indecency or the taking of "lodge work" or "contract work," or such other notoriously irregular conduct as a citizen or physician as would make his presence undesirable in the interests of public or professional morality or decency."

After weeks of argument, with a few alterations and propositions by Doctor E. M. Brown, Case's amendment was adopted by the P.C.M.S. ... The "contract doctors" scattered. January, 1906, the old guard ... Doctors Shaver, Dewey and Love were elected officers of the P.C.M.S. and

Case, Read and Brown appointed chairmen of the standing committees. It became a Society of old men standing erect against the tides of the new medicine and quarreling amongst themselves over trivia.

That year, 1906, another "old man" joined the P.C.M.S. . . . Royal A. Gove, a graduate of the College of Physicians and Surgeons at Keokuck, Iowa in '78. Like Doctor Case, he was admitted to membership in spite of his sectarian schooling, but without controversy, as he was a non-controversial man of even disposition. Doctor Gove set about creating order out of chaos within the P.C.M.S., urging moderation and compromise, and two years after he joined the Society he became its President. The year following his term as President, he was elected the Society's Treasurer and was re-elected continuously to that post until in 1917 he was elected Secretary-treasurer, and served in this office until his death in January, 1920.

During his year as the P.C.M.S. President, Doctor Gove instituted a degree of definition between "contract work" and "lodge contract work," permitting the great numbers of contract physicians in the County to again take part in the Society's activities.

The P.C.M.S. took a bold public stand against "lodge work" and the following appeared in the Tacoma Ledger in January, 1912 . . .

LODGE CONTRACT DOCTORS PARIAS

Pierce County Medical Society Will Make Outcasts of Them After April First . . . Such Practice Scored

"Physicians engaged in lodge contract medical practice will be pariahs among ethical doctors in Tacoma after April 1st. So despised and hated will they be that any member of the P.C.M.S. who shall even deposit with any physician doing lodge contract practice will be expelled from the Society. In addition to this the Society determined to take active steps immediately to exclude after April 1st physicians doing lodge contract work from entering or treating patients in the hospitals. Cheapening of the medical profession, together with advantages taken of such practices by ingenious individuals and lodge organizers is alleged in the committee report."

Only the Elks continued to contract directly for physicians services with the charges included in membership dues, but a number of private "Clinics" sprang up in town to join the well-established Western and Bridge Clinics. Three P.C.M.S. members were expelled for doing lodge work. Eighteen members were dropped for non-payment of dues.

In May of 1917, the State Legislature passed an Industrial Insurance Act known as the "First Aid Law," permitting compensation for healthcare contracted by physicians with probated payment. The passage of this Act was in great part due to the efforts of a number of Pierce County physicians.

The P.C.M.S. immediately took advantage of the opportunities presented by the new law. Doctor Gove gave this account of a special meeting called May 29th, 1919 . . .

"The purpose of the meeting was to discuss and take action upon the desirability of the Society itself entering into Industrial Insurance Contracts under the new First Aid Law. The following resolution was unanimously carried

"Whereas a medical aid law has been passed in this state which provides and legalizes a contract system and individual choice of physicians for medical and hospital care of injured workmen; and whereas it is manifest that the contract practice shown will be permanent

"Therefore be it resolved that the P.C.M.S., for the best interest of its members, organize an industrial service bureau supervised by the Board of Trustees of the Society, which Bureau will have full powers to make contracts for the Society with employers and employees and to supervise the management of such Bureau

"Be it further resolved that such Bureau be operative at once."

When it was incorporated two weeks later, the Bureau was financed by the offering of \$1000 worth of stock at \$5.00 per share, with an original ten shareholders in at 20 shares each. It was incorporated to . . . "own, operate and conduct hospitals, drugstores and medical dispensaries, ambulances and ambulance service."

The By-laws read as follows "The intention of this company is not primarily for profit, but to secure to the members of the medical profession who are stockholders of this company, the right to practice their profession in conjunction with the so-called First Aid Law of the State and to make contracts with employees of labor and their employers for service under such First Aid Law and for services outside the First Aid Law and to use this corporation as a means of contract and collection."

Doctor Royal Gove, Secretary-treasurer of the P.C.M.S., then was elected Secretary-treasurer of the Bureau. In September, in his first quarterly report, he noted the slow process of obtaining contracts. A month later it was reported that the Bureau had received \$285 from the sale of shares to 57 doctors, and that an agent was appointed for solicitation of contracts on a commission of 40% of the first month's collections.

In April, 1918, Doctor Gove reported that there were now 2,500 patients under contract with the Bureau. He then referred to the fact that the Bureau, when organized, was formed for the purpose of . . . "Providing a means so that all physicians in Tacoma who belong to the Bureau would get a share of the work," and added "Experience, however, has shown that it has been very unevenly divided: one physician in particular, Dr. Kunz, has gotten much the largest share" (Kunz was not present at this meeting).

Dr. LaGasa then stated that one of the reasons he (LaGasa) secured the larger share of the work was because he had longer office hours.

Dr. Hunter suggested that one way to obviate having two or three men get the most of the money was to divide it evenly at the end of the month among all the members of the Bureau who were in active practice.

Dr. Robertson offered his opinion that this course would not be for the best interests of the Bureau.

Dr. McCreery stated that he believed that getting the work by the members of the Bureau was largely a matter of personal friendship, and pointed out that Kunz was a good friend of the shipbuilding company's personnel director.

Dr. Houda remarked that the weakest part of this corporation was the possibility that some doctor could arrange it so he got most of the business, and perhaps a central Bureau within the Bureau could be arranged so that the work could be more evenly divided.

Dr. Mary Perkins stated that she had got no work and considered the \$5 she had paid for stock to be a total loss!

At the meeting of October, 1918, the matter was again discussed

Dr. Houda moved that no physician shall draw more than \$100 a month for his services through the Bureau."

Dr. Kunz stated that it was only fair for the physician doing the work to be paid for all he had done.

Dr. Houda argued that if one man had much the largest amount of work, he should turn over the balance to some other member of the Bureau.

Dr. Bell's opinion was the fault lay with the industrial plants, and that the plants should distribute cases evenly.

The motion was made and carried that cards be printed listing the physician members of the Bureau, and distributed to the men at the industrial plants so that they could make their own choice of physicians "in accordance with provisions of the First Aid Law."

The Police Contract was also discussed, and it was decided that there were "too many chronic ailments among the policemen to make this contract a paying proposition and that it is better not to try to make a new contract."

At the annual meeting held October, 1919, Doctor Gove submitted his report as Treasurer of the Bureau noting that the business done by the various doctors of the Bureau during the year had totalled \$13,569.05, and disbursements among the 62 doctors were listed. The amounts received by the first three doctors were as follows: Dr. Kunz \$3,042, Dr. LaGasa \$1,635, Dr. McNeerthney \$1,354.50. The next highest amount was \$397.50 paid to Dr. Quevli.

Doctor Gove then made his last remarks as Secretary of the Bureau . . . "Gentlemen, a survey of our work since organization of the Bureau demonstrates that the purpose for which it was formed, namely, the securing of a share of the industrial work which otherwise would have been taken over

by two or three contract physicians of Tacoma, has been eminently successful."

We wish to thank Larry Evoy and Hugh Williamson for providing access to the old Bureau ledger.

\$10,000 GRANT TO RESIDENCY FOUNDATION

David S. Hopkins, M.D.,
President
PIERCE COUNTY MEDICAL SOCIETY
813 South K Street
Suite 200
Tacoma, Washington 98405

Dear Dave:

I am enclosing a copy of the Ben B. Cheney Foundation letter dated June 24, 1976, awarding a grant to the Family Practice Residency Foundation.

Your personal interest and support of this worthwhile project was a contributing factor in assisting the Board of Directors of the Cheney Foundation in making this grant.

Sincerely,



Elgin Olrogg

EO/sh
Encl.

" . . . I am pleased to advise you that on June 24, 1976, the Board of Directors of the Cheney Foundation authorized a grant to the Family Practice Residency Foundation, pursuant to your request of March 31, 1976. Enclosed is our check No. 39 in the amount of \$10,000.

This grant is made with the understanding that it will be used specifically to assist with start-up costs initiating a residency program for physicians who have completed medical school and wish to specialize in family practice.

We would appreciate receiving a final report when the project is completed . . ."

LETTERS

Mr. Dale C. Shirk
Executive Director
Pierce County Medical Society
813 South K Street, Ste. 200
Tacoma, Washington 98405

Dear Dale:

We have completed our mailout of questionnaires to physicians in the State of Washington regarding the Physicians Flight Support Project and the following statistics are provided to keep your members informed on our progress. All of the areas surveyed responded very well except for Yakima, which did not return enough questionnaires to provide any meaningful data. Significant results were as follows:

- 689 of the 3,422 questionnaires mailed were returned, a response of 20%.
- Of the 689 questionnaires received, 69% indicated positive support of the program.
- Utilization data supports a flight effort of four aircraft.
- 57% of the physicians indicated a desire for a one-call complete service travel agency.
- 39% indicated a desire to use seaplane/STOL aircraft with a 522 seat utilization factor.

The raw data is being analyzed to resolve operational problems and to determine the capitalization requirements of the project. If the project is determined to be economically feasible, a professional turbo prop service is envisioned, with a pilot/copilot crew flying aircraft with executive interior appointments.

We will endeavor to keep you informed as we proceed and we sincerely appreciate your support thus far.

Very sincerely,

Cdr. Robert U. Marcus, USN (Ret)
Project Director

EAST SIDE HEALTH CLINIC

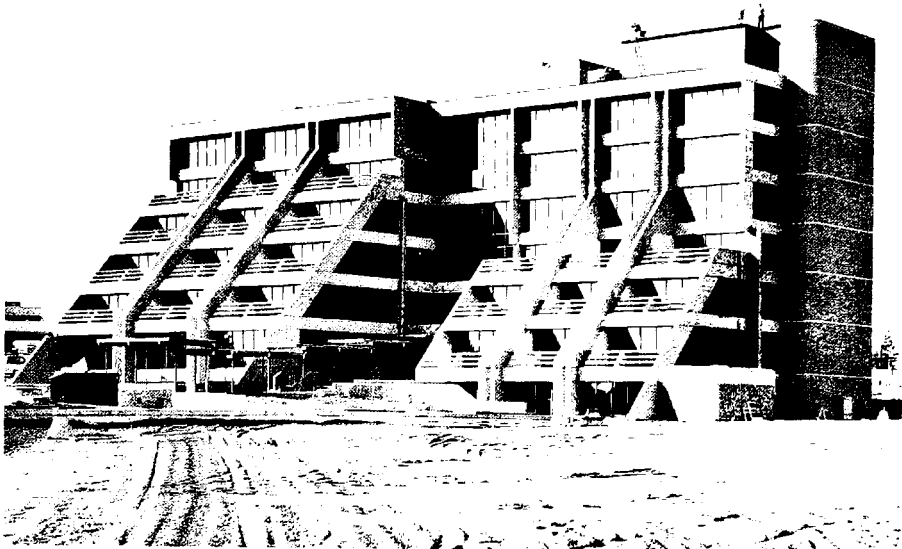
Progress Report for May, 1976

Director, Mr. John Ervin

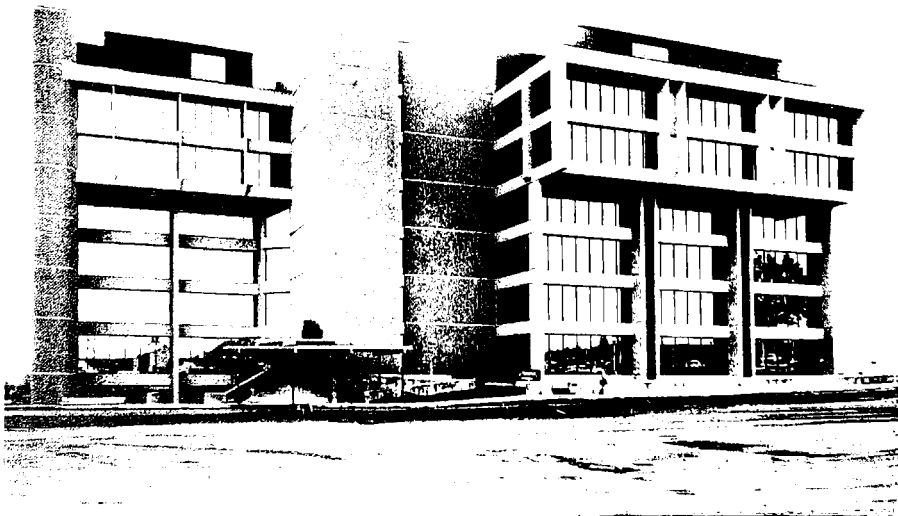
	May	Total - 1976	Total to Date (1972)
Seen by Physicians			
in clinic: Adults	177	871	*6188
Children	99	483	*4739
Laboratory services	61	331	1299
Prescriptions filled	124	625	2065
Referred to Physicians	8	85	385
Phone referrals	57	366	1290
DPA	38	294	930
EPSDT	10	52	216

*Until January, 1975 the number of patients seen by our clinic physicians was the only information available.

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JOHN WOLFE, EXECUTIVE DIRECTOR

ALLENMORE MEDICAL CENTER, INC.

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AUXILIARY PAGE

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2nd V.P. & Membership	Stephanie Tuell
3rd V.P. & Historian & By-Laws	Evie Osborne
4th V.P. & Social	Marge Ritchie
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AMA-ERF Merchandise	Sundy Porter
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	Margaret Granquist
Cookbook	Donna Prewitt
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	Barbara Wong
Dance	Martia Ohme
	Judy Baerg
Legislative	Betty Bahn
Medical Directory	Judy Baerg
Sunshine	Jeanne Judd
Tri-Auxiliary Luncheon	Kit Larson
Mid-Year Conference	Dorothy Grenley
Nominating	Anne Katterhagen

NEW OFFICERS & CHAIRMEN

Another year has rolled by and the time has come for most of the officers and chairmen to give a sigh of relief, and hand their duties and good advice over to the people who will be taking over. The new officers and chairmen are given on this page.

Our thanks goes out to retiring president, Anne Katterhagen. She has been a very active and able leader, and has given the Auxiliary not only a voice in the Pierce County Medical Society meetings, but also a vote. It's too bad that Anne's good year had to end on a bad break. We hope she is quick to recover and we know that the Pierce County Auxiliary will continue to benefit from Anne's input into the organization.

RECOGNITION AWARDS

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

David W. Krueger, a graduate of Lakes High School, is the son of Dr. and Mrs. James D. Krueger. He is planning on attending Pacific Lutheran University, majoring in Medicine.

Karl P. Houglum, a graduate of Curtis High School, is the son of Dr. and Mrs. Oris B. Houglum. He is planning on attending Pacific Lutheran University with Chemistry as his major field of interest.

Michael Ross Kennedy, a graduate of Wilson High School, is the son of Dr. and Mrs. Herbert Kennedy. He is planning to attend Stanford with his major fields of interest being Health Sciences or Engineering.

Andrea Ferguson, a graduate of Wilson High School, is the daughter of Dr. and Mrs. Robert M. Ferguson. She is undecided as to the college or her major.

Joy Gimlett, a graduate of Clover Park High School, is the daughter of Dr. David M. Gimlett. She is planning to attend Reed College with History and Literature being her major fields of interest.

Editor's Note: We apologize for omitting the Auxiliary Page from the June Bulletin. It was in the office by the deadline, but was overlooked.



David



Karl



Michael



Andrea



Joy

NEW MEMBERS

The Pierce County Medical Society welcomes the following physicians who were elected to active membership on May 24, 1976.



Jan Holm, M.D., Internal Medicine—born in Sarpsborg, Norway, on January 5, 1933; University of Zurich in Switzerland, Medical School 1962; Internship St. Mary Hospital in Tucson, Arizona, 1967-1968; Residency training at St. Mary Hospital in Tucson, Arizona, 1968 and Providence Hospital, Portland, Oregon, 1971-1974; licensed to practice medicine in the State of Washington in 1973; and also practiced Medicine in Oregon. Dr. Holm's office of Internal Medicine is located at 36th and Pacific Avenue.



Lon A. Hoover, D.O., General Practice—born in Tacoma, Washington, on October 17, 1930; Medical School at the College of Osteopathic Medicine in Chicago, 1956; Internship at the Clare General Hospital in Clare, Michigan, 1956-1957; licensed to practice Medicine in the State of Washington in 1957; also practiced Medicine in Michigan. Dr. Hoover's office of General Practice is located at 1219 6th Avenue, in Tacoma.



John W. Atkinson, M.D., Family Practice—born in Tacoma, Washington, on June 29, 1946; University of Washington Medical School, 1972; Internship at Mary Imogene Bassett in Cooperstown, New York, 1972-1973; Residency training at the Medical University of South Carolina in 1973-1975; licensed to practice medicine in the State of Washington in 1974; and also practiced Medicine in Charleston, South Carolina and Cooperstown, New York. Dr. Atkinson's office of Family Practice is located at 413 Bowes Dr., in Fircrest.



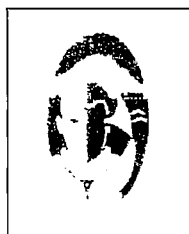
John A. Flood, M.D., Radiology—born in Tacoma, Washington, on October 13, 1936; School of Medicine, University of Washington, 1962; Internship at U.S. Public Health Service Hospital, New York City, 1962-1963; Residency training at Wilford Hall USAF Medical Center, San Antonio, Texas, 1970-1973; licensed to practice medicine in the State of Washington, 1972; Dr. Flood's office of Radiology is located at 522 Medical Arts Bldg., in Tacoma.



Charles D. Jacobson, M.D., Internal Medicine—born at Ft. Lewis, Washington, November 11, 1945; Medical College of Wisconsin, Medical School, 1972; Internship at Virginia Mason Hospital in Seattle, 1972-1973; Residency training also at Virginia Mason Hospital in Seattle, 1973-1975; licensed to practice medicine in the State of Washington, 1973. Dr. Jacobson's office of Internal Medicine is located at 800 South Meridian, in Puyallup.



John R. McDonough, M.D., Cardiology—born in Tacoma, Washington, on August 25, 1928; Medical School at Creighton University, 1954; Internship St. Joseph Hospital, Tacoma, Washington, 1954-1955; Residency training at USPHS Hospital in New Orleans, Louisiana, 1966-1968 and University of Washington in Seattle, Washington, 1968-1970, licensed to practice medicine in the State of Washington, 1955. Dr. McDonough's office of Cardiology is located at Allenmore Medical Center.



Douglas A. MacLeod, M.D., Ophthalmology—born in New York on February 27, 1945; Medical School Columbia University College of Physicians and Surgeons, 1968; Internship University of Virginia Hospital, Charlottesville, Virginia, 1968-1969; Residency training Wills Eye Hospital, Philadelphia, Pennsylvania, 1972-1975; licensed to practice medicine in the State of Washington in 1975; also practiced Medicine in California and Pennsylvania. Dr. MacLeod's office of Ophthalmology is located at #38 Tacoma Medical Center.



Herbert Zimmermann, Jr., M.D., General Surgery—born in Baltimore, Maryland on March 5, 1930; Internship at the University of California Hospital, San Francisco, California 1954-55; Residency training Santa Barbara Cottage Hospital in California 1955-56 and Highland Alameda County Hospital, Oakland, California 1958-62; licensed to practice medicine in the State of Washington in 1975; also practiced medicine in Missouri and California. Dr. Zimmermann's office of General Surgery is located at 36th and Pacific Avenue.



Dewey D. Stephens, D.O., Family Practice—born in Iowa on October 10, 1917. Medical School, College of Osteopathic Medicine & Surgery, 1964. Internship Tucson General Hospital, Tucson, Arizona, 1964-1965 and Stranding Memorial Hospital, Seattle, Washington, in 1965; licensed to practice medicine in the State of Washington in 1965. Dr. Stephens' office of Family Practice is located at 1209 6th Avenue, in Tacoma.



Eugene S. Lapin, M.D., Cardiology—born in Pueblo, Colorado, on May 17, 1940; University of Colorado Medical School, 1966; Internship Hospital of University of Cincinnati, Cincinnati, Ohio, 1966-1967; Residency training University of Washington Hospital, Seattle, Washington, 1967-1971; licensed to practice medicine in the State of Washington, 1970; also practiced Medicine in Colorado. Dr. Lapin's office of Cardiology is located at #44 Allenmore Medical Center in Tacoma.



W. Harold Lawson, M.D., Pulmonary Disease—born in Little Rock, Arkansas, on January 11, 1933; Medical School at the University of Arkansas, 1957; Internship Parkland Hospital, Texas, 1957-1958; Residency training also at Parkland Hospital, Texas, 1958-1960; licensed to practice medicine in the State of Washington, 1975; also practiced Medicine in Arkansas, Oregon and New York. Dr. Lawson's office of Pulmonary Disease is located at 1718 South I Street, in Tacoma.

Flexner Report Reveals High School/College Diploma Not Requisite for Medical School Admission

The education and training of medical doctors in the United States is widely recognized as equal or superior to physician training anywhere else in the world.

But this was not always so.

Prior to 1910 the training of doctors in America was often poor and haphazard and virtually unregulated. There were some very good schools, but there also were many poor ones. Schools that operated on budgets of less than \$10,000 a year; that admitted students without even high school preparation; that were formed primarily to make money for the proprietors.

In 1910 came the famed Flexner Report. Actually, it was Bulletin Number Four of the Carnegie Foundation for the Advancement of Teaching, prepared by a former school teacher turned educational philosopher, Abraham Flexner. And it revolutionized medical education.

The report was developed because the American Medical Association's Council on Medical Education requested the Carnegie Foundation to undertake an objective study of American medical education. Much of the spadework had already been done by the AMA staff under the direction of the Council.

Flexner began with this background information which pointed out deficiencies in many medical schools, and he subsequently prepared a report that became the basis for extensive reform.

Immediately on publication of the Flexner Report, the AMA's Council on Medical Education instituted a formal process of survey and accreditation, in chronological rotation, of all U.S. medical schools. Some of the poorest schools closed rather than face evaluation by impartial outsiders. By 1928 the 155 schools, many of them mere diploma mills, had been reduced to 76 that met the basic requirements for proper teaching.

Through the intervening years the number of schools has gradually built up to today's 115, all carefully structured to meet rigid accreditation requirements. And more are on the boards.

In 1910 only two medical schools required a college degree for entrance, most required no college experience at all, and many failed to require even a high school diploma. Students entered medical school grossly deficient in basic science and math, now considered absolutely fundamental preparation for the study of medicine. Flexner's proposal that two years of college science training be required for entrance soon became universally accepted. Today few enter medical school without an undergraduate degree.

Flexner also recommended the study program for a medical course of four years that is now widely followed—two years of basic training in life sciences and two more years of training in actually treating patients—the clinical years. And today advanced training beyond the four-year course is now accepted everywhere.

It would be difficult to overestimate the impact of the Flexner report of 1910, one medical historian has written. By exposing the deplorable truth about commercially dominated medical schools, his report, together with the financial support given by the then newly founded Rockefeller and Carnegie Foundations to medical colleges, inspired the reformation that produced an entirely new age of quality in American medicine.

Abraham Flexner served as the catalyst to bring to fruition the objective sought since its founding in 1847 by the American Medical Association—improvement of medical school standards, methods and facilities.

Flexner continued his studies of medical education in Europe, and later served as the founding head of the Institute for Advanced Study at Princeton. He died in 1959 at the age of 93.

MEDICAL ASSISTANT SEMINAR DRAWS 93 PARTICIPANTS

A PCMS sponsored AMA workshop, "You The Telephone Manager," brought 93 local medical assistants to the Rodeway Inn for instruction on telephone techniques in the medical practice.

Moderated by AMA's Communications Specialist, Karen Zupko, the course contained such helpful hints as telephone collections, handling the irate patient, scheduling problems and emergency situations.

A role playing session utilizing telephone training equipment and "scripted" situations gave opportunity for learning by doing and also proved to be the most popular phase of the program.

Physicians who sponsored their assistants should find an impressive return on their investment.



Local collections agency owner, Frank Rossiter, provided expertise in "Collection Techniques and Prohibitive Practices."



"Role Playing" proved most popular.



AMA's Communications Specialist, Karen Zupko.



Participants continued discussions during luncheon.

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INTERSTATE SCIENTIFIC ASSEMBLY

November 15-18, 1976, Atlanta, Georgia

The 61st Annual International Scientific Assembly of Interstate Postgraduate Medical Association will be held at the Atlanta Marriott Hotel, November 15-18, 1976. This program is designed for Primary Care Physicians practicing in the U. S. and Canada. It has been planned cooperatively with the Georgia Academy of Family Practice, the Emory University School of Medicine and the Medical College of Georgia. It provides 21 hours of PRESCRIBED and 3 ELECTIVE hours of credit toward the AMA Physician's Recognition Award is provided through attendance.

The program consists of lectures, informal group discussions, "live" closed-circuit TV and medical movies on a variety of topics, with major emphasis in family practice, internal medicine, obstetrics

and gynecology, and psychiatry. Guest lecturers include: Drs. Irvine Page and Ray Gifford of the Cleveland Clinic, on "Hypertension;" Dr. Lloyd Nyhus of Chicago, speaking on "An In-Depth View of the Vagi;" and Dr. Tague Chisholm of Minneapolis, on "Pediatric Abdominal Pain." In addition there will be over twenty other lecturers from Georgia, and the program will feature current information from the Center for Disease Control. The Thursday session will be devoted entirely to an "Update on Current Treatment."

The Assembly is open to any licensed physician in the U. S. and Canada at a fee of \$50.00 in advance, or \$75.00 at the meeting. Those interested in the meeting and hotel forms should write to: Alton Ochsner, M.D., Program Chairman, Interstate Postgraduate Medical Association, P.O. Box 1109, Madison, Wisconsin 53701.



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THE A.A.M.A. PAGE

Doris Stansell, President
Pierce County Chapter

Thank you very much, Dr. Hopkins, for your "plug" aimed at the physicians of Pierce County (President's page, June Bulletin). The Pierce County Chapter of AAMA has hoped for just such a boost for recognition since it was chartered 2½ years ago. We members have tried all means we could think of to make the area physicians and their medical assistants aware of our organization as we feel it has definitely filled a vacuum which existed in our area—a chance for women (we do not exclude the male sex, though) to meet, enjoy educational programs and discussions, exchange information and ideas pertaining to our chosen field of work.

AAMA, Inc. is this year celebrating its 20th anniversary and the Washington State Society, now comprised of 9 chapters across the State, was founded as a constituent society of AAMA in 1968. Not only are we endorsed nationally by AMA with a generous supportive grant of \$25,000 but Merck, Sharp & Dohme, with their interest in continuing education, also supplies a matching grant. Scholarships are available on the National level, the State level, and hopefully Pierce County Chapter at some time in the future will be able to offer a scholarship also.

It has been most frustrating, considering the number of eligible persons in the area, for our chapter to have difficulty in maintaining a membership of 25. In October of 1975 we sponsored the first area insurance seminar and were very gratified with the response from the Bureau physicians whose offices received registration blanks for the seminar. We thought, great, with all the interest shown we should get some new members but no such luck. In April, 1976, the Bureau again stuffed their invoice envelopes with a program copy and registration blank for the May State Convention which we were hosting. In this case, it was nothing but appalling to me to see only possibly 5 registrants from this mailing. I wonder how many of the physicians even saw this information?

In addition to a terrific program, smoothly run meetings, great guest speakers, well planned meals and all that goes with a good convention, a highlight was to see two of our members installed as State officers; Susan Thornton of Dr. Knittel's office as President and Dee Lunstrum of Drs. Ralph Johnson and Robert Burt's office as Vice President. "You've come a long way, girls."

AAMA does indeed offer a medical assistant a way to grow—as continuing education is a must for physicians, so should it be for the valued employee in his office or lab. With use of the guided study course available from National and a yearly scheduled Certification Exam, an assistant can become not just a medical assistant but a Certified Medical Assistant in Administrative and/or Clinical procedures. With Certification, is licensure too far off in the future? One of our State Physician Advisors believes not.

On the local level, our meetings are held the second Monday of each month with the exception of July (when we have a social) and December when we have our Christmas banquet and installation of new officers. Guests are always welcome and encouraged to attend. We have had a number of excellent speakers, including Drs. Banfield, Boudwin, Origenes, Knittel, W. Zimmerman. Sometimes we "do our own thing" with quizzes and reviews. In January we had one on Medical Ethics and our June program was a 3 page quiz or review on terminology. So, come on out girls, it is only one night a month, "try it, you might like it."

For further information, contact Doris Stansell, A-115 Allenmore Medical Center, 383-2413 or Sharron Vigil, Membership Chairman, 927-9083.

You will be hearing more from us since, through the interest and cooperation of Dr. Hopkins and Dale Shirk, Executive Director of the Pierce County Medical Society, we are to have a Bulletin space monthly.

WASHINGTON STATE SICKLE CELL PROGRAM/TACOMA BRANCH

454 St. Helens Avenue Tacoma, Washington 98402 593-2896
 Monday Through Friday 8:00-5:00 p.m.
 Coordinator: Mrs. Charmaine Archibald

	May 1976	Total 1976	Total Since 1972
HEMOGLOBINS			
AA (Normal)	137	1,296	10,820
Peculiar Findings	0	0	1
Persistence Fetal Hb.	0	0	12
TRAITS			
AS	4	43	425
Blacks			
Caucasians			
AC	2	14	102
AG	0	0	1
AD	0	0	3
AE	0	2	6
Lapore	0	0	1
Beta-Thalassemia	1	5	35
Alpha-Thalassemia	0	0	1
DISEASES			
Sickle C	1	1	8
Sickle-Beta-Thalassemia	0	1	3
SS	0	0	2
C-Beta Thalessemia	0	1	1
TOTAL	145	1,363	11,421

PARTICIPATING PHYSICIANS

George Tanbara, M.D.	Myron Bass, M.D.	Charles Curl, M.D.
David Sparling, M.D.	Ronald Gallucci, M.D.	Maurice Origenes, M.D.
Frederick Schwind, M.D.	George Kunz, M.D.	Gerhart Drucker, M.D.
Richard Herd, M.D.	Robert Munson, D.D.S.	Paul Elsberry, D.D.S.
Anthony Garcia, M.D.	James Schneller, M.D.	Thomas Bowden, M.D.
	William Coyner, M.D.	

FAMILY CLINIC—May, 1976 627-9182

Monday Through Friday—10:00 to 5:30 1815 So. J Street Tacoma, Washington 98405
 Coordinator: Aaron Miller

	May, 1976	Total, 1976	Total Since Sept., 1973
PATIENT SERVICES			
Referred to Physicians	56	2,815	3,909
Laboratory Services	145	2,735	3,503
X-Ray Services	20	67	248
Prescription Services	76	1,151	2,134
Referred to Emergency Rooms	8	156	313
Referred to Community Agencies	10	443	1,190
Seen by Physicians in Clinic	19	623	1,382
ETHNIC AND DEMOGRAPHICAL DISTRIBUTION			
Black	22	536	1,054
Caucasian	159	2,953	5,576
Asian-American	13	72	133
Native-American	5	105	219
Mexican-American	4	66	136

PARTICIPATING PHYSICIANS ON FRIDAY EVENINGS

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North	Dr. G. Tanbara
Dr. G. Drucker	Dr. D. Wilhyde	Dr. A. Tsoi	Dr. G. Oh	

W.S.M.A. LOOKS AT PIERCE COUNTY JAIL

Pierce County has been selected by the Washington State Medical Association to participate in a survey of medical care and health conditions in county jails. Washington was one of six states chosen to participate in this project, federally funded by the Law Enforcement Assistance Administration and administered by the AMA.

The preliminary survey results indicate that the present system for providing care in the Pierce County Jail is of high quality and cost-efficient. Dr. Bryan Archer, under contract with the County, performs sick call screening one morning per week and is on-call for consultations and verifying inmates' previous prescriptions. Dr. Archer would like the jail to have mid-level health personnel performing screening duties every day of the week to reduce the number of trips to the hospital and doctors' offices. Dr. Archer's work in the jail is providing a great service to the County by reducing the likelihood of legal suits for denying access to medical attention.

During the next two months the cost data and population figures will be analyzed in an effort to increase the financial efficiency of the present system. The Jail Health Project will be working with Dr. Archer and the Sheriff to develop a series of recommendations for improving the health care delivery system in the jail.

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(Other times key is available by request)

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In response to several requests from hospitals, answering services, etc., the P.C.M.S. has reactivated the call number system for all physician members.

New "Call Numbers" Assigned

001 Aasheim, Glen H.	065 Buchanan, Bruce D.	126 Flood, John A.
002 Adams, Samuel E.	066 Buehler, Allan	127 Florence, Robert W.
003 Ahlers, Bryson V.	067 Burrows, William	128 Flynn, John R.
004 Alenick, Leonard	068 Burt, Robert R.	129 Fortiner, Robert H.
005 Alger, John R.	069 Buttorff, Douglas P.	130 Freeman, Robert M.
006 Allot, Leonard		131 Furstoss, James A.
007 Anderson, Charles LeR.	070 Cain, Marsha L.	
008 Anderson, Clarence L.	071 Camp, Harry W., Jr.	132 Galbraith, Charles J.
009 Anderson, Edward R.	072 Campbell, Michael S.	133 Gallucci, Ronald G.
010 Anderson, Horace A.	073 Cannon, Peter I. S.	134 Garcia, J. Antonio
011 Anderson, Ronald G.	074 Carlyle, Donald A.	135 Garzon, Joseph E.
012 Annest, Leo	075 Chambers, Robert M.	136 Gerber, Carl J.
013 Anwar, Hanif	076 Chan, Chung C.	137 Gerstmann, Paul E.
014 Apa, Theodore	077 Chappell, James W.	138 Gibson, Robert H.
015 Archer, Bryan M.	078 Chartier, Gilbert J.	139 Gifford, Theodore H.
016 Arthur, Walter M.	079 Clark, Thomas H.	140 Gilbert, Richard E.
017 Atkinson, John Wesley	080 Cobb, Charles L.	141 Gilman, George C.
018 Avery, William E.	081 Colen, Eugenia	142 Gimlett, David M.
	082 Colen, John	143 Glock, Robert F.
019 Backup, Edna	083 Colley, Russell Q.	144 Goodson, David M.
020 Backup, Phillip H.	084 Comfort, John I.	145 Gore, Robert T.
021 Bader, Bernard A.	085 Conte, William R.	146 Graham, Donald A.
022 Baer, D. Theodore	086 Cordova, Juan I.	147 Graham, Kenneth D., Jr.
023 Baerg, Richard	087 Costleigh, Robert I.	148 Graham, Martin L.
024 Bageant, Thomas E.	088 Cowgill, Herbert I.	149 Granquist, Carl O.
025 Bahn, Cordell	089 Crabill, Robert P.	150 Grenley, Philip
026 Banfield, Ernest E.	090 Cramer, Loy E.	151 Gross, Kenneth E.
027 Barnes, George R.	091 Crowell, Theodore	152 Guilfoil, Erna F.
028 Barronian, Richard F.	092 Crowley, James N.	
029 Baskin, Lester S.	093 Curl, Charles W.	153 Haley, Theodore R.
030 Bass, Myron A.	094 Cutner, Lawrence P.	154 Hammer, Carl S.
031 Baur, Ernst W.		155 Hansen, K. Royce
032		156 Hanson, Eugene W.
033 Beahrs, John O.	095 Davidson, Harold I., Jr.	157 Harrelson, Orvis A.
034 Beck, Ronald J.	096 Dean, Gordon E.	158 Hauser, William P.
035 Bell, C. M. Andrew	097 Deem, Clark W.	159 Havlina, John M.
036 Bemiller, David L.	098 Delyanis, George P.	160 Hawkins, John Edgar
037 Benveniste, Ronald J.	099 Deming, J. Edmund	161 Hazelrigg, James E.
038 Bergstrom, Wayne A.	100 Detje, Robert I.	162 Hennings, Francis W.
039 Betteridge, Bryce	101 Devera, Alberto C.	163 Henry, Melvin L.
040 Billings, Robert E.	102 Dietrich, Carlisle	164 Herrera, Antonio L.
041 Billingsley, James	103 Difuria, Giulio	165 Herrmann, Arnold J.
042 Bischoff, Guus W.	104 Dille, Rodger S.	166 Herron, Walter R.
043 Bissonnette, Gerald W.	105 Diller, John I.	167 Hilger, John R.
044 Blackett, W. Ben	106 Dmant, Stevens	168 Hirz, Dale L.
045 Blankenship, James M.	107 Dodge, Byron M.	169 Holm, Jan
046 Bleiweiss, Milton S.	108 Doel, Michael L.	170 Hoover, Galen H.
047 Bogue, Charles	109 Doherty, Dale	171 Hoover, Lon A. (D.O.)
048 Bond, Robert	110 Drucker, Gerhart A.	172 Hopkins, David S.
049 Bondo, Paul E.	111 Duertfeldt, Treacy H.	173 Hori, Kiyosaky
050 Bosch, Wouter	112 Duffy, James P.	174 Hoskins, Franz P.
051 Boudwin, James W.	113 Durkin, Lloyd Stanley	175 Houghlum, Oris B.
052 Bourdeau, Emory	114 Dye, David F.	176 Houk, Robert L.
053 Bourdeau, Lee M.		177 Houtz, Dudley W.
054 Bourne, Marvin L.	115 Early, James F.	178 Hoyer, Louis P., Jr.
055 Bowden, Thomas	116 Eggen, Robert K.	179 Huif, Ralph H.
056 Bowe, Richard G.	117 Ehly, Jay H.	180 Huish, Richard E.
057 Boyd, Howard A.	118 Ekman, Carl N.	
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059 Brawand, Kurt	120 Ellis, Raymond C.	182 Iverson, Nichol T.
060 Bridgeford, Otis E.	121 Elmer, Lloyd C.	
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062 Brokaw, Glenn H.	123 Erickson, Jack J.	184 Jacobson, Charles D.
063 Brooke, J. Robert		185 Jarvis, Michael J.
064 Brown, William C.	124 Fairbourn, Edwin J.	
	125 Ferguson, Robert M.	

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305 Ozolin, Arthur J.
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 381 Thomas, Max S.
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 389 Van Dooren, Hugo
- 390 Van Eaton, Thomas M.
 391 Van Patter, Viola S.
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 393 Vimont, Richard T.
 394 Virak, Roy H.
 395 Vitikainen, Kari
 396 Voynow, Robert B.
 397 Vozenilek, Myra S.
 398 Vozenilek, Z. Joseph
- 399 Wada, Sumiho S. W.
 400 Wahlberg, Elmer W.
 401 Waldron, F. Dennis
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 406 Weingarten, Jerome S.
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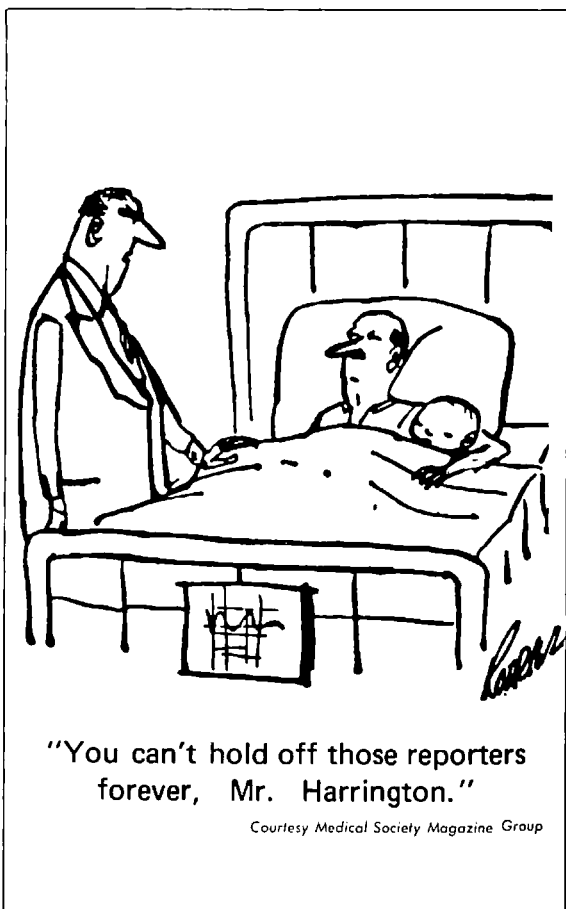
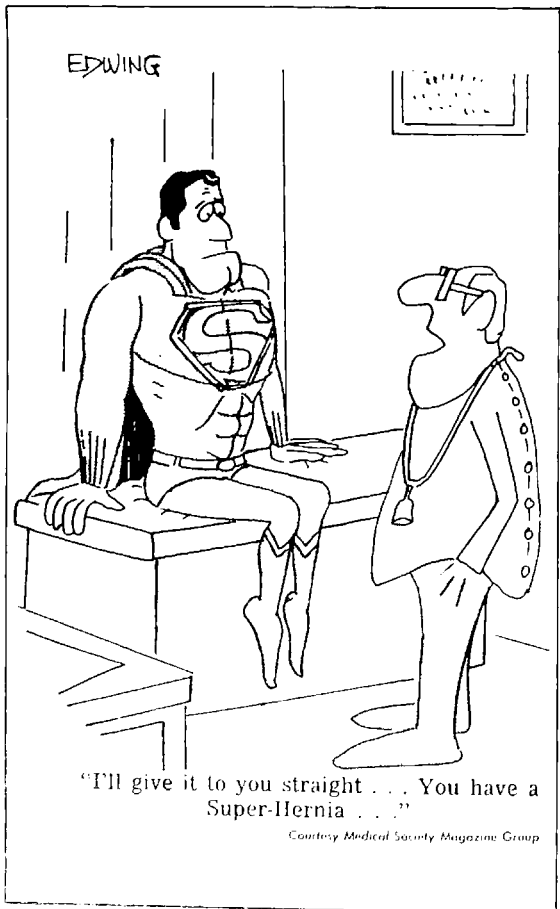
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Medical Office Assistants are now available for full- or part-time work through August.

They have academic preparation and can competently perform in areas of receptionists, medical secretaries, or medical assistants. You will find them suitable for various office positions, such as: physicians, hospitals, laboratories, organizations, insurance companies and medical reference libraries.

Physicians in this area have approved this program. You will be highly pleased to have these students in your office, as they are willing to work, capable of performing, friendly and greatly concerned with maintaining high standards in the profession.

Anyone that is interested should contact: Jane Robben, R.N., at Clover Park Vocational Institute. Telephone 584-7611, ext. 240.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

General Internal Medicine – Gastroenterology

501 - Young internist seeks affiliation with small to medium group practice. Graduate Bowman-Gray School of Medicine, Wake Forrest U. Internship and Residency (Medicine), Madigan Army Medical Center. Currently Chief, Internal Medicine, of Army Hospital. Special interest -Gastroenterology. Available June, 1976. Prefers Lakewood area.

MORE ON INFORMED CONSENT

Every active WSMA member should have received 50 of the informed consent forms developed by the WSMA and State Hospital Association to comply with the passage of SHB 1470. The "Special Consent to Operation, Post-Operative Care, Medical Treatment, Anesthesia or Other Procedure" form along with 50 patient brochures on informed consent and re-order forms were distributed the week of June 14.

Physicians should read carefully the letter from WSMA President, Dr. Robertson, dated June 16, describing the new law which became effective June 25, clarifying existing court rulings on informed consent.

An order blank accompanied the initial mailing of 50 copies of the form. If you didn't receive an order blank or need another, call the WSMA office (toll free) 1-800-552-0612, and one will be sent to you. In some instances, hospitals may order the forms for you. Also remember that the forms are not copyrighted and may be duplicated as you see fit.

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Pierce County Medical Society

AUGUST 1976

Vol. XLVIII, No. 8 • Tacoma, Washington



BULLETIN

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Cover photograph courtesy of Glenn G. McBride, M.D.

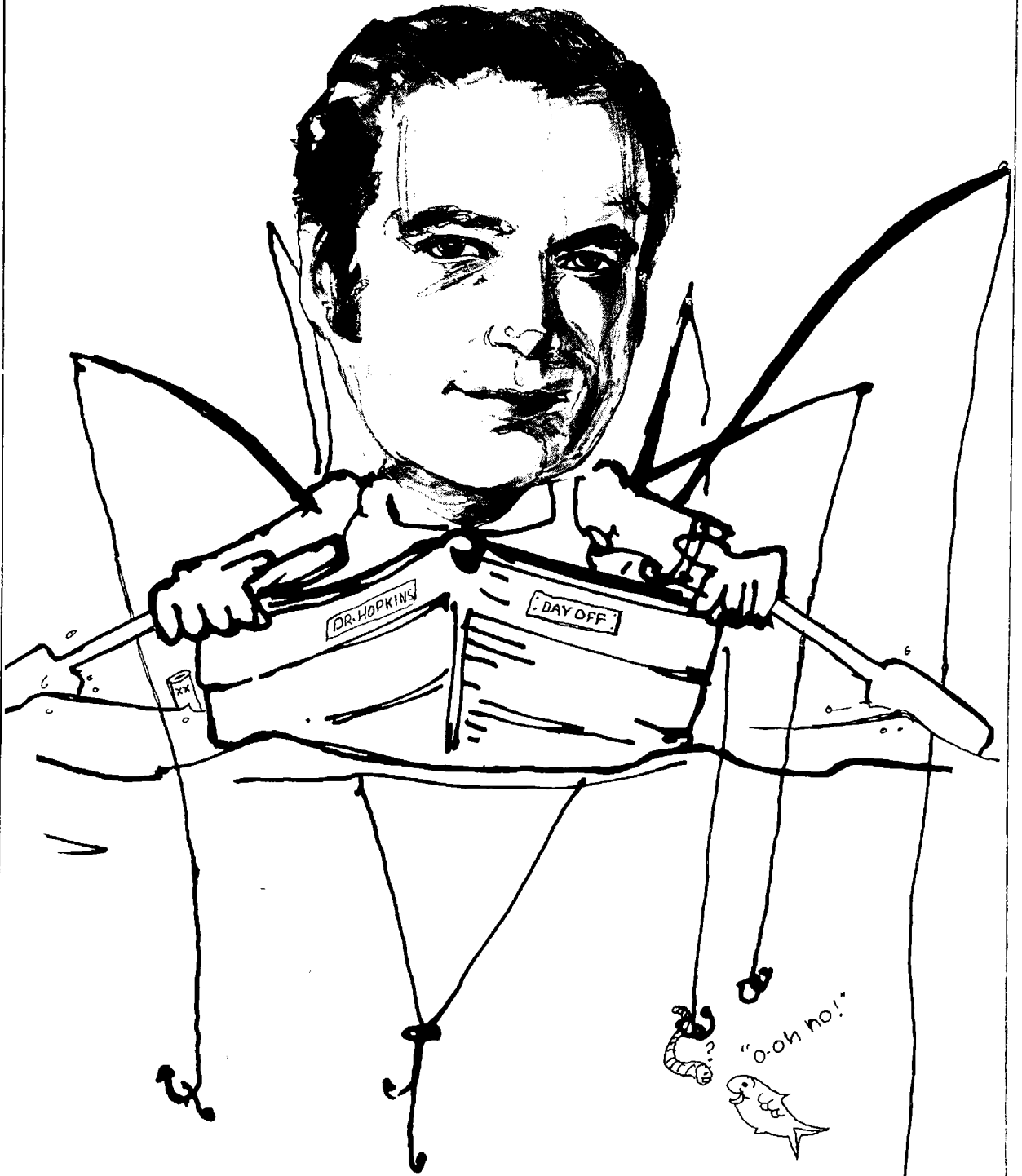
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PRESIDENT'S PAGE



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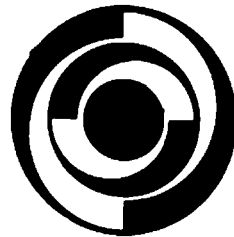
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LEGISLATIVE NEWS



Robert W. Florence, M.D.

Things Slow on Legislative Front now

At the time of this writing, Congress is in recess for the 4th of July and the Democratic Convention, so things are slow on the legislative front, and that isn't all bad as far as we are concerned.

Before the Congressional recess, the Senate passed S. 3239, the Health Professions Educational Assistance Act, by an 88-0 vote. The AMA-supported Beall amendment, deleting Title V of the bill, was passed. This took out the federal control of medical residencies in favor of a three-year study of the subject. Senator

Jacob Javits (R-N.Y.) managed to add, before passage, the conditioning of medical school capitation grant assistance upon the following requirements: that a percentage of students agree to accept National Health Service Corps scholarships, and that schools have a required percentage of filled residencies in primary care specialties, unless "assured national goals" are met.

One other bill of interest to our profession is H.R. 14289, regarding Drug Safety Amendments. This bill extends to pre-1938 drugs the requirements for establishing efficacy of a drug prior to its marketing. For obvious reasons, the AMA opposes this provision, and has submitted a statement to Representative Rogers' subcommittee, urging that H.R. 14289 not be adopted.

The WSMA Task Force is at work this summer on additional measures to present to the WSMA House of Delegates relative to the professional liability insurance problem. Details will be published in WSMA bulletins, and information will hopefully be available for this space in the next Pierce County Medical Society *Bulletin*.

Have a nice summer.

R.W.F.

WASHINGTON / ALASKA INTERNISTS TO MEET IN SEATTLE

Specialists in internal medicine and related medical fields from Washington and Alaska will take part in a one-day scientific meeting September 12, 1976 at the Olympic Hotel in Seattle, Washington.

The Washington/Alaska Regional Meeting of the American College of Physicians (ACP) is designed to bring physicians up-to-date on late developments in the field of internal medicine. It is one of 39 such sessions held each year throughout the United States and Canada by the 24,000-

member medical specialty society.

Physicians who attend the regional meeting are eligible for credit towards the American Medical Association's Recognition Award in Category No. 1.

In charge of planning for the ACP's Washington/Alaska Regional Meeting is Alvin J. Thompson, M. D., FACP, 1001 Broadway, Seattle, Washington 98122, who serves as the medical specialty society's representative in the two states.

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At the board meeting on June 7, 1976 we learned how the new Committee Chairpersons are busy preparing an interesting year ahead for us. Our activities begin on Friday, September 17 at 10:00 a.m. with the New Comers Coffee to be held at the home of Betty Bahn. The coffee is designed to acquaint prospective members with the Board, but this year the meeting is open to anyone in the General Membership who wishes to make the new people welcome in our community and to the Auxiliary. Early in September, you should be contacted by the Telephone Committee for reservations.

The following week, on Sunday, September 26th, beginning at 12:00 noon, we have the happy opportunity to show our appreciation to Dr. and Mrs. Hellyer for their gift to the people of Tacoma, and also to gather together as family units for a picnic and tour at Northwest Trek. A variety of box lunches at very reasonable prices are available, or you can bring your own. For those of you who have not yet visited the park, let me tell you, it is a beautiful place! Kids at every age love the surprises around every bend. The Telephone Committee will give you further details, and will be accepting reservations for this fun event.

A reminder: Plenty of cookbooks are still available. Contact Donna Prewitt for your nearest depot.

W.S.M.A. ANNUAL SESSION September 10-13

WSMA members are encouraged to attend important policy sessions Friday, September 10, the opening day of the 1976 Annual WSMA Meeting at the Olympic Hotel, Seattle.

The morning will see a special session on professional liability, where Task Force reports will be received on: (1) a statewide voluntary binding arbitration program; (2) a compensation system for medical injury similar to workmen's compensation; or (3) a physician-owned insurance company, as final answers to the malpractice mess.

WSMA President Robertson reports on his year's activities at noon, and WSMA members present their views on current and proposed WSMA policies during afternoon Reference Committee sessions.

A special mailing has been sent to all WSMA members, containing scientific program, sports, and hotel information for the September 10-13 Annual Meeting in Seattle.

Further information: 1-800-552-0621.

LETTERS

The Editor
Bulletin of the Pierce County
Medical Society
813 South K Street
Tacoma, Washington 98405

Dear Sir:

Next to hypoglycemia, which, of course, is a popular, much overdone, and over rated condition about which some people and some doctors have created an obsession, the latest thing seems to be hair analysis, in which hair is sent to certain commercial laboratories which analyze the hair for the usual trace metals and then render a report about them. Apparently the dentists are much more interested in this, because the implications have been that tooth growth and strength and so forth can be predicted and therapeutic indications can be made by such hair analysis.

I think it is important in this regard to point out what the Committee on Cutaneous Health and Cosmetics of the AMA has said. I think a summary of their report in the JAMA of September 1974 bears repeating, to quote:

"At present, metal levels in hair would rarely help a physician select effective treatment, nor would knowledge of such levels help to determine their sources. Instead, the results would only suggest that higher exposure to a metal such as lead has occurred. Blood, urine, and some biochemical monitoring of exposed individuals are generally preferable to trace metal analysis of the hair."

To further abstract some of their conclusions:

"Although severe deficiency states of an essential element are often associated with low concentrations of the element in the hair, there are no data to indicate that low concentrations of an element in the hair indicate low tissue levels, or that high concentrations reflect high tissue stores. Therefore, any interpretation of tissue stores of a trace element from its level in hair should be confirmed by analysis of tissues and fluids other than hair."

They further point out:

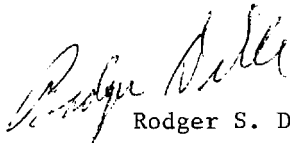
"Trace metal hair analysis as advertised by several commercial laboratories is done on hair samples supplied by clients, often by males,

usually of uncertain origin, such as scalp, axilla or pubic, and without adequate history of the previous environmental or personal exposures of the hair sample. All samples are analyzed by one available method. Such analysis does provide numerical results, but these results are of little true value and unfortunately are frequently used to support questionable diagnoses and recommendations."

Hence it looks as if medicine again has another battle on its hands from compulsive individuals and compulsive doctors and dentists, who, again, without adequate and careful research are jumping to conclusions and making a fetish, or ritualistic obsession about a given procedure or result.

I presume we will have to contend with these things throughout the ages, as medicine has in the past, but as in the past, all true things seem to reach their true levels and perhaps we should not become too concerned about it except that it is, in these days, a very expensive procedure, adding to the costs of medical care.

Sincerely,



Rodger S. Dille, M.D.

Editor
Bulletin
Pierce County Medical Society
813 South K Street
Tacoma, Washington 98405

Dear Sir:

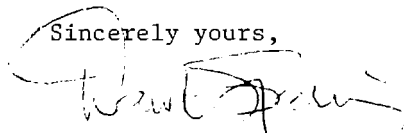
EPSDT - early and periodic screening, diagnosis and treatment of children under Medicaid - was designed to bring those children on Welfare Medical Programs into ongoing medical care. Its goal was to provide a mechanism whereby the primary physician could provide comprehensive care for children on public assistance, generally in the same manner as it is recommended for private patients. EPSDT has been strongly endorsed by the AMA's Committee on Health Care of the Poor and the American Academy of Pediatrics.

Though the design of the program and its administration are not entirely to the liking of physicians, and the paperwork cannot help but be a bit annoying, EPSDT has still brought thousands of children into mainstream medical care, identifying and bringing into treatment undetected health problems, and preventing unnecessary hospitalization.

All primary care physicians dealing with children should be encouraged to participate in EPSDT, with the idea that children examined under this program will continue in the physician's regular practice. This is one way in which the physician can contribute to the realization of the full potential for health by all children, and decrease the tendency of government to create new clinics, new programs and more fragmentation to meet unmet health needs.

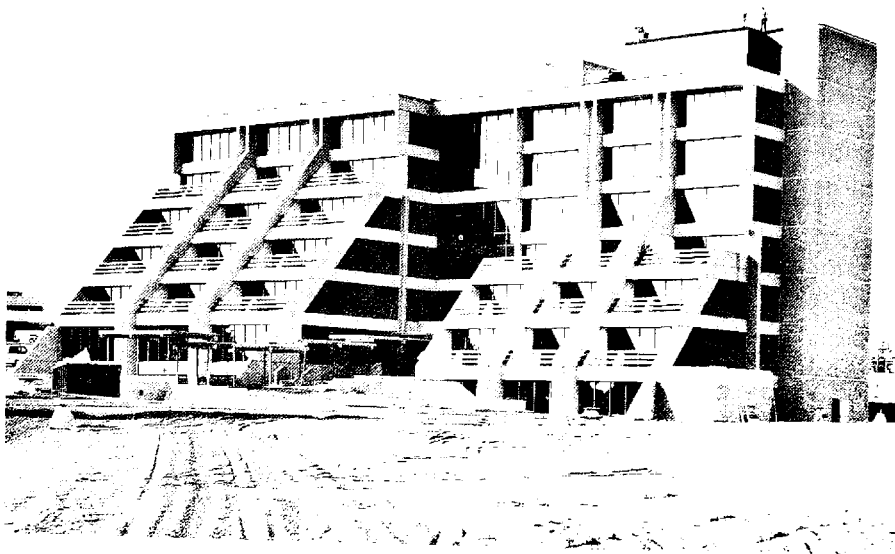
Any physician not now participating in the program can obtain information from the Pierce County Medical Society Office, or from Robert P. Hall, M.D., Office of Personal Health Services, DSHS, Olympia.

Sincerely yours,



David Sparling, M.D.

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In Memoriam

LAWRENCE M. BRIGHAM, M.D.

1922 – 1976

How does one say in a few brief words an expression of our feelings of loss and grief at the untimely, shocking death of a close friend? I wish I knew how to do this.

Larry was my close and respected friend for over twenty years. I have many fond memories of times we shared together; of long rambling discussions, both frivolous and serious. I remember him as a strong, compassionate and devoted physician. He was always unsparing of himself in the care of his patients. He loved his young patients – took pleasure in their accomplishments – agonized over those who were seriously ill, and grieved with the parents of those who died. He is sorely missed by hundreds of children and parents.

I remember Larry for his charm and wit and sense of humor; for his curiosity and intellect and pursuit of knowledge extending far beyond that encompassed by the practice of medicine. I remember him for his love of family, for his constancy and devotion, and for his pride in his sons. I remember him for his enthusiasm for the outdoor life; for fishing, boating, hiking, and for the strenuous life.

Our community is richer indeed for having been privileged to know Larry. We are poorer for his tragic departure from our midst. All of us who knew him will cherish our memories of him for the rest of our lives.

– George S. Kittredge, M.D.



In Memoriam

ARTHUR P. WICKSTROM, M.D.

1925 — 1976

In 1957 I received a phone call from a professor of surgery at the University of Iowa. He was most enthusiastic about a young man who was to locate in the Pacific Northwest, and recommended him, not only as an excellent surgeon, but also as an outstanding personality. That man was Art Wickstrom, who through the ensuing years so aptly fulfilled the prediction of his preceptor.

Early in his career, Art experienced two frustrating interruptions of his medical training. The outbreak of World War II caused him to lose a four-year scholarship to Columbia University, but after the war he did obtain his premedical education at the University of Minnesota, and went on to the University of Iowa for his Medical degree. He interned at the University of Pittsburgh, but again had his education interrupted, for two years this time, by the Korean War. Nine months of this duty was spent in Korea. In 1952 he again returned to Iowa as a surgical resident, and later as a teacher.

As a surgeon, Art became a master technician, but, just as important, he possessed sound surgical judgement, and had the ability to cope with all situations encountered in his field. Recognition by his peers of all of these attributes is reflected by his acceptance to membership in many regional and national surgical societies.

As a private individual, Art possessed a gentle, pleasant and unhurried manner. He was always soft spoken, tolerant and compassionate. He was completely honest with himself and with those around him. His sense of humor was infectious, which not only promoted good fellowship, but also good feelings, and I never left one of our impromptu meetings without feeling that the day was a bit brighter than it had been before.

As a family man, Art was a good and loving husband and a proud father. I know his family was always first in his heart and mind, and that the hours they could spend together were dear to him. I know also that he looked to the days of the future with the hopes of still more opportunities for sharing. The real tragedy is that he ran out of time far too soon.

— James L. Vadheim, M.D.

in Brief

A summary of AMA, medical & health news

American Medical Association / 535 North Dearborn Street / Chicago, Illinois 60610 / Phone (312) 751-6000 / TWX 910-221-0300

The AMA told the federal Privacy Protection Study Commission that legislation to safeguard confidential health information is needed, but that legislation should be at the state rather than the federal level. The AMA said that federal legislation extending the Privacy Act of 1974 to the private health care sector would expand the potential for unjustified intrusion by the government upon the privacy of patients, would interfere in the patient-physician relationship, and would not be in the interests of the patient. The commission held two days of hearings in Los Angeles last month. At the request of the commission, a copy of the AMA's model state bill was presented by Joseph F. Boyle, MD, a member of the Board of Trustees. The AMA model bill would place reasonable restrictions on access to, use of and further distribution of confidential information by third parties; require written authorization for release; and require establishment by third parties of minimal security procedures for safeguarding information after it is acquired.

AMACO--American Medical Assurance Co.--was granted a certificate of authority last month by the Illinois Dept. of Insurance. The AMA's reinsurance company is expected to begin negotiations with physician-owned medical liability companies this month. For more information, contact the Office of Executive Vice President, AMA Headquarters.

1976-77 AMA officers installed or elected at the Annual Convention include Richard E. Palmer, MD, Alexandria, Va., president; John H. Budd, MD, Cleveland, Ohio, president-elect; Francis T. Holland, MD, Tallahassee, Fla., vice president; Tom E. Nesbitt, MD, Nashville, Tenn., speaker of the House of Delegates; William Y. Rial, MD, Swarthmore, Pa., vice speaker. Re-elected to the Board of Trustees were Frank J. Jirka, MD, Chicago, and Lowell H. Steen, MD, Hammond, Ind. Elected to the Board were John J. Coury, MD, Port Huron, Mich., and Hubert A. Ritter, MD, St. Louis. Raymond T. Holden, MD, Washington, D.C., was re-elected chairman of the Board of Trustees. Jere W. Annis, MD, Lakeland, Fla., was re-elected vice chairman of the Board.

Six AMA awards were presented during the Annual Convention this year in Dallas. Claude E. Welch, MD, on the staffs of the Harvard Medical School and Massachusetts General Hospital, received the Distinguished Service Award for contributions to clinical practice as a physician, teacher and author. Alton I. Sutnick, MD, dean of the Medical College of Pennsylvania, was awarded the Schwartz Award in Medicine. Dr. Sutnick established one of the first laboratories in the world for the study of surfactants. Howard A. Rusk, MD, director of the Institute of Rehabilitation Medicine of the New York U. Medical Center, received the \$10,000 Dr. Rodman E. Sheen and Thomas G. Sheen Award for his leadership in the organization, development and maturation of the specialty of rehabilitation medicine. The Scientific Achievement Award was presented to Harry Goldblatt, MD, director of the L.D. Beaumont Memorial Research Laboratories of Mount Sinai Hospital, Cleveland. Charles E. Butterworth, Jr., MD, director of the Nutrition Program of the U. of Alabama in the Birmingham School of Medicine, received the Joseph B. Goldberger Award in Clinical Nutrition. The Citation of a Layman for Distinguished Service was awarded to Rep. Paul G. Rogers (D-Fla.).

The 1975-76 editions of the Red and Blue Books, prepared by the AMA's Center for Health Services Research and Development, have recently been published. The Red Book, *Reference Data on Profile of Medical Practice, 1975-76* (OP-463), provides data from the AMA Physician Masterfile and the Periodic Survey of Physicians and describes various characteristics of medical practice, including utilization of physicians' services, physicians' net income and expenses, physicians' fees, and selected practice characteristics. The Blue Book, *Reference Data on Socio-economic Issues of Health, 1975-76* (OP-462), is a compilation of data describing selected socioeconomic characteristics of the U.S. health care delivery system, including characteristics of the U.S. population, financial characteristics of the health services delivery system, and medical education and licensure in the U.S. Each book sells for \$4.50 or both may be purchased for \$8.50. To order, write Order Dept., AMA Headquarters.

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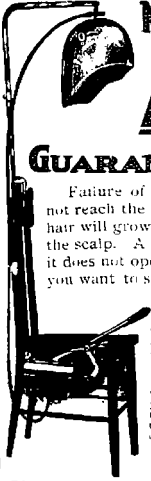
Failure of tonics to grow hair is due to the fact that such treatment does not reach the seat of the trouble. The hair roots must be nourished before the hair will grow and this can be accomplished only by the presence of blood in the scalp. A vigorous rubbing of the scalp produces a pleasant sensation but it does not open up the veins which supply food to the follicles. Use tonics if you want to soften the hair and make it glossy, but if you want to **grow hair or keep it from falling out** you must cultivate the roots. Hair falls out for the same reason that a plant dies—lack of nourishment—therefore to preserve it, you need only supply nourishment to the hair roots. This can be done only by the **Evans Vacuum Cap**.

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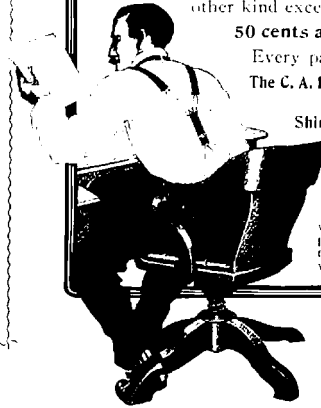
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FRANK ROSSITER, Owner-Manager

"NO SWINE FLU," SAYS STATE

STATEMENT REGARDING STATE SWINE FLU VACCINATION PROGRAM

by Charles R. Morris, Secretary
Washington State Dept. of Social and Health Services

The Department of Social and Health Services is recommending that local public health districts not proceed with the crash swine flu vaccination program. We are making this recommendation after consultation with public health officials throughout the state and immunologic experts from the University.

The probabilities are great that at some point in the future an epidemic strain of swine flu will occur. The possibility of a so-called "killer flu" occurring this winter is extremely remote. The swine flu strain reported at Ft. Dix, New Jersey was no more virulent than the A-Victoria strain which occurred in the state last winter.

We are therefore recommending that local health districts and practicing physicians include swine flu vaccination in their normal preventive health programs, but that the massive program previously planned not be undertaken at this time.

Specifically, the new policy calls for:

1. Proceeding with bivalent vaccination of high risk groups, primarily the elderly, as soon as the vaccine becomes available, probably in September (bivalent vaccine provides protection against both the A-Victoria and swine flu strains).
2. Including the monovalent (swine flu only) vaccination in normal preventive health programs for adults, in line with efforts over the past years to improve the public's protection against flu.

3. Continuing to prepare plans for a crash program in the unlikely event that a serious swine flu pandemic actually arises in the near future.
4. If it appears indicated after conclusion of current vaccination trials with children, proceeding to incorporate swine flu protection in ongoing school vaccination programs, with the target completion date of Winter 1977.

Such a program will require a continuing commitment on the part of the state and federal governments to continue production and distribution of swine flu vaccine beyond the time horizons originally indicated by the crash program.

I should like to point out particularly that this policy assumes that the questions of liability as between the federal government and vaccine producers will be resolved. Without a resolution of those problems, obviously there will be no swine flu program at all.

We are cognizant, however, that should the liability problems be effectively resolved, the state policy enunciated here may well be contradictory to forthcoming federal recommendations for a mass swine flu vaccination program.

State policy in this area will be kept under intensive review as new data is developed from swine flu vaccine trials or possible outbreaks of swine flu occur elsewhere in the world.

AETNA TO RECLASSIFY WASHINGTON PHYSICIANS — Report on '77 Rates

Washington physicians sometime in August will receive an Aetna questionnaire that will provide the basis of their premium reclassification according to mode of practice and exposure to medical risks. The questionnaire has been approved by the insurance industry nationwide. The new classification system is pending approval by the Insurance Commissioner and is under review by

the WSMA Professional Liability Committee. More information in future Medical and Leadership Memos.

On Saturday, August 28, Aetna will make its annual report to the WSMA Professional Liability Committee — at which time 1977 premium rates will be announced.

FAMILY CLINIC — June 1976

Monday Through Friday — 10:00 to 5:30 1815 South J Street Tacoma, Washington 98405
 Coordinator: Aaron Miller

PATIENT SERVICES	June 1976	Total, 1976	Total Since September 1973
Referred to Physicians	61	2876	3970
Laboratory Services	144	2879	3647
X-Ray Services	6	73	254
Prescription Services	103	1254	2237
Referred to Community Agencies	10	453	1200
Seen by Physicians in Clinic	27	650	1409

ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	38	574	1092
Caucasian.....	188	3141	5764
Asian-American.....	3	75	136
Native-American.....	3	108	222
Mexican-American.....	5	71	141

PARTICIPATING PHYSICIANS ON FRIDAY EVENINGS

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. A. Tsoi
			Dr. G. Oh

EAST SIDE HEALTH CLINIC

Progress Report for June 1976

Director, Mr. John Ervin

	June	Total—1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	160	1031	*6348
Children	93	576	*4832
Laboratory services	91	422	1390
Prescriptions filled	128	753	2193
Referred to Physicians	22	107	407
Phone referrals	31	397	1321
DPA	58	352	988
EPSDT	11	63	279

*Until January 1975 the number of patients actually seen by our clinic physicians was the only information available.

A.M.A. DENOUNCES TALMADGE MEDICARE-MEDICAID REFORMS

Attorney General Edward H. Levi was quoted recently as saying, "We must protect ourselves against a kind of bombardment of demand for instant solutions that keeps us from working things out."

Mr. Levi was talking generally. But a mile from his office, Senator Herman E. Talmadge is pressing for just that kind of instant solution to the rising costs of Medicare and Medicaid.

A bill sponsored by him could have an adverse effect on the delivery and quality of care under those programs, without alleviating the costs.

Under the Talmadge bill, Medicaid fees paid physicians for outpatient care would be not less than 80 percent of "reasonable" charges under Medicare. This may sound attractive, since Medicaid fees in some states presently are as little as 50 percent of the Medicare figure. But are Medicare charges fair? And wouldn't the 80 percent figure make doctors continue to bear the onus for Medicaid cost overruns?

Certainly there should be reasonable efforts to arrest the costs of Medicare/Medicaid. But many of the provisions in the Talmadge measure are a gauntlet "that keeps us from working things out" (to borrow again the words of the Attorney General).

Also under the bill, there would be two assistant

secretaries of health handling the programs — including a new one to head a Health Care Financing Administration. This would include an Inspector General with authority to review and audit all health programs covered by the Social Security Act.

Such extra bureaucracy and red tape would in themselves be an expense, without adding appreciably to powers already invested in HEW.

Hospitals all across the country would be classified and categorized, under the Talmadge bill. Reimbursement patterns for Medicare/Medicaid cases would be geared to the average costs of each class of facility — despite the fact that costs largely reflect the caliber of services provided.

Obviously there would be a tendency for hospitals to peg their costs to the average, thus lowering quality.

Besides, hospitals in many states are undergoing fiscal hardships because of present payment levels under Medicare/Medicaid. The Talmadge bill could squeeze some of them to death.

The AMA House of Delegates and Board of Trustees have issued a strong critique of the bill, and Association representatives will testify on it at hearings this summer.

YOUR MEDICAL LIBRARY

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

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THE A.A.M.A. PAGE

by Susan Thornton
Education Chairman, Pierce County Chapter

"Continuing education? BAH! — Who needs it? I know enough to keep my job. Besides, I don't have time for things like that. By the time I work ten hours a day and then drive home and prepare dinner and do the laundry and clean the house . . ."

How important is continuing education to the physician's employee? We know that the increasing demand for a higher quality of health care dictates continuing education for everyone involved in the world of medicine. The overall quality of the total health care product dispensed by physicians depends on the skills of their assistants as well as on their own skills. Just as burgeoning science and technology in medical practice have made increased education a must for the physician . . . so too for the medical assistant.

Since its inception 20 years ago, AAMA has always advocated continuing education. In fact, the primary objective of AAMA is to provide educational services to increase the knowledge and professionalism of its members. This is done through educational seminars, workshops, meetings, guided study programs and many, many other means.

It's vitally important that medical assistants keep up with their physician employers, that they keep abreast of the numerous changes in national, state and county laws that affect their employers and that they know more than enough to handle the many emergencies that can arise daily.

Doctors, do you feel your employees are meeting the standards and degree of quality you have personally set for yourself?

Medical Assistants, do you know the latest changes in state laws regarding X-rays? Can you recognize anaphylactic shock? Can you recognize diabetic shock or coma? Do you know

the difference between hematemesis and hemoptysis? Can you answer a patient's questions about his Medicare benefits? Do you obtain all the necessary information from a patient on the phone so you don't have to call him back again? Do you know the state laws on treating minors? Are you aware of the new regulations on informed consent? Are you aware of the many ways you can jeopardize your physician employer with potential malpractice? Do you know what a doctor-patient contract is?

Do you know what your physician employer expects of you? Do you know how he feels about education? Does he want his employees to seek knowledge, to improve themselves, thereby improve his practice and increase his quality of care for his patients? The willingness of the medical assistant to secure advanced education and training and assume increased responsibilities will only increase the quality and productivity of the physician.

Physicians and medical assistants who really care never forget that while they improve themselves and their professions, that the end result is the welfare of other people . . . our patients. For whose benefit is continuing education? For the physician . . . for the medical assistant . . . for the profession . . . and for the patient!

Analyze in your own mind the importance of continuing education for medical assistants . . . for you. I encourage each of you to seek education in your field and to never stop learning. And I hope that every physician encourages his employees to seek the greatest benefit life holds for us . . . knowledge.

Come and find out the way to recognize diabetic shock or coma at our September meeting, when our program will be on diabetes. September 13, 7:30 p.m. at the Tacoma-Pierce County Humane Society building.

UPDATE — FAMILY PRACTICE RESIDENCY PROGRAM

A group of physicians and interested citizens in the Tacoma and Pierce County area have formed a non-profit organization known as the Family Practice Residency Foundation, which has been involved in establishing a family practice resident training program in our community. After two years of research, a family practice residency in Tacoma is well on its way to becoming a reality. The following are achievements that have thus far been attained:

- A) A start-up date of July 1, 1977 has been set, with the residency to open in space donated to the program by Allenmore Hospital. The site will be located in the old Allenmore Office Building, and will consist initially of 2,160 square feet of office facility and expand as the program develops. Doctor Roy H. Virak has been selected by the Board of Trustees to be the program director.
- B) A schedule of deadlines has been set for the program. Work is now being done on the Accreditation Application, which is to be submitted to the Academy of Family Practice for review and final acceptance by the Residency Review Committee of the AMA. A rough draft of the application, being written and researched by committees comprised of the Board of Trustees, is due the end of July. A pre-review by an Academy representative will be done in October

and a deadline of September 1976 has been set for a final budget approval by the Board of Trustees. The program's resident selection will be finalized in March 1977.

- C) The current financial status of the program is as follows:

Expenditures first year:

Salaries	\$154,320
Operating expense	<u>92,000</u>
Total	\$246,320

Income sources:

Membership	\$ 10,000
Fee for service	93,820
Hospital contribution	29,500
Hospital payment for Residency	57,600
Contributions received or pledged to date	<u>10,000</u>
Total	\$200,920

Additional income needed: \$ 45,400

- D) Foundation membership recruitment is still under way. There are currently 52 members, of which number 43 are physicians. Membership consists of \$100 per year. Membership Cards can be obtained through the Residency Foundation Office at The Doctors Hospital of Tacoma

FAMILY PRACTICE RESIDENCY FOUNDATION MEMBERSHIP CARD

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CLASSIFIED

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

General Internal Medicine

501 — Young internist seeks affiliation with small to medium group practice. Graduate Bowman-Gray School of Medicine, Wake Forrest U. Internship and Residency (Medicine), Madigan Army Medical Center. Currently Chief, Internal Medicine, of Army Hospital. Special interest - Gastroenterology. Available June 1976. Prefers Lakewood area.

802 — AVAILABLE: Board-certified internist seeks temporary or permanent emergency room position or locum tenens. 752-8214.

THE PENNSYLVANIA STATE UNIVERSITY seeks physician applicants to anticipated vacancies on the medical staff of the University Health Services to the Pennsylvania State University. For further information, call or write: John A. Hargleroad II, M.D., Director, University Health Services The Pennsylvania State University 102 Ritenour Health Center University Park, Pennsylvania 16802 (814) 865-6555

SUMMERTIME-VACATION ASSISTANCE — Medical Office Assistants are still available for full- or part-time work through August.

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Physicians in this area have approved this program. You will be highly pleased to have these students in your office, as they are willing to work, capable of performing, friendly and greatly concerned with maintaining high standards in the profession.

Anyone that is interested should contact:
Jane Robben, R.N.
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SEPTEMBER 1976

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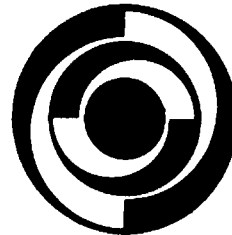


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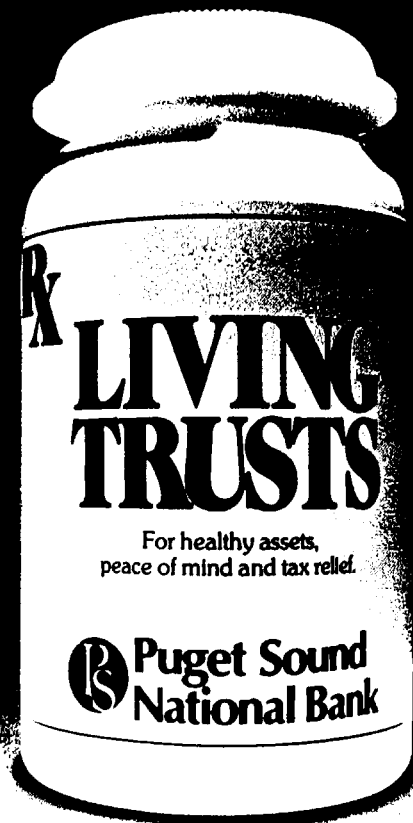
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PRESIDENT'S PAGE



David S. Hopkins, M.D.

Farewell to Summer

The bittersweet days of autumn are upon us, and for many of us involved in the Medical Society activities they bring a certain ambivalence of mood. On the one hand, there is an increase in the tempo of Society affairs after the relatively indolent days of summer; on the other, there are feelings of sadness, nostalgia and melancholy associated with this twilight of life in the natural cycle, as the leaves fall and the flowers die. This latter mood is heightened this year for many of us, for the Society has lost two of its finest, Art Wickstrom and Larry Brigham.

All the beautiful eulogies have been written and spoken, but for those of us close to the two men, memories keep flooding back, and on reflection, one realizes how similar the two men were in the qualities that made them fine physicians.

Both were possessed of a fine sense of humor and viewed life with a wry, tolerant amusement. Both men were possessed of excellent medical skills, and had an abiding affection and concern for their patients. If there has to be a final summation of one's life, then nothing would seem more fitting than the simple, eloquent lines from *Julius Caesar* —

His life was gentle, and the elements
So mixed in him that Nature might stand up
And say to all the world, "This was a man!"

I must confess to a certain reluctance to even attempt a President's Page this month, in view of the fact that the cartoon which appeared on this page last month created more reaction than any of the previous President's Pages. For a person with my manifold insecurities this can be quite unsettling.

The annual meeting of the WSMA will be held in Seattle, September 10 - 13, and I strongly urge all Society members to attend at least some portion of these meetings. The schedule has been so arranged that the legislative and administrative meetings, namely the House of Delegates, will be held on Friday and Monday, and the meetings on Saturday and Sunday will be devoted to continuing medical education. This is designed to eliminate conflicts and allow physicians to attend both types of meeting if they so choose.

Among the many important topics of discussion are implementation of the medical disciplinary Act, professional liability, health planning, negotiations with L&I and DSHS, and medical education. Sandwiched in the midst of these meetings are a Special Session on Professional Liability on September 10, and the annual meeting of Washington State PSRO on September 12.

Finally, I urge all members of the Women's Auxiliary to attend their state meeting, which may sound a little presumptuous when one considers that we have one of the most active auxiliaries in the state, one which has produced the next State President, JoAnn Johnson. The efficiency and enthusiasm of this group has so impressed me that in the vague recesses of my mind an emergency plan is formulating wherein, if the Society leadership becomes too confused or ineffectual, we will simply trade places with the Auxiliary.

D. S. H.

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LEGISLATIVE NEWS



Robert W. Florence, M.D.

Light on the P.L. Insurance?

The professional liability insurance problem is still with us, and although the deadline for this report is too early to provide the recommendations of the Task Force to our WSMA House of Delegates, a look at what is happening in some of the other states might be of interest.

The July 5 Malpractice Lifeline reports that almost 20% of California physicians are practicing without malpractice insurance. The physicians of California have been active in setting up physician-owned insurance companies, with NORCAL, composed of physicians in 40 northern counties — formed last fall — and SOCAP, covering seven southern counties, both writing claims made coverage. There have also been at least two smaller groups of physicians who have formed reciprocal insurance companies. These are similar to a mutual company, but their operation is placed in the hands of a trustee. There

are actually twelve physician-owned medical liability insurance companies in operation across the country, with five more under consideration in other states.

The Florida State Supreme Court recently held that the mandatory pre-trial mediation panel system established in that state's 1975 medical malpractice law is within constitutional limits, and Massachusetts's new system of pre-trial screening is reported to be cutting down on the number of medical malpractice cases going to trial. Arizona also has a pre-trial panel now, and all disputes must be submitted to a mediation panel prior to filing a claim in any court, unless the provision is waived by all parties in the action.

Oregon has established a medical Excess Liability Fund, and physicians paying into the Fund may qualify for individual limitation on liability, based on a sliding scale by class of physician, up to a maximum of \$500,000. Awards over those amounts are paid by the Fund for judgements against physicians belonging to the Fund. This law has been upheld as constitutional by a lower court and is awaiting a decision by the Oregon Supreme Court.

One rather surprising bit of news regarding the professional liability problem comes from Chicago. The filing of medical liability suits dropped 16% in the Chicago area in June, and this was a 24% drop compared with filings in June 1975. This is attributed to the successful countersuit by the radiologist, Dr. Leonard Berlin, against an attorney and his client who had filed a malpractice action against him. Let us hope that this news spreads to the attorneys in this area.

R. W. F.

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EDITORIALLY SPEAKING



W. Ben Blackett, M.D.

The Great Pig and Potato War

Summer is the time for savoring the natural grandeur of our Northwest country. It is not a time to be writing editorials — even if it is my turn again. So in recognition of this, and in despair of not being struck by any timely inspiration, I have elected to use this Bulletin space to mention a most important historical event which is possibly unknown to some of the newer physicians who have joined us.

Following the War of 1812, with our good friends the English, there remained some uncertainty about who owned what part of the Pacific Northwest. And as you will recall, an agreement was reached under which the division would be

at the 49th parallel. But, this agreement also permitted England to keep all of Vancouver Island (a major concession I should think), and to accomplish this the line needed to sweep southward through Puget Sound and thence westward through the Straight of Juan de Fuca to the sea.

As with most any written agreement, some things got left out. In this instance, it was the San Juan Islands, which included many persons of English, and some of American, loyalties.

The trouble began on San Juan Island when an English pig began digging for American potatoes in an American garden. When, after due warning (our side of the story), the depredations persisted, the pig was summarily executed, and this shot, too, was heard 'round the world.

The English sent troops which camped on the north end of the island, and the United States sent troops which camped on the south side of the island. Now, camping can be a sodden experience in the winter rain, and in due time the saber rattling gave way to mutual visitations and entertainment.

The issue was finally turned over to arbitration. The arbiter — the Emperor of Germany. And the archipelago was divided as we see it on our maps today. And San Juan Island is one of ours.

W. B. B.

TWO TACOMA PHYSICIANS TO APPEAR ON W.S.M.A. SCIENTIFIC PROGRAM

Two Tacoma physicians are scheduled to present scientific papers at the WSMA meeting in Seattle this month. Dr. Bruce E. Stephenson will present a paper on "The Rule of the American College of Emergency Physicians" in the portion of the program devoted to Emergency Medicine on Saturday, September 11th. Dr. Stephenson is scheduled to present his paper at 9:20 a.m. in the Olympic Bowl. The other scientific paper will be presented by Dr. Dennis Waldron in the Internal Medicine section on Sunday afternoon

at 3:30 p.m. in the Georgian Room of the Olympic Hotel. Dr. Waldron's paper is entitled, "Drug Therapy in Liver Failure."

All PCMS and WSMA members are welcome and encouraged to attend any portion of the business and scientific sessions scheduled between Friday, September 10th and Monday, September 13th. See page 27 for the full preliminary schedule of these events.

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For physicians and hospitals. Involves the four most vulnerable areas in the hospital for malpractice claims. (Color)

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Primarily pertains to nurses responsibilities as well as problems they may encounter in their practice.

"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"

Comprehensive coverage of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

"ELECTRICAL HAZARDS IN HOSPITALS"

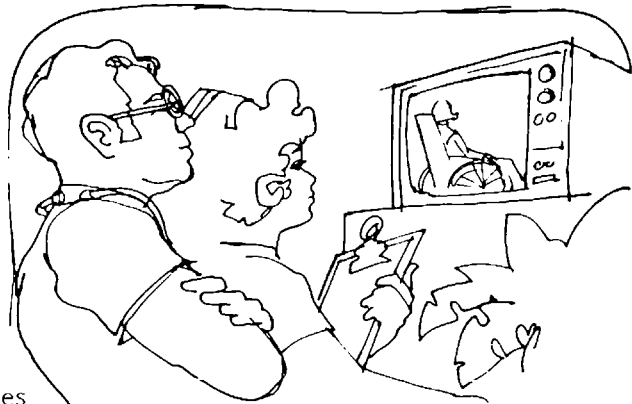
Gives physicians, nurses and technical personnel some basic knowledge of electrical equipment in a hospital and the dangers that electricity can cause there.

"COULD THIS BE YOU?"

Shows a physician violating all principles in the handling of a patient . . . and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your local association, please contact:

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AUXILIARY PAGE

AUXILIARY OFFICERS 1976-1977

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Medical Directory.....	Judy Baerg
Sunshine.....	Jeanne Judd
Auxi-Quad Luncheon.....	Kit Larson
Mid-Year Conference.....	Dorothy Grenley
Nominating.....	Anne Katterhagen

follows at 8:00 p.m., and the dancing will run from 9:00 p.m. Music is by the Gypsy Gypos String Band, a country style group which prides itself on making music rather than noise. Wine, beer, coffee and tea will be provided. Fliers with travel directions will be sent during September. For further information contact Marsha Ohme. For reservations send \$20.00 per couple by October 19, 1976 to Mrs. Richard Baerg, 1108 Aqua Vista Drive, Gig Harbor, 98335.

As of this time the mass "Swine Flu Inoculation Program" has been cancelled in Washington State; however, if it is reinstated, the Auxiliary will join the Public Health Nursing Department in the vaccination program, and RN volunteers will be needed. Nurses willing to help should contact Donna Ferguson.

The Medical Society 1976-77 Pictorial Membership Directory has been sent to all doctors in Pierce County. Additional copies are available from the Medical Society office at \$4.00 each.

On behalf of the membership, our President Marie Henry extends a warm invitation to the wives of all doctors in Pierce County to join the Auxiliary as we begin an active year. Send checks for \$20.00, made out in the new name of the "Pierce County Medical Society Auxiliary," to the new treasurer, Mrs. W. Ben Blackett, 4366 Lexington, Tacoma 98407.

The Pierce County Auxiliary can be proud that we ranked first in the State, second in the Western Region, and tenth in the Nation for per capita donations to AMA-ERF during 1975-76. The efforts of the Washington State Auxiliaries alone contributed \$25,815.00 of the \$33,960.00 given to AMA-ERF by Washington State.

Instead of our usual October Luncheon Meeting, there will be an informal dinner-dance, or Hoedown, on October 23 at Fisherman's Hall in Gig Harbor. The get-together starts at 7:00 p.m. A buffet dinner of chicken, spaghetti and salad

YOUR MEDICAL LIBRARY

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

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

M. Von Bruck, Librarian
572-5340

TACOMA GENERAL GETS QUARTER-MILLION-DOLLAR GRANT

Mr. James W. Petersen, Chairman of the Board of Directors of Tacoma General Hospital, recently was notified by Mr. William H. Baldwin, President of the Kresge Foundation of Troy, Michigan, that the Foundation trustees have approved a grant of \$250,000 toward the construction of T.G.'s Patient Care Pavilion.

The grant is conditioned on the hospital raising the balance of its campaign goal.

The total cost of the new unit will be \$17.5 million. The hospital is providing \$15 million of this amount from assets and loans. The remaining \$2.5 million is to be raised from gifts and grants. To date \$1,364,916, or 54% of the goal, has been pledged or donated.

The Kresge Foundation, established in 1935 by Sebastian S. Kresge, is a private trustee corporation organized under the laws of the State of

Michigan. Its stated purpose is to promote the well-being of mankind, and its Trustees are authorized to expend Foundation funds to this end. During the past 53 years, the Kresge Foundation has made appropriations of more than \$260 million to institutions in the fields of higher education, health services, the arts, social welfare, and the care of the young and the aging. Construction and major renovation of facilities is the Foundation's primary concern, and grants are usually made on a challenge basis to encourage further fund-raising efforts.

The Foundation, one of the largest in the United States in size of assets and appropriations, was created solely through the gifts of the late Sebastian S. Kresge, founder of the S. S. Kresge Company. However, the Company and the Foundation are not related in any way.

SEATTLE HOSTS A.C.P. PULMONARY DISEASE COURSE

The American College of Physicians will sponsor a three-day postgraduate course on clinical pulmonary disease October 6 - 8, 1976 at the Mason Clinic Auditorium in Seattle.

The postgraduate session, titled "Clinical Topics in Chest Disease," is one of 42 to be sponsored by the ACP in the United States and Canada during the 1976-77 academic year.

The Seattle course will provide integrated concepts in clinical chest disease through utilization of a multidisciplinary faculty — which will include subspecialists in pulmonary medicine, pathology, radiology, cardiology and physiology. Subjects to be discussed will include: interstitial lung disease, drug-induced pulmonary injury, pulmon-

ary infection, new concepts in pulmonary function testing, environmental influences on lung function and the interrelations of heart and lung function in disease. It is being planned under the direction of Richard H. Winterbauer, MD, FACP.

The American College of Physicians postgraduate courses have been approved by the American Medical Association Advisory Committee on Continuing Medical Education and may be used to fulfill Category 1 requirements for the AMA Physician's Recognition Award.

For Information and Registration:

Registrar, Postgraduate Courses, ACP
4200 Pine Street, Philadelphia, pa. 19104

The Ark *Speaks*

CLIMB EVERY MOUNTAIN



An illimitable interest in the value of human life and an involvement in the art of living seem to be characteristics of the medical family, and this capacity to live interestingly has produced a number of outstanding women within the membership of the WSMA Auxiliary. Prominent as the first of these was the State Auxiliary's first President, Alma Whitacre, who was also the first "girl guide" in the United States to lead mountain climbing expeditions as a park service professional.

Raised on a farm in Mankato, Minnesota, Alma most likely had never seen a hill when she gave the commencement address for her high school graduating class and chose as her topic . . . "Mountains." Whatever she had envisioned a mountain would be, she was not disappointed to find the real thing in the awesome Mount Tacoma, the legendary "mountain-that-was-God."

Alma came West as a young school teacher, found a job in Tacoma teaching algebra and geometry at Stadium High School, and joined the Mountaineers. On one of her early climbs she was injured in a fall and had to be brought down the icy slopes on a human toboggan. The guide lay down in the snow and a rope was passed about his body, then the injured girl, wrapped in coats and sweaters, was lashed to the guide. Alternately lowering and dragging the human toboggan with its burden, the party made its way down the mountain, across snow fields, glaciers and crevasses to the Inn, a journey of eight and a half hours.

Recovering from the effects of this misadventure, Alma continued to climb with the Mountaineers and set herself deliberately to study the mountain, crossing the glaciers a number of times, exploring the caves and mapping out the crevasses.

When World War I depleted the park service staff, Alma applied for a position as mountain guide, and got it. For nine months of each year she taught algebra and geometry at Stadium High



Alma Whitacre



Elizabeth Whitacre

School, and for the remaining three months she led climbing parties up the mountain.

According to the park service manager, the job was hers for as long as she wanted it. Six years after the wartime shortage of male guides, the park manager explained . . . "Just dismiss all considerations of sex when dealing with Alma. Forget too that she is young, highly educated, with a charming personality. She is also capable, resourceful, has nerve, judgement and discretion. Alma is holding her place on the staff year after year for the reason that she is a superlatively good guide."

Alma guided statesmen of international renown, editors, artists, captains of industry, and once . . . in pouring rain . . . John D. Rockefeller, Jr. She found climbing an interesting study of human nature and developed a philosophy of living based on her experiences. As she observed . . . "It's remarkable what a tremendous reserve of courage and endurance there is within most of us. Too often, be it on the mountain or in everyday life, the incentive is not strong enough and faith in one's own powers is weak. Then, some challenge will bring out the full powers of one's strength"

To illustrate, Alma related . . . "In one party I was guiding, within two or three hundred yards of the summit a woman hiker collapsed. She flung herself down in the snow declaring that it was all up with her. She was a most dejected figure. Perspiration had streaked the grease paint that all apply to protect the face from blistering reflected light rays. The lady was wearing the most atrociously ill-fitting pair of tin pants"

"This miserable collapsed lady looked a fright. She had let herself fall into a huddled heap, quite indifferent to the spectacle that she was presenting. But some spark of woman's vanity remained alive When a fellow hiker seized a camera and proceeded to take aim on her, she became instantly electrified into action. She leaped to her feet and made the remainder of the climb without a murmur!"

For the most part, Alma found that women didn't cause much more trouble than men, and said, "Most of them are fine climbers and are game to the summit."

Alma's career as professional mountain guide and math teacher came to an end when she married a Tacoma physician, the handsome widower Doctor Horace Whitacre. It was another challenge and a new climbing expedition . . . to marry a man whose previous wife had been so successful as a wife and in the community as well. Her predecessor Elizabeth Whitacre had done a great deal towards assisting the Doctor's career. She had helped establish the Tacoma Academy of Medicine, providing a medical library service for PCMS members during the years 1915-25, and at the onset of World War I she helped organize the aid program for families of PCMS members called away in the Armed Forces. Elizabeth was interested in the arts as well, and was a very social woman, contributing a great deal to the cultural climate for Tacoma in those years which hasn't completely dispersed over a half-century later. Hers was a hard act to follow.

In an altogether different style, Alma achieved her own success as the Doctor's wife. She had already proven her competency and her courage on the mountain and now had to prove herself as a woman. With vitality and wit at home, and with organizational genius in the community, Alma added a new dimension to the role. Her own interest was in aiding the newly emerging woman in the labor force of the community. She was instrumental in the establishment of the local YWCA, to offer a home for young women looking for jobs here during the twenties, and later headed the fund drive for the large YWCA complex on St. Helen's, where thousands of young women found shelter during the depression years and during World War II.

Doctor Whitacre shared Alma's enthusiasm for mountain climbing and the two were active for many years in the Mountaineers. When the Doctor was President of the WSMA they worked together to establish the WSMA Auxiliary. The organizational meeting for the State Auxiliary was held in Whitacre's home, and Alma was elected its first President. She travelled from county to county assisting in the organization of the various Auxiliary units throughout the State, and for the remainder of her long and vigorous life she continued an active interest in the organization.

MEDICAL ASSISTING IS IT A CAREER?

by Dee Lunstrum

Health Careers Chairman — Washington State Society

In 1956 the American Medical Association formally endorsed the American Association of Medical Assistants. In 1963 the first certification examination was offered in California, Florida, and Kansas for medical assistants who wished to test their proficiency and had reached a standard of excellence in their field. Each year since that time more and more physicians' employees have studied after hours to increase their knowledge and raise the standards of their profession. During these years the AMA has encouraged this progress and contributed financial support as well as help and advice with the programming of the certification exams, laying out of study guides and continually inspiring us to raise our standards. The AAMA is served on the national, state and county level by dedicated physician advisors. Dr. Kenneth Graham, Dr. Thomas Irish and Dr. George Tanbara serve on the advisory Board for our Pierce County Chapter.

Now, a very important piece of current health manpower legislation, S. 3239, the Health Professions Educational Assistance Act of 1976, makes no provision for the occupation of medical assisting, although these employees clearly fit the bill's definition of "allied health personnel." This, in spite of the fact that Medicare is now providing guidelines limiting the laboratory procedures that may be performed in the office by medical assistants. AAMA has been informed that the exclusion of medical assisting as a career was an arbitrary decision at the HEW staff level. For HEW to ignore such a huge segment of allied health manpower — to the exclusion of even mentioning the occupation in many of its most widely-distributed career listings — shows a tremendous lack of understanding of the health care delivery system in this country.

This lack of identity or definition of an existing occupation works not only to the disadvantage of today's medical assistants, but also to those of

tomorrow, for without formal recognition of the occupation, federal funding is denied to institutions which offer a medical assisting curriculum. Such discrimination severely limits the number of qualified instructors entering the field, in turn restricting the number of quality programs available to students interested in this career — assuming the students know the career exists to begin with!

This then is the problem. As our organization will eventually come under the regulation of HEW, it is necessary that AAMA and medical assisting be recognized by this department. We would specifically request that the lexicon of allied health careers be amended to include medical assisting so the proposed legislation will have relevance to our profession. It is estimated that there are between 200,000 and 400,000 medical assistants in the United States. It is up to those of us actively working in the medical field to make our Congressmen aware of the existence of this highly important segment of the health care delivery team. The future of our educational programs is at stake, as well as the training of future medical assistants.

Perhaps Congress is not aware of our importance. Perhaps those legislators are not aware of the numbers of people working in this field. It may be that no one notices the voice on the other end of the telephone when they call their doctor's office. Maybe they see only the needle going into their arm, and never the face of the person administering the medication. When the patient asks for his insurance form to be filled out, wants his surgery scheduled or stands in front of an X-ray machine, he may not be aware that it takes a trained, educated and dedicated person to perform these tasks.

Let us take an assertive stance

Let us ask them to recognize we exist

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Scott Goodnight, M.D.
Associate Professor of Medicine
University of Oregon Health Sciences
Center, Portland, Oregon

Wednesday
September 15

Hemologic Malignancies

Robert Thiessen, M.D.
Hematologist and Oncologist
Tacoma

Thursday
September 16

Iron Metabolism – Iron Deficiency

Clement Finch, M.D.
Professor of Medicine and Head, Hema-
tology Section, University of Washington
School of Medicine

Friday
September 17

Megaloblastic Anemias

John Huff
Head, Hematology Section, Virginia
Mason Clinic, Seattle

Each day – 8:00 to 10:00 a.m.

J. G. Katterhagen, M.D.
Program Moderator

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W.A.M.P.A.C. AND THE 1976 ELECTIONS

by Harlan R. Knudson
Executive Director, WSMA/WAMPAC

The State Senate Research Center in Olympia developed and published an interesting report, following the 1974 elections, providing the following political trivia:

- 1) \$1,669,291.00 in political contributions were received by 336 candidates for the Washington State Legislature in 1974.
- 2) The cost per vote in the 1974 primary election was \$1.37, while the cost per vote in the 1974 general election was \$.60.
- 3) The average cost of a state legislative race was \$6,002.00. Campaign costs went from little more than the filing fee (\$36.00) to \$29,000 for a state senate race.
- 4) In 90 contested legislative races, the candidates who spent the most money won 70 of the races.
- 5) Political Action Committees (PACs) contributing to state legislative campaigns in 1974 included: United for Washington (business) contributed \$93,000 to 107 candidates; PULSE (teachers) contributed \$83,000 to 97 candidates; State Labor Council—PPP (labor) contributed \$62,000 to 88 candidates; WINMAR Company (Safeco Insurance) contributed \$19,000 to 90 candidates; WAMPAC (physicians) contributed \$14,600 to 91 candidates.

Physicians and auxiliary members, for the past 14 years, have been represented in the state political arena by AMPAC, State of Washington, and now, with a new name—WAMPAC—The Washington Medical Political Action Committee.

WAMPAC/AMPAC has gained a good reputation with candidates of both parties and political pros, not only for its ability to raise and contribute funds (considered well below potential) to responsible candidates, but for its ability to create physician campaign support committees, and act as an outside resource for campaign strategy, polling and organization.

WAMPAC/AMPAC continues to remain an unknown entity to most physicians and auxiliary members. A membership of 700 out of 4,500

WSMA members in 1976 reflects this in the coldest of political realities.

This lack of confidence or knowledge about the PAC is frustrating, both to the Washington State Medical Association, that created AMPAC, State of Washington, in 1961; and to the current 28-member WAMPAC Board of Directors. Three physicians and one auxiliary member from Pierce County's Sixth Congressional District serve on that Board. Their names are listed below. To date, in the 1976 elections, the WAMPAC Board has or is recommending campaign contributions totaling \$15,000. This leaves a balance in WAMPAC's political action account of approximately \$3,000 for the general election. Again in 1976, physicians in this state are behind other organized efforts to elect men and women to the U. S. Congress and the State Legislature.

Physicians will receive in early September, an information brochure on, and the opportunity to join, WAMPAC. Dues are \$20.00 for a single membership and \$35.00 for a family membership. Members of the PAC are surveyed for recommendations on candidate support, and will receive WAMPAC's 1976 won/lost record following the General Election.

The decision-making process on who receives WAMPAC support is done irrelevant of political wishful thinking or gut reaction. Candidates must be known and have the support of physicians from their area — the candidate must be willing to give medicine a fair hearing on health issues — the candidate's chances for winning are thoroughly analyzed, as is the degree of the professionalism and the need for funds in the campaign.

The PAC Board has completed its recommendations for contributions prior to the September 21 Primary. The Board meets again September 25, in Seattle, and at that time will make recommendations for candidate support prior to the November 2nd General Election.

Pierce County Members, WAMPAC

Board of Directors

Sixth Congressional District

Kenneth D. Graham, Jr., M.D., Tacoma
M. Myra S. Vozenilek, M.D., Tacoma
Thomas W. Schubert, M.D., Bremerton
Mrs. Ralph A. Johnson, Tacoma—
Congressional Coordinator

INVITATION TO ATTEND

SPECIAL SESSION ON PROFESSIONAL LIABILITY

Washington State Medical Association Annual Meeting
Friday, September 10, 9:30 a.m. — Spanish Ballroom, Olympic Hotel, Seattle

Professional liability insurance is a major issue for all physicians. Much was accomplished by the WSMA in the past year — new legislation, actuarial study, public education programs — but more action will be needed before long-term solutions are found. This SPECIAL SESSION WILL PROVIDE ALL MEMBERS OF THE W.S.M.A. reports on professional liability trends nationally, the year ahead in the state of Washington, a report on the actuarial study, and a review of long-term legislative and non-legislative solutions to the professional liability dilemma.

GUEST SPEAKERS: Roger W. Egeberg, M.D., Special Assistant to the Secretary for Health Policies, U.S. Department of Health, Education and Welfare.

"National trends in professional liability — HEW's perspective."

Frederick W. Kilbourne, President, Booz-Allen Consulting Actuaries.

"Results of the WSMA/WSBA actuarial study of malpractice insurance in the State of Washington."

Alvin J. Thompson, M.D., Chairman, WSMA Task Force on Professional Liability.

"Summary of Task Force recommendations to the WSMA House of Delegates."

PROFESSIONAL LIABILITY PROGRAM SCHEDULE: FRIDAY, SEPTEMBER 10, 1976:

9:30 a.m. - 11:45 a.m. Special Session, Spanish Ballroom

12 noon - 1:30 p.m. President's Luncheon, Georgian Room. Dr. Robertson reports on his year as the WSMA's major spokesman on professional liability.

2:00 p.m. - 5:00 p.m. Reference Committee D, Spanish Ballroom. Future WSMA policies and programs on professional liability will be discussed by leadership and WSMA members to determine future action.

Attendance at Reference Committee D gives each WSMA member direct input into the "solution" process.



DR. STANLEY W. TUELL, Tacoma, completes during the 1976 annual WSMA meeting his "10th" year as Speaker of the policy setting WSMA House of Delegates.

Presiding over the House is only one of many duties. Shown here, Dr. Tuell (left) is discussing professional liability problems with the Chairman of the House Judiciary Committee Mr. Walt Knowles, Spokane (center), and WSMA President Dr. William O. Robertson, Seattle (right).

WASHINGTON STATE MEDICAL ASSOCIATION 1976 Annual Meeting

September 10-13, 1976 — Olympic Hotel, Seattle, Washington

PRELIMINARY GENERAL PROGRAM

FRIDAY, SEPTEMBER 10

8:00 - 5:00 Registration — Grand Ballroom
 8:30 - 9:30 House of Delegates (First Session)
 Olympic Bowl
 9:30 - 12:00 Professional Liability Program
 Spanish Ballroom
 10:00 - 11:00 WSPSRO — Colonial Room
 12:00 - 1:30 President's Luncheon/Fifty Year Practitioners
 Everyone Invited — Georgian Room
 William O. Robertson, M.D., WSMA President
 12:00 - 5:00 Scientific/Technical Exhibits — Grand Ballroom
 2:00 - 4:30 Pediatrics Program — The Children's
 Orthopedic Medical Center (at COHMC)
 2:00 - 4:30 University of Washington School of Medicine
 Scientific Program — T437 Health Sciences Ctr.
 2:00 - 5:00 Reference Committee Meetings
 Committee A — Queen's Room
 Committee B — Pacific-Evergreen Room
 Committee C — Colonial Room
 Committee D — Spanish Ballroom
 4:30 - 7:30 University of Washington School of Medicine
 Alumni Reception — Georgian Room
 5:00 - 6:00 Physician-Technical Exhibitor Reception
 Williamsburg Room — Attendance limited to
 Exhibitors, Physicians, Medical Auxiliary, and
 Spouses. (Registration badge is admission tkt.)
 6:00 - 9:00 Reference Committee Meetings
 Committees A, B, C — Same as above.
 Committee D — Rex Room

SATURDAY, SEPTEMBER 11

7:45 Washington State Society of Anesthesiologists,
 Inc., Executive Council Breakfast Meeting
 Queen's Room
 8:00 - 5:30 Registration — Grand Ballroom
 8:30 Past Presidents' Breakfast — Board Room
 8:30 - 10:30 Grievance Committee — Pacific-Evergreen Room
 8:30 - 11:50 General Papers — Georgian Room
 8:30 - 12:00 Pediatrics Program — COHMC
 9:00 - 11:15 Anesthesiology Program — Colonial Room
 9:00 - 12:00 Lung Program — Spanish Ballroom
 9:00 - 12:00 Emergency Medicine Program — Olympic Bowl
 9:00 - 12:00 North Pacific District Branch/American
 Psychiatric Association Program
 Williamsburg Room
 9:00 - 12:00 Ophthalmology Program — Rex Room
 9:30 - Lunch University Alumni — T437 Health Sciences Ctr.
 10:00 - 5:30 Scientific/Technical Exhibits — Grand Ballroom
 12:15 ENT Luncheon — Fourth Avenue Room
 2:00 - 4:00 EMT Program — Conference for Emergency
 Medical Technician Teaching Coordinators
 Queen's Room
 2:00 - 5:00 K-2 Climb — Spanish Ballroom

2:30 - 4:30 Radiology Program - Scanner: Computed
 Transaxial Tomography of Head, Thorax, and
 Abdomen — Olympic Bowl
 6:00 Washington Academy of Family Physicians
 Board of Directors Dinner Meeting
 Rex Room
 8:00 North Pacific District Branch/American
 Psychiatric Association Dinner Meeting
 Williamsburg Room

SUNDAY, SEPTEMBER 12

7:00 Washington State Society of Internal Medicine
 Executive Council Breakfast Meeting
 Queen's Room
 8:00 - 5:00 Registration — Grand Ballroom
 8:30 - 11:45 Emergency Medicine Program
 Pacific-Evergreen Room
 8:45 - 12:15 Family Practice Program — Olympic Bowl
 9:00 - 12:00 North Pacific District Branch/American
 Psychiatric Association Program
 Williamsburg Room
 9:00 - 12:00 Ophthalmology Program — Rex Room
 9:00 - 5:00 American College of Physicians/Washington
 State Society of Internal Medicine Program
 Spanish Ballroom
 10:00-5:30 Scientific/Technical Exhibits — Grand Ballroom
 12:00 Washington State Society of Internal Medicine
 Luncheon Meeting — Georgian Room
 1:30 - 5:00 Physicians Assistants - Medex
 Williamsburg Room
 6:30 - 8:00 New Presidents' Receptions — Olympic Bowl
 All Doctors and Spouses invited
 Honoring:
 Malcolm W. Bulmer, M.D., Wenatchee,
 1976-1977 WSMA President
 Mrs. Ralph A. Johnson, Tacoma,
 1976-1977 Woman's Auxiliary President

MONDAY, SEPTEMBER 13

7:00 County Medical Society Delegates and
 Alternates Breakfasts
 King — Williamsburg Room
 Pierce — Pacific-Evergreen Room
 Spokane — Rex Room
 8:00 - 3:00 Registration — Grand Ballroom
 9:00 Tennis Tournament
 9:00 - 5:00 House of Delegates (Final Session)
 Olympic Bowl
 Aesculapius Award — Presented to author(s)
 of Scientific Exhibit judged most outstanding
 by the WSMA. Eugene W. Goertzen, M.D.,
 Seattle, Chairman, Scientific Exhibits
 Committee.
 10:00 - 3:00 Scientific/Technical Exhibits
 Grand Ballroom
 5:00 Convention Adjournment — Sine Die

GENERAL MEMBERSHIP MEETING NOTICE

DATE: Tuesday, September 14, 1976
PLACE: SHERWOOD INN
TIME: Cocktails - 6:00 Dinner - 6:30 Program - 7:30

PROGRAM

1. Ratification of Proposed Society Code of Bylaws.
(Details elsewhere in this issue)
2. "Physician in Java" – Slide-Lecture of Recent Medical Mission to Indonesia, Stevens Dimant, M.D.

Dinner – \$5.50 per person (Includes tax and gratuity)
Call the Society Office for Reservations

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LETTERS

William Robertson, M.D., President
Washington State Medical Association
444 N.E. Ravenna Blvd.
Seattle, Washington 98115

Dear Doctor Robertson:

Recently, I was told by an Aetna representative that the Delaware doctors were negotiating for insurance premiums prorated on the basis of gross income.

I would like to see the W.S.M.A. pass a resolution to this effect in September.

I believe it would be simple in this state for the amount of B&O tax that each doctor pays be divulged confidentially, and that he be prorated possibly within his class of specialty regarding his annual premium. It could be worked out that each physician paid for the year just past.

This kind of arrangement would help the many part time and low gross physicians in this state to stay in practice.

I hope this can be taken up by the appropriate committee for action in September.

Thanks kindly.

Sincerely,

Theodore R. Haley, M.D.

EAST SIDE HEALTH CLINIC

Progress Report for July 1976

Director, Mr. John Ervin

	July	Total-1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	165	1196	*6513
Children	114	690	*4946
Laboratory services	98	520	1488
Prescriptions filled	153	906	2346
Referred to Physicians	19	126	426
Phone referrals	33	430	1354
DPA	66	418	1054
EPSDT	18	81	297

*Until January 1975 the number of patients actually seen by our clinic physicians was the only information available.

A NEUROSURGEON SEES JAVA

by Stevens Dimant, M.D.



The excitement of helping Third World Countries has long been shared by volunteers from the Pierce County Medical Society. In the specialties we have seen the late Sig Herrmann, subsequently Wayne Zimmerman, Dumont Staatz and Ralph Huff venture abroad; while in general practice, Ken Sturdevant spent three years in Africa. Although peace has returned to Southeast Asia and the Hope Ship has been taken out of commission, many opportunities remain for the charitable efforts of any physician who can get away to share both the work and the warmth of many developing societies.

In the Second World War as a medical officer, an introduction to Indonesia was provided by the Royal Australian Air Force. Under the efficient auspices of the Care Medico organization in Washington D.C., this enchanting area with its 34,000-odd islands can still be enjoyed as one of those regions where trained medical specialists are in quite urgent need. It was largely due to the recommendations of Dr. Richard Link that my assignment was primarily to solo in Central Java. There, the surrounding area of 22 million people had much to offer their one neurosurgeon during the month of April, 1976. This called for a tight schedule of both teaching and demonstrating neurological principles and the practicalities of modern neurosurgery most in demand. I travelled with a full collection of teaching slides

and a basic collection of neurosurgical instruments that were kindly supplied by the Tacoma hospitals. A series of illustrated lectures concerning the chief local needs was then composed, Indonesian translations were made, circulated, and are now distributed in book form. Interestingly, English spoken without an interpreter was particularly in demand so that the audiences might have a maximum exposure to our language.

The four Universities of Surakarta, Jojakarta, Semarang and Malang had thriving medical schools in Central and Eastern Java. In these centers, the lectures, clinical demonstrations and operative neurosurgery received lively attention. The degree of interest in higher education, including the sciences, is indicated by just one of the universities in Jojakarta having an enrolment of about 26,000 students. Throughout Indonesia, a concerted effort is being made to augment medical schools and stimulate the production of general practitioners. Admission to courses in medicine is as competitive and difficult as it is here and the failure rate within the ranks of medical students is impressively high. At the end of their training these young men and women spend a period of perhaps two years at small country hospitals staffed by a registered nurse, perhaps technologists and inevitably an administrator. Thus, there were 32 of these cottage hospitals peripheral to the University of Surakarta alone, and it is from these provincial clinics that much of the more seriously ill and injured occupy the University medical departments. Periodically, groups of these district doctors and the paramedical staff themselves will spend six months at their appropriate university center receiving refresher courses.

My surgical colleagues in the hospitals visited were lessons in themselves. There were remarkable degrees of compassion and good humor, along with an impressive knowledge of conventional general surgery. A heavy work load would not lessen the traditional oriental hospitality any more than did their modest facilities and meager earnings—a government allowance of forty cents per patient, per year. An extremely hard-working

agrarian society that nonetheless has still to import 25% of its food, and little technological development since the exodus of the Dutch in 1946, are some of the people's problems. The legacy of once-fine colonial hospitals, yet now some fifty years old, the great scarcity of even standard textbooks, and the 100% purchase tax on automobiles, for example, show some of the difficulties that beset the doctors. The Chief of Surgery at Malang reached his department at 6 a.m. and arrived home to greet his dentist wife and children at 9 p.m. as a rule.

Very properly, health and sanitation, family practice and enhanced education are preceding the training of medical specialists. There is already, however, an orthopaedist in Jojakarta, and more specialists are on the way—even to include a neurosurgeon for that province in the next two to three years. At present there are four neurosurgical departments for Indonesia's 165 million people. The roads in this colorful and exuberant country are bursting—not merely with pedestrians, carts and animals, but with also an explosion of modern traffic, particularly motor bikes. Crash helmets are considered an infringement of personal liberty. As a further expression of liberation, the girls ride side-saddle behind their boy friends, and neither a speed limit nor traffic regulations appear to cramp their style. The lethal consequences explain an appalling head injury rate in the towns, while falls from coconut trees provide a tragic number of paraplegics in the countryside. The care of these patients occupied much of one's time, both in lectures and hospital work. Hydrocephalus, myelomeningocele and encephalocele were frequently seen, and acquired diseases such as brain tumor, stroke and the whole gamut of degenerative disorders of the nervous system abounded. These were seen not only in the hospital wards but also in kampongs and homes of city families.

To the occidental medical visitor, Java has three urgent needs. With the present ratio of one doctor to 20,000 people, the first is an emphasis on the prevention of babies and other accidents. With a population density of 1,000 per square mile throughout this luxuriant island, a hospital service they can afford demands improved maintenance, with simple additions and a minimum of expensive

sophistication, in the beautiful old pavilion structures long established in the city centers. The third essential is a continuation of all the technical help that a respectful friendship from the West can offer. If these good and happy people continue as a free and progressive society they must walk the tightrope of a military bureaucracy in order to avoid falling into the hands of a vindictive communism. To survive in a competitive world, and one plagued by self-serving politics, they need all the help they can get.

To share in the good will and the search for modern knowledge (to say nothing of the traditional arts and customs) of the Javanese people is a rewarding experience. This is increased further when one sees how much their determination to win prosperity and maintain peace directs them to the West in general, and to America in particular.

Editor's Note: *Dr. Dimant will present a slide-lecture on "The Physician in Java" during the September 14th General Membership Dinner Meeting. See page 22 for reservation information.*



Repair of encephalocele and ventriculo-peritoneal shunt has been done, Semarang.

The following proposed "Code of Bylaws of the Pierce County Medical Society" is herewith presented for information and consideration by the General Membership. Discussion and action for ratification will take place during the September 14, 1976 General Membership Meeting. While most of the proposed language is in accord with existing Articles of Incorporation provisions, special notice should be taken of new sections: Chapter II, Section D; Chapter VII - Elections (all); Chapter VIII - Committees (all); Chapter IX - Disciplining of Members (all).

**CODE OF BYLAWS
OF
THE PIERCE COUNTY MEDICAL SOCIETY**

CHAPTER I - DEFINITION OF TERMS

Section A. Physician: One who holds an acceptable degree of Doctor of Medicine or Doctor of Osteopathy.

Section B. Practice: For the purposes of these Bylaws the term "practice" shall not be limited to the practice of medicine as defined by law, but shall be interpreted broadly to include physicians in medical residency or in such means of livelihood as Industrial Medicine, Public Health, Medical Teaching or Research, Medical Administration or medical duties in a public institution.

CHAPTER II - MEMBERSHIP

Membership in the Pierce County Medical Society shall consist of physicians and be composed of the following categories: active, provisional, associate, honorary, and inactive, all of which have been defined in the Articles of Incorporation.

Section A. Active Membership: A physician, to be eligible for or continue in the category of active membership, must:

1. Be a citizen of the United States or have filed a declaration of intent;
2. Possess the degree of Doctor of Medicine or Doctor of Osteopathic Medicine from a teaching institution approved by the American Medical Association;
3. Be of good moral character and abide by the Principles of Ethics of the American Medical Association;
4. Maintain membership in the Washington State Medical Association;
5. Hold a current valid license to practice medicine and surgery or osteopathic medicine and surgery issued by the State of Washington;
6. Maintain a practice in Pierce County or in a contiguous or neighboring county if it be more convenient to attend the meetings of the Pierce County Medical Society and if the Society in whose jurisdiction he may be consents to an affiliation with the Pierce County Medical Society, or be an accredited transfer from another component county medical society of the Washington State Medical Association;
7. Not support, practice, or claim to practice sectarian medicine.

Section B. Associate Membership: An associate member is a physician who possesses all qualifications for active membership except for 4, 5, and 6 above, as stated under active membership. Associate membership is intended primarily for those physicians in the community in the Armed Forces, Veterans Administration, teaching institutions, administration, or otherwise not engaged in private practice. Associate members shall not have the right to vote or hold office but shall be entitled to all other benefits of active or provisional membership. The dues for associate members shall be established annually by the Board of Trustees.

Section C. Honorary Membership: To be eligible as an honorary member one must have been an active member of one or more constituent societies of the American Medical Association for five (5) or more years, and has retired from active practice for cause approved by the Pierce County Medical Society. For the purposes of this section, active practice means any medical practice for which financial remuneration is received. Honorary status under this section shall revert to active status if such member thereafter returns to active practice.

Section D. Provisional Membership: An applicant who fulfills the criteria for Active or Associate Membership as detailed in Chapter II, Sections A and B above, and who has completed the application process required of the Credentials Committee of the Society, shall be considered a Provisional Member.

Provisional membership must be maintained, uninterrupted, for a period of not less than six months prior to eligibility for election to one of the membership categories described in these Bylaws.

The provisional membership requirement applies to both new applicants and bona fide transfers from other component societies of the Washington State Medical Association or other state association/society chartered by the American Medical Association.

In the event that a provisional member fails to receive the number of votes required to elect him to membership, as set forth in Chapter VII, Section A of these Bylaws, and, unless the Board of Trustees of this Society grants an extension, the applicant's provisional membership status shall be automatically terminated.

A provisional member shall enjoy all of the rights and privileges, and be subject to all the duties of active or associate membership except the right to vote or hold office.

Section E. Inactive Membership: A previously active member in good standing in the Society who leaves the community temporarily for reasons of military service, bona fide residency training of at least six (6) months or more, practice in a remote locality, or for any other reason approved by the Society, may be granted inactive membership. No dues shall be required of inactive members, nor shall they have the right to vote or hold office. Reinstatement of an inactive member to active status shall be accomplished by written petition to the Board of Trustees of the Society, and shall be granted provided that the member still fulfills all criteria for active membership.

Section F. Duties and Rights of Members: It is mandatory that members of the Pierce County Medical Society, other than associate members, maintain membership in the Washington State Medical Association. The right to vote or hold office shall be limited to active and honorary members.

Section G. Standards of Qualifications: The Society shall be the sole judge of the moral, ethical and professional qualifications requisite to, or continuation in, any class of membership in the Society.

CHAPTER III – OFFICERS AND DELEGATES

Section A. Officers: The officers of the Society shall be the President, President-Elect, Vice President, Secretary-Treasurer, and seven Trustees.

Section B. Election and Tenure: The voting members of the Society at the Annual Meeting of the Society shall elect, by such methods or procedures as the Bylaws may provide, the following officers to serve a one-year term: President-Elect, Vice President, and Secretary-Treasurer. Each of these officers shall assume office at the close of the annual meeting at which they were elected, and shall hold office until the corresponding period one year hence, or until his successor assumes office.

The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office, at which time he shall automatically become President, and shall serve as President until the corresponding period one year later, or until his successor assumes office.

The Society shall also elect seven Trustees, each of whom shall serve a two-year term. Four Trustees shall be elected alternate years, and three the other years.

Section C. Delegates: The President, Vice President, President-Elect, Secretary-Treasurer, Immediate Past President and the appropriate number of Trustees starting with those with the highest number of votes electing them to office, shall also serve as Delegates from this society to the Annual Meeting of the Washington State Medical Association.

The remainder of the Trustees shall be Alternate Delegates, with any necessary additional alternates to be appointed from the active or honorary membership by the Board of Trustees.

Section D. Vacancies – How Filled: If before the expiration of the term for which he was elected, the President or President-Elect dies, resigns, is removed, or becomes disabled or disqualified, the Vice-President shall succeed to the office vacated, with all prerogatives and duties pertaining to that office as though he had been elected President or President-Elect in the first instance.

Vacancies created by the death, illness, resignation, removal or disqualification of other officers, and vacancies in contingencies not herein provided for, shall be filled, if the Board of Trustees deems it advisable, by appointment by the Board of Trustees until the next regular meeting of the Society, at which time in any event, the voting members of the Society shall elect one of its active or honorary members for the unexpired portion of the term.

Section E. Qualifications of Officers: Only such persons as have been active or honorary members in good standing for at least five years immediately preceding the election are eligible for election to hold office in this Society.

CHAPTER IV – LEGISLATIVE POWERS

Subject only to the paramount authority of the Washington State Medical Association and the laws of the State of Washington all legislative powers of the Society, including the power to alter, amend or repeal the Articles of Incorporation, are vested in, and shall reside in, the voting members of this Society, who alone shall have the power and authority to determine the policies of the Society except as provided in the section entitled "General Powers of the Board of Trustees."

CHAPTER V – BOARD OF TRUSTEES

Section A. Composition: The Board of Trustees shall consist of the President, President-Elect, Vice-President, Immediate Past President, Secretary-Treasurer, President - PCMS Auxiliary or her designate, all of whom shall be Trustees,

and seven additional Trustees.

Section B. General Powers: The Board of Trustees shall carry out the mandates and policies of the Society as determined by the voting members or by the Washington State Medical Association.

Subject only to (1) the provisions of the Articles of Incorporation and these Bylaws, (2) all resolutions and enactments of the voting members, and (3) the paramount authority of the Washington State Medical Association, the Board of Trustees has full and complete power and authority to perform all acts and to transact business for or on behalf of the Society and to manage and conduct all the property, affairs, work and activities of the Society.

It shall have supervision and control of the finances of the Society and investment of its funds and shall perform such other duties and exercise such other rights as may be set forth in these Bylaws or as are prescribed by the laws of the State of Washington relating to the directors of such organizations.

Subject to the approval of the Society as to selection, the Board of Trustees shall have the power to employ an executive director, whose duties shall be to assist the officers of the Society in their official duties, and otherwise as may be directed by the Board of Trustees.

The Trustees shall employ an auditor who shall make a careful examination of the Society's finances, and make a report annually.

Section C. Meeting: The Board of Trustees shall meet at least nine (9) times each calendar year at a time and place as may be designated by the President. During the months of June, July and August, depending upon the business commitments of the Society, the Board may choose not to meet, but shall be subject to the call of the President if he deems a general meeting necessary for the conduct of the Society's affairs.

The President shall call a meeting of the Trustees upon the written request of four or more members of the Board of Trustees, and in the event of his failure to call such meeting within a reasonable period of time in accordance with the terms of the written request, the four or more members requesting the meeting may themselves call a meeting of the Trustees.

A majority of the Board of Trustees shall constitute a quorum for the transaction of business.

CHAPTER VI – FINANCES

Section A. Raising of Funds: Funds for the conduct of the affairs of the Society may be raised by (1) such annual dues from and such special assessments on members of the Society which may from time to time be determined, (2) voluntary contributions, devises, bequests and other gifts, and (3) any other manner determined by the Society or its elected officers.

Section B. Appropriations: Society funds may be appropriated only for such purposes as will permit the proper conduct of the activities of the Society and will tend toward the attainment of its objectives.

An annual budget shall be prepared by the Secretary-Treasurer or his designate, and approved by the Board of Trustees at the beginning of the fiscal year.

No money shall be spent that was not budgeted, and the budget may not be exceeded except by a majority vote of the Board of Trustees.

Section C. Fiscal Year: The fiscal year of this Society is from January 1st to December 31st, inclusive.

CHAPTER VII – ELECTIONS

Section A. Membership: Only those applicants who are provisional members and who have fulfilled the criteria for provisional membership as set forth in Chapter II, Section D of these Bylaws and who have maintained an uninterrupted provisional membership status for a period of not less than six months shall be eligible for election to active or associate membership. The procedure for election shall be:

Following at least four months of provisional membership status, the applicant's photograph and resume shall be published in the Pierce County Medical Society *Bulletin*. Such publications shall be deemed "first notice" to the General Membership of the applicant's intent.

After publication of "first notice," the applicant's file shall be reviewed by the Society Credentials Committee. The Committee may, if it deems it necessary or advisable, require the applicant's presence during its review of his personal qualifications for the membership classification sought.

Following review by the Credentials Committee, the applicant's picture and resume shall again be published, and such publication shall be deemed "second notice" to the membership.

Following the "second notice," the Chairman of the Credentials Committee shall file a written report of its review of the applicant with the Secretary of the Board of Trustees. The report shall contain a recommendation to the Board concerning the applicant's election.

Any member who has information of a derogatory nature concerning an applicant's moral or ethical conduct, medical qualifications or other such requisites for membership, as described in Chapters I and II of these Bylaws, shall assume the responsibility of conveying that information to the Credentials Committee or Board of Trustees of the Society. Further, any member may appear before the Board of Trustees during the

meeting at which the applicant's name is to be considered for election to membership and shall have the opportunity to provide information to the Board at that time.

In the event the Committee does not favorably recommend the applicant, the Chairman shall make known to the Board, either orally or in writing, the details or circumstances which have influenced the Committee's decision.

Having heard the Committee report, the Board shall vote on the recommendations. A quorum must be present and at least three-fourths of the members present and voting must cast an "aye" ballot for membership to be effected.

If the applicant is elected, notice shall be given by publications in the *Bulletin* and by announcement at an ensuing Society General Membership Meeting.

Should an applicant fail to receive the required number of votes for election, he shall be given notice in writing, sent by certified mail or delivered personally, of the action taken. He shall be given ten days to appeal the decision, following which, if no appeal is made, his provisional membership status shall automatically terminate. If an appeal is made, the Board shall extend his provisional membership status for a specified period, during which time a hearing by the Board of the appeal will be conducted. The applicant shall be given reasonable notice of the details of the hearing and shall be afforded full opportunity to present his appeal, if he so desires.

Following the hearing, the Board shall again undertake a decision. The Board shall either:

- 1) Uphold the previous decision, 2) Reverse the previous decision (in which case the applicant stands elected), or 3) Continue the applicant's provisional membership status for a specified time; at the end of which time another hearing will be held. If the previous decision is upheld, the applicant's provisional status shall automatically terminate.

Section B. Officers and Trustees:

1. Nominating Committee: At the October meeting of the General Membership, the members shall elect, by whatever means they select for the occasion, a nominating committee. The nominating committee shall consist of the President, who shall also be its Chairman, the President-Elect, Immediate Past President, Secretary-Treasurer and four members at large. The nominating committee shall meet in October to select a slate of candidates for vacancies in elective offices.

The committee shall, prior to its report, contact each of the nominees and secure his consent to serve if elected.

The slate of candidates shall be published, along with the meeting notice in the November *Bulletin* or other written communication to the General Membership.

2. Other nominations: During the November General Membership meeting, the report of the Nominating Committee shall be given. Following the report, the President shall open the meeting to nominations from the floor.

Nominations from the floor must be seconded.

The nominee's consent to serve if elected must also be produced in writing, or if he is present, confirmed orally.

In the event no nominations are received from the floor, the Nominating Committee report shall be considered a unanimous slate and no balloting will be conducted. The candidates will be considered elected and shall assume office during the Annual Meeting in December.

If, following the close of nominations from the floor, any office is contested, the nominees for each office shall be published in the December *Bulletin*, or in other written communication to the General Membership, at least ten days prior to the date of the Annual Meeting.

In the event of a contested office, a ballot will be cast during the Annual Meeting in December. The Secretary shall act as Chief Teller (unless he is a candidate for a contested office; in which case the President shall appoint a substitute) and shall count the ballots with a committee of three non-candidates appointed by the President.

All candidates shall be elected according to the highest number of votes received for each office. In the event of a tie, a second ballot shall be cast listing only those who have received equal numbers of votes. Should the second ballot fail to break the deadlock, the office shall be decided by lot.

CHAPTER VIII – COMMITTEES

Section A. General:

1. Unless otherwise stated in these Bylaws, all Committee activities shall be conducted in accordance with "*Rules Governing Procedures of the Board of Trustees, Committees, and Other Official Bodies of the Pierce County Medical Society*" (copies available on request).
2. Committees of the Society shall not act, make public statements or assume any authority in the name of the Pierce County Medical Society, except by instruction or authority specifically granted

by the Board of Trustees of the Society.

Section B. Standing Committees: The standing committees of the Society shall be: Budget and Finance, Credentials, Editorial, Ethics, Executive, Grievance, Program and such others as the President or Board of Trustees may, from time to time, deem essential to conducting the business of the Society.

Section C. Ad Hoc Committees: Such committees are appointed for a specific assignment and shall continue their assignment until it is completed. Members shall be reappointed annually by the President or Board of Trustees if indicated.

Section D. Composition: Composition for the standing committees is as follows: 1) Budget and Finance: The Secretary-Treasurer shall be Chairman. At least two additional members shall be appointed by the President from among the members of the Board of Trustees. 2) Credentials: The Chairman shall be appointed by the President. The members of the committee shall be the Chairmen of the Credentials Committees of each of the hospitals in Pierce County. 3) Editorial: Shall consist of the Editor, appointed by the President, and at least two additional members appointed by the President or the Editor. 4) Ethics: Shall consist of a Chairman, appointed by the President, and at least two additional members appointed by the President or Chairman. 5) Executive: Shall consist of the President, President-Elect, Vice President, Immediate Past President and Secretary-Treasurer. 6) Grievance: Shall consist of the three most immediate Past Presidents, the Chairman of which shall be the person most recently holding the office of President. Additional members may be appointed by the President or Chairman. 7) Program: The Program Chairman shall be the Vice President.

Section E. Ex-Officio Members: Unless specifically assigned to a committee as a member, all members of the Board of Trustees and the Executive Director shall automatically become non-voting ex-officio members of all committees.

CHAPTER IX – DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in these Bylaws, a member may be expelled, suspended, admonished, or otherwise disciplined in the following manner: Charges of misconduct against a member may be submitted, in writing, to the Ethics Committee by any member or committee of the Society. The Committee shall investigate the matters alleged and shall use kindly efforts in the interest of conciliation and reformation, so far as is possible and expedient. If, after investigation and a hearing at which the member is entitled to attend and give evidence in his behalf, the Committee, if they believe the charges warrant proceedings, shall report the matter to the Board of Trustees, which shall cause a written copy of the charges to be served on the accused member by Certified Mail or personally, at least two weeks prior to the date the Board of Trustees proposes to hold a hearing on the charges, which hearing may be adjourned from time to time as necessary. At the hearing the Ethics Committee shall present evidence it has pertaining to the charges, and a full opportunity shall be afforded the accused member to present witnesses and other evidence in his defense, to cross-examine witnesses and to rebut evidence against him.

Should the Trustees determine the charges to be justified, then as soon after the conclusion of the hearing as is practicable, the Board of Trustees shall present a comprehensive summary of its findings and recommendations to a regular meeting of the Society, giving due notice to the accused physician as to the particular meeting of the Society it proposes to do so, and advising him of the findings and recommendations. The Society shall hear such further evidence or arguments as it deems necessary or equitable, and shall then vote on the question as to whether or not the charges preferred have been sustained. If the charges are voted as having been sustained the Society shall then proceed to vote on the disciplinary action to be taken, provided, however, that a member may not be expelled unless three-fourths of the members present and voting vote for such action, nor suspended except by a two-thirds vote. If on any ballot the majority of votes is for admonition, the balloting shall cease and the accused member shall be censured in open meeting by the President. A suspended member automatically becomes a member in good standing upon the expiration of the term of suspension.

A member against whom disciplinary action has been voted by the Society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall be suspended during the pendency of such appeal or appeals.

A member in arrears with respect to dues shall be automatically suspended or expelled under the provisions of these Bylaws. A member shall be considered in arrears with respect to dues if full payment has not been received by the first day in April in each fiscal year.

CHAPTER X – AMENDMENTS

The Bylaws may be amended in whole or in part by mailed written ballot of all voting members provided that (1) two-thirds of the ballots returned to the Secretary-Treasurer favor the amendments and that (2) prior to that time the proposed amendment has been read at the last preceding regular society meeting and that (3) a copy of the proposed amendment is sent by mail to each member not less than fifteen (15) days in advance of the meeting at which action is to be taken. A notice shall be deemed to have been sent if published in the *Bulletin* of the Pierce County Medical Society, and such notice so published shall be deemed to have been sent on the date following the date of publication thereof.

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CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY

The following programs are now being planned for the 1976-77 year by your Committee for Continuing Medical Education of the Pierce County Medical Society and your local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. This schedule is subject to change.

		<u>Category I Credit</u>
September 14 thru 16, 8:00 to 10:00 a.m. St. Joseph Hospital	HEMATOLOGY FOR THE PRACTITIONER Moderator: J. G. Katterhagen, M.D. Coordinator: Richard Baerg, M.D.	8
September 30, 6:00 p.m. Dinner, 7:30 to 10:30 p.m. Seminar Tacoma General Hospital	HODGKIN'S DISEASE Coordinator: J. G. Katterhagen, M.D.	3
October 8, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	DERMATOLOGY Coordinator: Richard Baerg, M.D.	5
October 13, 20, 27; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
November 18 and 19 St. Joseph Hospital	YODER LECTURE SERIES – Management of Chest Injuries Coordinator: James Billingsley, M.D.	
December 12, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	OPHTHALMOLOGY Coordinator: Richard Bowe, M.D.	7
January 11, 12, 13, 14; 8:00 to 10:00 a.m. St. Joseph Hospital	FLUID AND ELECTROLYTE BALANCE Coordinator: John Kennedy, M.D.	8
January 27, 6:00 p.m. Dinner 7:30 to 10:30 Seminar Tacoma General Hospital	RADIOLOGY – ONCOLOGY Coordinator: J. G. Katterhagen, M.D.	3
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	GASTROINTESTINAL DISEASE Coordinator: Richard Baerg, M.D.	8
March 11, 8:00 to 11:00 a.m. Tacoma General Hospital	CARDIOVASCULAR ORIENTATION Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	WHAT'S NEW IN INTERNAL MEDICINE Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 26, 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Center	DAY OF PEDIATRICS Coordinator: Robert Scherz, M.D.	6
April 6, 13, 20; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
May 6, All day Friday - Saturday a.m. Allenmore Hospital	ASCVD – Medical & Surgical (TBA) Coordinator: Richard Baerg, M.D.	6
May 26, 6:00 p.m. Dinner, 7:30 to 10:30 p.m. Seminar Tacoma General Hospital	RADIOLOGY & ONCOLOGY (TBA) Coordinator: J. G. Katterhagen, M.D.	3

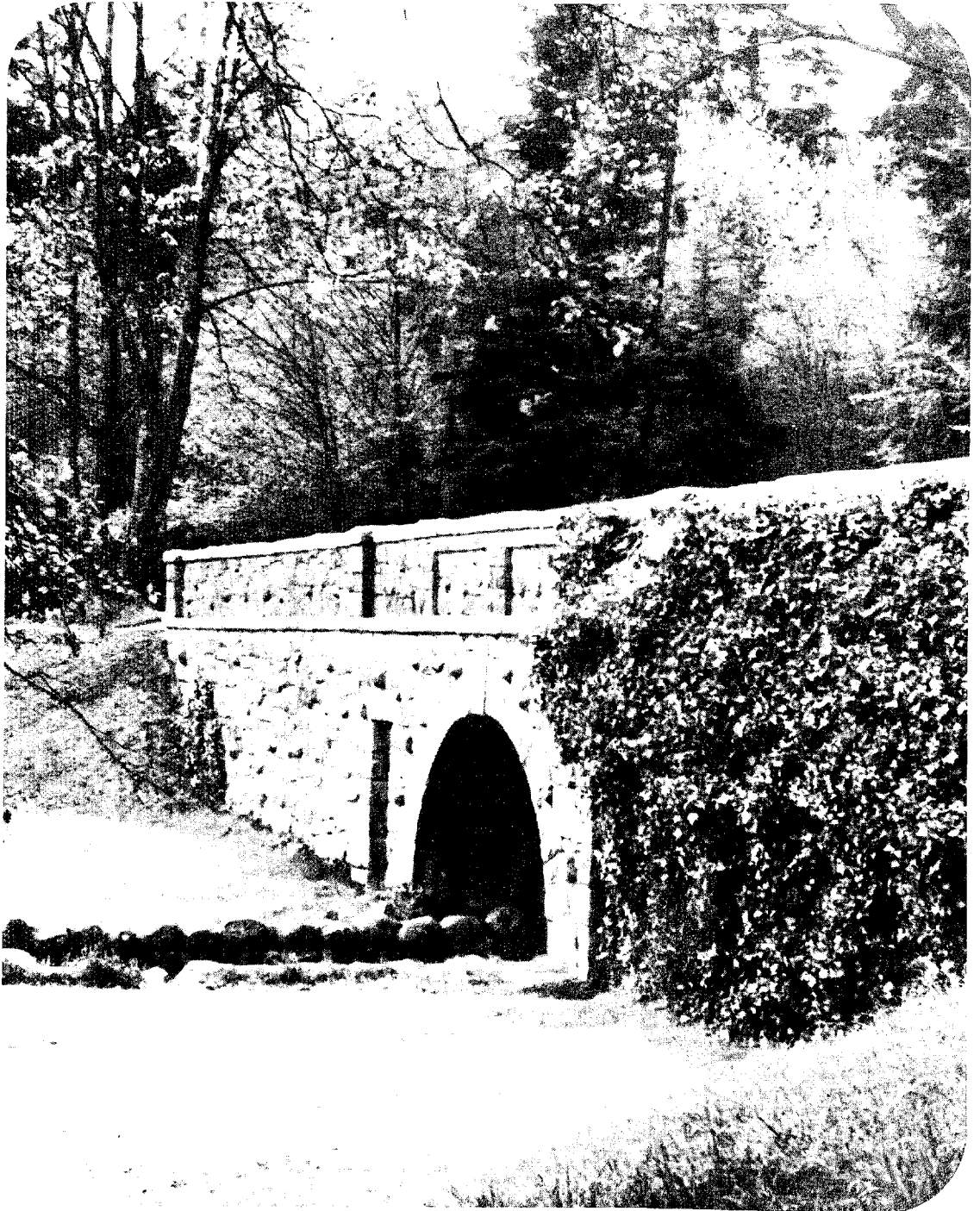
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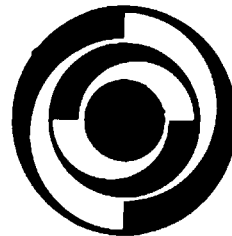
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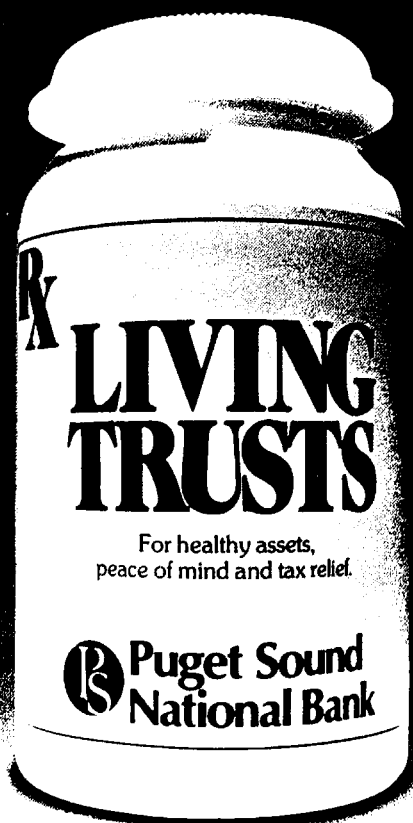
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PRESIDENT'S PAGE



David S. Hopkins, M.D.

WSMA Meeting Successful

The WSMA recently concluded one of the most successful annual meetings in its history and some impressions of the meeting are worth noting. One is immediately struck with the capable and vigorous leadership of the Association, including the staff. Bill Robertson, the outgoing President, has been throughout the year a whirlwind of activity, pushing legislative programs, firing off memos and bulletins to inform the membership, crisscrossing the state for innumerable meetings, and giving uncounted hours of his time in behind-the-scenes labor for the WSMA.

The incoming President, Malcolm Bulmer, seems cast in the same mold. His inaugural address was a tour de force of innovative ideas and incisive analysis of the WSMA's role in the coming year. There were enough thought-provoking concepts in that half hour speech to provide five or six hour-long speeches, and all this was delivered with a bare minimum of notes.

Stan Tuell again presided over the House of Delegates with the cool logic and eminent fairness which has made his election as Speaker of the House a foregone conclusion year after year.

Watching the House of Delegates in action one has to be impressed by these able and articulate

men and feel that they would have been a success in any field of endeavor.

PSRO, under the dynamic direction of John May, has become a viable force with more and more hospitals subscribing. Necessary evil or not, it does provide unique physician input into hospital length of stay and utilization decisions, and deserves our support.

So much for the annual meeting. Let's talk about the Society meetings. Serious consideration is being given to changing from monthly to quarterly meetings. In the past few years Society involvement with the WSMA, the AMA, hospitals, physician affairs, and most especially the community at large, has increased tremendously. The majority of this work is handled by the Executive Director and his staff and by the Board of Trustees and the Society Committees. Educational programs are being provided in increasing numbers through the Department of Continuing Medical Education. All of this is by way of saying that it is a chore to try and provide consistently exciting, interesting programs on a monthly basis, and judging from the fluctuations in attendance over these years, it is a chore for the membership to come to monthly meetings, hence the plan for quarterly meetings. Anyone opposed to the idea should make their thoughts known to the Society office, and in addition this will be discussed at the October meeting. Anyone opposed had better be someone who has been coming to the monthly meetings.

Les Baskin, who has been a standard bearer for physician involvement in community affairs, has received a richly deserved brotherhood award from the Tacoma-Pierce County Chapter of the National Conference of Christians and Jews. I feel an additional personal debt of gratitude to Les, for he was the prime mover in initiating the drive for an Executive Director, thus making life bearable for subsequent presidents.

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EDITORIALLY SPEAKING

Guest Editorial—

by William O. Robertson, M.D.
Past President, Washington State Medical Association



The Rights Of Doctors

"You must be kidding — you can't be serious!" But I am. It's time someone spoke up — to try to bring some balance to the public debate before ardent activists, both well-meaning and mis-informed, as well as less well-meaning and "overly-informed", bring about the final metamorphosis of the very personal, private, "patient-physician" relationship into a series of impersonal, public, "patient's advocate-physician's attorney" confrontations. In actuality, the lion's share of emerging patients' rights have long since been critical cogs in effective medical practice.

To begin, a bit of candor. Even today — especially in those large East Coast municipal pork barrels (hospitals) — all is not well in Medicine's war with disease or in doctor's attempts to help patients. But we are light years ahead of half a century ago. Patients — particularly poor patients, poor patients with language barriers and cultural differences — are being exploited wittingly (and unwittingly) by physicians and hospitals — and by taxi drivers, by plumbers, by social workers, by lawyers and by government. So it is today; so it has always been and so it will be so long as remedies — premised on perpetuating adversary positions — are proposed. Standing up for my rights can be as American as "baseball, apple pie, hot dogs and "Chevrolet" or as American as "Watergate, food fadism, and the educational-military-industrial complex". "Don't just stand there — do something — demand your rights", portends that image of action-seeking, power-centered American resourcefulness so appealing in the public arena just as the Roman Gladiator appealed 2000 years ago. Nonetheless, to me, that isn't the strategy to solve today's health problems.

My point is that efforts which undermine confidence for either party in those millions of doctor-patient rela-

tionships that go well — even though intended to remedy those few that do not — seem counter-productive to me. Instead, might we not better analyse the *bases* for the poor doctor-patient interactions and do something to correct or eliminate them. Proceeding as we are fails to identify or eliminate those negative elements which if permitted to continue can't conceivably be altered by deceiving patients regarding their purported rights.

Let me elaborate by way of analogy. Let us postulate that physicians were to develop their own Bill of Rights somewhat parallel to any of the existant patients' bills of rights, either evident or on the horizon. Consider a few paraphrased re-writes of what might transpire — from the American Hospital Association's "Bill of Rights" for example:

- *The physician has a right to consideration and respect from patients; under no circumstances should he or she be subjected to intemperate demands, curses or catcalls from, or physical abuse by, inebriated or otherwise disturbed patients — including minors.*
- *The physician has the right to any and all relevant information about the patient on which he or she is to base a diagnosis. Under no circumstances should the patient prevaricate, attempt to deceive or simply forget, suppress or repress critical data.*
- *The physician has the right to receive from the patient specific information about his/her intention to comply with medication instructions, dietary restrictions, appointment schedules, financial billing and his or her tendency to develop adverse reactions to drugs so that the physician may give an informed consent as to his or her intention to undertake treatment — medical as well as surgical.*
- *The physician has the right to refrain from undertaking treatment to the extent permitted by law — regardless of humanitarian considerations.*
- *The physician has the right to every consideration of privacy during his/her medical care delivery. Any comment or criticism of his or her care is to be expressed only to those authorized by the physician.*
- *The physician has the right to expect reasonable continuity of care opportunities with his or her patient — to know in advance appointment times, timing or telephone calls and where the patient is — should it be desirable for him/her to reach the patient.*

Or to paraphrase a few items from the American Civil Liberties Union's model bill:

- *The physician has the legal right to formal participation in all decision-making for the patient's health care program.*
- *The physician has the legal right to maintain total ignorance of the source of payment for his or her services; he/she also has the legal right to 100 cents on the dollar from the patient or his third party sponsor regardless of any financial plight.*
- *The physician has the legal right to receive emergency calls only in a bonafide emergency situation.*
- *The physician has the right to learn the identification and activities of all those who may be influencing the patient in his or her illness role.*
- *We recognize the right of the physician who does not understand the patient's dialect — i.e. newborns, teenagers, etc. — to have access to an interpreter at the patient's expense.*
- *We recognize the physician's (and hospital's) right to expect patients to stay with their hospitalized children or terminally ill relatives 24 hours a day.*
- *We recognize the right of all physicians to have, at the expense of the health care system, 24 hours per day access to a physician's rights advocate who, on his or her behalf, will assist the physician in assuring that his or her rights are maintained as specified above.*

Overly facetious, you might say; not necessarily so, I would reply. Rather a taste of what I perceive as a less-than-adequate approach to solve a real life problem. Wishing won't make it so — and neither will enunciating adversarial rights. The authoritarianism of Victorian England (and earlier) plus the paternalism, charity base and dogmatism so essential to the earliest origins of Western European hospitals set the stage for patients to be passive compliers. That physicians continue to write "orders" recapitulates the flavor of the past. Is flouting and flaunting newly found civil rights the desirable tactic to employ to attempt to continue our transition into a civilization of equals? Compared to 50 years ago, physicians have effective therapeutic tools; medically, patients are more sophisticated; technically, hospitals are more complex — and financially costs have gone up. Yet individuals are crying still louder to be recognized as individuals despite the fact

that in health matters they are less and less able to control their dollar destinies. To comply literally with the AHA or ACLA's bills or patients' rights those East Coast physically antiquated, fiscally-underbudgeted and politically-popular hospitals will have to see miracles occur. In contrast we on the West Coast — and in Seattle in particular — have the advantage of well-built and well-equipped hospitals, well staffed with an abundance of technically competent physicians. Patients — by and large — are cared for by their own community physicians as opposed to migrant House Staff, Emergency Room Moonlighters or large numbers of foreign medical graduates. Disadvantaged groups continue to suffer — until they cease being financially disadvantaged. Even the pied piper of the patients' rights movement notes its origins stem largely from those fiscal difficulties. Should not corrective actions be aimed there?

One final point. Complicating this whole process are the mutually incompatible roles of the nurse — at least as many of them see it — in 1976. Anxious to be loyal and of service to their hospitals involved in carrying out therapeutic ministrations decided by the patient and the doctor (at times without the nurse's input!) yet committed to serve as the patient's advocate with perceived accountability in that direction, nurses serve multiple and difficult masters — oft times with an inadequate technical understanding of the basis for those services. In the past their criticisms of the medical care system have all too often been ignored; today some of them are militant in assuming adversary positions with their hospitals to the confusion of patients and disruption of care programs. It is even said that in other states some nefarious plaintiffs' attorneys have nursing staff members from hospitals on retainers to relay the earliest signs of possible malpractice cases. Should it be the Attending physician's right to expect otherwise?

In a sense the issue, of course, is "change by evolution or change by revolution". In this instance, I feel that the evolutionary process has and is working; resorting to the revolutionary process to redress the balance for the disadvantaged will only further disenfranchise him or her from the health care establishment — even though it does establish a political base for the activists. To reiterate, I find little fault with the specific rights; they are old hat. Rather I find fault with the derivative adversary process. The real trouble is that it simultaneously distracts attention from where it should be focused — the need to educate people and to support health care services adequately. Were that done we wouldn't need signs of patients' rights tacked up on the wall for all to ignore save a few philosophizing authors.

THE A.A.M.A. PAGE

by Betty E. Moore
President-Elect, Pierce County Chapter

The newsletter this month was to have been a report on the American Association of Medical Assistants National Convention in Chicago, which three of our members are attending; however, since the Convention takes place during the time the *Bulletin* goes to press the report will have to be deferred until after the "happening." This will be forthcoming in next month's AAMA page, and anyone attending the October meeting will hear all about it at that time, also. We only wish more of us could have attended, but many of us are eagerly looking forward to next year's Convention which will be held in San Francisco! Plan ahead!

In the past few months we have stressed the need for continuing education for medical assistants and the opportunities offered by AAMA for increasing our fund of knowledge. We realize that this is a decision which will have to be reached by each individual employee, and her employer's desire that she increase her medical education. And we wonder if perhaps we have been pushing this issue too hard, so this month I would like to discuss some of the "fringe benefits" of becoming a member of the Pierce County Chapter, AAMA. Every day each of us is in contact by telephone with other medical offices, and meeting once a month gives each of us the opportunity of getting to know, as a person, the voice on the other end of the telephone. When we really get to know one another it opens up communication channels; we understand why another office may have a problem with scheduling, why one individual may appear to be curt with her response and another receptive to a request.

In our conversations with one another we often

find solutions to certain situations which we may be facing, handling patients, and doing the myriad of detail work which is required in attaining a smoothly run office.

Additionally, through attending State Board Meetings and the Annual State Convention, if one desires to do so, we meet many medical assistants from throughout the state. In October the members of the Snohomish Chapter are planning to attend the Pierce County meeting, and this is a real opportunity of meeting members from another County Chapter. The program for October, in addition to a report on National Convention, is to be a film on "Rape," and this film should be most informative, both for our own protection as women, and because many of us have undoubtedly had to deal with this problem, either with patients or perhaps even with members of our own family.

This meeting will be held on Monday, October 11th, at the Conference Room of the Tacoma-Pierce County Humane Society. And yes, ladies, we have heard the reaction from many of you, and the response, "Humane Society!" Let's not jump to conclusions or allow the location to keep you away. We have a very nice meeting room adjacent to the parking lot but completely apart from the pens which house the animals, and you will neither see nor hear a sound from that area. There is more than adequate seating, a screen is available for films, and there is a very nice room where we can prepare our coffee and serve our treats. So, please, don't prejudge the location, but come and see for yourself, learn about AAMA, and then decide whether or not it is for you. We are looking forward to meeting and greeting you.

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Nominating	Anne Katterhagen

STATE CONVENTION REPORT

Marie Henry

One hundred and twenty-two State Auxiliary Members registered at the Convention in Seattle. Tacoma had eight delegates: Anne Katterhagen, Marie Henry, Helen Whitney, Jo Roller, Stephanie Tuell, Carol Hopkins, Lee Jackson and Nicole Crowley.

Jo Ann Johnson was installed on September 12 as State President. She stressed three objectives for her year; namely:

1. To attempt to double the State's AMA-ERF contributions because federal funds in guaranteed loans are being withdrawn from our medical schools. "Pierce County again received an award for the highest State contribution".
2. To investigate the feasibility of instituting and distributing a plastic coated child immunization card to be given to the mothers before they are discharged from the hospital.
3. To revamp *MedAux News*, emphasizing leadership and communication that will aid the physician's wife not only in Auxiliary but also in her community activities. Focus will be placed on particular individuals throughout the State who have made outstanding leadership contributions.

She stressed the importance of LEGS, which is the Legislative Emergency Group System, and stated it would be very beneficial if the local medical societies would invite an auxiliary member to sit on this committee.

Four of our auxiliary members were chosen for State Board position: Anne Katterhagen, Project Bank Chairman; Jo Roller, AMERS; Nancy Spangler, Communications; Jeanne Judd, Corresponding Secretary.

Pierce County Auxiliary presented Jo Ann with a Waterford vase after her installation.

The usual sharing of new ideas in common problems between county auxiliaries was most helpful. We left Seattle with new and renewed friendships.

On Friday, September 17, the Pierce County Auxiliary met to welcome a group of newcomers, many of whom have already enthusiastically volunteered to assist with the Tel-Med Program and Mid-Year Conference. The first Board meeting followed the coffee. Many thanks to Betty Bahn for the gracious use of her home, and to Myrna Nagle for the beverages.

Martia Ohme informed us that fliers with directions to Fisherman's Hall in Gig Harbor for the informal dance, or "Hoedown", on October 23rd have been sent to all doctors in Pierce County. We also learned that a daughter of Dr. and Mrs. Stanley Tuell has a lead role in the Gypsy Gypos String Band, so highly recommended by those who have heard them perform. For reservations send \$20.00 per couple, by October 19th, to Mrs. Richard Baerg, 1108 Aqua Vista Drive, Gig Harbor 98335.

A meeting of the Board in conjunction with State Officers will be held Tuesday, October 19th at 10:00 a.m. at the home of Marie Henry, 7612 John Dower Road S.W.

The 1976-77 Auxiliary Membership Books are available to those who have paid the \$20.00 dues. Send your checks, made out in the new name of the "Pierce County Medical Society Auxiliary," to the dues Treasurer, Mrs. W. Ben Blackett, 4366 North Lexington, Tacoma 98407.

The wives of all Doctors in Pierce County should have received the first Auxiliary newsletter of the new year, containing the President's message. If you have not received yours, please let the *Bulletin* Chairman know: Mrs. Leonard Alenick, 12208 Shadywood Lane S.W., Tacoma 98498.

1976 Yoder Lecturer Named

Emil A. Naclerio, M.D., FACS, FACP, FACC, noted surgeon, author and lecturer, has been named the 1976 Edwin C. Yoder Lecturer, according to Lester S. Baskin, M.D., of the Edwin C. Yoder Memorial Lecture Committee.

Dr. Naclerio, of New York City's Cabrini Health Care Center, will speak in Tacoma on Friday, November 19th, on the Physiology and Emergency Management of Chest Trauma. The lecture will be held at St. Joseph Hospital following a noon luncheon. Dr. Naclerio has authored two books, *Bronchopulmonary Diseases - Basic Aspects, Diagnosis and Treatment* (Harper & Brothers, 1957) and *Chest Injuries: Physiologic Principles and Emergency Management* (Grune & Stratton, 1971); edited three symposia and contributed twenty-eight articles to numerous journals and publications.

An energetic speaker, Dr. Naclerio has a reputation for his one-two-three concise presentation of facts.

The topic of the Yoder Lecturer's presentation here will be "The Physiology and Emergency Management of Chest Trauma."

The Edwin C. Yoder Memorial Lectures were established in 1971 by Dr. Yoder's late wife and family. During his 46 years of surgical practice in Tacoma Dr. Yoder maintained an active interest in continuing medical education. The Yoder Lecture Trust was created to perpetuate continuing medical education in the community.

Past Yoder Guest Lecturers have been: Dr. Charles Rob, 1972; Dr. Robert Stepto, 1973; Dr. Duane Larson, 1974; Dr. Witold Rudowski, 1974; and Dr. Hiromi Shinya, 1975.



The EDWIN C. YODER Memorial Lecture Committee

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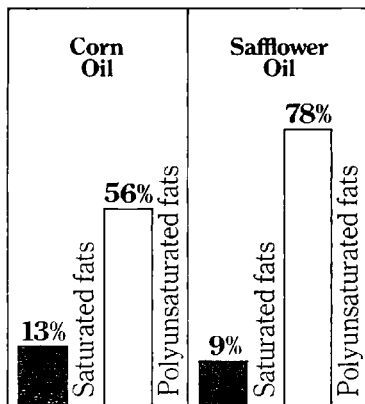
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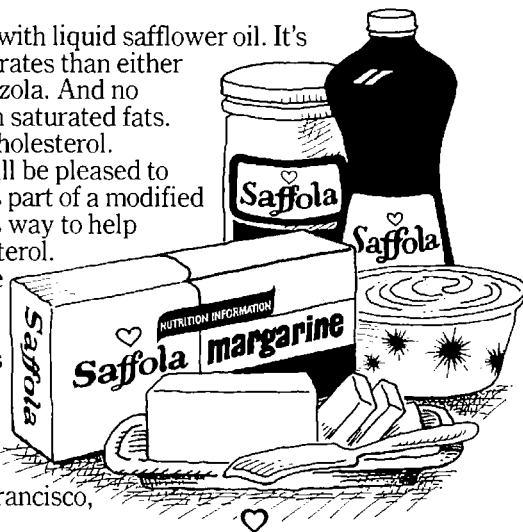


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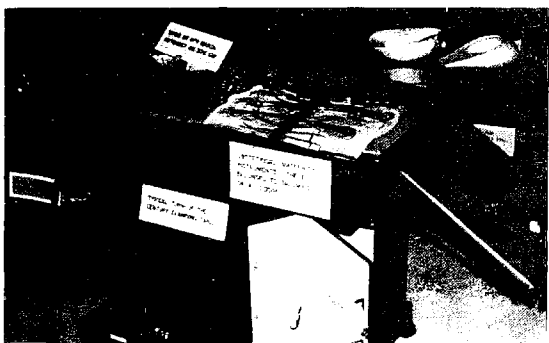
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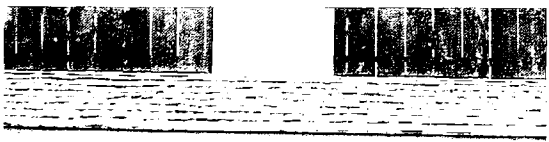
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MUSEUM MAIN STREET – BEFORE THE CROWDS.



PORTION OF THE POPULAR SURGICAL DISPLAY.



SOCIETY EXHIBIT AS VIEWED BY VISITORS.

Those who dared the crowds and braved the weather long enough to “Do the Puyallup” in '76, hopefully had the opportunity to view the Pierce County Medical Society's first-time-ever display.

With a ten by twenty foot area donated by fair officials, a turn-of-the-century exhibit was erected on Pioneer Square, depicting an early physician's office setting.

The many hours spent collecting, cataloging, sign-making and setting up paid off in a tie-for-second from the judges. Fate turned tails in the coin toss, however, netting for the Society the third place ribbon.

The exhibit was viewed by an estimated 750,000 fair-goers and resulted in several commendations from fair officials and the public.

The accolades really must go to the following physicians and their wives who loaned nearly all of the fascinating (and in some instances, extremely valuable) exhibit artifacts:

- Dr. and Mrs. Leonard Alenick
- Dr. and Mrs. William Conte
- Dr. and Mrs. K. Royce Hansen
- Dr. and Mrs. Eugene Hanson
- Dr. and Mrs. Lon Hoover
- Dr. and Mrs. David Hopkins
- Dr. and Mrs. Kiyokyo Hori
- Dr. and Mrs. Robert Kallsen
- Dr. and Mrs. Raymond Miller
- Dr. and Mrs. Bernard Rowen
- Dr. and Mrs. Frederick Schwind

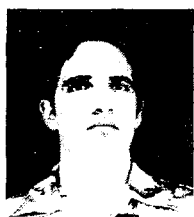
The Society is grateful to these benefactors, as well as to others, including Washington State Historical Society Acquisitions Director, Darrel Thiel, St. Joseph Hospital and the Tacoma Rescue Mission, who assisted us in sharing a bit of our medical heritage with our community.



MEMBERSHIP

In accordance with Society Bylaws, Chapter VII, Section A — MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

FIRST NOTICE



THOMAS E. BAGEANT, M.D., Anesthesia. Born in Florida, 12/26/44; medical school at George Washington University School of Medicine in Washington D.C., 1970; internship at Madigan General Hospital, in Tacoma, 1970-71; residency training, Brooke Army Medical Center, San Antonio, Texas, 1971-74; licensed to practice medicine in the State of Washington, 1972. Dr. Bageant's office is located at Madigan Army Medical Center, in Tacoma.



ROBERT L. DETJE, M.D., Internal Medicine, Cardiology. Born in New York, N. Y., 6/28/44; medical school at University of Oregon Medical School in Portland, 1969; internship San Bernardino, County General Hospital, 1969-70; residency training San Joaquin General Hospital, 1972-73, 1974-75, Kaiser Foundation 1973-74, University of California, Davis, 1975-76; licensed to practice medicine in the State of Washington 1972; also practiced medicine in Oregon and California. Dr. Detje's office of Internal Medicine, Cardiology, is located at 6345 Motor Avenue S.W., in Lakewood.



ROBERT E. BILLINGS, M.D., Emergency Medicine. Born in Portland, Oregon 9/16/43; medical school Wayne State Medical School in Detroit, Michigan, 1970; internship University of Oregon Hospital and Clinics, 1970-71; residency training Kansas City General Hospital, Kansas City, Missouri, 1974-76; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in Michigan and California. Dr. Billings is currently practicing at Tacoma General Hospital.



CLAYTON D. ERICKSON, M.D., Family Practice. Born in Duluth, Minnesota, 3/20/45; medical school at University of Washington School of Medicine, Seattle, 1971; internship University of Oklahoma, 1971-72; residency training also at Univ. of Oklahoma, 1972-74; licensed to practice medicine in the State of Washington, 1976. Dr. Erickson's office of Family Practice is located at 521 South K St., in Tacoma.



HERBERT F. COWGILL, M.D., Radiology. Born in Wooster, Ohio 9/18/18; medical school at the University of Cincinnati, 1943; internship at St. Louis Hospital in Missouri, 1944, and Christ Hospital in Cincinnati, Ohio, 1946-47; residency training at Marshfield Clinic in Wisconsin, 1947-48, and Walter Reed Army Medical Center in Washington D.C., 1955-58; licensed to practice medicine in the State of Washington, 1971; also practiced medicine in Ohio and Colorado. Dr. Cowgill's office of Radiology is located at 1112 South Cushman, in Tacoma.



CARL J. GERBER, M.D., Psychiatry-Neurology. Born in Michigan, 2/15/34; medical school at Duke University School of Medicine in Durham, North Carolina, 1967; internship at Duke University Hospital, 1966-67; residency training at Duke University Hospital - Neurology, 1967-69, and also Duke Univ. Hospital - Psychiatry, 1970-72; licensed to practice medicine in the State of Washington 1973; also practiced medicine in North Carolina. Dr. Gerber's office of Psychiatry-Neurology is located at American Lake Veterans Administration Hospital, in Tacoma.



CLARK W. DEEM, M.D., Ophthalmology. Born in Alton, Illinois, 2/24/42; medical school at Washington University in St. Louis, Missouri, 1968; internship Barnes Hospital, St. Louis, Missouri, 1968-69; residency training also at Barnes Hospital, St. Louis, Missouri, 1969-70, and University of Washington, Seattle, 1973-76; licensed to practice medicine in the State of Washington, 1972; also practiced medicine in Missouri. Dr. Deem's office of Ophthalmology is located at B-6001 Allenmore Medical Center, in Tacoma.



CARL S. HAMMER, M.D., General Surgery. Born in Providence, Rhode Island, 8/21/42; medical school at McGill University in Montreal, P.Q., Canada, 1968; internship at St. Elizabeth's Hospital in Brighton, Massachusetts, 1968-69; residency training University of Washington, Seattle, 1969-74; licensed to practice medicine in the State of Washington, 1969. Dr. Hammer's office of General Surgery is located at 408 South K St., in Tacoma.



TIMOTHY B. JOLLEY, M.D., Pediatrics. Born in Columbia, Ohio, 10/11/45; medical school at Michigan State University, 1970, and University of Washington, 1971; internship Virginia Mason Hospital, in Seattle, 1971-72; residency training at Children's Hospital and University of Washington, 1972-74; licensed to practice medicine in the State of Washington, 1975. Dr. Jolley's office of Pediatrics is located at 1318 - 3rd St. S.E., in Puyallup.



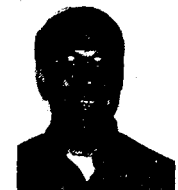
WILLIAM McLROY, M.D., Obstetrics and Gynecology. Born at Fort Sam Houston, Texas, 8/17/31; medical school at the University of Washington, Seattle, 1957; internship at Brooke Army Medical Center in San Antonio, Texas, 1957-58; residency training Madigan Army Medical Center, Tacoma, 1958-61; licensed to practice medicine in the State of Washington 1976. Dr. McLroy's office of Obstetrics and Gynecology is located at Western Clinic, in Tacoma.



ROBERT Z. W. McLEES, M.D., Obstetrics and Gynecology. Born in Salinas, California, 3/3/45; Medical College of Virginia, Medical School, 1971; internship at Madigan Army Medical Center, Tacoma, 1971-72; residency training also at Madigan Army Medical Center, 1972-75; licensed to practice medicine in the State of Washington, 1975. Dr. McLees' office of Obstetrics and Gynecology is located at 1812 South I St., in Tacoma.



GEORGE D. OH, M.D., Obstetrics and Gynecology. Born in Seoul, Korea, 5/2/36; medical school at Yonsei University, College of Medicine, in Seoul, Korea, 1962; internship at Highland Park General Hospital in Michigan, 1966-67; residency training at Mercy & Timken Mercy Hospital, Canton, Ohio, 1967-70; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in Michigan. Dr. Oh's office of Obstetrics and Gynecology is located at 10116 - 116th East, in Puyallup.



DONALD A. PIERCE, M.D., Internal Medicine. Born in Ft. Lauderdale, Florida, 7/18/15; medical school at Columbia University College of Physicians and Surgeons, in New York, 1971; internship at Columbia St. Lukes Hospital, New York, 1971-72; residency training also at Columbia St. Lukes Hospital, New York, 1972-1974; license to practice medicine in the State of Washington pending; also practiced medicine in New York and California. Dr. Pierce's office of Internal Medicine is located at Summitview Clinic on Canyon Road in Puyallup.



DENNIS A. WIGHT, M.D., Obstetrics and Gynecology. Born in Los Angeles, California, 5/27/42; medical school at El Camino Jr. College in Gardena, California, 1961, and University of Utah in Salt Lake City, 1963; internship at Fitzsimmons General Hospital in Denver, Colorado, 1967-68; residency training at U. S. Army Hospital, Fort Campbell, Kentucky, 1968-69 and Madigan General Hospital in Tacoma, 1969-72; licensed to practice medicine in the State of Washington, 1968. Dr. Wight's office of Obstetrics and Gynecology is located at 1812 South I St., Tacoma.



ROBERT M. ROUSE, M.D., General Surgery. Born Pensacola, Florida, 12/26/28; medical school at University of Mississippi School of Medicine in Jackson, Miss., 1951 and Tufts University Medical School, Boston, Massachusetts, 1953; internship Waltham Hospital, Waltham, Massachusetts, 1953-54; residency training Walter Reed General Hospital, Washington D.C., 1959-63; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in Wisconsin and California. Dr. Rouse is currently practicing at Good Samaritan Hospital in Puyallup.



JOHN G. SCHMIDT, M.D., Family Practice. Born in Chico, California, 7/18/45; medical school at University of California in San Francisco, Calif., 1971; internship at University of California, Sacramento, 1971-72; residency training also at the University of Calif., Sacramento, 1971-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Schmidt's office of Family Practice is located at 521 South K St., in Tacoma.



ROBERT E. SECAUR, M.D., Pediatrics. Born in Akron, Ohio, 11/30/45; medical school at the University of Cincinnati College of Medicine in Cincinnati, 1971; internship at the University of Michigan Hospital, Ann Arbor, Michigan, 1971-72; residency training also at the University of Michigan Hospital, 1972-74; license to practice medicine in the State of Washington is pending; has practiced medicine in Michigan and South Dakota. Dr. Secaur's office of Pediatrics is located at 521 South K St., in Tacoma.

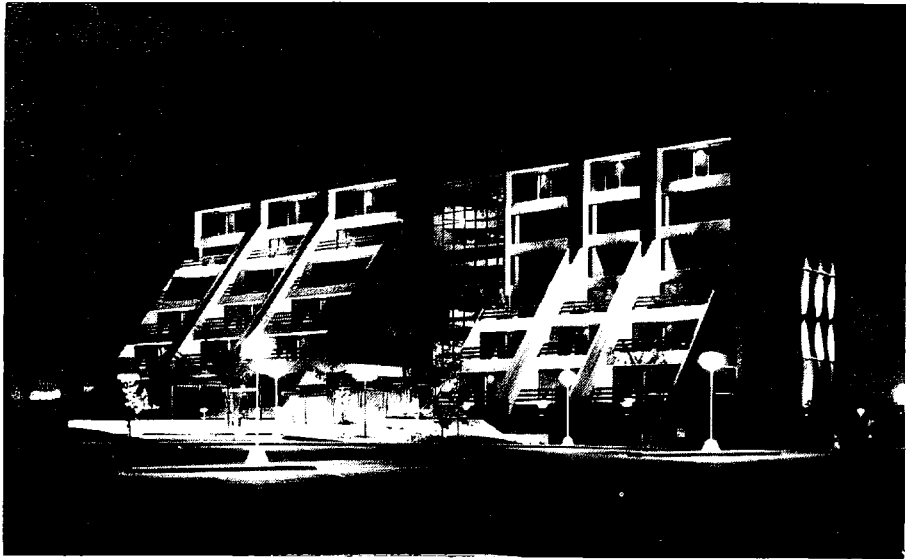


ABRAM ROBERT THIESSEN, M.D., Oncology and Hematology. Born in Winnipeg, Canada, 7/11/46; medical school at University of Manitoba Medical School in Winnipeg, Manitoba, Canada, 1970; internship at Harbor General Hospital, in Torrance, California, 1970-71; residency training also Harbor General Hospital, in Torrance, 1971-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Thiessen's office of Oncology and Hematology is located at 222 Allenmore Medical Center, in Tacoma.



THOMAS M. VAN EATON, M.D., General Practice. Born in Morton, Washington, 9/22/42; medical school University of Washington in Seattle, 1971; internship San Joaquin General Hospital, Stockton, California, 1971-72; licensed to practice medicine in the State of Washington, 1972. Dr. Van Eaton's office of General Practice is located in Eatonville.

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LETTERS

Mr. Dale Shirk, Executive Director
Pierce County Medical Society

August 31, 1976

Dear Mr. Shirk:

The Pierce County area physicians who serve as volunteer team physicians for the local high school football teams deserve a round of applause. Their assistance provides an added safeguard for our young people and is a vital service to the community.

Those who have served in this capacity in the past include:

Wayne A. Bergstrom, M.D., Wilson High School
Donald F. Cummings, M.D., Lincoln High School
Charles N. Galbraith, M.D., Bellarmine High School
Kenneth D. Graham, M.D., Wilson High School
Edmund A. Kanar, M.D., Mt. Tahoma High School
Hugh A. Larkin, M.D., Bellarmine High School
John S. May, M.D., Wilson High School
Thomas J. Miskovsky, M.D., Lincoln High School
Stanley A. Mueller, Jr., M.D., Foss High School
John P. Nagle, M.D., Foss High School
Robert A. O'Connell, M.D., Stadium High School
George A. Race, M.D., Stadium High School
Bernard R. Rowen, M.D., Mt. Tahoma High School

Perhaps their service could be acknowledged in the next issue of the Pierce County Medical Society Bulletin.

Sincerely,
(signed)

Roger J. Meyer, M.D., M.P.H.
Administrative Director, Division of Health
[Tacoma Public Schools]

HELP! HELP! HELP!

Both Family Clinic (3500 served thru June, 1976) and Eastside Clinic (1500 served thru June, 1976) are in desperate need of family practitioners willing to see patients on a regular, delayed, lowered or no fee basis and governmental fee (State Department of Public Assistance).

The Pierce County Medical Society should supply the leadership in providing residents of Pierce County medical care appropriate to the needs of the patient and recommendations of his primary care physician regardless of finances.

Both Clinics will arrange for laboratory tests (courtesy of the Pierce County Pathologists), radiological studies (courtesy of the Pierce County Radiologists), prescriptions (special arrangements with Pierce County Pharmacists) and usually transportation when needed.

All this has been arranged and working for 5 years now with help from many community governmental and volunteer agencies (Revenue Sharing, Metropolitan Development Council, United Way, Urban League, Tacoma Area Urban Coalition, Tacoma Health Department, Eastside Health Board, Pierce County Health Council, Tacoma Human Development Department, Tacoma General Hospital Explorer Port, St. Joseph Hospital, Puget Sound General Hospital, Tacoma General Hospital, Mary Bridge Children's Health Center and Tacoma Public Schools).

All this is now being bogged down due to the lack of primary care physicians willing to see adult patients on referral from these clinics. There are currently only a few family practitioners who will accept these patients.

It would seem that if a large number of family practitioners would just see an additional one patient a week, the needs of these clinics could easily be met. It is recognized how busy each practitioner is, but there were a large number who responded affirmatively when the Pierce County Medical Bureau asked for this type of help.

It is hoped that these clinics are being run in the manner that the Pierce County Medical Society desires. Previous requests have gone out in individual letters as well as letters to the local American Academy of Family Practice (Pierce County as well as Puyallup Valley), Tacoma Academy of Internal Medicine and Tacoma OB-GYN Society.

This is another opportunity for the private sector of medicine to show our community that we physicians can take care of our own without governmental intervention.

Any suggestions which will produce results are gratefully solicited. Please call me. Add your name to the list at Family Clinic (626-9182 / Aaron Miller) and Eastside Clinic (593-4792 / John Erwin).

Respectfully submitted,
George Tanbara, M.D.

.....

TO: Pierce County Medical Society
President, Board of Trustees and Executive Director

FROM: Jo Ann Johnson, President, WSMA Auxiliary

September 17, 1976

Gentlemen:

Five years ago when I approached Dr. Robert Florence about the feasibility of seating the County Auxiliary President on your Board, I was delighted with the affirmative reply from him and his Board. This was a first in our State. Your recent By-Laws amendment naming the Auxiliary President as a full member of the Board is another first in the State.

The Society's continued support and promotion of Auxiliary's activities is greatly appreciated -- and my personal thank you for your assistance and recognition of my new position in the State Auxiliary.

Sincerely,
Jo Ann Johnson

.....

Mr. Dale Shirk, Executive Director
Pierce County Medical Society

September 16, 1976

Dear Mr. Shirk:

RE: Name change and announcement of spring meeting.

The former Puget Sound Academy of Otolaryngology has been renamed the Northwest Academy of Otolaryngology and Head and Neck Surgery. Its annual spring meeting will be held May 20 and 21, 1977, at the Washington Athletic Club, Seattle.

Officers are John R. Hilger, M.D., President; Joseph W. Walike, M.D., Secretary-Treasurer; and Alvin J. Novack, M.D., Program Chairman.

I would appreciate your assistance in an announcement in the Bulletin of the Pierce County Medical Society.

Sincerely yours,
(signed)

Joseph W. Walike, M.D., F.A.C.S.
Secretary-Treasurer

LETTERS continued overleaf--

September 11, 1976

Dear Ben:

Enclosed find a communication which we have prepared in the hope that you will publish it in the Pierce County Medical Bulletin in the near future in the interest of scientific and public information.

Sincerely,
(signed)
Kenneth E. Gross, M.D.

September 11, 1976

In view of recent wide-spread confusing publicity in regard to Mammography, particularly in the local press, it is hoped that the following information will help to stabilize the thinking of all concerned in this regard.

The following information is taken directly from a American College of Radiology Commission on Cancer and its Committee on Mammography and Diseases of the Breast, current opinion and summary, and policy statement as of August 1976. This is felt to be a proper statement at this time. As are all medical conclusions, this is a statement for a particular stage of our medical knowledge. Referred to in current parlance as "the State of the Art".

INTRODUCTION

"Mammography has proven to be the *most effective diagnostic tool so far developed for the detection of breast cancer at an early stage* before it spreads to regional lymph nodes. This early detection increases the probability of cure. Mammography at appropriate intervals in asymptomatic women over age 35 promises to reduce significantly the number of deaths from breast cancer.

Since there is now no definitive scientific evidence with regard to:

- 1) optimal age for the initial mammogram;
- 2) frequency of examination;
- 3) data on possible long term radiation risk;

this statement is being issued, as a summary of current informed opinion."

CARE OF WOMEN WITH SYMPTOMS

"In women who have symptoms or physical findings suggestive of possible breast cancer, medical decisions must be individualized to fit the patient's needs. Under these circumstances, *mammography is an integral part of evaluation of the patient.*"

SCREENING OF ASYMPTOMATIC WOMEN

"Recognizing that definitive data are not yet available that allow the establishment of firm criteria that define a protocol for the *screening* of breast cancer in asymptomatic women, the ACR recommends the following:

- 1) All women should have annual physical examination of the breasts and be taught breast self-examination.
- 2) For asymptomatic women the first, or *baseline, mammographic* examination should be performed between the ages of 35 and 40.
- 3) Subsequent mammographic examinations should be performed at one to three year intervals unless more frequent examination is medically warranted.
- 4) After age 50, annual or other *regular interval examinations, including mammography*, should be performed.
- 5) Although the carcinogenic effects of radiation at current levels of exposure are probably immeasurably small, continuing attempts to reduce exposure should be made. However, image quality must be preserved for accurate diagnosis to insure the best *risk/benefit (cure) ratio.*

*Italics added

- 6) Each radiologist should assure the periodic monitoring of his equipment and procedures to determine that the patient's exposure is being maintained at the lowest feasible level."

RESEARCH PROGRAMS

"The protocol currently being followed by the N.C.I./A.C.S. sponsored 'Breast Cancer Detection Demonstration Projects' should be pursued so that the data are as complete and accurate as possible in order that meaningful conclusions can be drawn. Follow-up of the patients must be carried out for a number of years to insure collection and evaluation of the data. *Theoretical concerns of possible radiation induced breast cancer do not warrant change in the current protocol of the 'Breast Cancer Detection Demonstrations Projects.' Estimates of risk that include a radiation carcinogenic effect are of dubious validity because of the lack of objective scientific evidence.*

Research must be continued and encouraged to:

- 1) improve methods for measurement of low level radiation;
- 2) further reduce the radiation dose in mammography consistent with good image quality;
- 3) determine the most appropriate age at which to begin screening for different risk groups;
- 4) define women who are at high risk;
- 5) define those mammographic findings that dictate re-examination at a shorter interval;
- 6) establish the appropriate intervals for re-examination; and
- 7) collect evidence of the benefits and risks of mammography."

*Italics added

Particular attention is drawn to the comments in regard to possible radiation dangers and should be particularly noted. The current publicity of such was produced by a presentation of "armchair thinking" without factual scientific data as is emphasized in the above statements. It dealt with *routine use as a survey mechanism* under age 50. However, it is worthy to note that in Pierce County there has not been an ACS or an NCI Screening Program. Therefore, in Pierce County all examinations have been performed on patients with symptoms or physical findings warranting the examinations. Thus, *none of the recent controversy is really applicable here.*

From the aspect of information all should be made aware that yielding to publicity NCI and ACS have agreed to discontinue *routine use* for women under age 50 as an *interim measure* but the project does continue in all other respects in the locations designated. The closest such program to Tacoma is proceeding in Seattle.

It should be noted that not a single documented case of carcinoma of the breast has been found related to mammography which has been performed since the late 1930's and early 1940's period.'

P.S.R.O. SEMINAR SCHEDULED

The Washington State Professional Standards Review Organization (WSPSRO), along with the Washington State Hospital Association, Washington State Health Facilities Association and the Washington Association of Homes for the Aging, is sponsoring a Long Term Care Seminar, November 12 and 13 at the Greenwood Inn in Bellevue. The agenda will include discussions of the quality assurance aspect of long term care as relates to PSRO.

Faculty for the two-day seminar is primarily JCAH and local physicians who work closely with WSPSRO. Tuition is \$160.

Brochures and information available: WSPSRO, 2150 North 107th Street, Seattle, WA 98133 Phone 364-9700.

A.M.A. CONTINUING EDUCATION SEMINARS 1977 Regional Meeting Schedule

Jan. 22-23	Tulsa, Sheraton Skyline East
Feb. 5-6	Birmingham, Hyatt House
Feb. 11-13	Lake Tahoe, Del Webb's Sahara
Feb. 19	Denver, Hyatt Regency
March 4-6	Tarpon Springs, Fla, Innisbrook
March 26-27	Detroit, Michigan Inn, Southfield
April 16-17	Rye, New York, Rye Town Hilton
May 14-15	Houston, Shamrock Hotel
Sept. 10-11	Hartford, Sheraton
Sept. 16-18	Lake of the Ozarks, Tan-Tar-A
Sept. 24-25	Chicago, Holiday Inn-Chicago City Centre
Sept. 30 - Oct. 2	Hot Springs, Virginia, The Homestead
Oct. 7-9	Huron, Ohio, Sawmill Creek
Oct. 30 - Nov. 3	Honolulu, Hawaii
Nov. 18-19	Hershey, Hershey Motor Lodge and Convention Center

For Information: Contact AMA Division of Continuing Medical Studies, 535 North Dearborn Street, Chicago, Illinois 60610.

W.S.M.A.

ANNUAL MEETING HIGHLIGHTS

- **Aetna will seek an 11% average increase** in professional liability insurance premiums for 1977. Meeting with the WSMA Professional Liability Committee August 28, Aetna representatives credited the strength of the WSMA/Aetna program and legislative action as major factors keeping the increase to a relatively modest level, despite the fact that the frequency and severity of claims continues to rise. If approved by the Insurance Commissioner, the new rates will range from \$1,441 for Class I, to \$12,012 for Class VIII. (Average increase in 1975 was 56%; and 69% in 1976.)
- **A revised Renewal Questionnaire** has been mailed by Aetna to all physicians covered under the WSMA/Aetna program. The Questionnaire is designed to ensure that all physicians are properly classified. *The form must be completed and returned to the Aetna office in Hartford, Connecticut, in order to obtain a renewal of professional liability insurance.*
- **At the Special Session on Professional Liability** Friday, Dr. Roger O. Egeberg told WSMA members that the professional liability problem will probably be left to the states to solve and called for increased self-policing by the profession. Dr. Egeberg is Special Assistant to the HEW Secretary for Health Policies.
- **A preliminary report on the Closed Claims/Actuarial Study** being completed for the WSMA and Bar Association by Booz, Allen Consulting Actuaries shows that Aetna premium rates have in general been appropriate over the past 15 years. Full results of the study will be received in early October.
- **The WSMA House of Delegates approved 5 legislative recommendations** of the WSMA Task Force on Professional Liability: (1) Further legislative consideration of arbitration and pre-arbitration screening panels; (2) Creation of a statutory cause of action for abuse of legal process; (3) Strengthening of the "breach of warranty" provision of SHB 1470; (4) Requiring a 90-Day Notice of Intent to File Suit; and (5) Addition of a lay member to the Medical Disciplinary Board.
- **The 23 non-legislative recommendations** of the Task Force were items calling for expansion of the King County Medical Society voluntary arbitration program, establishment of a preliminary framework for a physician-owned insurance company, intensive study of a medical injury benefits system, aggressive application of the Medical Disciplinary Act, a joint policy statement with the State Hospital Association on access to medical records, continuation of efforts to encourage use of informed consent forms, monitoring court implementation of SHB 1470, ongoing liaison with the Bar Association, and continuation of the Task Force.
- **The House of Delegates set January 1, 1977** as the deadline for collection of the first phase (\$100) of the special \$200 professional liability assessment levied by the House in September 1975. *Physicians not paying the first phase (\$100) by January 1, 1977 will face suspension from membership according to this action of the House of Delegates and as is provided in the WSMA Constitution and Bylaws. The House also authorized the WSMA Board of Trustees to levy such portion of the second phase (\$100) as the Board of Trustees finds is necessary to finance Task Force recommendations for continuing the Professional Liability Program. Deadline date for the second phase was established as January 1, 1978.*
- **The 675 WSMA members who have not paid** the assessment may write to the Special Assessment Committee, % WSMA Central Office, 444 N.E. Ravenna Boulevard, Seattle, Wash. 98115, requesting a hardship exemption and giving reasons. **The Special Assessment Review Committee** considered 42 requests for hardship exemption, and recommended that 7 physicians be excused, that 10 be asked to pay a lesser amount, that 13 be deferred and reviewed next year, and that 11 requests be refused.

- **WSMA Task Force on Professional Liability** will continue under the chairmanship of Immediate Past President, Dr. William O. Robertson. Members of the Task Force for 1976-77 are: Drs. W. Ben Blackett, Phillip O. Bridenbaugh, John H. Dawson, Robert W. Florence, Richard Kleaveland, and Stanley W. Tuell.

MAJOR ACTIONS IN THE FINAL SESSION OF THE HOUSE OF DELEGATES

- **WSMA Statement on Fraud:** Adopted a statement placing the WSMA on record as not tolerating conduct by any health care provider who fraudulently deals with individual patients or with third party payors, public or private.
- **Access to Records:** Adopted a proposed joint policy statement with the Washington State Hospital Association which says that a patient's access to his or her medical record should be withheld only when prohibited by law, or when for psychiatric or other medical reasons in the judgment of the patient's attending physician such release would be detrimental to the patient. Under those conditions, access should only be pursuant to an order of the court.
- **Approved program of WSMA Committee on Medical Education:** Designed to bring effective continuing medical education programs to members at the most convenient locations and at lowest possible costs.
- **WSMA Constitution and Bylaws** were amended to: (1) Redefine the objectives of the WSMA to reflect concern for health of the public, and to serve and provide leadership for WSMA membership and allied health professionals and the public; (2) Award honorary membership to retired members who have reached age 65 and have been members for 25 consecutive years; and (3) Strike the requirement that non-citizen members must file a declaration of intent to become U.S. citizens.
- **Resolutions approved by the House** called for: Continuation of WSMA Library Service Study - Improvement of School Health Evaluation Program and Occupational Physical Examinations - Creation of a WSMA Section on Allergy - Continued Study on the Possibility of Constitutional Challenge to State Certificate of Need Laws - Develop

a Uniform Claim Form by January 1, 1977 - Hospital Medical Staffs to Accept and Provide Rules and Regulations for Pre-Admission Testing to Eliminate Duplication, Reduce Unnecessary Cancellation of Surgical Procedures, and in General Tend to Reduce Costs Without Sacrificing Quality - Opposition to Legislation to Extend Right to Practice Medicine to Optometrists.

- **The House received informational reports** from the following: AMA/WSMA Jails Project; The Clearinghouse; Washington State Medical Association Library Service; MEDEX Northwest; Washington State Medical Disciplinary Board; Washington Medical Political Action Committee; Washington State Professional Standards Review Organization; School of Public Health & Community Medicine, University of Washington; Washington State Department of Social and Health Services, Health Services Division; Health Care Review Center; Washington State Hospital Commission; and the Washington State Board of Medical Examiners. Copies of the above listed reports are available to WSMA members through the Central Office.

- **Dr. Malcolm W. Bulmer, Wenatchee Anesthesiologist**, was installed as the WSMA President for 1976-77. In his inaugural address, Dr. Bulmer called on Association members to seek ways to anticipate and to prepare ahead of time to meet changing conditions. **Dr. Alvin J. Thompson, Seattle Internist**, was named President-Elect.

- **The Aesculapius Award** for the outstanding scientific exhibit at the annual meeting was presented to St. Elmo Newton III, M.D., of Seattle for his exhibit on "Total Ankle Arthroplasty—An Alternate to Ankle Fusion."

- **A record high attendance at Annual Meeting:** 1,357 physicians; 25 nurses; 162 exhibitors; 271 guests.

W.S.M.A. OFFICERS AND BOARD OF TRUSTEES – 1976-1977

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*serves to 12/31/76; Dr. Paul R. Lauer assumes
 office 1/1/77

**serves to 12/31/76; Dr. John M. Kennelly assumes
 office 1/1/77

#holdover

PICTURE HIGHLIGHTS



Dr. Bill Ritchie studies Report of Reference Committee D, of which he was a member, prior to final action by the House.



From left, Drs. Blackett, McKay, Tuell and Hopkins heard report from Reference Committee Chairman, Dr. Early (not pictured).

Pierce County Delegates discussed all committee reports prior to House action on Monday.



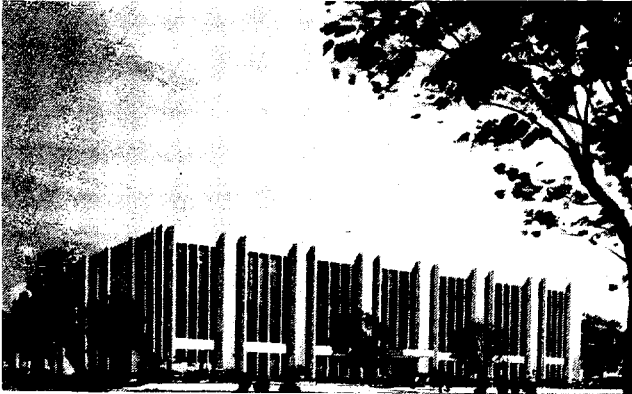
Dr. John May (*left*), WSMA Trustee, joined PCMS Drs. Blackett and McKay for 7:00 a.m. breakfast meeting.

Reference Committee C heard testimony on several controversial reports. Dr. Jim Early (*2nd from right*) chaired Committee C.



Tacoma's Speaker of the House, Dr. Stan Tuell (*left*), confers with Pierce County Delegation Chairman and President, Dave Hopkins, M.D.

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TACOMA GENERAL TOPICS
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Wednesday
October 13, 1976
7:30 - 9:30 a.m.

I. Clinical Approach to Common
OB-Gyn Problems

Michael J. Miller, M.D.
Associate Professor of
Medicine, U of Oregon

Wednesday
October 20, 1976
7:30 - 9:30 a.m.

II. Clinical Evaluation and
Therapy of Valvular Heart
Disease

Ward Kennedy, M.D.
Prof. of Medicine, UW
Chief, Cardiology, VAH,
Seattle

Wednesday
October 27, 1976
7:30 - 9:30 a.m.

III. Evaluation: 1) Breast Cancer &
Estrogen Receptors
2) Parathyroid Function
3) Solitary Thyroid Nodule
4) Pituitary & Prolactin Via RIA

Albert L. Nichols, M.D.
Asst. Chief, Medicine,
UCLA; Chief, Endocrin-
ology Clinic, Harbor Gen.
Hospital, UCLA;
Director, Nichols Institute

Section Coordinators: Drs. J. A. Garcia, J. P. Nagle, R. F. Kapelowitz

Sponsored by: Committee on Continuing Medical Education, Pierce County Medical Society
Tacoma General Hospital

In conjunction with: College of Medical Education, Inc.

To be held at: TACOMA GENERAL HOSPITAL (conference room to be announced)
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Course coordinator: R. F. Kapelowitz, M.D.

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Tacoma General Hospital
315 South K Street
Tacoma, Washington 98405

Name _____

Address _____

Participant will be attending the following sessions:

I.

II.

III.

PRE-REGISTRATION IS REQUESTED

Certification of attendance will be issued to those physicians who are registered and attend the session(s).

FAMILY CLINIC – AUGUST 1976 (627-9182)

Monday Through Friday -- 10:00 to 5:30 1815 South J Street Tacoma, Washington 98405
 Coordinator: Aaron Miller

PATIENT SERVICES	August 1976	Total, 1976	Total Since September 1973
Referred to Physicians	60	2992	4086
Laboratory Services	111	3138	3906
X-Ray Services	24	103	403
Prescription Services	74	1423	2406
Referred to Community Agencies	12	473	1220
Seen by Physicians in Clinic	16	693	1452

ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	25	627	1145
Caucasian.....	205	3548	6171
Asian-American.....	2	80	168
Native-American.....	2	113	227
Mexican-American.....	5	81	151

PARTICIPATING PHYSICIANS ON FRIDAY EVENINGS:

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. A. Tsoi
			Dr. G. Oh

EAST SIDE HEALTH CLINIC

Progress Report for August 1976

Director, Mr. John Ervin

	August	Total-1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	175	1371	*6688
Children	106	796	*5052
Laboratory Services	74	594	1562
Prescriptions Filled	132	1038	2478
Referred to Physicians	28	154	454
Phone Referrals	53	483	1407
DPA	63	481	1117
EPSDT	19	100	316

*Until January 1975 the number of patients actually seen by our clinic physicians was the only information available.

DERMATOLOGY TODAY

practical information for physicians . . .

October 29, 1976 (all day):

8:00 a.m.	Welcome and Announcements	
8:30 a.m.	Clinical Approaches to Dermatology	Frank Parker, M.D., University of Washington School of Medicine
9:15 a.m.	Current Concepts in Venereal Disease Particular reference to gonorrhea and syphilis	Jim Harnish, M.D. U. S. Public Health Hospital, Seattle
10:00 a.m.	COFFEE BREAK	
10:15 a.m.	What's New in Dermatology	Sidney Whaley, M.D. Dermatologist, Tacoma
11:00 a.m.	Question - Answer PANEL	Above speakers with Lloyd C. Elmer, M.D., Moderator
11:30 a.m.	LUNCH - ALLENMORE	
1:00 p.m.	Dermatophytic Infections Update - Herpes Simplex infections	Jim Harnish, M.D.
1:45 p.m.	Oral Eruptions and Lesions	Frank Parker, M.D.
2:30 p.m.	COFFEE BREAK	
2:45 p.m. to 4:00 p.m.	External Therapeutic Modalities	Lloyd C. Elmer, M.D. Dermatologist, Tacoma

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In conjunction with: College of Medical Education, Inc.

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NEW THEORY OFFERED ON DEATH OF WASHINGTON

George Washington most likely died of acute epiglottitis rather than the diagnosis of his physicians of cynanche trachealis. This is the conclusion of Heinz H. E. Scheideman, M.D., a Falls Church, Virginia laryngologist, after a detailed study of Washington's final illness. The study appears in the September issue of *Archives of Otolaryngology*.

Cynanche trachealis was the diagnosis made by Washington's doctors after his death. Their first diagnosis was quinsy, but this was changed on their report.

The nation's first president awoke between 2 and 3 a.m. December 14, 1799, with difficulty in breathing and pain on swallowing. He was dead 21 hours later.

Washington had been soaked by cold rain while inspecting his farm on horseback the day before his illness, and had developed a slight sore throat.

The course of treatment is now history, including the heavy bleeding of the patient. Two older physicians were summoned, both respected and

well trained for their day. They called in a third, younger, physician who also was highly respected.

Washington's symptoms worsened. He almost choked to death when given some medicine. He had difficulty breathing and was highly restless. Then the restlessness eased and it seemed that he was improving. But at 11:30 p.m., after an illness of only 21 hours, he was dead, at the age of 67.

The younger doctor, Elisha Cullen Dick, 32, recommended a tracheostomy. The operation had never been performed in America, and the older doctors decided that he might die from the operation. Actually, it might have saved his life, says Dr. Scheideman. But, he adds, "What would the world have said at that time if they had taken this chance and failed?"

The course of the illness strongly indicates that the problem was an inflamed and swollen epiglottis, rather than merely an advanced sore throat, Dr. Scheideman concludes.

And, "It is of interest to note that in spite of all the advances of modern medicine in the last 200 years, this emergency would have been treated the same way then as now. Only the rapid establishment of an airway guarantees survival in acute epiglottitis."

General Membership Meeting

DATE: Tuesday, October 12, 1976

PLACE: TACOMA YACHT CLUB

TIME: Cocktails - 6:30

Dinner - 7:00

Program - 8:00

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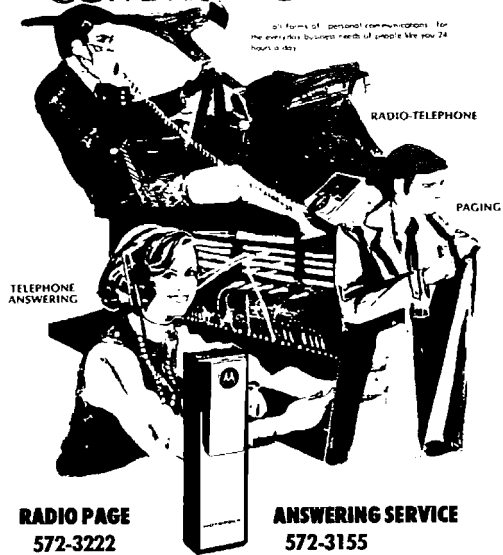
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CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY

The following programs are now being planned for the 1976-77 year by your Committee for Continuing Medical Education of the Pierce County Medical Society and your local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. This schedule is subject to change.

		<u>Category I Credit</u>
October 23 10:00 a.m. to 5:00 p.m. Seminar Tacoma General Hospital	HODGKIN'S DISEASE Coordinator: J. G. Katterhagen, M.D.	3
October 29, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	DERMATOLOGY Coordinator: Richard Baerg, M.D.	5
October 13, 20, 27; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
November 18 and 19 St. Joseph Hospital	YODER LECTURE SERIES – Management of Chest Injuries Coordinator: James Billingsley, M.D.	
December 12, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	OPHTHALMOLOGY Coordinator: Richard Bowe, M.D.	7
January 11, 12, 13, 14; 8:00 to 10:00 a.m. St. Joseph Hospital	FLUID AND ELECTROLYTE BALANCE Coordinator: John Kennedy, M.D.	8
January 27, 6:00 p.m. Dinner 7:30 to 10:30 Seminar Tacoma General Hospital	RADIOLOGY – ONCOLOGY Coordinator: J. G. Katterhagen, M.D.	3
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	GASTROINTESTINAL DISEASE Coordinator: Richard Baerg, M.D.	8
March 11, 8:00 to 11:00 a.m. Tacoma General Hospital	CARDIOVASCULAR ORIENTATION Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	WHAT'S NEW IN INTERNAL MEDICINE Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 26, 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Center	DAY OF PEDIATRICS Coordinator: Robert Scherz, M.D.	6
April 6, 13, 20; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
May 6, All day Friday - Saturday a.m. Allenmore Hospital	ASCVD -- Medical & Surgical (TBA) Coordinator: Richard Baerg, M.D.	6
May 26, 6:00 p.m. Dinner, 7:30 to 10:30 p.m. Seminar Tacoma General Hospital	RADIOLOGY & ONCOLOGY (TBA) Coordinator: J. G. Katterhagen, M.D.	3



Pierce County Medical Society

NOVEMBER 1976

Vol. XLVIII, No. 11 • Tacoma, Washington



BULLETIN

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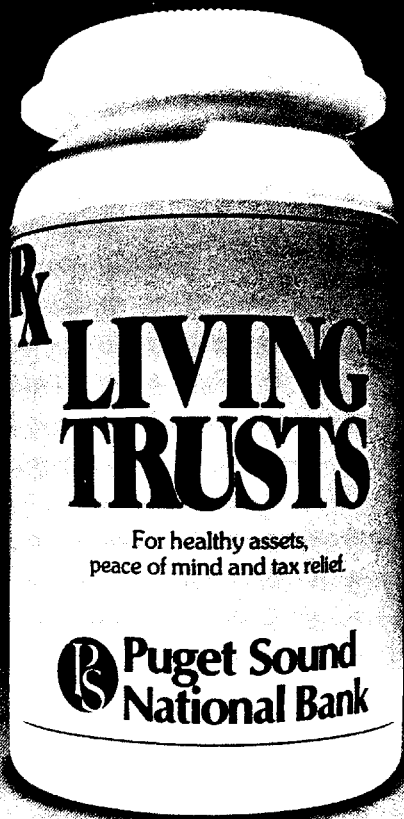
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PRESIDENT'S PAGE



David S. Hopkins, M.D.

Benefits of Society Membership

I am happy to announce that, at its October meeting, a wildly cheering, foot-stomping Pierce County Medical Society membership voted unanimously to change from monthly to quarterly meetings. This will not go into effect, however, until December.

Malcolm Bulmer, the new WSMA President, is on the move. He was in town last month for an evening meeting with Medical Society representatives and the chiefs of staff of the local Pierce County hospitals. The meeting was designed to determine if there were common areas of interest or concern associated with the job of chief of staff, and if so, if the WSMA could have any input that would make the task easier or more productive. It was an enlightening evening that produced some thought-provoking spinoff directly related to hospital affairs.

At a recent open house a member of the Society revealed to me that he occasionally read this page. He didn't actually say that he read it, but he gave enough broad hints and oblique references to convince me that he had glanced at it. If some members do in fact read this page occasionally,

it may be worthwhile, on an informal basis, to review some of the ever-increasing services available to the members through the Society.

The Society is processing about 150 calls per week regarding general information involving research and legal ethics. It is processing at least that number of calls regarding patient referral.

Addressing and mailing facilities are available for use by the general membership, as are duplicating facilities and copy at cost.

New applications for hospital staff privileges in the local hospitals are processed by the Society in an attempt to avoid duplication of effort.

Grievance Committee activities have provided resolution of grievances without having to result to an attorney and costly legal processes.

The Society is providing excellent group programs in the areas of life insurance and survivors benefits, auto leasing, travel and medical seminars.

The Society provides secretarial services at nominal costs, and has been active as a special society coordinator, including promotional mailings.

Free classified advertising is presently available and resumes are on file of people seeking medical employment. We are presently exploring the possibility of developing a placement service in which the Society would do interviewing and screening, and attempt to place a specific person in a person-specific job for a specific fee. This type of activity is already in progress in Portland and Spokane, and has been quite successful.

I could go on and on, but an irate Dale Shirk has just phoned and said this copy is 5 days late and the printer is holding the presses at \$100 an hour and I don't have \$100.

(PRINTER'S NOTE: \$50?)

D. S. H.

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LEGISLATIVE NEWS



Robert W. Florence, M.D.

Medical "Trip Insurance"

For those who missed the legislative newsletter last month, I offer my apology. Your writer took three weeks off to attend the meetings of the Scoliosis Research Society and the Combined Meeting of the Orthopaedic Associations of the English Speaking World. So I was concentrating on improving my knowledge in the medical field instead of medical legislation.

If any group of physicians get together and begin to discuss plans to solve the high price of professional liability insurance premiums, high on the list is likely to be the idea of "trip insurance." It sounds so simple and inexpensive — and besides, the patient pays for it as he enters the hospital for his trip to surgery, course of medical treatment, or whatever. This idea continues to crop up, but it doesn't take much investigation to determine that it just won't work. Let us look at some of the reasons why.

1. Airline trip insurance insures against accidental *death*. Low rates are available because

of the extremely low incidence of airline deaths in relation to miles traveled. The medical "trip insurance" would have to cover medical injury as well as death — including medical and hospital costs, loss of earnings and award for permanent impairment of bodily function.

2. Such coverage would imply coverage for any unexpected event resulting from treatment. There would probably be a very high rate of claims.

3. There is no experience available to determine costs on which rates could be based.

4. There is no way that a patient could be forced to buy such insurance even if it were available. After all, a high percentage of patients are covered by programs such as Medicaid, welfare, industrial insurance and physician sponsored plans. How do you convince one of these patients that he should pay a large premium to cover what he may consider negligence by one of the health care providers.

5. Finally, none of the companies writing professional liability insurance will write such a policy.

A recent Supreme Court ruling in this state may help our chances of getting a more reasonable statute of limitations. We may get some unexpected help from — of all people — the lawyers. The ruling which occurred this summer placed the lawyers under the same statute of limitations under which we operated until H.B. 1470 was passed — *one year from date of discovery*.

R.W.F.

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AUXILIARY PAGE

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Medical Directory	Judy Baerg
Sunshine	Jeanne Judd
Auxi-Quad Luncheon	Kit Larson
Mid-Year Conference	Dorothy Grenley
Nominating	Anne Katterhagen

1976 NATIONAL LEADERSHIP CONFLUENCE CHICAGO - OCTOBER 10 - 13

by Helen Whitney

Attending a national meeting of 400 AMA Auxiliary members from every state in the union is an exhilarating experience. The leadership confluence was arranged to help all state presidents and presidents-elect and the presidents-elect from several counties in each state. Six county presidents-elect from Washington were invited to

attend. We were housed in the elegant Drake Hotel on Lake Michigan and treated to a rich array of speakers, workshops and seminars on subjects such as legislation, public speaking, parliamentary procedure, violence on TV, membership, problems in medical marriages, and communication. The organizers gave us the best speakers in the country on each topic - the top people in their fields. In one seminar on report writing we were taught to be concise and factual, to use no flowery language. Well, I'm sorry. I can't help it. I just wish each auxiliary member could have the same opportunity to be infected with the enthusiasm of our national officers.

Have you ever wondered why you should pay dues to the national auxiliary? One very important reason is to be able to exchange ideas with other auxiliaries on the best way to be effective. Another reason is to receive all the resource materials available from the national office, especially those contained in Project Bank. For instance, we have received through Project Bank detailed reports from three other auxiliaries which have set up Tel-Med programs - one each in Florida, California, and Spokane.

A third reason for national membership is to support organized medicine as we want it by being politically effective as a group in opposing government control. This is an area of vital concern to each one of us. You say that is a problem for the doctors to deal with, not their spouses? You'd be surprised to hear how much influence some members of the auxiliary have. In Oregon the auxiliary not only sits on the society's board but on many of their committees as well. We can help. And the more we get involved with our spouses' goals the closer will be our bonds in marriage. We each have CSTA. Common Sense, Talent, and Ability.

Well, it would take at least three days to tell you all I learned in Chicago. Every waking hour was filled with information. I will be passing on more ideas and materials to our chairmen of AMAERF, Project Bank, membership, legislation, and communication.

If you need any tips on how to write reports, chair a meeting, give a speech, obtain ideas for project, get coverage from the news media, open a wine bottle, or fly home from Chicago when your flight is cancelled, please ask. Your national auxiliary is doing an excellent job of inspiring state and county groups in their common goals of improving the health and quality of life for all people.

On Sunday, September 26, about 20 doctors' families were privileged to have Dr. and Mrs. David Hellyer as tour guides at Northwest Trek. The gathering was informative and fun; and also gave us an increased appreciation of the enormity of the gift the Hellyers have made to the people of the Northwest. Our thanks also to Betty Johnson for taking so much of her time to collect our admission fees in order that we could obtain a special group rate.

You should all be aware of the recent Medical Society Bylaws Amendment seating the Auxiliary President as a voting member of the Medical Society Board. This recognition of the Auxiliary is a first in the state. We are in accord with State Auxiliary President JoAnn Johnson's letter, in last month's *Bulletin*, which expressed so well her appreciation of the support by the Medical Society.

Cindy Anderson and Margaret Granquist remind us that, although many people have offered their time to assist with Tel-Med and several have signed up for multiple shifts, still more volunteers are needed if everyone is to serve only once in three months. Tel-Med has been voted our major project this year and the program is counting on us.

The holiday season is rapidly approaching. Kathy Miskovsky and Sundry Porter have an extensive collection of Christmas cards to benefit AMAERF. Get your order in early. How about the Auxiliary cookbooks at \$4/set as gifts? Contact your local

book depot:

Browns Point Bev Harrelson
Fircrest Nicole Crowley
Gig Harbor Judy Baerg
Lakewood Kit Larson
North End Glenna Blackett
Puyallup Deva Vaught
Stadium Kathleen Skrinar
West End Helen Whitney

or the Cookbook Chairman, Donna Prewitt.

There will be a general meeting, beginning at 11:30 a.m. on November 19, 1976, at the home of Mrs. Vernon Larson (Kit), 33 North Lagoon Lake S.W. Bob Moawad, of the United Pacific Institute, will speak on "How to Improve Your Self Esteem."

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THE A.A.M.A. PAGE

REPORT FROM A DELEGATE

Dee Lunstrum, Vice President, Washington State Society
Delegate, AAMA National Convention, 1976

Celebrating "Two Decades of Education and Service," the American Association of Medical Assistants, Inc. held its 20th Anniversary meeting in Chicago, its national headquarters city, from September 13-18, 1976. The overall theme of the convention was "AAMA, Change and Challenge — Then and Now."

As I looked about me in Chicago I was reminded of the statement made by our State President, Susan Thornton, in her inaugural address this past year, "I am only one person, I cannot do everything, but I can do something, and by the grace of God, what I can do, I will do!" I was one of about 1,000 people in attendance. And yet I was one person, one delegate, and it was for me that this convention was being held. Each individual was needed, I was needed. By myself I could carry out no business, but together, New York, California, Kentucky, Illinois and I made the decisions and changes that will affect our organization for this year and many years to come.

Change is rapid in the medical field and change is continual in the field of medical assisting. As some 3,000 members were awarded their CMA certification this year, plans are accelerating for new specialty exams to be added to those of Pediatrics and Urology that have already been approved by the Joint Review Board of AAMA and the American Medical Association. Next in line for accreditation is a specialty exam in the field of Ophthalmology. Continuing Education Units (CEU's) were given high priority on the list of topics under consideration as the delegates met. Plans have now been implemented and courses and workshops accredited for providing CEU's for our members. As this is already a requirement for licensed physicians, continuing education is becoming a requirement for recertification in the field of medical assisting.

By far the most controversial change in our national Constitution and Bylaws was the inclusion of those teaching in the field of medical assisting as active voting members of our organization. This did pass in the House of Delegates and educators may now participate fully when they have passed their CMA exams.

Learning is the basic aim of our association. And I learned. The AAMA Society in California is divided into regional districts, each containing numerous chapters. They have a present membership of 2,500 and an expected goal of 5,000 members this coming year. In California the AAMA is afforded much support by the California Medical Association. In addition to their physician advisors, they have a liaison officer working between the California Medical Association and the medical assistants. They have already led the way in passing state legislation governing the duties which a medical assistant can legally perform. We expect great things from this rapidly expanding California Society. Virginia and Texas have well organized Traveling Seminars which go to all parts of their state providing leadership training, educational seminars and workshops for those unable to belong to an organized AAMA chapter.

We in Washington State are at the beginning, organized for 8 years, but still a group of women working in different parts of the state, held together by the determination of a few and the hopes of many. We have made a start; we have a vehicle to become the professional organization that exists in other states. We need the help of you, the individual working in the medical office. If you are looking for fellowship with others in your field, classes in bookkeeping, anatomy or medical law, books for home study and self advancement, or just to share your office problems and solutions, we extend to you a special invitation to join us as we begin with pride our third decade.

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"DO NO HARM"

For physicians and hospitals. Involves the four most vulnerable areas in the hospital for malpractice claims. (Color)

"NURSES, RELATED PROFESSIONS, MALPRACTICE"

Primarily pertains to nurses responsibilities as well as problems they may encounter in their practice.

"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"

Comprehensive coverage of studies made in various specialty fields. Goes into many causes of malpractice and some suggestions on how malpractice may be avoided.

"ELECTRICAL HAZARDS IN HOSPITALS"

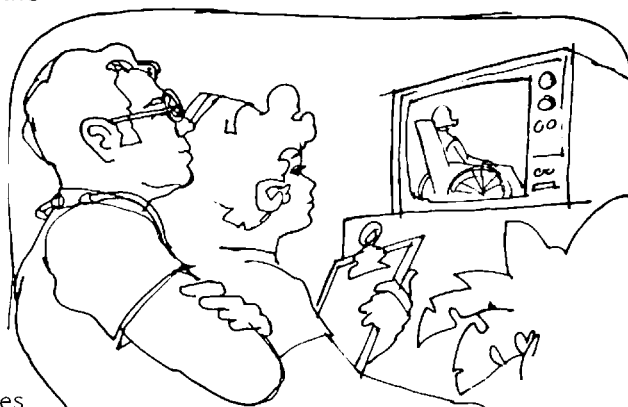
Gives physicians, nurses and technical personnel some basic knowledge of electrical equipment in a hospital and the dangers that electricity can cause there.

"COULD THIS BE YOU?"

Shows a physician violating all principles in the handling of a patient . . . and flashbacks to proper technique. (Color)

If any of these tapes are of interest to you or your local association, please contact:

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GENERAL MEMBERSHIP MEETING

Date: TUESDAY, NOVEMBER 9, 1976

Place: TOP OF THE OCEAN

Time: Cocktails — 6:30 P.M.
* Dinner — 7:00 P.M.
Program — 8:00 P.M.

Call the Society Office
for Program Details and Dinner Reservations.

*DINNER \$6.80/PERSON (INCLUDES TAX AND GRATUITY)

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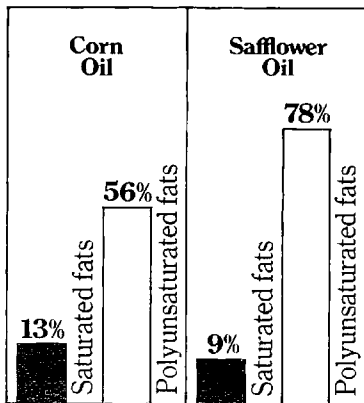
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FAMILY CLINIC – SEPTEMBER 1976 (627-9182)

Monday through Friday – 10:00 to 5:30 1815 South J Street Tacoma, Washington 98405
 Coordinator: Aaron Miller

PATIENT SERVICES	September 1976	Total 1976	Total Since September 1973
Referred to Physicians	79	3071	4165
Laboratory Services	179	3317	4085
X-Ray Services	8	111	411
Prescription Services	92	1515	2498
Referred to Community Agencies	28	489	1236
Seen by Physicians in Clinic	26	719	1478

ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black	26	653	1171
Caucasian	212	3760	6383
Asian-American	2	82	170
Native-American	4	117	231
Mexican-American	3	84	154

PARTICIPATING PHYSICIANS ON FRIDAY EVENING:

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. G. Oh
			Dr. A. Tsoi

EAST SIDE HEALTH CLINIC

Progress Report for September, 1976

Director, Mr. John Erwin

	September	Total—1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	180	1551	*6868
Children	139	935	*5191
Laboratory Services	95	689	1657
Prescriptions Filled	155	1193	2633
Referred to Physicians	31	185	485
Phone Referrals	78	561	1485
DPA	73	554	1190
EPSDT	15	115	331

*Until January 1975 the number of patients actually seen by our clinic physicians was the only information available.

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JOHN WOLFE, EXECUTIVE DIRECTOR

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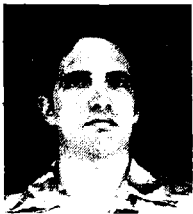
383-2201

South 19th Street & Union Avenue
Tacoma, Washington 98405

MEMBERSHIP

In accordance with Society Bylaws, Chapter VII, Section A — MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

SECOND NOTICE



THOMAS E. BAGEANT, M.D., Anesthesia. Born in Florida, 12/26/44; medical school at George Washington University School of Medicine in Washington D.C., 1970; internship at Madigan General Hospital, in Tacoma, 1970-71; residency training, Brooke Army Medical Center, San Antonio, Texas, 1971-74; licensed to practice medicine in the State of Washington, 1972. Dr. Bageant's office is located at Madigan Army Medical Center, in Tacoma.



ROBERT L. DETJE, M.D., Internal Medicine, Cardiology. Born in New York, N. Y., 6/28/44; medical school at University of Oregon Medical School in Portland, 1969; internship San Bernardino, County General Hospital, 1969-70; residency training San Joaquin General Hospital, 1972-73, 1974-75, Kaiser Foundation 1973-74, University of California, Davis, 1975-76; licensed to practice medicine in the State of Washington 1972; also practiced medicine in Oregon and California. Dr. Detje's office of Internal Medicine, Cardiology, is located at 6345 Motor Avenue S.W., in Lakewood.



ROBERT E. BILLINGS, M.D., Emergency Medicine. Born in Portland, Oregon 9/16/43; medical school Wayne State Medical School in Detroit, Michigan, 1970; internship University of Oregon Hospital and Clinics, 1970-71; residency training Kansas City General Hospital, Kansas City, Missouri, 1974-76; licensed to practice medicine in the State of Washington, 1973; also practiced medicine in Michigan and California. Dr. Billings is currently practicing at Tacoma General Hospital.



CLAYTON D. ERICKSON, M.D., Family Practice. Born in Duluth, Minnesota, 3/20/45; medical school at University of Washington School of Medicine, Seattle, 1971; internship University of Oklahoma, 1971-72; residency training also at Univ. of Oklahoma, 1972-74; licensed to practice medicine in the State of Washington, 1976. Dr. Erickson's office of Family Practice is located at 521 South K St., in Tacoma.



HERBERT F. COWGILL, M.D., Radiology. Born in Wooster, Ohio 9/18/18; medical school at the University of Cincinnati, 1943; internship at St. Louis Hospital in Missouri, 1944, and Christ Hospital in Cincinnati, Ohio, 1946-47; residency training at Marshfield Clinic in Wisconsin, 1947-48, and Walter Reed Army Medical Center in Washington D.C., 1955-58; licensed to practice medicine in the State of Washington, 1971; also practiced medicine in Ohio and Colorado. Dr. Cowgill's office of Radiology is located at 1112 South Cushman, in Tacoma.



CARL J. GERBER, M.D., Psychiatry-Neurology. Born in Michigan, 2/15/34; medical school at Duke University School of Medicine in Durham, North Carolina, 1967; internship at Duke University Hospital, 1966-67; residency training at Duke University Hospital - Neurology, 1967-69, and also Duke Univ. Hospital - Psychiatry, 1970-72; licensed to practice medicine in the State of Washington 1973; also practiced medicine in North Carolina. Dr. Gerber's office of Psychiatry-Neurology is located at American Lake Veterans Administration Hospital, in Tacoma.



CLARK W. DEEM, M.D., Ophthalmology. Born in Alton, Illinois, 2/24/42; medical school at Washington University in St. Louis, Missouri, 1968; internship Barnes Hospital, St. Louis, Missouri, 1968-69; residency training also at Barnes Hospital, St. Louis, Missouri, 1969-70, and University of Washington, Seattle, 1973-76; licensed to practice medicine in the State of Washington, 1972; also practiced medicine in Missouri. Dr. Deem's office of Ophthalmology is located at B-6001 Allenmore Medical Center, in Tacoma.



CARL S. HAMMER, M.D., General Surgery. Born in Providence, Rhode Island, 8/21/42; medical school at McGill University in Montreal, P.Q., Canada, 1968; internship at St. Elizabeth's Hospital in Brighton, Massachusetts, 1968-69; residency training University of Washington, Seattle, 1969-74; licensed to practice medicine in the State of Washington, 1969. Dr. Hammer's office of General Surgery is located at 408 South K St., in Tacoma.



TIMOTHY B. JOLLEY, M.D., Pediatrics. Born in Columbia, Ohio, 10/11/45; medical school at Michigan State University, 1970, and University of Washington, 1971; internship Virginia Mason Hospital, in Seattle, 1971-72; residency training at Children's Hospital and University of Washington, 1972-74; licensed to practice medicine in the State of Washington, 1975. Dr. Jolley's office of Pediatrics is located at 1318 - 3rd St. S.E., in Puyallup.



ROBERT M. ROUSE, M.D., General Surgery. Born Pensacola, Florida, 12/26/28; medical school at University of Mississippi School of Medicine in Jackson, Miss., 1951 and Tufts University Medical School, Boston, Massachusetts, 1953; internship Waltham Hospital, Waltham, Massachusetts, 1953-54; residency training Walter Reed General Hospital, Washington D.C., 1959-63; licensed to practice medicine in the State of Washington, 1975; also practiced medicine in Wisconsin and California. Dr. Rouse is currently practicing at Good Samaritan Hospital in Puyallup.



WILLIAM McLROY, M.D., Obstetrics and Gynecology. Born at Fort Sam Houston, Texas, 8/17/31; medical school at the University of Washington, Seattle, 1957; internship at Brooke Army Medical Center in San Antonio, Texas, 1957-58; residency training Madigan Army Medical Center, Tacoma, 1958-61; licensed to practice medicine in the State of Washington 1976. Dr. McLroy's office of Obstetrics and Gynecology is located at Western Clinic, in Tacoma.



JOHN G. SCHMIDT, M.D., Family Practice. Born in Chico, California, 7/18/45; medical school at University of California in San Francisco, Calif., 1971; internship at University of California, Sacramento, 1971-72; residency training also at the University of Calif., Sacramento, 1971-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Schmidt's office of Family Practice is located at 521 South K St., in Tacoma.



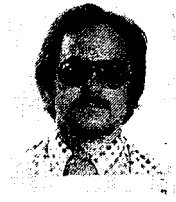
ROBERT Z. W. McLEES, M.D., Obstetrics and Gynecology. Born in Salinas, California, 3/3/45; Medical College of Virginia, Medical School, 1971; internship at Madigan Army Medical Center, Tacoma, 1971-72; residency training also at Madigan Army Medical Center, 1972-75; licensed to practice medicine in the State of Washington, 1975. Dr. McLees' office of Obstetrics and Gynecology is located at 1812 South I St., in Tacoma.



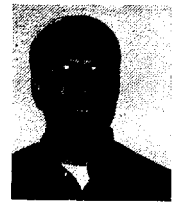
ROBERT E. SECAUR, M.D., Pediatrics. Born in Akron, Ohio, 11/30/45; medical school at the University of Cincinnati College of Medicine in Cincinnati, 1971; internship at the University of Michigan Hospital, Ann Arbor, Michigan, 1971-72; residency training also at the University of Michigan Hospital, 1972-74; license to practice medicine in the State of Washington is pending; has practiced medicine in Michigan and South Dakota. Dr. Secaur's office of Pediatrics is located at 521 South K St., in Tacoma.



GEORGE D. OH, M.D., Obstetrics and Gynecology. Born in Seoul, Korea, 5/2/36; medical school at Yonsei University, College of Medicine, in Seoul, Korea, 1962; internship at Highland Park General Hospital in Michigan, 1966-67; residency training at Mercy & Timken Mercy Hospital, Canton, Ohio, 1967-70; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in Michigan. Dr. Oh's office of Obstetrics and Gynecology is located at 10116 - 116th East, in Puyallup.



ABRAM ROBERT THIESSEN, M.D., Oncology and Hematology. Born in Winnipeg, Canada, 7/11/46; medical school at University of Manitoba Medical School in Winnipeg, Manitoba, Canada, 1970; internship at Harbor General Hospital, in Torrance, California, 1970-71; residency training also Harbor General Hospital, in Torrance, 1971-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Thiesen's office of Oncology and Hematology is located at 222 Allenmore Medical Center, in Tacoma.



DONALD A. PIERCE, M.D., Internal Medicine. Born in Ft. Lauderdale, Florida, 7/18/45; medical school at Columbia University College of Physicians and Surgeons, in New York, 1971; internship at Columbia St. Lukes Hospital, New York, 1971-72; residency training also at Columbia St. Lukes Hospital, New York, 1972-1974; license to practice medicine in the State of Washington pending; also practiced medicine in New York and California. Dr. Pierce's office of Internal Medicine is located at Summitview Clinic on Canyon Road in Puyallup.



THOMAS M. VAN EATON, M.D., General Practice. Born in Morton, Washington, 9/22/42; medical school University of Washington in Seattle, 1971; internship San Joaquin General Hospital, Stockton, California, 1971-72; licensed to practice medicine in the State of Washington, 1972. Dr. Van Eaton's office of General Practice is located in Eatonville.

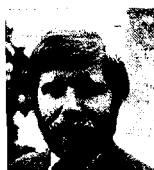


DENNIS A. WIGHT, M.D., Obstetrics and Gynecology. Born in Los Angeles, California, 5/27/42; medical school at El Camino Jr. College in Gardena, California, 1961, and University of Utah in Salt Lake City, 1963; internship at Fitzsimmons General Hospital in Denver, Colorado, 1967-68; residency training at U. S. Army Hospital, Fort Campbell, Kentucky, 1968-69 and Madigan General Hospital in Tacoma, 1969-72; licensed to practice medicine in the State of Washington, 1968. Dr. Wight's office of Obstetrics and Gynecology is located at 1812 South I St., Tacoma.

FIRST NOTICE



LEONARD S. ALLOT, M.D., Emergency Medicine. Born in Pueblo, Colorado, 7/17/29; medical school at University of Colorado, 1956; internship at Waltham Hospital, Waltham, Massachusetts, 1956-57; licensed to practice medicine in the State of Washington, 1960. Dr. Allott's practice of Emergency Medicine is located at St. Joseph Hospital.



JOHN H. BARGREN, M.D., Orthopedic Surgeon. Born in Rockford, Illinois, 7/25/41; medical school University of Wisconsin, Madison, Wisconsin, 1967; internship at Boston City Hospital, 1967-68; residency also at Boston City Hospital, 1968-69, and Columbia Presbyterian Hospital, New York, 1972-75; licensed to practice medicine in the State of Washington, 1969; also practiced medicine in Massachusetts and New York. Dr. Bargren's office of Orthopedic Surgery is located at B-2010 Allenmore Medical Center in Tacoma.



LEE M. BOURDEAU, M.D. Emergency Medicine. Born in Seattle, Washington, 1/14/48; medical school at University of Washington, Seattle, Washington, 1972; internship at Swedish Hospital Medical Center, Seattle, Washington, 1972-73; residency also at Swedish Hospital Medical Center, Seattle, Washington, 1973-74; licensed to practice medicine in the State of Washington, 1976. Dr. Bourdeau's practice of Emergency Medicine is located at Tacoma General Hospital.



TIM E. BYERS, M.D., General Practice. Born in Ft. Wayne, Indiana, 11/1/48; medical school at Indiana University, Indianapolis, Indiana, 1973; internship at Maricopa County General Hospital, Phoenix, Arizona, 1973-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Indiana. Dr. Byers' office of General Practice is located at 2009 East 32nd Street in Tacoma.



JAMES A. FRY, M.D., Internal Medicine. Born in Detroit, Michigan, 2/8/45; medical school at Cornell University Medical College, New York, 1971; internship at Rush, Presbyterian-St. Luke's Hospital, Chicago, Illinois, 1971-72; residency also at Rush, Presbyterian-St. Luke's Hospital, Chicago, Illinois, 1972-73, 1975-76; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Illinois. Dr. Fry's office of Internal Medicine is located at 521 So. K Street, Tacoma.



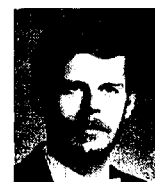
DUANE F. HOPP, M.D., Orthopedics. Born in Washington, D.C., 6/20/41; medical school at University of Washington, 1967; internship at Philadelphia General Hospital, 1967-68; residency at Ireland Army Hospital, Ft. Knox, Kentucky, 1969-70; Fitzsimons General Hospital, Denver, Colorado, 1970-73 and Arizona Children's Hospital, Tempe, Arizona, 1973-74; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in Kentucky and Arizona. Dr. Hopp's office of Orthopedics is located at 702 - 23rd Ave. SE in Puyallup.



JACOB J. KORNBERG, M.D., General Surgery. Born in Los Angeles, California, 12/15/43; medical school at University of California, Irvine College of Medicine in Irvine, California, 1969; internship at Los Angeles County USC Medical Center, Los Angeles, California, 1969-70; residency at University of California, Irvine College of Medicine at Orange County Medical Center, 1970-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Kornberg's office of General Surgery is located at Good Samaritan Hosp. in Puyallup.



DAVID E. LEE, M.D., Internal Medicine/Pulmonary. Born in Tacoma, Washington, 11/24/46; medical school at St. Louis University, St. Louis, Missouri, 1972; internship at B.U. Medical Service Boston City Hospital, Boston, Massachusetts, 1972-73; residency also at Boston City Hospital, Boston, Massachusetts, 1973-74; licensed to practice medicine in the State of Washington, 1976. Dr. Lee's office of Internal Medicine/Pulmonary is located at 1718 South I Street in Tacoma.



JAMES D. LEITZELL, M.D., General Practice. Born in Chicago, Illinois, 1/30/39; medical school at University of Utah in Salt Lake City, 1973; internship at University of Alabama, Birmingham, Alabama, 1973-74; residency also at University of Alabama, Birmingham, Alabama, 1974-75; licensed to practice medicine in the State of Washington in 1975; also practiced medicine in the State of Alabama. Dr. Leitzell's office of General Practice is located at 1420 Whitman Northeast, in Tacoma.



ROBERT G. MC BRIDE, M.D., Internal Medicine. Born in Notikewan, Alberta 8/25/42; medical school at University of Alberta, Edmonton, Alberta, 1966 and University of California, Berkeley, 1972; internship at University Hospital, Edmonton, Alberta, 1966-67; residency at Kaiser Foundation Hospital, San Francisco, California, 1967-69 and Vancouver General Hosp., Vancouver, B.C., 1972-73; licensed to practice medicine in the State of Washington 1975; also practiced medicine in the State of California and British Columbia. Dr. McBride's office of Internal Medicine is located at 521 So. K Street in Tacoma.



ALEXANDER K. MIHALI, M.D., Internal Medicine. Born in Germany 4/3/44; medical school at Medical College of Wisconsin, 1971; internship at Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wisconsin, 1971-72; residency also Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wisconsin, 1974-76; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Wisconsin. Dr. Mihali's office of Internal Medicine is located at 1112 So. Cushman Avenue in Tacoma.



MICHAEL H. MORRELL, M.D., Orthopedic Surgery. Born in New York City, 5/15/44; medical school at New York University, 1968; internship at Boston City Hospital, 1968-69; residency also at Boston City Hospital, 1969-70 and New York University Medical Center, 1971-74; licensed to practice medicine in the State of Washington, 1974; also practiced medicine in New York and Massachusetts. Dr. Morrell's office of Orthopedic Surgery is located at #22 Tacoma Medical Center in Tacoma.



ALBERT G. NORTH, M.D., Emergency Medicine. Born in New Orleans, Louisiana, 10/19/39; medical school at Louisiana State University, 1968; internship at USPHS Hospital, Seattle, Washington, 1968-69 and Doctor's Hospital, Seattle, Washington, 1969; residency at Doctor's Hospital, Seattle, Washington, 1969-70; licensed to practice medicine in the State of Washington, 1969; also practiced medicine in Louisiana. Dr. North's practice of Emergency Medicine is located at Tacoma General Hospital.



WILLIAM D. OVERFIELD, M.D., Neurology. Born in Tacoma, Washington, 12/22/40; medical school Albany Medical College, Albany, New York, 1971; internship at University of Oregon, 1971-72; residency at University of Colorado, 1973-76; licensed to practice medicine in the State of Washington, 1971; also practiced medicine in Colorado. Dr. Overfield's office of Neurology is located at Puget Sound Medical Building.



MICHAEL L. PEARSON, M.D., Pediatrics. Born in Oconto, Wisconsin, 3/4/46; medical school at George Washington University 1972; internship at Orange County Medical Center UCI, Irvine, California 1972-73; residency also at Orange County Medical Center UCI, Irvine, California 1973-75; licensed to practice medicine in the State of Washington 1975; also practiced medicine in California. Dr. Pearson's office of Pediatrics is located at 1106 S. 4th in Tacoma.



RICHARD G. SCHOEN, M.D., Family Practice. Born in Ft. Wayne, Indiana, 12/29/47; medical school at Indiana University, Indianapolis, Indiana, 1969; residency at Medical College of Virginia, Blackstone, Virginia, 1973-76; licensed to practice in the State of Washington, 1976; also practiced medicine in Virginia. Dr. Schoen's office of Family Practice is located at 2209 East 32nd Street in Tacoma.



MICHAEL J. SPIGER, M.D., Internal Medicine and Endocrinology. Born in Spokane, Washington, 6/17/43; medical school at University of Washington in Seattle, Washington, 1969; internship University of Utah Affiliated Hospitals, Salt Lake City, Utah, 1969-70; residency also at University of Utah Affiliated Hospitals, Salt Lake City, Utah, 1970-72 and 1972-73; licensed to practice medicine in the State of Washington, 1974; also practiced medicine in Utah and California. Dr. Spiger's office of Internal Medicine and Endocrinology is located at 11019 Canyon Road East in Puyallup.



KIRK N. STARR, M.D., Pediatrics. Born in Chattanooga, Tennessee, 9/15/45; medical school at Emory University, Atlanta, Georgia, 1971; internship at Emory University Affiliated Hospitals, Atlanta, Georgia, 1971-72; residency also at Emory University Affiliated Hospitals, Atlanta, Georgia, 1972-73 and Duke University Medical Center, Durham, North Carolina, 1973-74; licensed to practice medicine in the State of Washington 1975; also practiced medicine in Georgia. Dr. Starr's office of Pediatrics is located at 1112 South Cushman in Tacoma.



KARI J. VITIKAINEN, M.D., General and Thoracic Surgery. Born in Finland 5/18/37; medical school at State University of New York Upstate Medical Center, Syracuse, New York, 1965; internship at Presbyterian Hospital, New York, 1965-66; residency also at Presbyterian Hospital in New York, 1966-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in New York and New Jersey. Dr. Vitikainen's office of General and Thoracic Surgery is located at 1212 So. 11th Street, #12, in Tacoma.



EDWARD I. WALKLEY, M.D., Pediatrics. Born in Dunn, North Carolina, 3/16/45; Dartmouth Medical School in Hanover, New Hampshire, 1968 and Harvard Medical School in Boston, Massachusetts, 1970; in ternship Children's Hospital Medical Center, Boston, Massachusetts, 1970-71; residency also at Children's Hospital Medical Center in Boston, Massachusetts 1971-73; licensed to practice medicine in the State of Washington, 1975. Dr. Walkley's office of Pediatrics is located at 521 South K Street in Tacoma.

ISSUES OF MEDICAL EDUCATION TO BE AIRED AT A.M.A. CONGRESS

Critical issues of medical education will be discussed at the American Medical Association's 73rd Annual Congress on Medical Education, January 28-30, 1977 at Chicago (Palmer House).

The theme for the meeting is "Public Regulation, Educational Freedom and Professional Responsibility."

Collaborating with the AMA Council on Medical Education in presenting the meeting are the Association for Hospital Medical Education, the Federation of State Medical Boards, the AMA Resident Physician Section, and the AMA Student Business Session.

The Student Business Session, a co-sponsor for the first time, has planned two programs aimed specifically at medical students and educators — "In Facing Personal and Career Decisions—Who Is to Help?" and "Federal Intervention in Medical Education: Problem or Solution?"

Further information on the Congress is available from the Council on Medical Education, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

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ST. JOSEPH'S MARKS 85TH YEAR

St. Joseph Hospital will observe 85 years of continuous service to the residents of Tacoma and Pierce County on Saturday, November 13th, with a Gala 85th Anniversary Ball in the new Bicentennial Pavilion.

The Sisters of St. Francis, who founded the first St. Joseph's, a 10-bed hospital at South 18th and South I, in the fall of 1891, have served four generations of Tacomans in as many buildings — the latest and most revolutionary of which opened two years ago.

The Ball is being sponsored by the Friends of the Franciscans. Mrs. Stevens Dimant is General Chairman.

Proceeds from the Ball are to be used to enhance the hospital's Heart Treatment Center.

The St. Joseph Heart Treatment Center is served by a team of local cardiologists and cardiac surgeons. The Center consists of a nine-bed Coronary Care Unit, two post-cardiac surgery recovery rooms and a cardiac catheterization laboratory. Both diagnostic and corrective heart surgery are performed in the modern Heart Center.

Tickets go on sale next Monday at the hospital Volunteer Office for \$85.00 and \$25.00 per couple. The \$85.00 per couple ticket will include a gourmet dinner, social hour and dance, and the \$25.00 per couple tickets will be for the Ball only. For information call the Hospital Volunteer Office, 597-6725, Monday through Friday.

YOUR MEDICAL LIBRARY

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

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

HOURS: Monday - Friday 8:00 A.M. - 5:30 P.M.
(Other times key is available by request)

M. Von Bruck, Librarian
572-5340

SCIENTIFIC DISCOVERIES CURTAIL TUBERCULOSIS

Tuberculosis — "The White Plague" — was the scourge of mankind through the ages. In 1923, TB killed an estimated 102,000 people in the United States alone. By 1949 it was the world's leading cause of childhood death.

Selman A. Waksman, Ph.D., a Russian-born microbiologist who came to the United States in 1910, devoted most of his life to searching for a cure for tuberculosis. For almost a quarter of a century he and his associates studied soil samples from cemeteries, farms, forest — any place they could get them — isolating more than 10,000 cultures of soil organisms.

In 1940 they found their first germ killer, but it was so potent that it destroyed the host animal as well as the disease. Finally, on August 23, 1943, Waksman found a clod of dirt taken from the neck of a chicken that had a strange mold growing on it. When Waksman tested the mold against the tough-coated tubercle bacilli, they were destroyed.

Not a physician himself, Waksman turned his new antibiotic, called streptomycin, over to William A. Feldman, a doctor of veterinary medicine, and H. Corwin Hinshaw, M.D., at the Mayo Clinic for tests on living organisms: first guinea pigs, then human patients. The results were positive.

Within a decade, deaths from all forms of tuberculosis dropped from 42 to less than 10 per 100,000 people. But the fight was not over. Even before Waksman received the Nobel Prize in 1952 for discovery of streptomycin, the bacteria were developing a resistance to the antibiotic.

In 1948, a chemotherapeutic agent was combined with the streptomycin. Then in 1952, another more effective combination drug, isoniazid, was introduced.

Along with drugs to treat tuberculosis came, beginning in the early 20th century, the pasteurization of milk. It started in 1909 with a bulle-

tin from the U. S. Public Health Service reporting many outbreaks of milkborne disease. Chicago and New York City passed early pasteurization laws and other cities followed. Tuberculosis was one of the major diseases affected by this process.

The fight against tuberculosis still isn't over. There were 33,500 cases of the disease in the United States in 1975. The death rate dropped from 240 per 100,000 people to less than 2 per 100,000 last year. Studies are still under way to find better combinations of drugs.

Another tool in the TB war is vaccination with BCG, which can reduce new cases sharply in high risk groups.

The time of tuberculosis as one of the great killers has passed in the United States, but the fight must continue.

DOCTOR TANBARA'S RACKET EXPOSED

For the second year running, George Tanbara, M.D. put away all the competition to take the WSMA Annual Tennis Tournament top honors. The tournament was held in conjunction with the WSMA annual session, September 10-13 in Seattle.

Dr. Vernon Larson gave the champ a tough skirmish in the final elimination bout, but in the end he too fell, netting runner-up honors. Tacoma fared well in the event when Vern and wife, Kit, also finished second in the doubles category. Wilt Peterson teamed with LeNore McIntyre to take the cup in that event.

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SAILORS WERE HEALTHY ON COLUMBUS' VOYAGE

The crews of Christopher Columbus' three small ships on his first voyage to America were a healthy lot and the medical men aboard had little to do, says a report in the October 4 issue of the *Journal of the American Medical Association*.

Cesar A. Lopez, M.D., of Martin Army Hospital, Fort Benning, Georgia, reports that in Columbus' time there were several kinds of medical professionals, among which university-trained physicians, surgeons, barbers and apothecaries were the most commonly known.

Each of the three ships had a medical professional aboard, probably one surgeon, one university-trained physician and one apothecary, Dr. Lopez says. The surgeon and the university-trained physician were among the group that Columbus left behind at Navidad. All died before his return on the second voyage.

Despite the Spartan conditions that the crew must have experienced, it is known that the trip was uneventful from a medical point of view, that the crew were healthy, and that the physicians had little to do, says Dr. Lopez.

Columbus' journal has only two entries in which medical problems are mentioned, including reference to the pure water available in the rivers of the New World. The explorer notes that on the return voyage he himself suffered from severe leg pains after three days of remaining constantly on bridge during a storm. This may have been the beginning of the arthritis that plagued Columbus for the remainder of his life.

The discovery of America marks the finding of two other items of medical significance, Dr. Lopez points out. The first is tobacco, found by Columbus in Cuba on his first trip. The second is syphilis. Although some historians disagree, many believe the disease was taken from America to Europe by Columbus' sailors on their return trip.

WRIGHT'S Health Underwear



is the natural body covering. It is made on entirely different principles from other underwear. Inside it is a fleece made up of thousands of tiny loops of wool—the Wright's loop-fleece principle.

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tored, just as it is pressed from the fruit.

Has the "fruity flavor" and is both food and drink. Doctors say "Grapes are a preventative of typhoid fever."

Sold by druglets and grocers in quart and pint bottles. Trial dozen pints \$3. Express paid out of package. Booklet with delicious recipes for beverages and desserts made from Welch's Grape Juice, free. Sample three-ounce bottle of Welch's Grape Juice by mail 10 cents.

Welch Grape Juice Company
Westfield, N. Y.

CATEGORY I – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY

The following programs are now being planned for the 1976-77 year by your Committee for Continuing Medical Education of the Pierce County Medical Society and your local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. This schedule is subject to change.

Category I Credit

November 18 and 19 St. Joseph Hospital	YODER LECTURE SERIES – Management of Chest Injuries Coordinator: James Billingsley, M.D.	7
December 12, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	OPHTHALMOLOGY Coordinator: Richard Bowe, M.D.	8
January 11, 12, 13, 14; 8:00 to 10:00 a.m. St. Joseph Hospital	FLUID AND ELECTROLYTE BALANCE Coordinator: John Kennedy, M.D.	8
January 27, 6:00 p.m. Dinner 7:30 to 10:30 Seminar Tacoma General Hospital	RADIOLOGY – ONCOLOGY Coordinator: J. G. Katterhagen, M.D.	3
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	GASTROINTESTINAL DISEASE Coordinator: Richard Baerg, M.D.	8
March 11, 8:00 to 11:00 a.m. Tacoma General Hospital	CARDIOVASCULAR ORIENTATION Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	WHAT'S NEW IN INTERNAL MEDICINE Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 26, 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Center	DAY OF PEDIATRICS Coordinator: Robert Scherz, M.D.	6
April 6, 13, 20; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
May 6, All day Friday - Saturday a.m. Allenmore Hospital	ASCVD – Medical & Surgical (TBA) Coordinator: Richard Baerg, M.D.	6
May 26, 6:00 p.m. Dinner, 7:30 to 10:30 p.m. Seminar Tacoma General Hospital	RADIOLOGY & ONCOLOGY (TBA) Coordinator: J. G. Katterhagen, M.D.	3

COLLEGE OF MEDICAL EDUCATION – Mrs. Maxine Bailey, Executive Director, 756-3152

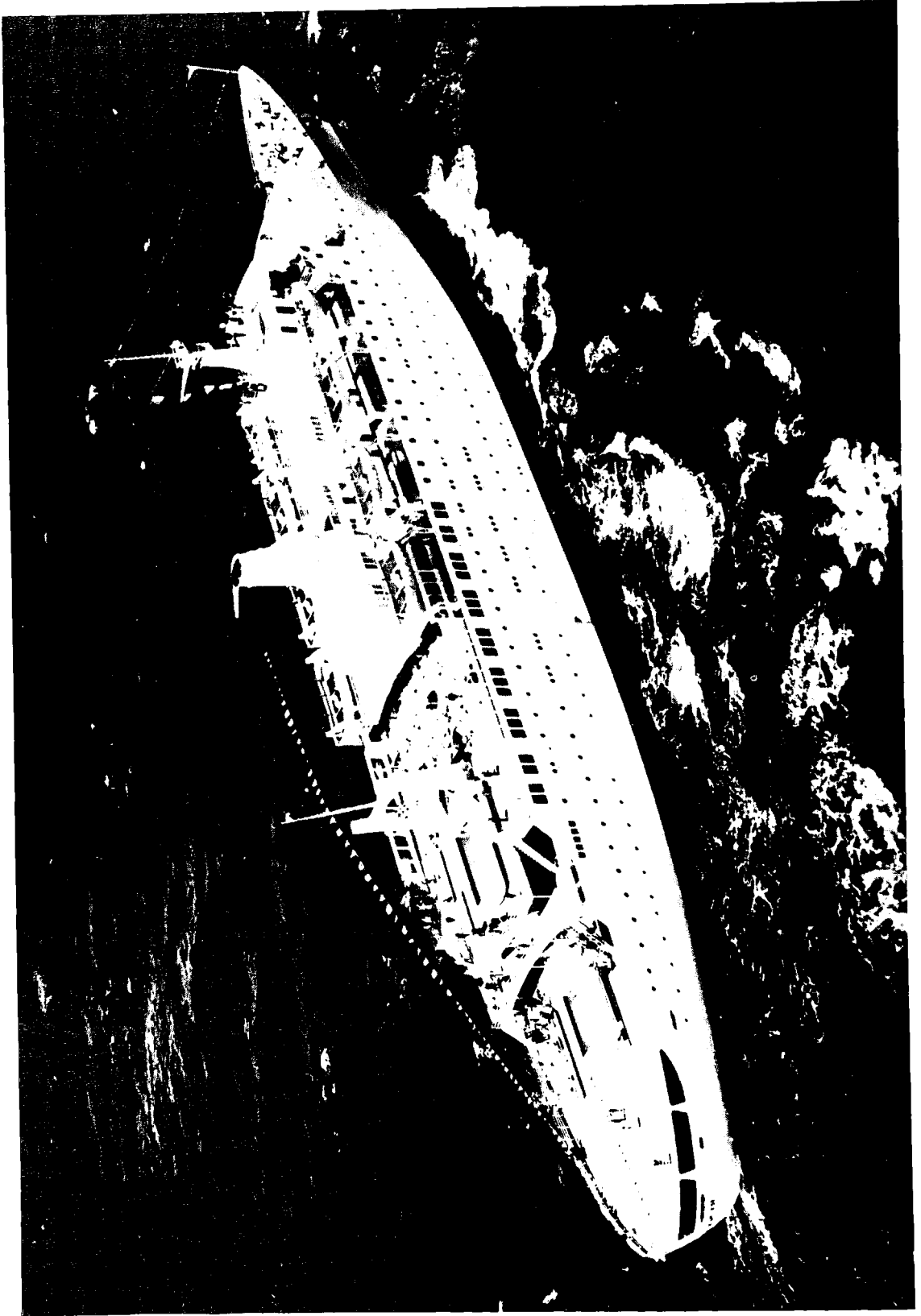


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M. S. RENAISSANCE, Paquet Cruises

PIERCE COUNTY MEDICAL SOCIETY
Presents for Washington Physicians and Their Families
Departure from Seattle/Tacoma February 20, 1977 — Return March 4, 1977

PLEASE NOTE: Due to circumstances totally beyond the control of our tour operator, Travel Dynamics, Inc., the original scheduled departure date of January 15 was cancelled by the French Government (owner of the ship, "Renaissance"). Therefore, the flyer that all members will receive by mail will have the inappropriate date listed. The new departure date is FEBRUARY 20, 1977, with a return on MARCH 4. This change of schedule information is included in the cover letter that will accompany the flyer.

MAYALAND and Western Caribbean Islands Air-Sea Cruise Aboard the Elegant "Renaissance"

THE UNHURRIED DISCOVERY CRUISE . . .

Come discover the untouristy Caribbean on a twelve-day voyage. Cruise with a French accent aboard the elegant M.S. Renaissance, where splendid cuisine, fine wines and glittering entertainment are the order of the day.

There's no need to journey to far-off places to join the ship; the Renaissance sails from Port Everglades, Florida and round trip jet transportation from the designated departure city is provided via regularly scheduled domestic flights.

Island bliss awaits at Cozumel and Grand Cayman. Sunny islands with sandy beaches for pure relaxation.

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Paquet Cruises' "Renaissance," an elegant contemporary ship of a perfect size to maintain personalized attention while offering every manner of shipboard luxury and recreational diversion.

The "Renaissance" caters to but 340 passengers and does it magnificently. At 12,000 tons she could have accommodated at least half again as many. Wide decks for strolling, jogging, games. Two huge pools. Poolside bars and informal seating for libations and snacks. A fully-equipped health club with gymnasium, sauna. A library, card room, cinema, theatre. Coiffeurs, a bountiful boutique. Spacious, sound-proofed all-outside staterooms with private facilities, finger-tip climate control, radio,

The fascination of Mexico's Yucatan peninsula awaits, too. Lost cities from mysterious civilizations defy time in silence. The lush variety of Guatemala's highlands is a dazzling mixture of colonial grandeur, Indian cultures and ancient Maya ruins.

Journey to Honduras to view the magnificent city of Copan, capital of the first Maya Empire.

Glide along at a leisurely pace and watch the centuries unfold. There's plenty of time at all the ports to enjoy, experience and immerse yourself in the wonders of this seldom-seen, very exciting part of the world.

telephone. Elevator service between all eight decks.

And the cuisine! *Oo la la!* Caviar, smoked salmon, crepes suzettes and other delicate to hearty specialties marked by Gallic flair. Complimentary vintage wines at every meal. Dining in the intimate *Cafe de Paris* grill or the festive dining saloon.

In the splendid *Grand Salon*, dancing and a continental cabaret. Late night happenings in the *Breton Tavern* discotheque.

And a spirited, sunny South-of-France crew who insist that your only commitment is to relax and enjoy yourself.

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- A Hospitality Desk operated daily aboard ship.
- Cruise Director and cruise staff to assist you.
- Baggage handling throughout trip.
- Baggage allowance: 3 pieces of luggage per person.
- All local taxes.

ITINERARY . . .

Day 1. Depart via scheduled flight for Ft. Lauderdale or Miami. On arrival, transfer to the "Renaissance".

Day 2. Cruising.

Day 3. In Port-au-Prince, Haiti.

Day 4. Cruising in the Caribbean.

Day 5. In Montego Bay, Jamaica.

Day 6. All day at Grand Cayman Island.

Day 7. Relaxing at sea.

Day 8. Santo Tomas de Castilla, Guatemala. Optional side trips to Maya sites of Tikal and nearby Quirigua.

Also to the highlands visiting Antigua and Guatemala City.

Day 9. Puerto Cortez, Honduras, for the optional side trip to the Maya ceremonial center of Copan. Also, to nearby San Pedro Sula.

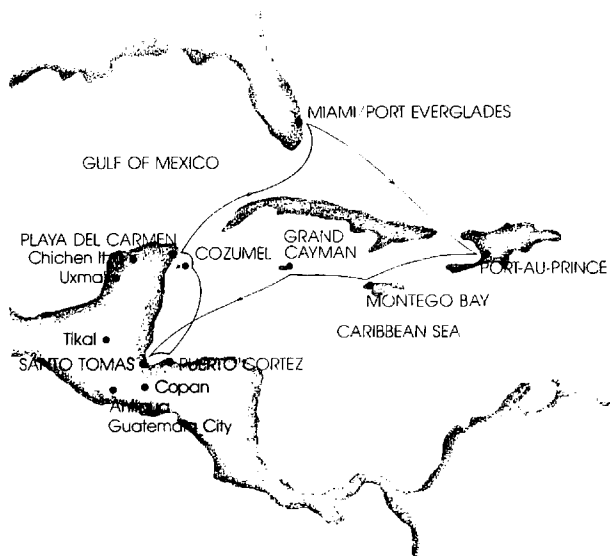
Day 10. At Cozumel Island.

Day 11. Playa Del Carmen, Mexico's Yucatan.

Optional side trips to several Maya centers of the area including Chichen Itza, Uxmal and Tulum. Also, to the new resort of Cancun.

Day 12. Cruising.

Day 13. Morning arrival at Port Everglades. Transfer to the airport in Ft. Lauderdale or Miami for return flight.



THE PORTS . . .

Port-au-Prince . . . Haiti's a dream world of golden sunlight gently gleaming through lush trees, soft beaches, glimmering waters and turn-of-the-century houses drenched in pastels. Stroll the narrow Old World streets of Port-au-Prince and take a drive to the flower-decked suburb of Petionville. Sample lobster, chilled white wine and sweet black coffee while listening for the beat of voodoo drums echoing against the hills. Some of the finest shopping in the Caribbean awaits, including French perfumes at bargain prices and native art.

Montego Bay . . . Jamaica. One of the best known resorts of all in the Caribbean. The seaport and chief town of the Parish of St. James is unsurpassed for swimming, snorkeling, scuba-diving and water skiing. The ancient British fort still stands and the town's courthouse has been called a model of colonial architecture.

Grand Cayman . . . Little has changed here since Columbus arrived in 1503 to discover the largest of Les Tortugas (Islands of the Turtles). Deserted beaches and a lazy atmosphere make Grand Cayman the perfect spot to get away from it all.

Santo Tomas de Castilla . . . This Guatemalan port is our gateway to the fantastic highlands. Optional side trips take you on an adventure to lovely Guatemala City, a remarkable capital ringed by mountain forests; and Antigua, the magnificent old capital of Spanish Colonial splendor. But Tikal is perhaps the highlight; one of the major archaeological gems of the Western Hemisphere, it lies half-hidden in a vast tropical rain forest. Maya civilization began here about 300 B.C. and reached its peak during the Classic Period from 300 A.D. to 900 A.D.

Puerto Cortez . . . From the principal port of Honduras, journey inland on the optional side trip to Copan, the city of enormous stelae, mysterious carvings, and hieroglyphs that archaeologists are unable to decipher. In the days of their glory, the temples, places and courts of this Maya center sprawled over 15 square miles.

Cozumel . . . Once a haven for pirates, Cozumel now delights 20th century escapists with perfect beaches and crystal blue waters revealing galaxies of tropical fish and rare coral formations. When you're not gazing at the underwater side show, visit picturesque San Miguel, the island's only town.

Playa del Carmen . . . Awe-inspiring Maya cities can be easily reached from this port in Mexico's Yucatan. Join the optional excursion to Chichen Itza and view extraordinary temple pyramids. Remembrances of a powerful culture, they embody the history and religion of this mysterious race. You can also visit Tulum, the only known Maya seaport. This is the walled city of the Upside-Down God which holds the temple of the strange deity. The remains of a painted Maya fresco, extremely rare, may also be viewed at Tulum.



GENERAL INFORMATION . . .

Air Transportation: Round trip flights via regularly scheduled domestic airlines from the designated departure city to Miami or Ft. Lauderdale.

Cruise: The "Renaissance," a luxury cruise liner with the finest single class accommodations-outside at the rates indicated. The ship is your home throughout the cruise.

Meals: All meals are included aboard the Renaissance. Full American breakfast, luncheon and dinner with complimentary wines as well as mid-morning bouillon, afternoon tea and midnight buffet.

Transfers: Transfers from airport to ship and vice versa included. Luggage will be taken directly to your stateroom.

Baggage: Domestic flights allow three pieces of luggage per person.

Taxes: All taxes such as U.S. transportation tax and embarkation taxes are included.

Tour Escort: An experienced representative will travel with you throughout the trip, starting in Port Everglades.

Cruise Staff: A cruise director and a full complement of staff will be aboardship to assist you with every facet of the cruise-optional shore excursions, shopping and other local arrangements.

Insurance: Travel insurance is available if desired through Travel Dynamics.

Shore Excursions: A full program of optional shore excursions will be offered, and is not included in the rates.

Shipboard Program: Parties, gala evening events, special "theme" nights. Dancing until the morning hours. Participate in our enrichment program with special shipboard lectures.

Weather: You will be traveling during the best season — summer-time in Central America and the Islands.

Registry: The "Renaissance" is registered in France.

Not Included: Accident and baggage insurance, shore excursions during cruise, personal services such as laundry, telephone calls, cables and beverages, and gratuities to ship's personnel.

Payment Schedule: A deposit of \$150.00 is required to book on the tour. Balance of payment is due sixty (60) days before departure.

Cancellation: If a tour participant wishes to cancel, a written request is required to obtain refund. Refund in full will be made if cancellation notification is received more than 60 days in advance of departure. Should you cancel within the 60 day period, your money will be completely refunded only if a substitute participant is found. Otherwise, a cancellation fee of \$150 per person must be imposed. In the event of tour cancellation by the operator for any reason, the operator's liability shall be limited to a refund of all payments made by tour participants.

Responsibility: Travel Dynamics, Inc., New York operator of the tours herein outlined, acts as agents only for all services and disclaims any and all liability for property loss or damage, and/or any and all damages resulting from death or personal injuries, including loss of service which may be sustained on account of, or rising out of, by reason of, or while engaged on any tour, whether due to the ownership, maintenance, use, operation or control of any aircraft, automobile, bicycle, ship, vehicle, inn, common carrier or otherwise or whether caused by failure or delay or by any transportation company due to any cause whatsoever occurring during a tour under its management, sponsorship, procurement or otherwise. All tickets, coupons and orders are furnished and issued subject in all respects to these terms and conditions under which the means of transportation or other services provided thereby are offered or supplied by owners, operators or public carriers for whom Travel Dynamics, Inc., acts solely as agent. Travel Dynamics, Inc., New York, reserves the right in its discretion to alter or omit any part of the itinerary or change any space reservation, feature and/or means of conveyance without notice. The Transportation Companies concerned are not to be held responsible for any act, omission, or event during the time passengers are not on board their carriers or conveyances. The passage contract in use by the carriers concerned, when issued, shall constitute the sole contract between the Transportation Companies and the purchaser of these tours and/or passengers.

Travel Dynamics, Inc., New York, reserves the right to cancel or withdraw any tour prior to departure and decline to accept or retain any person as member of any tour at any time. In such case the refund will be based on the actual cost of the unfinished portion of the tour.

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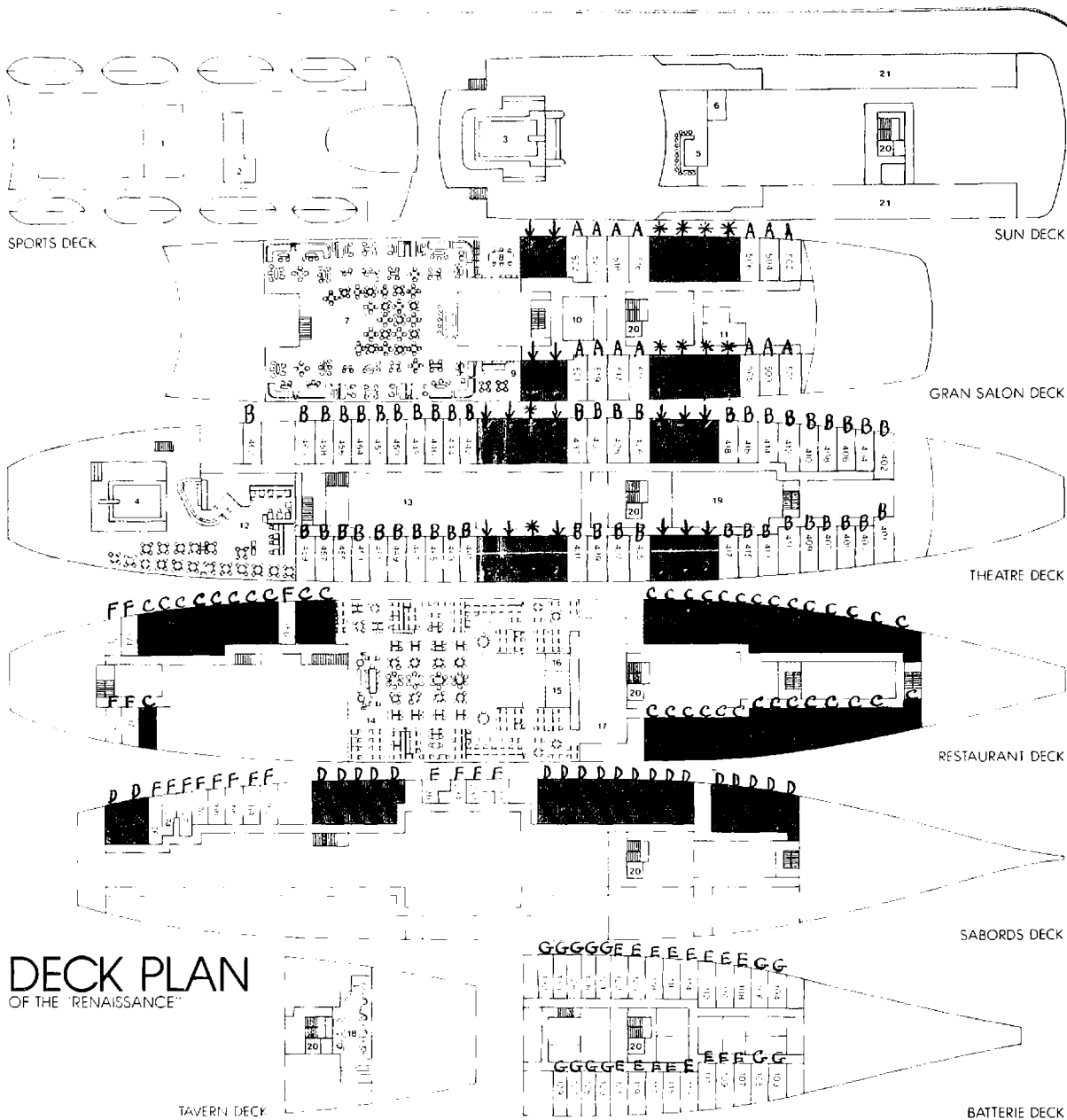
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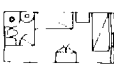
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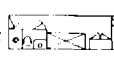
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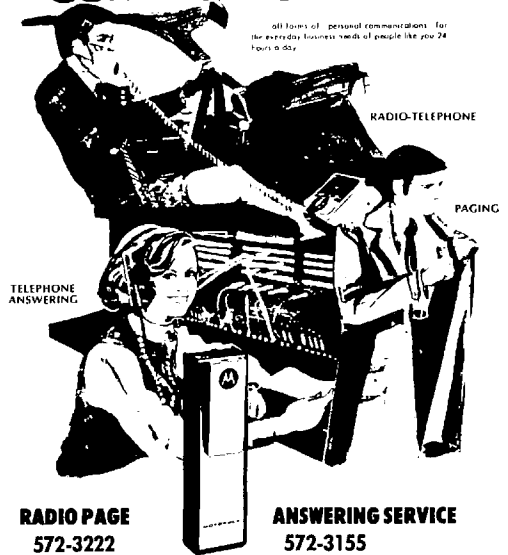
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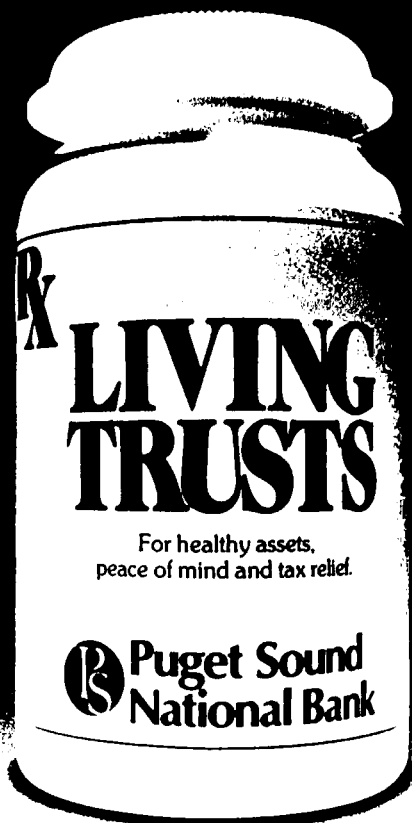
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Cover photo courtesy of Glenn G. McBride, M.D.

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PRESIDENT'S PAGE



David S. Hopkins, M.D.

Changing Of the Guard...

Charles Lamb, the great English writer, once wrote something to the effect that there is a certain sadness associated with the ending of any experience, no matter how miserable it was. Charles Lamb was never president of the Pierce County Medical Society. I'm only kidding. This has been a very enjoyable and educational year, and as the end approaches a few observations may be in order.

I feel the Society is beginning to fulfill some of the goals that were set during Jim Early's term, particularly with regard to providing services and assistance to the membership. In addition, the Society has attempted to become increasingly

involved in improving health care and health care delivery within our community.

One also has to be impressed with the sudden and tremendous influx of new physicians applying for Society membership. It is important that these able new people become involved early on in the activities of the Society.

I want to take this opportunity to thank Dale Shirk and his staff, the Board of Trustees, the members of the Medical Society and the Auxiliary for their support and encouragement this past year.

The Yuletide season is a time of nostalgia and reflection, and in this vein I find myself reflecting on the friendships and warm relationships that exist within our medical community. We enjoy a unique and special quality of life here in Pierce County.

The time has come for Ted Baer, the extremely capable and talented Allenmore ophthalmologist, to take up the mantle of leadership which has laid so lightly on my shoulders, and Dale Shirk may now relax. Rumor has it that last Christmas season, when I took office, Dale, in a paraphrase of the immortal Tiny Tim, was heard to mutter, "God help us, everyone."

Good Luck, Ted.

D. S. H.

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EDITORIALLY SPEAKING

Guest Editorial — P.K.U., HYPOTHYROIDISM AND S.B. 3058

by Charles C. Reberger, M. D.

Lotus-eaters or **Lotophagi**. In Homeric legend, a people who ate the lotus-tree. The effect of this was to make them forget their friends and homes, and to lose all desire of returning to their native country, their only wish being to live in idleness in Lotus-land. (*Odyssey*, ix)

—Benét, *The Reader's Encyclopedia*, Crowell

On Wednesday, November 10, 1976, the Washington State Board of Health met to hear, among other things, the recommendations of the Washington State Division of Health Services of the Washington State Department of Social and Health Services. These were proposed to make the PKU law work. The legislature in June decided through SB 3058 that PKU tests and other screening tests for metabolic disorders considered important by the Board are no longer permissive but mandatory. The legislature, in passing SB 3058, followed tradition and did not provide funds for the program.

The Division has observed that the PKU testing has not become automatic overnight, that some hospitals are still doing diaper tests, and that thyroid evaluation is now so important that it must be added to PKU as a mandatory test. The Division has not chosen to observe that the Division itself has not even suggested a program for unified testing for PKU in Washington. The awaited magician who apparently was to put the program together has not materialized out of nowhere in a puff of blue-green mist.

So, Wednesday the easy solution for correcting the apathy of the bad doctors and the bad hospitals was proposed. The solution required some new regulation. Hospitals will be responsible for submitting exclusively to the State Laboratory specimens on every newborn for testing with Guthrie for PKU and T4 for hypothyroidism. If the patient refuses on religious grounds, a signed refusal must be sent in lieu of a specimen.

The solution of the funding question is to bill the hospital. The Washington State Hospital Association complained that this was not defined clearly enough in the proposal for change and offered an amendment that the charges should be passed on to the patients. The Senate representative of the Department of Social and Health Services suggested that it would be appropriate to set a price at least on the State Laboratory

fee, but the Board decided that this was not appropriate. The same authoritative representative pointed out that nearly every young mother is either on welfare or has insurance, so that the payment for this service would certainly be no problem when it came to a matter of bad debts. He did admit that some young mothers neither have insurance nor are on welfare. This, however, did not influence the Board. They just went right ahead and authorized the State Laboratory to bill the hospitals for its mandatory services, holding the hospitals responsible for collection of the specimens or the refusal slips, and the charges to be extracted from the young parents, their insurance company or welfare.

Nobody on the Board seemed impressed when certain facts were pointed out. Pierce County has a program for PKU testing. The thyroid program as set up in Pierce County with TSH can provide results with a maximum turn-around time of about nine days, in time to prevent cretinism. The State Laboratory is not equipped or staffed at present for the testing program. The new rules dump the responsibility for funding of a State Health survey arbitrarily on young parents. The Division has proved too suppressed to go back to the legislature to explain that it is not fair to require young parents to support a program initially promoted as a means of saving the State money that the State might have to spend in caring for mentally retarded children whose mental problems might be prevented by early treatment.

The inertia of the Division in attempting some communication before slapping on new regulations has been disappointing. The torpid, confused, stuffy hearing by the Board, a hearing in which nobody seemed to hear, was oppressive. Unnerving was testimony from the Washington State Pediatric Society that this organization endorsed the program complete, including the determination by the Board of Health as to what

tests should be done, endorsement of their being performed exclusively by the State Laboratory, and endorsement of payment for the State program selectively by young parents.

So far, it has been easy to wax hot and indignant about the Board of Health, and especially the Division of Health, smothered somewhere in the sprawling Department of Social and Health Services. These people, however, are caught in the middle. This is an unenviable spot, not unlike that of the office boy who is ordered to mail fifty letters immediately, while being forbidden to ask for stamps.

The fault lies basically in the unfunded, and there-

fore irresponsibly constructed legislature order itself; possibly as much, too, in the inaction of those not on the State payroll, and therefore independent enough not to fear retaliation, who fail to challenge the legislators for an accounting. The confrontation should not be left to the parents of brandnew babies.

Apparently, except for our vocal bunch of family practitioners and pediatricians in Pierce County who have been fighting for their patients' rights (you rabble-rousing, raucous nonconformists!), nobody really seems to care much.

Pass some more lotus blossoms, Homer. Some of us need to catch up.

C.M.E. REQUIREMENTS CLARIFIED

by Robert F. Willkens, M.D., Chairman
Washington State Board of Medical Examiners

First reports of continuing medical education will be required of each licensed physician in the State on his or her birthday in 1979, covering continuing medical education courses, programs, reading, etc. attended or completed beginning July 1, 1976. The Board expects many physicians will meet the requirements by furnishing a current certificate of continuing education from the AMA Physician's Recognition Award program; The American Academy of Family Physicians; The American College of Obstetricians and Gynecologists; or the American Society of Clinical Pathologists/College of American Pathologists joint program. The Board also will consider approval of similar CME certification programs in other specialties when these are developed; and will accept evidence of current recertification by a specialty board as meeting the Board's CME requirements.

Physicians who do not meet their requirements through the "endorsement" methods listed above, must report in 1979 on forms provided by the Board, and every three years thereafter, 150 hours of continuing medical education in the categories required by the Board. These physicians may find the following information helpful:

There appears to be an over-emphasis on Category I hours of attendance at CME courses and programs of accredited organizations and institutions. *Our rules permit a physician to document as few as 30 hours of Category I CME in a three-year period. Fewer than that or even NO hours of Category I* for those who have substantial teaching roles or who author papers and exhibits in sufficient quantity. The Board expects the majority of physicians in practice will report in 1979, and every three years thereafter: *30 hours in Category I* (courses and programs sponsored by accredited organizations and institutions); *60 hours in Category II* (courses and programs sponsored or co-sponsored by medical or educational institutions that are not accredited); and *60 hours in Category V* (self-assessment programs, documented scientific reading in journals and books, preparation for specialty board certification or recertification, or quality of care and/or utilization review in a hospital, institution or government agency).

CME Regulations and reporting forms are available from: Board of Medical Examiners, Division of Professional Licensing, P. O. Box 649, Olympia 98504.

LEGISLATIVE NEWS



Robert W. Florence, M.D.

Medical Device Law...

Public Law 94-295, known as the Medical Device Amendments of 1976, was signed into law on May 28 of this year and is certain to have a very serious effect on the availability of new devices, and escalate costs of those which do become available. Most of the provisions of this law became effective on enactment, but the FDA will be publishing regulations in the Federal Register which, after the usual waiting period, will have the effect of law. There are certain statutory requirements, however, that fall into the "immediate compliance" category, which include:

1. The duty to notify the FDA 90 days before marketing a product which the company submitting the notification has not previously sold.
2. The duty to submit an application for premarket approval for any device not yet marketed on May 28th. The device cannot be marketed until the manufacturer receives premarket approval.
3. The duty to comply with special transitional provisions applicable to products formerly regulated as drugs but which are now devices.
4. The duty to comply with new disclosure requirements for advertising of rejected devices.
5. The duty to permit FDA representatives to inspect records concerning restricted devices. The term "restricted devices" has been defined by the agency to include all prescription devices.

The President of the American Academy of Orthopaedic Surgeons recently stated that this law with its proposed rules and regulations will, in effect, stop any experimentation with new devices in the United States. He also stated that the FDA does not have the personnel, and the money was not appropriated, to carry out the requirements of the law.

The Medicare-Medicaid Antifraud Act sponsored by Senator Herman Talmadge did not make it through the last Congress, but a compromise measure was tacked onto another bill setting up an office of Inspector General in the Department of HEW.

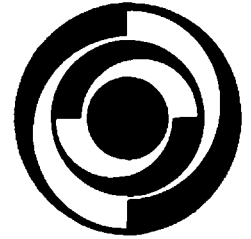
As passed, the office of Inspector General will be an independent unit within HEW, and its functions would include the conduct and supervision of audits and investigations relating to programs and operations of HEW. Another duty would be the prevention and detection of fraud and abuse as well as identification and prosecution of participants in fraud and abuse.

The military doctors can now practice without buying professional liability insurance since passage of HR-3954. This legislation makes action filed against the United States the sole remedy for malpractice allegations arising from health care providers in the armed services. This should help to make military service more attractive for doctors.

R. W. F.

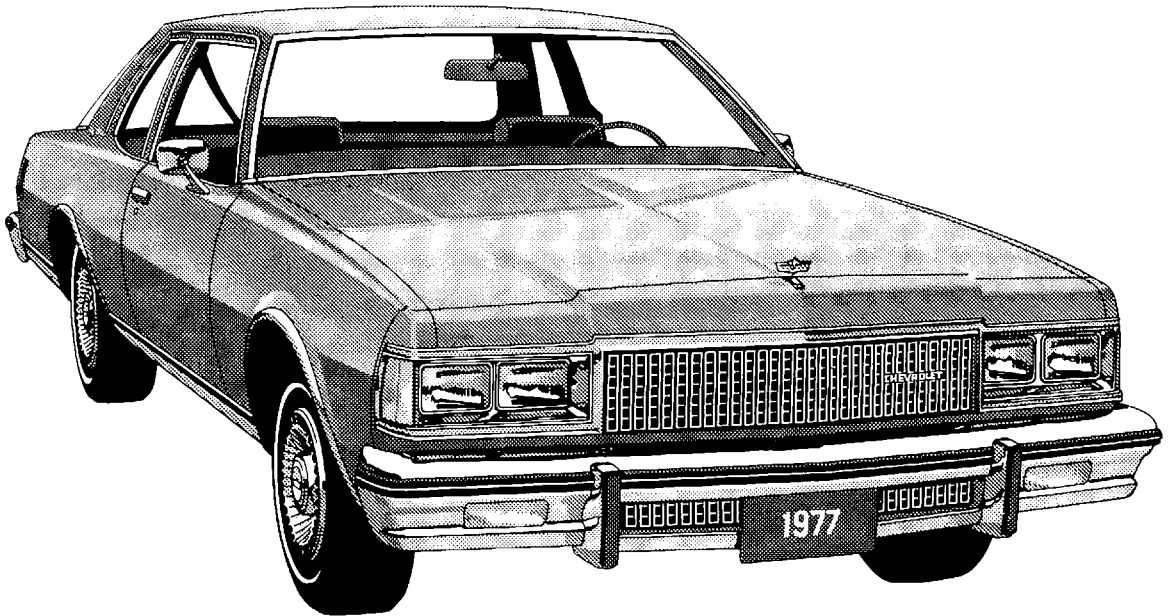


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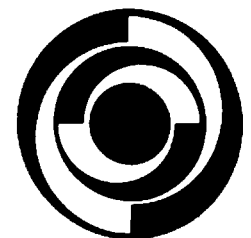
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Auxi-Quad Luncheon.....	Kit Larson
Mid-Year Conference.....	Dorothy Grenley
Nominating.....	Anne Katterhagen

This has been a busy month for Auxiliary! Thirty-five board members attended a luncheon meeting provided by Em Stern at Marie Henry's which honored State Officers: Jo Ann Johnson, Bev Downing and June Grant. They shared State information and presented the National Award to our Auxiliary for AMAERF contributions. We have been a leader in our State for years so please REMEMBER INFLATION and boost your contribution this year!

Cindy Anderson is a real organizer, and she is in the process of incorporating Tel Med. The scripts have been ordered for preview and the Tel-Med Committee is ardently soliciting funds.

Looks like we're on our way toward Pierce County Tel-Med.

Martia Ohme and her hard-working committee (Judy Baerg, Jan Thiessen, Doris Eggen and artistic Susie Flood put on a hoedown not to be believed!! One hundred and twelve "Spirited" participants laughed their way through the evening. If awards had been given for attire, Chuck Anderson and Tom Miskovsky should rate at the top. Marlene Waldron and daughter Vicki scored for the women. WHAT AN EVENING!!

A special thank you to coordinator Donna Ferguson and those twelve nurses who volunteered to work on the Swine Flu Immunization program.

Sixty-five people attended the November 19th meeting at Kit Larson's home. Bob Moahad inspired everyone to become more positive.

Tel-Med has received \$2,350 in donations, and is now incorporated.

To all of you—have a happy and peace-filled Holiday Season!!!!!!

Next meeting at the Tacoma Country Club January 21st for the Auxi-Quad Luncheon. Remember to give your birth sign when you make your reservation.

—Marie Henry

THE WASHINGTON STATE CANCER EDUCATION CONFERENCE

As a representative of the medical auxiliary, it was my pleasure to attend the Washington State Cancer Education Conference held in Seattle last month. A first of its kind in the nation, it was jointly sponsored by the Fred Hutchinson Cancer Research Center, the American Cancer Society, the Washington Congress of Parents, Teachers, and Students, and the State Office of Public Instruction. This conference was primarily for educators, although those attending represented many different fields. Included were physicians, teachers, nurses, medical assistants, members of the PTSA and WEA, representatives

of HEW and the Department of Social and Health Services, social workers, school administrators and principals, Washington State Medical Auxiliary, and others.

There were several interesting and informative speakers. An outstanding one was Dr. Charlene Holt of the Mountain States Tumor Institute. Dr. Holt spoke on childhood cancer and its early detection and special education needs. She reminded us that cancer in children is second only to accidents as cause of death.

The main purpose of the conference was to bring cancer information and education to educators. It was agreed that there is a need for standardization of health education programs in private and public schools of this state with great emphasis on cancer prevention. This education should start in the primary grades. Another speaker, a

bio-statistician, stated, "Lifestyle affects to a greater or lesser degree whether or not a person will develop cancer." He also said that, "No single factor would prolong life more than the elimination of cigarette smoking."

The role of the auxiliary in this program is mainly supportive—through the Speakers Bureau, Tel-Med, helping with distribution of materials, providing volunteers at the cancer center, showing films (many available through the Health Sciences Learning Resources Center at the University of Washington) and promoting and supporting cancer education in all possible ways.

It is hoped that through the effects of this conference there will develop a high level of awareness among the participants about cancer prevention, treatment, and rehabilitation.

—Elsie Schwind

LAKWOOD GENERAL RETREATS

Members of the Board of Directors of Lakewood General Hospital and Convalescent Center recently attended a two-day "Board Retreat" held at Port Ludlow, Washington. The purpose of the Retreat was to further update Board members in new State regulations and law, and recent advances in the medical and hospital fields.

On Saturday, Doctor James Billingsley, Medical Director at St. Joseph's Hospital, discussed the inter-relationship between the medical staff, hospital administration, and board of directors. This was followed by a panel discussion, with the following speakers, who reviewed regulations and procedures pertinent to their respective fields: Robert Burns, State Hospital Commission; Michael Dickey, Certificate of Need Unit, Department of Social and Health Services; Jerry Hawley, Provider Relations, Blue Cross; William

Hogarty, Puget Sound Health Systems Agency; Neal Baum, Washington State Professional Standards Review Organization; and Ted Reister, Department of Licensing and Development, Department of Social and Health Services.

Sunday's program consisted of Stephen Yarnall, M.D., who discussed new medical concepts and practices; Paul Sinnitt, Attorney at Law, who discussed medical legal aspects in the hospital field; and Mr. Bruce Lipke, Director of Economics and Research, Weyerhaeuser Company, who discussed long range master planning.

Discussion was held after each presentation, with questions asked by the Board audience. Mr. James O. Helland, Administrator, Lakewood General Hospital and Convalescent Center, planned the program and attended the conference with administrative "key personnel."

A.A.M.A. PAGE

by Doris Stansell, 1976 President Pierce County Chapter

As outgoing President of AAMA, WSS, Pierce County Chapter, I thought it might be in order to do a resume of the past year's activities.

In January, for an informal program, we participated in a self-administered quiz on Medical Ethics which everyone enjoyed.

For our February meeting, Scotty Millar, MEDEX, employed by Wm. Knittel, M.D., brought us a program on MEDEX, the necessary education and training and duties they may and may not perform. It took only a few minutes of listening to his delightful Scottish brogue to see where he got his nickname.

Our March program was presented by James W. Boudwin, M.D., Psychiatrist, speaking on Different Types of Depression and their treatment. Dr. Boudwin likes to lecture to groups, and made this program very interesting for us.

In April, Ernest Banfield, M.D., Plastic Surgery, brought us a most interesting and educational program, using slides to illustrate what can be done in repairing congenital abnormalities, accidents and burns, as well as cosmetic surgery.

No business meeting was held in May, since we hosted the State Convention at the Sea-Tac Holiday Inn. This convention was quite a challenge to us, but under the chairmanship of Susan Thornton we managed to have the most successful convention ever held, especially from a financial standpoint—all proceeds went into the State Treasury. A feather in our cap was to have our very own Dr. Dixy Lee Ray bring us the Saturday luncheon address on The Importance of an Individual.

In June we enjoyed another self-administered review, this time on Terminology.

No meeting in July, but a delightful potluck dinner at the beach home of Maggie Polwarth in Rosedale.

The August program was on Diabetes, presented by Mrs. Allen; and Sister Margaret O'Reilly, director of continuing nursing education at St. Joseph Hospital, brought us the September program.

Officer Fredalene Healy, Protective Service, was

our speaker for the October meeting. With the use of a film narrated by Shirley Jones, as well as physical demonstrations by "Fred," we learned a great deal on how to protect ourselves from would-be rapists and/or assaults. I never realized women carried such good weapons in their purses all the time.

November 8 was election of officers, followed by a program given by Dee Lunstrum and Kathy Carenbauer, from the offices of Dr. Ralph Johnson and Dr. Robert Burt, General Surgeons. They came complete with instruments, sterile packs, etc., and enlightened us on Surgical Assisting. This was the first of the programs we have lined up to educate each other—there were no requests for surgery, by the way.

On December 10, our annual Christmas and Installation Banquet will be held at the Lake-wood Terrace. Special invitations are extended at this time to our Physician Advisors, Drs. Graham, Tanbara and Irish; Dr. Hopkins, President, PCMS; and to Dale Shirk, Executive Director, PCMS. Formal invitations will follow later.

In summary, it has been a good year for our chapter. Highlights include the election of two of our very dedicated members, Susan Thornton and Dee Lunstrum, to the offices of State President and State Vice President, respectively. These same two members attended the National Convention as delegates from Washington State in September, and once again represented us in an outstanding fashion. In addition, Susan Thornton and Sharron Vigil both passed the certification examination, and are now adding CMA to their names. I understand Nancy Blann is now studying seriously towards taking the exam

next spring when it is again offered, and Susan and Sharron will probably try for the Clinical and/or Administrative exam.

On behalf of all members of our chapter, I would like to thank each and every one of our speakers who took the time to come out and present these educational programs to us.

I am now looking forward to sitting down in the audience this next year, after three years "up front," and to another successful year.

—continued overleaf

HELP WANTED: Pierce County Chapter is in need of at least one new Physician Advisor. Dr. Graham has asked to be replaced at the end of this year. We really do not need to limit ourselves to three advisors, so all physicians who might be interested in working with us, please contact Betty Moore, incoming President, at 383-1524.

CANADIAN SCIENTISTS DISCOVER INSULIN

The United States regularly pays tribute to its neighbor to the North for a medical discovery that has opened a whole new world of life and hope to several million Americans.

Before the 1920's less than one out of five persons suffering from diabetes could expect to live more than ten years after a diagnosis was made. The only weapon against the disease was a dramatically reduced diet. Today, diabetics can lead a relatively normal life—thanks to insulin.

For many years, medical scientists knew that diabetes mellitus resulted from the failure of the body to metabolize sugar and other food materials, and they had long suspected a relationship between the pancreas and the disease.

As early as 1889, scientists had found that removing the pancreas from dogs quickly brought on the disease, with death following a few days afterward.

The goal of medicine then was to identify the active principle in the pancreas that controlled sugar metabolism. Not until Frederick Grant Banting, M.D. entered the picture was the search successful.

In 1920 Dr. Banting, an orthopedic surgeon, was moonlighting as a lecturer on anatomy and physiology at the Western Ontario Medical School in Canada. One day, while preparing a lecture on the relationship between the pancreas and diabetes, he realized that he could tell his students what happened, but could not explain why. Medical science simply didn't have the answer.

Dr. Banting shortly thereafter found the answer in one of the most dramatic episodes in medical history. His mind filled with thoughts of hormone secretions and pancreas cells, he awakened at two o'clock one morning and wrote three sentences in his notebook: "Ligate pancreatic duct of dog. Wait 6 to 8 weeks for degeneration. Remove the residue and extract."

In May 1921, Dr. Banting and Charles Best, a medical student assigned as his assistant, went to work. Two months later, they performed their decisive experiment, removing the pancreas from ten dogs and preparing a solvent from the gland. Banting had spent nearly all his money on the experiments. He sold his car, loaned some of the money to Best, who was receiving no salary, and used the rest to buy dogs, dog food, and supplies. It was already July 30, and they had permission to use the laboratory only for the summer.

By the time the two men finished removing the gland, the dog was sinking into a diabetic coma, its blood and urine filled with sugar. The animal was nearly dead before the solvent was ready. Banting, later a Nobel Prize winner, injected the solution (insulin) into the dog's veins, and within hours the animal began to regain its strength. For the first time in history, a diabetic animal was brought out of a coma.

They had found the secret that could literally bring a living creature back from sure death. Eight months later, Banting and Best performed their first human test, on a 14-year-old boy who was dying from diabetes. The insulin worked.

GENERAL MEMBERSHIP MEETING

Date: TUESDAY, DECEMBER 14, 1976

Place: LAKEWOOD TERRACE

Time: Cocktails — 6:30 P.M.
* Dinner — 7:00 P.M.
Program — 8:00 P.M.

Call the Society Office
for Program Details and Dinner Reservations.

*DINNER \$6.50 /PERSON (INCLUDES TAX AND GRATUITY)

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FAMILY CLINIC – OCTOBER 1976 (627-9182)

Monday through Friday – 10:00 to 5:30 1815 South J Street Tacoma, Washington 98405
 Coordinator: Aaron Miller

PATIENT SERVICES	October 1976	Total 1976	Total Since September 1973
Referred to Physicians	79	3,150	4,244
Laboratory Services	137	3,454	4,212
X-Ray Services	3	114	414
Prescription Services	115	1,630	2,613
Referred to Community Agencies	14	503	1,250
Seen by Physicians in Clinic	34	753	1,512

ETHNIC AND DEMOGRAPHICAL DISTRIBUTION

Black.....	47	700	1,218
Caucasian.....	206	3,966	6,589
Asian-American.....	5	87	175
Native-American.....	1	118	232
Mexican-American.....	4	88	158

PARTICIPATING PHYSICIANS ON FRIDAY EVENING:

Dr. H. Boyd	Dr. T. Smith	Dr. S. Whaley	Dr. A. North
Dr. G. Tanbara	Dr. G. Drucker	Dr. D. Wilhyde	Dr. G. Oh

EAST SIDE HEALTH CLINIC

Progress Report for October, 1976

Director, Mr. John Erwin

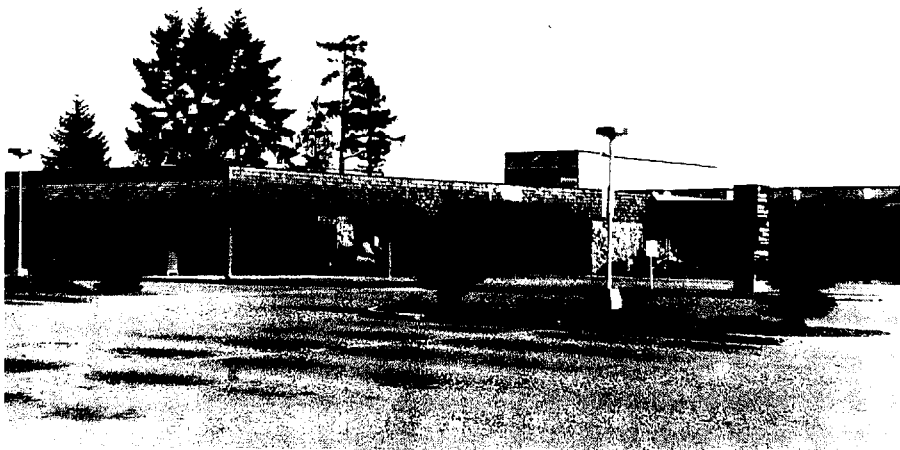
	October	Total-1976	Total to Date (1972)
Seen by Physicians			
in Clinic: Adults	168	1,719	*7,036
Children	103	1,038	*5,294
Laboratory Services	58	747	1,715
Prescriptions Filled	135	1,328	2,768
Referred to Physicians	26	211	511
Phone Referrals	76	637	1,561
EPSDT	9	124	340
DPA	51	605	1,241

*Until January 1975, the number of patients actually seen by our clinic physicians was the only information available.

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"NURSES, RELATED PROFESSIONS, MALPRACTICE"

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"CAUSES AND PREVENTION OF MEDICAL MALPRACTICE"

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"ELECTRICAL HAZARDS IN HOSPITALS"

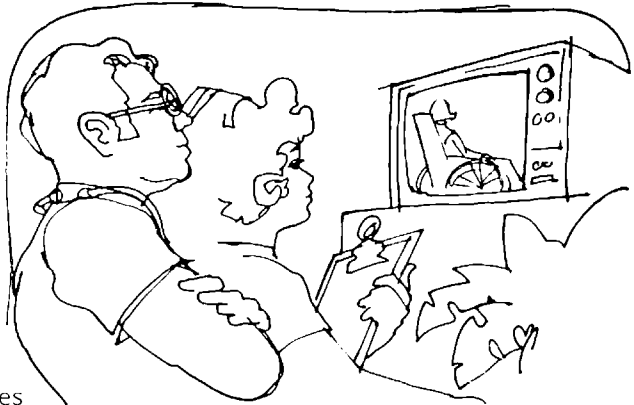
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Shows a physician violating all principles in the handling of a patient . . . and flashbacks to proper technique. (Color)

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MEMBERSHIP

In accordance with Society Bylaws, Chapter VII, Section A — MEMBERSHIP, the following physicians have made application for membership, and notice of that application is herewith presented to the membership:

SECOND NOTICE



LEONARD S. ALLOT, M.D., Emergency Medicine. Born in Pueblo, Colorado, 7/17/29; medical school at University of Colorado, 1956; internship at Waltham Hospital, Waltham, Massachusetts, 1956-57; licensed to practice medicine in the State of Washington, 1960. Dr. Allot's practice of Emergency Medicine is located at St. Joseph Hospital.



JOHN H. BARGREN, M.D., Orthopedic Surgeon. Born in Rockford, Illinois, 7/25/41; medical school University of Wisconsin, Madison, Wisconsin, 1967; internship at Boston City Hospital, 1967-68; residency also at Boston City Hospital, 1968-69, and Columbia Presbyterian Hospital, New York, 1972-75; licensed to practice medicine in the State of Washington, 1969; also practiced medicine in Massachusetts and New York. Dr. Bargren's office of Orthopedic Surgery is located at B-2010 Allenmore Medical Center in Tacoma.



LEE M. BOURDEAU, M.D. Emergency Medicine. Born in Seattle, Washington, 1/14/48; medical school at University of Washington, Seattle, Washington, 1972; internship at Swedish Hospital Medical Center, Seattle, Washington, 1972-73; residency also at Swedish Hospital Medical Center, Seattle, Washington, 1973-74; licensed to practice medicine in the State of Washington, 1976. Dr. Bourdeau's practice of Emergency Medicine is located at Tacoma General Hospital.



TIM E. BYERS, M.D., General Practice. Born in Ft. Wayne, Indiana, 11/1/48; medical school at Indiana University, Indianapolis, Indiana, 1973; internship at Maricopa County General Hospital, Phoenix, Arizona, 1973-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Indiana. Dr. Byers' office of General Practice is located at 2009 East 32nd Street in Tacoma.



DUANE F. HOPP, M.D., Orthopedics. Born in Washington, D.C., 6/20/41; medical school at University of Washington, 1967; internship at Philadelphia General Hospital, 1967-68; residency at Ireland Army Hospital, Ft. Knox, Kentucky, 1969-70; Fitzsimons General Hospital, Denver, Colorado, 1970-73 and Arizona Children's Hospital, Tempe, Arizona, 1973-74; licensed to practice medicine in the State of Washington, 1970; also practiced medicine in Kentucky and Arizona. Dr. Hopp's office of Orthopedics is located at 702 - 23rd Ave. SE in Puyallup.



JACOB J. KORBERG, M.D., General Surgery. Born in Los Angeles, California, 12/15/43; medical school at University of California, Irvine College of Medicine in Irvine, California, 1969; internship at Los Angeles County USC Medical Center, Los Angeles, California, 1969-70; residency at University of California, Irvine College of Medicine at Orange County Medical Center, 1970-74; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in California. Dr. Kornberg's office of General Surgery is located at Good Samaritan Hosp. in Puyallup.



DAVID E. LEE, M.D., Internal Medicine/Pulmonary. Born in Tacoma, Washington, 11/24/46; medical school at St. Louis University, St. Louis, Missouri, 1972; internship at B.U. Medical Service Boston City Hospital, Boston, Massachusetts, 1972-73; residency also at Boston City Hospital, Boston, Massachusetts, 1973-74; licensed to practice medicine in the State of Washington, 1976. Dr. Lee's office of Internal Medicine/Pulmonary is located at 1718 South I Street in Tacoma.



JAMES D. LEITZELL, M.D., General Practice. Born in Chicago, Illinois, 1/30/39; medical school at University of Utah in Salt Lake City, 1973; internship at University of Alabama, Birmingham, Alabama, 1973-74; residency also at University of Alabama, Birmingham, Alabama, 1974-75; licensed to practice medicine in the State of Washington in 1975; also practiced medicine in the State of Alabama. Dr. Leitzell's office of General Practice is located at 1420 Whitman Northeast, in Tacoma.



JAMES A. FRY, M.D., Internal Medicine. Born in Detroit, Michigan, 2/8/45; medical school at Cornell University Medical College, New York, 1971; internship at Rush, Presbyterian-St. Luke's Hospital, Chicago, Illinois, 1971-72; residency also at Rush, Presbyterian-St. Luke's Hospital, Chicago, Illinois, 1972-73, 1975-76; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Illinois. Dr. Fry's office of Internal Medicine is located at 521 So. K Street, Tacoma.



ROBERT G. MC BRIDE, M.D., Internal Medicine. Born in Notikewan, Alberta 8/25/42; medical school at University of Alberta, Edmonton, Alberta, 1966 and University of California, Berkeley, 1972; internship at University Hospital, Edmonton, Alberta, 1966-67; residency at Kaiser Foundation Hospital, San Francisco, California, 1967-69 and Vancouver General Hosp., Vancouver, B.C., 1972-73; licensed to practice medicine in the State of Washington 1975; also practiced medicine in the State of California and British Columbia. Dr. McBride's office of Internal Medicine is located at 521 So. K Street in Tacoma.



ALEXANDER K. MIHALI, M.D., Internal Medicine. Born in Germany 4/3/44; medical school at Medical College of Wisconsin, 1971; internship at Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wisconsin, 1971-72; residency also Medical College of Wisconsin Affiliated Hospitals, Milwaukee, Wisconsin, 1974-76; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Wisconsin. Dr. Mihali's office of Internal Medicine is located at 1112 So. Cushman Avenue in Tacoma.



RICHARD G. SCHOEN, M.D., Family Practice. Born in Ft. Wayne, Indiana, 12/29/47; medical school at Indiana University, Indianapolis, Indiana, 1969; residency at Medical College of Virginia, Blackstone, Virginia, 1973-76; licensed to practice in the State of Washington, 1976; also practiced medicine in Virginia. Dr. Schoen's office of Family Practice is located at 2209 East 32nd Street in Tacoma.



MICHAEL H. MORRELL, M.D., Orthopedic Surgery. Born in New York City, 5/15/44; medical school at New York University, 1968; internship at Boston City Hospital, 1968-69; residency also at Boston City Hospital, 1969-70 and New York University Medical Center, 1971-74; licensed to practice medicine in the State of Washington, 1974; also practiced medicine in New York and Massachusetts. Dr. Morrell's office of Orthopedic Surgery is located at #22 Tacoma Medical Center in Tacoma.



MICHAEL J. SPIGER, M.D., Internal Medicine and Endocrinology. Born in Spokane, Washington, 6/17/43; medical school at University of Washington in Seattle, Washington, 1969; internship University of Utah Affiliated Hospitals, Salt Lake City, Utah, 1969-70; residency also at University of Utah Affiliated Hospitals, Salt Lake City, Utah, 1970-72 and 1972-73; licensed to practice medicine in the State of Washington, 1974; also practiced medicine in Utah and California. Dr. Spiger's office of Internal Medicine and Endocrinology is located at 11019 Canyon Road East in Puyallup.



ALBERT G. NORTH, M.D., Emergency Medicine. Born in New Orleans, Louisiana, 10/19/39; medical school at Louisiana State University, 1968; internship at USPHS Hospital, Seattle, Washington, 1968-69 and Doctor's Hospital, Seattle, Washington, 1969; residency at Doctor's Hospital, Seattle, Washington, 1969-70; licensed to practice medicine in the State of Washington, 1969; also practiced medicine in Louisiana. Dr. North's practice of Emergency Medicine is located at Tacoma General Hospital.



KIRK N. STARR, M.D., Pediatrics. Born in Chattanooga, Tennessee, 9/15/45; medical school at Emory University, Atlanta, Georgia, 1971; internship at Emory University Affiliated Hospitals, Atlanta, Georgia, 1971-72; residency also at Emory University Affiliated Hospitals, Atlanta, Georgia, 1972-73 and Duke University Medical Center, Durham, North Carolina, 1973-74; licensed to practice medicine in the State of Washington 1975; also practiced medicine in Georgia. Dr. Starr's office of Pediatrics is located at 1112 South Cushman in Tacoma.



WILLIAM D. OVERFIELD, M.D., Neurology. Born in Tacoma, Washington, 12/22/40; medical school Albany Medical College, Albany, New York, 1971; internship at University of Oregon, 1971-72; residency at University of Colorado, 1973-76; licensed to practice medicine in the State of Washington, 1971; also practiced medicine in Colorado. Dr. Overfield's office of Neurology is located at Puget Sound Medical Building.



KARI J. VITIKAINEN, M.D., General and Thoracic Surgery. Born in Finland 5/18/37; medical school at State University of New York Upstate Medical Center, Syracuse, New York, 1965; internship at Presbyterian Hospital, New York, 1965-66; residency also at Presbyterian Hospital in New York, 1966-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in New York and New Jersey. Dr. Vitikainen's office of General and Thoracic Surgery is located at 1212 So. 11th Street, #12, in Tacoma.



MICHAEL L. PEARSON, M.D., Pediatrics. Born in Oconto, Wisconsin, 3/4/46; medical school at George Washington University 1972; internship at Orange County Medical Center UCI, Irvine, California 1972-73; residency also at Orange County Medical Center UCI, Irvine, California 1973-75; licensed to practice medicine in the State of Washington 1975; also practiced medicine in California. Dr. Pearson's office of Pediatrics is located at 1106 S. 4th in Tacoma.



EDWARD I. WALKLEY, M.D., Pediatrics. Born in Dunn, North Carolina, 3/16/45; Dartmouth Medical School in Hanover, New Hampshire, 1968 and Harvard Medical School in Boston, Massachusetts, 1970; internship Children's Hospital Medical Center, Boston, Massachusetts, 1970-71; residency also at Children's Hospital Medical Center in Boston, Massachusetts 1971-73; licensed to practice medicine in the State of Washington, 1975. Dr. Walkley's office of Pediatrics is located at 521 South K Street in Tacoma.

FIRST NOTICE



ROBERT J. MARTIN, M.D., Dermatology. Born in Williston, North Dakota, 2/1/43; medical school at University of Oregon in Portland, Oregon, 1968; internship at Tripler General Hospital in Honolulu, Hawaii, 1968-69; residency at Fitzsimons Army Medical Center in Denver, Colorado, 1969-73; licensed to practice medicine in the State of Washington, 1976; also practiced medicine in Oregon and Colorado. Dr. Martin's office of Dermatology is located at 2607 Bridgeport Way West in Tacoma.



HARVEY N. SALES, M.D., Neurology. Born in Pittsburgh, Pennsylvania, 7/6/46; medical school at University of Pittsburgh, Pennsylvania, 1971; internship at Providence Hospital in Seattle, Washington, 1971-72; residency at University of Virginia, Charlottesville, Virginia, 1972-74, and also University of Kansas Hospital, Kansas City, Kansas, 1974-75; licensed to practice medicine in the State of Washington, 1975. Dr. Sales' office of Neurology is located at A305 Allenmore Medical Center in Tacoma.

DOCTORS URGED TO SEEK CONTROL OF HANDGUNS

Violence by handguns, specifically homicide, is now a major public health problem in the United States, and American physicians should take the lead in demanding more stringent controls of pistols, declares a communication in the November 8 *Journal* of the American Medical Association.

In 1974 there were 11,124 homicides by handguns, declares Charles H. Browning, M.D., psychiatry professor of the University of Oregon Health Sciences Center, Portland. Almost three-fourths involved family members or other people who knew each other.

"Imagine the medical and general public concern if there were 11,124 deaths per year from typhoid fever, botulism, or mercury poisoning," Dr. Browning points out.

Many of the 2.5 million new handguns sold in the United States each year are bought for self protection, but studies have shown that a loaded firearm in the house is six times more likely to accidentally kill a family member than it is to provide a lifesaving protection against an intruder, he says.

Dr. Browning reports that members of the Multnomah County (Portland) Medical Society favored more stringent control of handguns by 79 percent in a mail poll, and 44 percent favored outright ban of pistols.

"The choices that may have to be made regarding handgun controls will be difficult ones; however, complacency in the context of this serious public health problem is not tenable if physicians are to fulfill an obligation to their patients," he concludes.

LETTERS

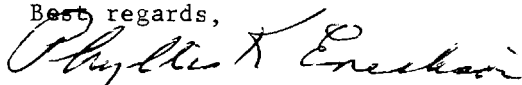
The Editor
Pierce County Medical Society Bulletin
813 S. K St., Suite 200
Tacoma, WA 98405

November 5, 1976

Dear Sir:

I would like to take this opportunity to thank the many members of the medical profession, and their families, who helped in my reelection campaign. It is good to know I have so many friends who feel I have done an acceptable job in Olympia and were willing to contribute money, post signs and even take the time to doorbell for me. Help such as this is truly important for a candidate and I sincerely appreciate it.

Best regards,



Phyllis K. Erickson
Representative - 2nd District

PATHOLOGISTS (Arachnids)

J. Edmund Deming, M.D.

Pathologists are really somewhat human manifestations of spiders! More correctly, phylum Arthropoda, class Arachnida, species *Pathologisti*.

Habitat: These highly intelligent (usually) and interesting (usually) creatures are normally found in a catacombic habitat deep down in the bowels of a hospital (Krankhaus) . . . They exist in large or tiny rooms called "offices." Each abode is marked with said Arachnid's name. It is said that they hang head downward from webs they have individually constructed. When one gains an audience with one of them and opens the door, he, *Pathologisti*, appears to be sitting at a large desk, peering into a binocular microscope . . . Like the light in the refrigerator which supposedly goes off when one closes the door—does the pathologist really hang from his web, head downwards? This age-old question has never been satisfactorily answered. It has, however, been explained that they (*Pathologisti*) assume this head-down position to allow increased blood flow, which in turn nourishes their huge brains. These brains weigh 500 grams to 1 kilogram more than average mortals' brains. Most of these highly intelligent creatures have multi-lensed eyes, i.e. their own lenses plus a set of man-made glasses. Their eyes are said to be overly light sensitive . . . this enables them to see things on slides that no one else can see! (Radiologists have this same peculiar acumen, but that entirely another story.)

Function: No general statements can be made about their "function" as a group. A few of them continually study, yet never divulge any "results." Generally, they are reserved, non-committal (verbally) but almost always have written answers—pages of them! Answers markedly, and precisely, correct. It behooves one to pay strict attention to what they say or write, usually. When one enters his web-room, the *Pathologisti* settles back in his tilttable chair; puffs idly at his pipe, cigar or cigarette. This despite his training and the Surgeon General's warnings. He stares at, through, and beyond you. He says quietly, "Yes, Doctor?" They (*Pathologisti*) are totally courteous to even totally ignorant practitioners! The Pathospiders seem to have an uncanny acumen for correctly diagnosing the medical

intelligence of their visitors! They can almost always answer any medical question one poses. In the rare instance when they cannot, they rapidly grasp a suitable book or journal from the four walls of their web-rooms, which are lined by such articles, and . . . voila! . . . the answer. When one leaves the spider's sanctum, one has the feeling that he has had an audience with THE ALMIGHTY'S third-in-command (for non-Christians, substitute second-in-command!)

Sex Life: No article this day and age is considered complete without a comment on sex. *Pathologisti* and their sexual habits are no exception! When one sees, scuttling about outside the great spider's web, the myriads of mini-skirted, sleek gluteals, well formed gastrocnemi and well endowed physiques of the white-clad female student and graduate (1) hematology, (2) urinology, (3) bacteriology, (4) scanology, and (5) feco-sputology technicians, one has to assume that the *Pathologisti* lives an entirely vicarious sexual existence. Like a pleasant walk through a harem for the visitor; but, hopefully—for longevity for the Pathologist—vicarious! Usually even the secretaries for the *Pathologisti* have similar attributes, plus skill at dictation and typing.

Summary: In a hospital the Arachni-*Pathologisti* know well who is at odds with the Tissue Committee, with the Utilization Committee, with the Surgery, Anesthesia, Orthopedic, Urology, Dermatology and Internal Medical Committees . . . The slightest breeze around the place stirs their respective webs and they (the Path-spiders) correctly assess the etiology of said breeze. They also know who rests in the morgue, and why! *Vive les Pathologisti!* May we long live in symbiosis with them.

(This is NOT written by (1) a Pathologist, (2) a relative of a Pathologist, nor was it (3) paid for by a Pathologist. It was written by a doctor of medicine who has great respect and admiration for most Pathologists with whom he has ever come in contact, both in civilian and military medicine.)

LIBRARY NOTES

Due to budgetary restrictions it has become necessary to distribute the Pierce County Medical Library Bulletin only to those physicians who specifically request it. If you wish to continue receiving the Bulletin, please advise the Library staff of your desires. Call 572-5340 or 597-7664.

Beginning August 1, 1976 a quota involving free photocopies of library material was established

by the WSMA Library Services, Health Sciences Library, University of Washington, Seattle.

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M. Von Bruck, Librarian
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"A House of Mercy"

"A House of Mercy" is all about Tacoma General Hospital from 1882-1973. The eight-and-one-half by eleven inch, soft cover manuscript was written by Mrs. Mildred Bates, R.N., during her two years, from 1971 to 1973, as the hospital historian.

Mrs. Bates, head nurse of the "birth room" for 29 years (1942 to 1970), was the mother or father, as needed, to many. Physicians and patients alike fondly remember her as "Batesie."

"A House of Mercy" is a descriptive, colorful and detailed account of the hospital's past. The following are excerpts from the history:

"The first physician to come to Tacoma was Dr. R. N. Lansdale, who arrived in 1869. Others named during the early days of the hospital were Drs. J. S. Wintermute, F. H. B. Wing, Bostwick, A. M. Ballard, and surely others of whom there is no record.

"In 1883, there was a serious epidemic of diphtheria. The number of cases or how many died is not known. By this time there were 4,000 people in Tacoma. The last of 1,600 stumps had been removed from Tacoma Avenue, D and E Streets were being partially graded, and the town was slowly climbing up the hillside.

"In 1938, the city changed its transportation from streetcars to buses. The old tracks, in use for so many years, were gradually torn up and the streets repaved.

"Society was changing. People were leaving the farms and gathering in crowded cities to take part in the rising industrialism. Mass production had been adopted and chain stores of every description were spreading across the country. Large businesses and corporations erased many small companies along with personal ownership and management.

"A large group to be affected by this mutation was the medical profession. Doctors had customarily numbered their patients by counting families. Now the families were split. Large groups of workers received their medical attention by contract with a panel of doctors. People were joining lodges and beneficial organizations. The Federal Government cared for its armed service members. States were caring for industrial injuries. Public Health was coming to the fore and free clinics and free services were being offered to improve the public's well-being.

"Many general practitioners and medical students turned to specialization to widen their constricted outlooks. Nurses had many more fields to enter and the profession's overcrowding was relieved."

Advance orders will be taken until December 10; price \$6.95 plus tax, or \$7.30. After December 10, \$7.95 plus tax or \$8.36. Place your order by calling 597-7375, Pat Thomas, or send to: Tacoma General Hospital, Public Relations, 314 South K Street, Tacoma, Washington 98405. Please make check payable to TG-"A House of Mercy." Copies will be available during the dedication festivities in February, 1977.

30TH NATIONAL CONFERENCE ON RURAL HEALTH

March 30 - April 1, 1977
Washington Plaza / Seattle, Washington

Sponsored by American Medical Association in cooperation with these and other organizations:

- Washington State Medical Association
- Bureau of Community Health Services, DHEW
- Oregon Medical Association
- Idaho Medical Association
- Montana Medical Association
- American Academy of Family Physicians
- American Dental Association
- American Hospital Association
- American Veterinary Medical Association
- American Medical Students Association
- National Safety Council
- Cooperative Extension Service
- Farm Organizations
- State and Local Medical Societies
- State and Local Medical Society Auxiliaries
- Schools of Medicine
- Health Departments
- Allied Health Organizations
- Women's Groups
- Agricultural News Media
- Continuing Education Groups
- Service and Civic Clubs
- U. S. Department of Agriculture

Theme: Directions for Rural Health Services

Purposes: To evaluate progress in meeting health care needs in medically underserved areas,
To illuminate new directions for action at national, state, and community levels in —

- Family Practice Programs
- Role of Private Practice
- Role of Rural Hospitals
- Financing Health Care
- Educating the Health Consumer
- Medical School Outreach
- New Approaches to Delivery of Health Care
- Integrating Services in Rural Areas
- Health Care Systems
- EMS Systems
- Health Care Teams
- The "Branch Office" Approach
- Criteria for Student Selection
- Utilization of Technology in Health Delivery Systems

Conference will convene at 6:00 p.m., Wednesday, March 30, and conclude at 3:00 p.m., Friday, April 1.
Registration opens at 2:00 p.m., Wednesday

Registration Fee \$40 (students \$10). Registration fee includes coffee breaks, and two luncheons.

Complete and return reply form for additional information

Pre-Registration Form

30th National Conference on Rural Health
March 30-April 1, 1977
Washington Plaza/Seattle, Washington

Name _____

Street or RFD _____

City/State/Zip Code _____

Organization _____

Occupation _____

RETURN TO: Department of Rural and Community Health, Division of Medical Practice
American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

AT SIXTY-FIVE

Now that fall's morning fog obscures known ways
That I have trod while years and years went by,
I look for landmarks through uncertain haze.

Many a time, from lofty summit, high
Above the clouds, I've looked down on a sea
Of white, a cotton blanket on the ground,
And only snowclad giants greeted me,
Eternal landmarks I had sought, and found.

I keep on plodding, mile upon hard mile,
Heavy my load, the mountain steep and sheer . . .
A friendly brook! Here I shall rest a while.

The sun breaks through, I see my landmarks clear,
Refill my cup, listen to water's sound,
Where Indian paintbrush, lupine, hope abound.

—Gerhart A. Drucker, M.D.

SUMMARY / A.M.A., MEDICAL & HEALTH NEWS:

Highlights of 1976 programs are included in a special report, "What the AMA Dues Dollar Does," a 16-page insert in the Dec. 13 issue of *American Medical News*. The report, complete with percentage and dollar amounts, breaks down the 1976 budget into six major areas of activity: Disseminating Scientific Information, Representing the Profession, Serving the Public, Assisting the Physician and his Practice, Upgrading Care through Educational Standards, and Strengthening Organized Medicine.

New to the AMA's National Leadership Conference programming will be four optional seminars on Jan. 20, supplementing the regularly planned program beginning Jan. 21. Each seminar will have a separate fee and limited registration. Seminars include "Improving Practice Productivity," "Mastering Spokesmanship Principles," "Honing Your Political Skills," and "Mr. Chairman: How to Run and Control Your Meeting." The Conference will run through Jan. 23 at the O'Hare Marriott Motor Hotel, Chicago.

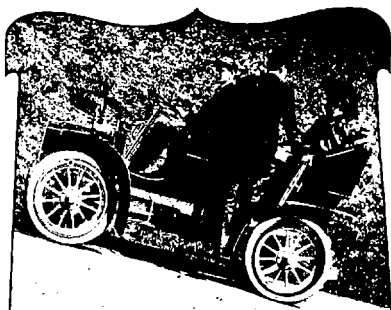
A Program on Hospital Accreditation Standards has been developed by the Joint Commission on Accreditation of Hospitals. The program will be held throughout the country and is designed for hospital administrators, trustees, medical staff leadership, nursing administrators and medical records administrators. For information, write JCAH, 875 N. Michigan Ave., Chicago, Ill. 60611.

Available from AMA: *Health Care Delivery in Rural Areas*, OP 465, an overview of rural health problems and strategies for delivery of health services. The cost is \$1.50 each for 1-99 copies and \$1.00 each for 100 or more. . . . *Guide for Hospital Committees on Transfusions*, OP 87, for the hospital transfusion committee. Cost of pamphlet is 40 cents each for 1-99 copies and 30 cents each for 100 or more. . . . *The French Health Care System*, OP 460, \$3.50, and *The British Health Care System*, OP 461, \$7.50, offer in-depth studies of the health care systems of both nations. May be purchased as a set for \$10.00. Write Order Dept., AMA Headquarters.

The AMA stressed the importance of local determination in its comments on a list of criteria for elective surgery under Medicare and Medicaid prepared by the House Subcommittee on Oversight and Investigations. In a letter to the subcommittee chairman, the AMA said it supported elimination of unnecessary services from Medicare and Medicaid and pointed out that the PSRO program was established to review the necessity and quality of services. It also noted that the cooperative efforts of the AMA, HEW and 38 national specialty societies already has resulted in the publication of *Sample Criteria for Short-Stay Hospital Review*. "We see no reason to develop additional criteria," the AMA said.

Nine banks are currently participating in the AMA Education and Research Foundation's guaranteed loan program offering financial assistance to medical students. The banks include Union National Bank, Little Rock, Ark., which recently joined the guaranteed loan program; Continental Illinois National Bank; Valley National Bank, Phoenix, Ariz.; Bank of America, Los Angeles; Riggs National Bank, Washington, D.C.; National Bank of Detroit; Deposit Guaranty National Bank, Jackson, Miss.; City National Bank & Trust Co., Columbus, Ohio; and Rainier National Bank, Seattle. The AMA-ERF guaranteed loan program began in 1962.

Part of the increase in physicians' fees is the result of the rising cost of professional liability insurance. In 1975, according to an AMA survey and data obtained from federal agencies, patients paid an estimated \$1.24 for malpractice insurance—about 8.1% of the total cost of the visit—each time they saw a doctor. In 1973 patients paid only 30 cents per visit for malpractice insurance, or about 2.4% of the full amount of the visit. Physicians paid an average of \$1,905 for malpractice insurance in 1973. The average payment per physician in 1975 was \$7,887. Physicians' business expenses (including malpractice insurance) have been rising faster than increases in fees. From 1966-74, business costs per patient rose 8.3% per year, while fees, according to the Consumer Price Index, went up at an average annual rate of 6.2%.



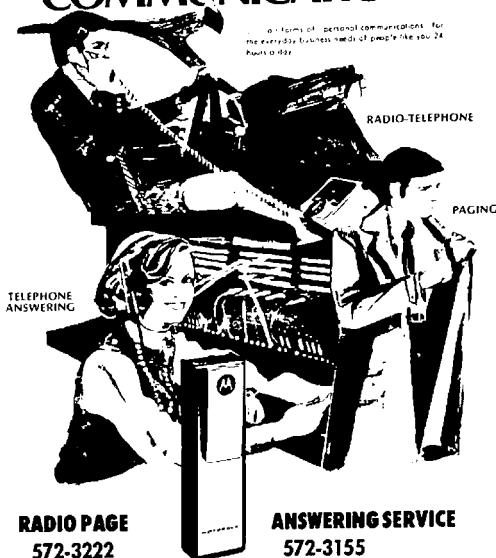
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11TH & PACIFIC AVE.



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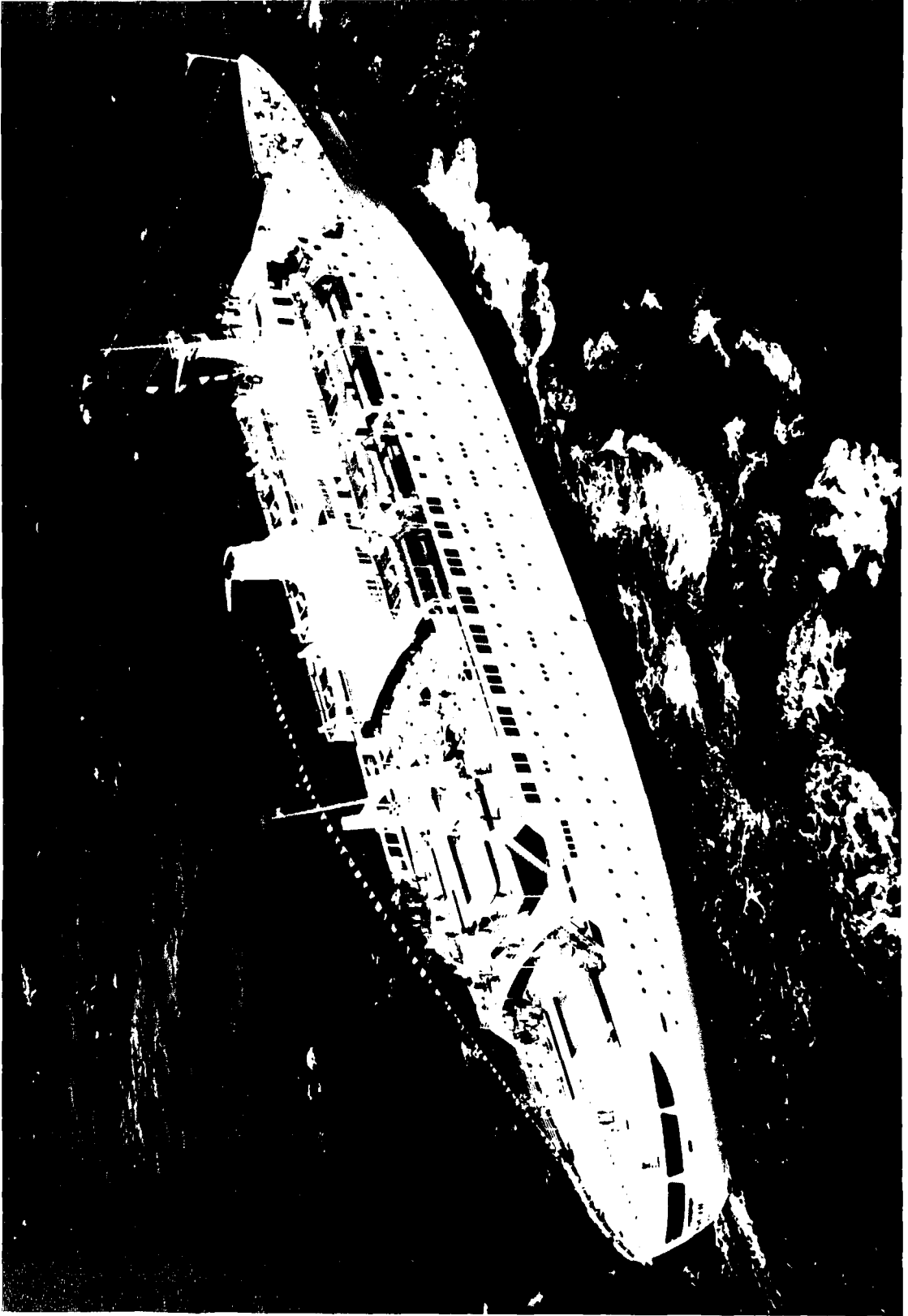
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M. S. RENAISSANCE, Paquet Cruises

PIERCE COUNTY MEDICAL SOCIETY
Presents for Washington Physicians and Their Families
Departure from Seattle/Tacoma February 20, 1977 — Return March 4, 1977

PLEASE NOTE: Due to circumstances totally beyond the control of our tour operator, Travel Dynamics, Inc., the original scheduled departure date of January 15 was cancelled by the French Government (owner of the ship, "Renaissance"). Therefore, the flyer that all members will receive by mail will have the inappropriate date listed. The new departure date is FEBRUARY 20, 1977, with a return on MARCH 4. This change of schedule information is included in the cover letter that will accompany the flyer.

MAYALAND and Western Caribbean Islands Air-Sea Cruise Aboard the Elegant "Renaissance"

THE UNHURRIED DISCOVERY CRUISE . . .

Come discover the untouristy Caribbean on a twelve-day voyage. Cruise with a French accent aboard the elegant M.S. Renaissance, where splendid cuisine, fine wines and glittering entertainment are the order of the day.

There's no need to journey to far-off places to join the ship; the Renaissance sails from Port Everglades, Florida and round trip jet transportation from the designated departure city is provided via regularly scheduled domestic flights.

Island bliss awaits at Cozumel and Grand Cayman. Sunny islands with sandy beaches for pure relaxation.

THE "RENAISSANCE" . . .

Paquet Cruises' "Renaissance," an elegant contemporary ship of a perfect size to maintain personalized attention while offering every manner of shipboard luxury and recreational diversion.

The "Renaissance" caters to but 340 passengers and does it magnificently. At 12,000 tons she could have accommodated at least half again as many. Wide decks for strolling, jogging, games. Two huge pools. Poolside bars and informal seating for libations and snacks. A fully-equipped health club with gymnasium, sauna. A library, card room, cinemascope theatre. Coiffeurs, a bountiful boutique. Spacious, sound-proofed all-outside staterooms with private facilities, finger-tip climate control, radio,

SPECIAL HIGHLIGHTS . . .

- Regularly scheduled, no charter flights.
- Twelve day Cruise on the elegant "Renaissance".
- International gourmet cuisine, all meals, during cruise.
- Complimentary wines with meals aboard ship.
- All amenities aboard the "Renaissance"; staterooms with outside private facilities.

The fascination of Mexico's Yucatan peninsula awaits, too. Lost cities from mysterious civilizations defy time in silence. The lush variety of Guatemala's highlands is a dazzling mixture of colonial grandeur, Indian cultures and ancient Maya ruins.

Journey to Honduras to view the magnificent city of Copan, capital of the first Maya Empire.

Glide along at a leisurely pace and watch the centuries unfold. There's plenty of time at all the ports to enjoy, experience and immerse yourself in the wonders of this seldom-seen, very exciting part of the world.

telephone. Elevator service between all eight decks.

And the cuisine! *Oo la la!* Caviar, smoked salmon, crepes suzettes and other delicate to hearty specialties marked by Gallic flair. Complimentary vintage wines at every meal. Dining in the intimate *Cafe de Paris* grill or the festive dining saloon.

In the splendid *Grand Salon*, dancing and a continental cabaret. Late night happenings in the *Breton Taverne* discotheque.

And a spirited, sunny South-of-France crew who insist that your only commitment is to relax and enjoy yourself.

- The services of a knowledgeable Tour Escort throughout trip.
- A Hospitality Desk operated daily aboard ship.
- Cruise Director and cruise staff to assist you.
- Baggage handling throughout trip.
- Baggage allowance: 3 pieces of luggage per person.
- All local taxes.

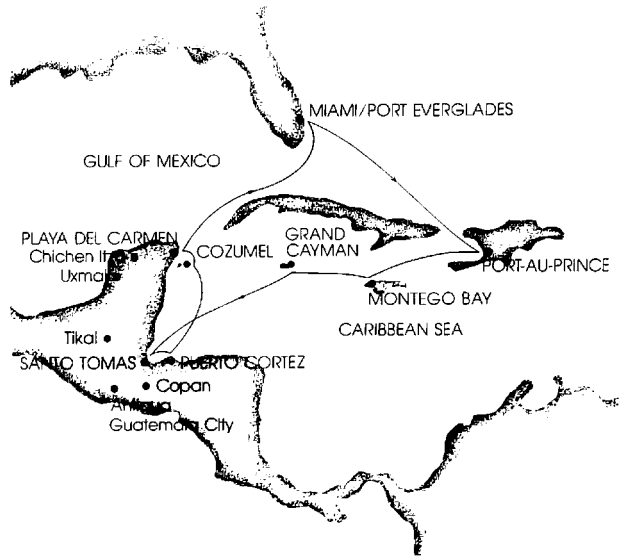
ITINERARY . . .

Day 1. Depart via scheduled flight for Ft. Lauderdale or Miami. On arrival, transfer to the "Renaissance".
Day 2. Cruising.
Day 3. In Port-au-Prince, Haiti.
Day 4. Cruising in the Caribbean.
Day 5. In Montego Bay, Jamaica.
Day 6. All day at Grand Cayman Island.
Day 7. Relaxing at sea.
Day 8. Santo Tomas de Castilla, Guatemala. Optional side trips to Maya sites of Tikal and nearby Quirigua. Also to the highlands visiting Antigua and Guatemala City.
Day 9. Puerto Cortez, Honduras, for the optional side trip to the Maya ceremonial center of Copan. Also, to nearby San Pedro Sula.
Day 10. At Cozumel Island.
Day 11. Playa Del Carmen, Mexico's Yucatan. Optional side trips to several Maya centers of the area including Chichen Itza, Uxmal and Tulum. Also, to the new resort of Cancun.
Day 12. Cruising.
Day 13. Morning arrival at Port Everglades. Transfer to the airport in Ft. Lauderdale or Miami for return flight.

THE PORTS . . .

Port-au-Prince . . . Haiti's a dream world of golden sunlight gently gleaming through lush trees, soft beaches, glimmering waters and turn-of-the-century houses drenched in pastels. Stroll the narrow Old World streets of Port-au-Prince and take a drive to the flower-decked suburb of Petionville. Sample lobster, chilled white wine and sweet black coffee while listening for the beat of voodoo drums echoing against the hills. Some of the finest shopping in the Caribbean awaits, including French perfumes at bargain prices and native art.

Montego Bay . . . Jamaica. One of the best known resorts of all in the Caribbean. The seaport and chief town of the Parish of St. James is unsurpassed for swimming, snorkeling, scuba-diving and water skiing. The ancient British fort still stands and the town's courthouse has been called a model of colonial architecture.



Grand Cayman . . . Little has changed here since Columbus arrived in 1503 to discover the largest of Les Tortugas (Islands of the Turtles). Deserted beaches and a lazy atmosphere make Grand Cayman the perfect spot to get away from it all.

Santo Tomas de Castilla . . . This Guatemalan port is our gateway to the fantastic highlands. Optional side trips take you on an adventure to lovely Guatemala City, a remarkable capital ringed by mountain forests; and Antigua, the magnificent old capital of Spanish Colonial splendor. But Tikal is perhaps the highlight; one of the major archaeological gems of the Western Hemisphere, it lies half-hidden in a vast tropical rain forest. Maya civilization began here about 300 B.C. and reached its peak during the Classic Period from 300 A.D. to 900 A.D.

Puerto Cortez . . . From the principal port of Honduras, journey inland on the optional side trip to Copan, the city of enormous stelae, mysterious carvings, and hieroglyphs that archaeologists are unable to decipher. In the days of their glory, the temples, places and courts of this Maya center sprawled over 15 square miles.

Cozumel . . . Once a haven for pirates, Cozumel now delights 20th century escapists with perfect beaches and crystal blue waters revealing galaxies of tropical fish and rare coral formations. When you're not gazing at the underwater side show, visit picturesque San Miguel, the island's only town.

Playa del Carmen . . . Awe-inspiring Maya cities can be easily reached from this port in Mexico's Yucatan. Join the optional excursion to Chichen Itza and view extraordinary temple pyramids. Remembrances of a powerful culture, they embody the history and religion of this mysterious race. You can also visit Tulum, the only known Maya seaport. This is the walled city of the Upside-Down God which holds the temple of the strange deity. The remains of a painted Maya fresco, extremely rare, may also be viewed at Tulum.



GENERAL INFORMATION . . .

Air Transportation: Round trip flights via regularly scheduled domestic airlines from the designated departure city to Miami or Ft. Lauderdale.

Cruise: The "Renaissance," a luxury cruise liner with the finest single class accommodations-outside at the rates indicated. The ship is your home throughout the cruise.

Meals: All meals are included aboard the Renaissance. Full American breakfast, luncheon and dinner with complimentary wines as well as mid-morning bouillon, afternoon tea and midnight buffet.

Transfers: Transfers from airport to ship and vice versa included. Luggage will be taken directly to your stateroom.

Baggage: Domestic flights allow three pieces of luggage per person.

Taxes: All taxes such as U.S. transportation tax and embarkation taxes are included.

Tour Escort: An experienced representative will travel with you throughout the trip, starting in Port Everglades.

Cruise Staff: A cruise director and a full complement of staff will be aboardship to assist you with every facet of the cruise-optional shore excursions, shopping and other local arrangements.

Insurance: Travel insurance is available if desired through Travel Dynamics.

Shore Excursions: A full program of optional shore excursions will be offered, and is not included in the rates.

Shipboard Program: Parties, gala evening events, special "theme" nights. Dancing until the morning hours. Participate in our enrichment program with special shipboard lectures.

Weather: You will be traveling during the best season — summer-time in Central America and the Islands.

Registry: The "Renaissance" is registered in France.

Not Included: Accident and baggage insurance, shore excursions during cruise, personal services such as laundry, telephone calls, cables and beverages, and gratuities to ship's personnel.

Payment Schedule: A deposit of \$150.00 is required to book on the tour. Balance of payment is due sixty (60) days before departure.

Cancellation: If a tour participant wishes to cancel, a written request is required to obtain refund. Refund in full will be made if cancellation notification is received more than 60 days in advance of departure. Should you cancel within the 60 day period, your money will be completely refunded only if a substitute participant is found. Otherwise, a cancellation fee of \$150 per person must be imposed. In the event of tour cancellation by the operator for any reason, the operator's liability shall be limited to a refund of all payments made by tour participants.

Responsibility: Travel Dynamics, Inc., New York operator of the tours herein outlined, acts as agents only for all services and disclaims any and all liability for property loss or damage, and/or any and all damages resulting from death or personal injuries, including loss of service which may be sustained on account of, or rising out of, by reason of, or while engaged on any tour, whether due to the ownership, maintenance, use, operation or control of any aircraft, automobile, bicycle, ship, vehicle, inn, common carrier or otherwise or whether caused by failure or delay or by any transportation company due to any cause whatsoever occurring during a tour under its management, sponsorship, procurement or otherwise. All tickets, coupons and orders are furnished and issued subject in all respects to these terms and conditions under which the means of transportation or other services provided thereby are offered or supplied by owners, operators or public carriers for whom Travel Dynamics, Inc., acts solely as agent. Travel Dynamics, Inc., New York, reserves the right in its discretion to alter or omit any part of the itinerary or change any space reservation, feature and/or means of conveyance without notice. The Transportation Companies concerned are not to be held responsible for any act, omission, or event during the time passengers are not on board their carriers or conveyances. The passage contract in use by the carriers concerned, when issued, shall constitute the sole contract between the Transportation Companies and the purchaser of these tours and/or passengers.

Travel Dynamics, Inc., New York, reserves the right to cancel or withdraw any tour prior to departure and decline to accept or retain any person as member of any tour at any time. In such case the refund will be based on the actual cost of the unfinished portion of the tour.

Rates: Prices quoted are based on current tariffs and rates of exchange and are subject to change prior to departure.

REGISTRATION . . .

Make check payable and mail to:

Pierce County Medical Society
813 South K Street
Suite 200
Tacoma, Washington 98405

Please indicate your first, second or third choice of stateroom:

<input type="checkbox"/> Deluxe Stateroom	\$2,361	<input type="checkbox"/> Type F	\$1,361
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<input type="checkbox"/> Type A	\$2,001	<input type="checkbox"/> I wish single outside stateroom	\$1,773
<input type="checkbox"/> Type B	\$1,886		
<input type="checkbox"/> Type C	\$1,766		
<input type="checkbox"/> Type D	\$1,646		
<input type="checkbox"/> Type E	\$1,531		

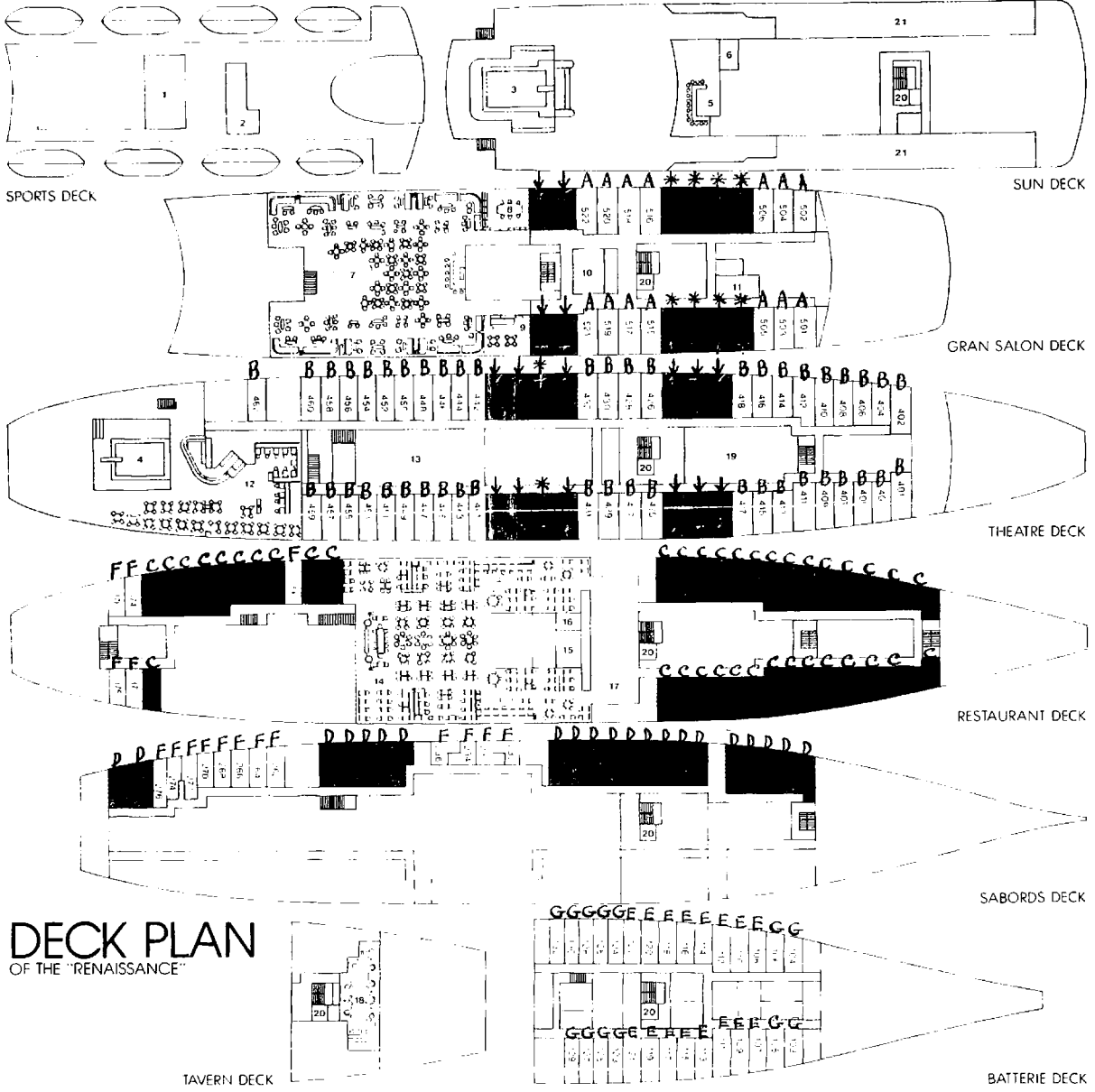
Enclosed is my check for \$_____ (\$150 per person) as deposit. I (we) understand that final payment is due sixty (60) days prior to departure. Also the deposit will be refunded in full if I (we) cancel at least sixty (60) days before the departure date.

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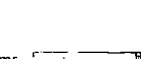
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2. Nursery
3. Swimming Pool
4. Swimming Pool
5. Bar
6. Self Service
7. Main Lounge
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11. Beauty Parlor
12. Grill-Cafe de Paris
13. Cinema - Theatre
14. Dining Room
15. Information Desk
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17. Agora
18. Tavern
19. Hospital
20. Elevator
21. Promenade

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- Type C. Outside Staterooms with two lower beds, shower and toilet **C**  **\$1,766**
- Type D. Outside Staterooms with two lower beds, shower and toilet **D**  **\$1,646**
- Type E. Outside Staterooms with two lower beds, shower and toilet **E**  **\$1,531**
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Symbols or letters designating rates will in each case appear above the stateroom referred to.

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ESTABLISHED FAMILY PRACTICE FOR SALE — Puyallup. Modern medical building suitable for three practitioners. Large child and adult waiting rooms. Ample parking. Fully equipped X-ray and lab/EKG and Diathermy. Located near Good Samaritan Hospital. Terms. L. F. Sulkosky, M.D. 845-0575 / 845-8264.

LAKWOOD AREA PHYSICIAN needed for part-time coverage for industrial concern operating on Fort Lewis property. Provide emergency treatment, employment physicals, etc., 147 employees. Call James Smith, R.N., P & M Coal Mining Co. 964-8155.

ESTABLISHED PRACTICE in Internal Medicine and Rheumatology — Free. Must rent present office space — Tacoma Medical Center. William P. Hauser, M.D. Phone 272-1678.

THE POLICE DISABILITY BOARD is seeking available practitioners for use on special request for disability cases. Most of the evaluations and reviews involve back and limb injuries or psychiatric problems. If interested, contact the Society office.

EXPERIENCED GENERAL SURGEON, University trained and Board Certified, wanted for permanent position as assistant in private practice of Cardiac Surgery. Send curriculum vitae to Harry King, M.D., 1221 Madison, Suite 321, Seattle, WA 98104.

PHYSICIANS INTERESTED IN PRACTICE OPPORTUNITIES IN PIERCE COUNTY

The following physicians have indicated an interest in moving to Pierce County to practice. Anyone wishing to contact these doctors may do so by writing the Society office. Be sure to include the listing number.

Listing No. 1201:

General Internist seeking affiliation with any sized group or partnership. Medical school at Univ. of Pennsylvania School of Medicine. Internship and residency at Univ. of Chicago Hospitals and Clinics. Completes Nephrology Fellowship at Stanford July 1977. Board certified. Primary interests: General Internal Medicine, with emphasis on Nephrology, if possible (not mandatory). Available July 1, 1977.

Listing No. 1202:

Board certified cardiologist available for practice July 1977. M.D. degree from Marquette School of Medicine, 1964. Interned Illinois Research and Educational Hospitals 1968-69. Residencies: Psychiatry 1969 through 1970 at Illinois Neuropsychiatric Institute; 3 year Internal Medicine at Univ. of Oregon, followed by 2 year Cardiology Fellowship also at Univ. of Oregon, terminating July 1975. Experienced in invasive and non-invasive cardiology.

EXECUTIVE TYPE 4 BDRM. HOME located on 1/3 acre. Choice lot adjoining Oak Brook Golf Course. Spotless and fully landscaped. \$85,000. 584-4927.

REAL ESTATE LIQUIDATION: By owner — 106 acres with lake, \$650 per acre; 183 acres with approximately a mile of Nisqually River frontage, \$700 per acre; 320 acres Little Mashel River hunting preserve, \$800 per acre. 847-2501.

Medical Advisors Needed

HELP WANTED: The Pierce County Chapter of the American Association of Medical Assistants needs medical advisors to assist them in their activities . . . and . . . to maintain their AMA and Pierce County Medical Society Charter and endorsement. If you are willing to help this worthy organization for your office assistants, please call the Society office for details.

PIERCE COUNTY MEDICAL SOCIETY

813 South K Street
Suite 200
Tacoma, Washington 98405

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CATEGORY I* – CONTINUING MEDICAL EDUCATION – PIERCE COUNTY

This schedule is subject to change.

The following programs are now being planned for the 1976-77 year by your Committee for Continuing Medical Education of the Pierce County Medical Society and your local hospitals in conjunction with the College of Medical Education, Inc. The programs will host visiting and local experts. Notice for each program, including specific information regarding format and speakers, will be mailed to your office at least three weeks prior to the offering. This schedule is subject to change.

		<u>Category I Credit</u>
December 12, 8:00 a.m. to 4:00 p.m. Allenmore Hospital	OPHTHALMOLOGY Coordinator: Richard Bowe, M.D.	7
January 11, 12, 13, 14; 8:00 to 10:00 a.m. St. Joseph Hospital	FLUID AND ELECTROLYTE BALANCE Coordinator: John Kennedy, M.D.	8
January 27, 6:00 p.m. Dinner 7:30 to 10:30 Seminar Tacoma General Hospital	RADIOLOGY – ONCOLOGY Coordinator: J. G. Katterhagen, M.D.	3
February 15, 16, 17, 18; 8:00 to 10:00 a.m. St. Joseph Hospital	GASTROINTESTINAL DISEASE Coordinator: Richard Baerg, M.D.	8
March 11, 8:00 to 11:00 a.m. Tacoma General Hospital	CARDIOVASCULAR ORIENTATION Coordinator: Tacoma Surgical Club	3
March 17, 18; 2 full days, one evening St. Joseph Hospital and Tacoma Yacht Club	WHAT'S NEW IN INTERNAL MEDICINE Coordinator: Tacoma Academy of Internal Medicine Richard Baerg, M.D.	12
March 26, 8:00 a.m. to 4:00 p.m. Mary Bridge Children's Health Center	DAY OF PEDIATRICS Coordinator: Robert Scherz, M.D.	6
April 6, 13, 20; 7:30 to 9:30 a.m. Tacoma General Hospital	TACOMA GENERAL TOPICS Coordinator: Robert Kapelowitz, M.D.	6
May 6, All day Friday - Saturday a.m. Allenmore Hospital	ASCVD – Medical & Surgical (TBA) Coordinator: Richard Baerg, M.D.	6
May 26, 6:00 p.m. Dinner, 7:30 to 10:30 p.m. Seminar Tacoma General Hospital	RADIOLOGY & ONCOLOGY (TBA) Coordinator: J. G. Katterhagen, M.D.	3

COLLEGE OF MEDICAL EDUCATION – Mrs. Maxine Bailey, Executive Director, 756-3152

**Category I credit applied for.*