

# *The Bulletin*

MULTNOMAH COUNTY MEDICAL SOCIETY - - - -

## *In This Issue . . .*

NEWS BRIEFS

PICTURE COVERAGE

EDITORIAL:

Pharmacy

Industry


Controversy



*March*

**1960**

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Arranged in cooperation with Portland Public Schools, the course is under direct supervision of a sub-committee of the Committee on School Health.

From left: Paul Campbell, M.D., chairman; Dan N. Steffanoff, M.D., faculty; Quinten W. Cochran, M.D., executive faculty; Paul McCall, Portland Public Schools, executive faculty; Mr. Rein E. Jackson, Portland Public Schools, executive faculty; not pictured: Norman M. Janzer, M.D., executive faculty.

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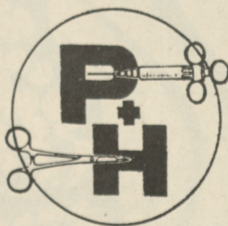
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1. Macy, I. G.; Kelly, H. J., and Sloan, R. E.: With the Consultation of the Committee on Maternal and Child Feeding of the Food and Nutrition Board, National Research Council: The Composition of Milks, National Academy of Sciences, National Research Council, Publication 254, Revised 1953.

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# 1960 Library Diversified Display, April 18-23

By Bertha B. Hallam, Librarian, University of Oregon Medical School Library

"Library Diversified Display" — a yearly event at the University of Oregon Medical School Library — is scheduled for April 18-23. It is concurrent with the annual Alumni Association meeting and the Sommer Lectures, both held in the school's auditorium.

This year's display will feature *The World of Periodicals—Medical Angle*. Of particular interest is the new *INDEX MEDICUS*, first published this year and sponsored jointly by the National Library of Medicine and the American Medical Association. Production by mechanical devices has added greatly to the speed of preparation and accuracy of the index. See this index and its U.S. forerunners be-

ginning with 1887.

Are you interested in . . .

• New books? Many late publications are to be seen at the Library Diversified Display. Later you may borrow them.

• Class pictures? Many will be on display.

• Western Interstate Commission for Higher Education (WICHE) and Western Interstate Commission for Higher Education in Nursing (WICHEN), both recently established organizations? Read about them at the Library Diversified Display.

Nurses will be specially attracted to the WICHEN display. Also there will be an exhibit telling of changes in School of Nursing curriculum.

**SEE YOU AT THE LIBRARY DIVERSIFIED DISPLAY,  
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## 1960 COMMITTEE APPOINTMENTS

### STANDING COMMITTEES

#### BOARD OF CENSORS

(Elected by Council)

Willis J. Irvine, Chairman

G. Prentiss Lee (1960)

Otto C. Page (1959)

#### GRIEVANCE COMMITTEE

(Elected by Council)

Winfred H. Clarke, Chairman (1958)

Morris L. Bridgeman (1960)

Russell L. Johnsrud (1958)

George H. Lage

David W. Moore

Raymond M. Reichle

George M. Robins (1959)

William M. Rosenbaum (1958)

Harry E. Sprang (1960)

Marvin J. Urman (1960)

#### COMMITTEE ON REGIONAL BLOOD CENTER

(Elected by Council)

William C. Scott, Chairman (1956)

Stanley F. Bergquist (1960)

John O. Branford (1960)

Marcel Empey (1959)

John A. Larrabee

Joseph E. Nohlgren

Abe Oyamada (1959)

Bernard Pirofsky (1959)

Martin S. Sichel

Vinton D. Sneedden

#### SUPERVISORY COMMITTEE OF THE OREGON PHYSICIANS' SERVICE

(Appointment by President with  
Approval of the Council)

James A. Mason, Chairman

Hugh D. Colver

Joseph E. Gambee (1960)

Alfred C. Hutchinson (1959)

C. Todd Jessell

Gerald E. Kinzel

John Raaf (1960)

Edward E. Rosenbaum (1960)

Eldon W. Snow

Charles H. Sparks (1959)

#### COMMITTEE ON PROGRAM

Quinten W. Cochran, Chairman

Robert J. Condon (1957)

Norman A. David

LeRoy E. Groshong (1959)

Richard H. Kosterlitz (1960)

Verner V. Lindgren

C. Stanley Lloyd (1960)

George Pasto (1958)

Melvin M. Reeves (1960)

Arthur L. Rogers (1960)

London H. Smith (1960)

#### COMMITTEE ON PUBLIC POLICY

H. Clagett Harding, Chairman

Jack E. Battalia

F. H. Bentley (1959)

Bruce A. Boyd

John W. Bussman (1960)

John F. Hayes (1960)

Alice R. Kulasavage

J. Clifton Massar (1960)

Clinton S. McGill (1960)

T. Glenn Ten Eyck

#### COMMITTEE ON MEDICAL SERVICE

Ernest H. Price, Chairman

Howard E. Allen (1960)

Richard J. Kulasavage

W. Charles Martin

A. L. Mundal (1960)

Oren R. Richards (1960)

Franz R. Stenzel (1960)

David K. Taylor (1960)

#### COMMITTEE ON PUBLIC RELATIONS

Louis O. Machlan, Jr., Chairman

John W. Bassett (1958)

Robert E. Fischer (1959)

Herbert E. Griswold (1960)

F. Sydney Hansen (1960)

Thomas R. Montgomery (1960)

Joseph F. Paquet

George R. Satterwhite (1960)

Gerald W. Schwiebinger (1960)

Alvin O. Uhle (1959)

#### COMMITTEE ON PUBLIC HEALTH

Harvey W. Baker (1960)

Norman M. Janzer (1960)

Edward K. Kloos (1960)

Ivan I. Langley (1960)

Lawrence M. Lowell

Paul B. Myers (1959)

W. J. Sittner

Sheldon A. Walker (1960)

(Continued on page 11)

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## STANDING COMMITTEES

(Continued from page 9)

### COMMITTEE ON SCHOOL HEALTH

Paul B. Myers, Chairman

Paul Campbell (1958)  
Quinten W. Cochran  
Norman A. David  
David B. Franck (1959)  
Herbert E. Goldsmith  
Norman M. Janzer  
M. Harvey Johnson (1959)  
L. Kimball Page  
Edgar M. Rector (1960)

### COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

Joseph O. Beatty (P & S)  
R. C. Blatchford (Emanuel)  
Howard L. Cherry (St. Vincent)  
Howard C. Emmerson (Portland San.)  
Wendell H. Hutchens (Holladay Park)  
Matthew McKirdie (Good Samaritan)  
John J. Murphy (Providence)

### COMMITTEE ON LIBRARY

Charles Bradley, Chairman (1959)

Toshi Kuge (1959)  
Sarah E. Stewart (1960)  
Blair vH. Thatcher (1959)

### COMMITTEE ON MEMBERSHIP

Willis J. Irvine, Chairman

William A. Fisher  
Gerald A. Jones  
C. Russell Parker (1959)  
Clifford L. Peasley (1959)  
Donald M. Pitcairn (1959)  
Thomas J. Stack

### COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS

John R. Montague, Chairman

Melvin W. Breese (1960)  
Arthur F. Hunter (1960)  
Edward K. Kloos (1959)  
Laurence K. MacDaniels (1959)

### ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

Jack E. Battalia, Chairman

Howard C. Emmerson  
Merle M. Kurtz (1959)  
G. Prentiss Lee  
Guy R. McCutchan (1960)  
Edward E. Wayson

### COMMITTEE ON NECROLOGY

A. G. Beltman

## SPECIAL COMMITTEES

### COMMITTEE ON CANCER STUDY

Harvey W. Baker, Chairman  
Henry B. Ballantyne (1960)  
Norman L. Bline  
William L. Hartmann  
E. Colton Meek, Jr.

### COMMITTEE ON FOUNDATION FOR MEDICAL CARE

John Guiss, Chairman (1959)  
Dale C. Reynolds, Co-Chairman (1959)  
Roderick E. Begg (1959)  
Stanley A. Boyd (1959)  
Jack W. Dowsett (1959)  
Arthur F. Hunter (1959)  
George B. Long (1959)  
T. G. McDougall (1959)  
Matthew McKirdie (1960)  
Raymond A. McMahon (1959)  
Otto C. Page (1959)  
T. J. Pasquesi (1960)  
J. Richard Raines (1960)  
F. A. Short (1959)  
Eldon W. Snow (1959)  
Charles H. Sparks (1959)  
James M. Whitely (1959)  
James P. Whittemore (1960)

### COMMITTEE ON INDUSTRIAL HEALTH

W. J. Sittner, Chairman  
Allen L. Mundal  
Eugene P. Owen  
Forrest E. Rieke  
Leo Schneider (1960)  
Ralph R. Sullivan  
Irvin G. Voth  
C. E. Warnell (1960)  
Gordon F. Wolfe

### COMMITTEE ON MATERNAL WELFARE

Ivan I. Langley, Chairman (1960)  
Ralph C. Benson (1958)  
C. L. Chavigny  
C. Louise Clancy (1960)  
W. Ronald Frazier  
Benjamin B. Jones (1960)  
F. Keith Markee  
Marvin J. Urman (1960)  
Robert D. Young  
Paul E. Zuelke

### MEDICAL ADVISORY COMMITTEE TO THE VISITING NURSE ASSOCIATION

Lendon H. Smith, Chairman (1960)  
John M. Bubalo  
Allen K. Chappell (1959)  
Robert M. Rankin

(Continued on page 12)

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## SPECIAL COMMITTEES

(Continued from page 11)

### COMMITTEE ON MENTAL HEALTH

Norman M. Janzer, Chairman  
George A. Boylston (1960)  
Robert A. Coen (1960)  
Marion Reed East  
Peter S. Ford (1960)  
William P. Galen (1960)  
Robert B. Johnson (1959)  
Lena Kenin (1960)  
Harry E. Sprang

### COMMITTEE ON THE PRACTICE OF MEDICINE BY HOSPITALS, INSTITUTIONS AND AGENCIES

H. H. Fokkett, Chairman

E. Murray Burns  
Harold Halverson  
Hance F. Haney  
Milton D. Hyman  
John L. Marxer  
Leo J. Meienberg  
Edward E. Rosenbaum  
Paul H. Starr (1960)

### COMMITTEE ON REHABILITATION (1960)

Arch W. Diack, Chairman (1960)  
C. Conrad Carter (1960)  
Richard R. Carter (1960)  
Walter A. Goss (1960)  
Arthur C. Jones (1960)  
Wilbur L. E. Larson (1960)  
DeNorval Unthank (1960)

### COMMITTEE ON TRAFFIC SAFETY (1960)

Thomas R. Montgomery (1960)

### COMMITTEE ON TRAUMA

Edward K. Kloos, Chairman (1960)  
Lawrence J. Cohen (1960)  
F. Sydney Hansen  
Reinhold Kanzler (1960)  
Robert W. McMurray (1960)  
Thomas L. Meador  
H. Minor Nichols (1960)  
George A. Peirson (1960)  
Edward E. Wayson  
James W. Wiley (1960)

### COMMITTEE ON VENEREAL DISEASE

Sheldon A. Walker (1960)

### LIAISON COMMITTEE TO THE INSURANCE INDUSTRY (1960)

Charles E. Gurney, Chairman (1960)  
Warren W. Hale (1960)  
T. Murray Burns (1960)

### LIAISON COMMITTEE TO THE MULTNOMAH BAR ASSOCIATION (1960)

Robert S. Dow, Chairman (1960)  
Howard L. Cherry (1960)  
Bruce L. Titus (1960)

### LIAISON COMMITTEE TO THE MULTNOMAH COUNTY WELFARE COMMISSION (1960)

Harold D. Paxton, Chairman (1960)  
David Paull (1960)  
Paul E. Zuelke (1960)

### LIAISON COMMITTEE TO OREGON NURSING HOMES ASSOCIATION (1960)

Clinton S. McGill, Chairman (1960)  
A. J. Grierson (1960)  
Ralph L. Olsen (1960)

### REPRESENTATIVES ON HEALTH DIVISION OF THE PORTLAND COMMUNITY COUNCIL

Herbert E. Goldsmith, Chairman  
David D. DeWeese (1959)  
William L. Hartmann (1960)

### ASSIGNMENT OF MEMBERSHIP IN THE PORTLAND CHAMBER OF COMMERCE

Charles E. Littlehales  
Louis O. Machlan, Jr.  
W. J. Sittner  
Mr. Richard G. Layton

### ASSIGNMENT OF MEMBERSHIP IN THE PORTLAND JUNIOR CHAMBER OF COMMERCE

Stanley A. Boyd  
Ceilous L. Williams (1960)

### MEMBER, BOARD OF DIRECTORS OF THE MULTNOMAH COUNTY TUBERCULOSIS AND HEALTH ASSOCIATION

William A. Wallace, Jr. (1960)

### MEMBER, BOARD OF DIRECTORS OF THE OREGON STATE TUBERCULOSIS AND HEALTH ASSOCIATION

Lawrence M. Lowell

### MEMBER, BOARD OF DIRECTORS, MULTNOMAH COUNTY CHAPTER, THE NATIONAL FOUNDATION

Richard R. Carter

### MEMBER, ADVISORY COMMITTEE TO THE UNIVERSITY OF OREGON MEDICAL SCHOOL CHAPTER OF THE STUDENT AMERICAN MEDICAL ASSOCIATION

Lawrence Noall

### MEMBER, BOARD OF DIRECTORS, UNITED GOOD NEIGHBORS

Matthew McKirdie

### MEMBER, BUDGET COMMITTEE, UNITED GOOD NEIGHBORS

William C. Scott (1959)

### MEMBER, BOARD OF DIRECTORS OF THE VISITING NURSE ASSOCIATION

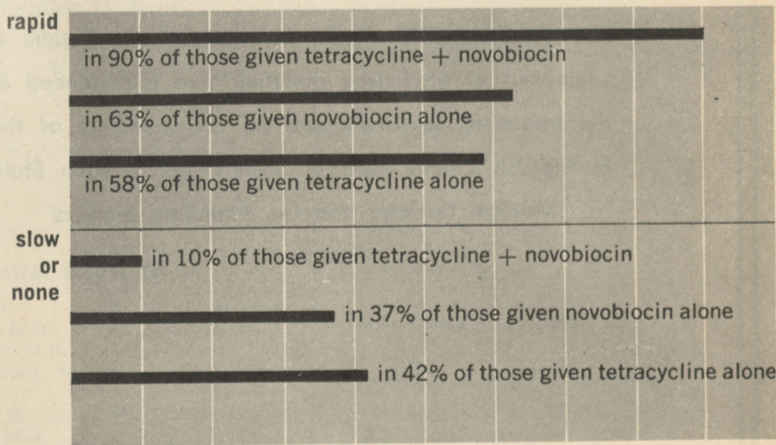
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# In 281 infection cases... more rapid response in 43 per cent of patients.

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*These were the responses obtained:*



1. Birkett, F. J., and others: *Lancet* 1:838 (April 18) 1959.

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**Multnomah County  
Medical Society**

## 1960

# *Prodigal Political Probes Impeach Integrity of Medicine and Pharmacy!*

*By Ed Flynn, Medical Society Magazine Group*

**E**STES KEFAUVER is a smart, practical politician.

Several years ago he made a national reputation by putting on a television circus as head of a United States Senate committee investigating racketeering. The probe did little to halt organized crime. But it did make the Senator from Tennessee a popular figure with voters, won him impressive victories in Presidential primaries and the Vice Presidential—almost the Presidential—nomination of the Democratic Party.

Now Kefauver is putting on another dramatic show of purported concern for the people's welfare. As chairman of the Senate anti-monopoly sub-committee, he is conducting an investigation into the cost of drugs, which promises to drag through the election year. The rising expense of medical care is a matter calculated to hit home to every one of the 45,000,000 families of the United States.

Ostensibly—and it may be sincerely—Kefauver is seeking to determine whether ethical drug prices are exorbitant and whether remedial legislation should be enacted to control them. The recent history of Congressional probes into private enterprise has been that, with the exception of the McClellan labor hearings, no tangible statutory results have emerged. Nonetheless, they have accorded the probers front page headlines.

Even if the Kefauver investigation produces no government intervention, however, it will have aggravated already mounting public resentment against costs of medication. That resentment has been fanned intensively and repeatedly by newspapers and magazines, labor unions, welfare groups, professional do-gooders, and radical opportunists during the past two or three years.

It was cited by Executive Committee Chairman Willard Simmons of the National Association of Retail Druggists at that organization's annual convention early last fall, when he said the American people are "fighting mad" over what they consider too high prescription and drug charges and added significantly, "Efforts to enlighten the public on the cost of medication have failed to count for much."

More recently, prosecution by the Department of Justice of five of the major pharmaceutical manufacturing firms of the nation on charges of violating the Sherman Anti-Trust Laws by allegedly "rigging" prices for Salk vaccine was accorded nationwide attention and prominence on television and radio newscasts and in the daily press.

*(Continued on page 21)*



# STABBED IN THE HEART



**condition: CRITICAL** When brought to the emergency room with stab wound in left anterior chest wall, R. C. was in shock attributed to accumulation of blood in the pericardial sac. The knife had evidently penetrated the myocardium, with severe tamponade resulting. A pericardial tap relieved the tamponade and reversed the shock picture. 36 hours after the stabbing, a large hematoma had developed—Parenyzyme, 1 ml. daily was instituted. ONE WEEK LATER ►

# DISCHARGED EIGHT DAYS LATER



**recovery: DRAMATIC** A large subcutaneous hematoma had developed at the site of the stab wound. Under Parenzyme therapy (1 ml. daily), the hematoma was absorbed after eight days of treatment. Considerable healing had occurred and R. C. was released to outpatient status.

—Morey, J.: Personal communication.



# in inflammation and edema due to trauma

# Parenzyme®

(trypsin "National")

## SPEEDS THE HEALING PROCESS —shortens time of disability

from the literature:

**cellulitis** "complete subsidence of the redness, cellulitis, pain, edema and discharge. The promptness with which this process was alleviated was gratifying to the patient."<sup>1</sup>

**ulceration** "the healing and granulation of ulcers was little short of dramatic."<sup>2</sup>

**thrombophlebitis** "For about two years we have not hospitalized our thrombophlebitis patients; they do not need it... [they] may now be successfully treated at home with Parenzyme."<sup>3</sup>

**bronchial plugs of severe pulmonary disease** Patients, who had difficulty raising sputum before Parenzyme, "raised copiously and with ease after a few days... breathing was easier."<sup>4</sup>

**fractures** Parenzyme permits earlier application of casts. "Whereas previously reduction had to be delayed because of swelling... [Parenzyme permitted] permanent reductions within two days."<sup>5</sup>

**References:** 1. Seligman, B.: Antibiotic Med. & Clin. Therapy 6:613 (Oct.) 1959. 2. Kyle, L. S., et al.: Angiology 7:287, 1956. 3. Innerfield, I.: Internat. Rec. Med. 168:687, 1955. 4. Silbert, N. E.: Dis. Chest 29:520, 1956. 5. Golden, H. T.: Clin. Med. 2:583, 1955.

**Supplied:** Parenzyme Aqueous: Sterile multiple-dose vials with aqueous diluent. Parenzyme in Oil: 5 ml. multiple-dose vials. Parenzyme-B (buccal tablet): Bottles of 24 tablets. Parenzyme Ointment: Tubes of 12 Gm. ( $\frac{3}{8}$  oz.) and 30 Gm. (1 oz.).

### ENZYME FACTS

- It takes 100 beef pancreas glands to produce 35 Gm. of crystalline trypsin.
- Though known since 1836, trypsin was not purified until 1931 when John H. Northrop (later, a Nobel prize winner) and M. Kunitz first performed the difficult chemical feat of crystallizing the enzyme. This accomplishment sparked new interest in a compound that had intrigued chemical and medical investigators since Otto Warburg (1905) first used crude pancreatic extracts in his studies of amino acids. But it was only

in 1951 that crystalline trypsin became available for clinical purposes.

- A safe, intramuscular form of trypsin—Parenzyme—was first produced in the National Drug Company laboratories in 1953.
- The first oral trypsin tablet for systemic anti-inflammatory enzyme therapy, ORENZYME, was introduced to the medical profession by The National Drug Company in the Spring of 1959. Orenzyme can be swallowed as easily as aspirin and is effective in a wide range of inflammatory conditions. Trademark: ORENZYME



**FOR SAFE WEIGHT CONTROL  
EVEN IN CARDIAC PATIENTS**

**Tepanil**  
(diethylpropion 'National')

**CURBS APPETITE**

without affecting blood pressure or heart rhythm

**Vasopressor Effects Notably Absent with Tepanil:**

In one group of Tepanil patients "typical of those found in any general practice,"<sup>1</sup> no changes were observed at any time in pulse rate, blood pressure or cardiac activity.<sup>1</sup> In another series, when blood pressure and pulse rate were recorded regularly for periods as long as 40 weeks, there was "a remarkable lack of side effects."<sup>2</sup>

Even in obese patients suffering from cardiac insufficiency, hypertension, peripheral arteriosclerosis or circulatory insufficiency, Tepanil caused no changes in blood pressure or in the ECG.<sup>3</sup> In fact, "a slight lowering of the blood pressure with their loss of weight," particularly of the diastolic pressure, was noted in patients who "had a tendency toward hypertension."<sup>1</sup>

**Composition:** 1-phenyl-2-diethylamino-propanone-1-hydrochloride (diethylpropion).

**Dosage:** One tablet 3 times daily one hour before meals. To curb the desire for a nighttime snack, a tablet may be given mid-evening.

**Supplied:** Tablets of 25 mg. Bottles of 100 and 1000.

**References:** 1. Ravetz, E.: Evaluation of Anorexigenic Products, Proceedings, Symposium, Michigan Academy of General Practice, Detroit, Michigan, March 4, 1959, p. 99. 2. Spielman, A. D.: Clinical Evaluation of Diethylpropion: A New Antiappetite Compound, *ibid.*, p. 39. 3. Huels, H. G.: Clinical Approach to Treatment of Obesity, *ibid.*, p. 57.

The causes of obesity are many, and often they cannot be fully explained. Aside from the rather rare, purely endocrinologic forms (Cushing's disease, Frölich's syndrome), obesity occurs most frequently postpartum and during the climacteric.

The main feature of the pattern of the postpartum and climacteric obesity is an excessive desire for food. ... There are only a few patients who are capable—in the long run—of carrying out the necessary orders on dietary restrictions.

Therefore, the problem is to curb, with the help of a suitable medication, the increased desire for food without a damaging loss of physical energy. In a series of 35 of such patients, it was found that diethylpropion (Tepanil) meets these requirements.

—from Schuppiss, A.: Treatment of Postpartum and Climacteric Obesity, *Arztl. Praxis* 10:1242, 1958.

curb appetite safely without undesirable CNS stimulation

**Tepanil**  
(diethylpropion 'National')

- effectively curbs appetite<sup>1-3</sup>
- no risk of undesirable CNS,<sup>1,3</sup> vasopressor<sup>3</sup> or psychic stimulation
- can be taken in the evening<sup>2</sup>
- encourages patient cooperation<sup>1-3</sup>
- safe, even for patients with hypertension or cardiac disease<sup>3</sup>

Trademark: TEPANIL



Products of Original Research, THE NATIONAL DRUG COMPANY, Philadelphia 44, Pa.



## POLITICAL PROBES

*(Continued from page 16)*

It may seem inconceivable that there will be any outright state or Federal socialization of pharmacy or medicine in this country this year or next, or for years to come. But legislative control or regulation of prices or fees are not too remote an eventuality as an entering wedge.

We have learned the lesson time and time again that in normal times our enterprise system cannot function effectively in the face of government interference with fees and prices of private business. We must vigilantly avoid a situation where a business venture becomes largely a speculation on the future of government policy on such matters as fees, prices or rates.

Any government hindrance to free movement of prices must be regarded as immoral. We might rather have outright socialization than this kind of government regulation.

Profit expectations, based upon the free movement of prices are the spark plug of pharmaceutical manufacturing; for that matter, of our entire free enterprise system. Not only do they determine the volume of production and employment that an individual firm will undertake and whether it will stay in business at all, but they are also an essential indicator as to how much a company can invest in expansion and research. In considering pharmaceuticals, that word research is one to keep foremost in mind.

For the government to interfere with fees and prices of private enterprise — and certainly medicine is

among the most private of American enterprises—means that it could have the power of extermination of many businesses. It means that an entrenched bureaucracy could not only control prices but through that very control decide how resources should be used and where and how men shall work.

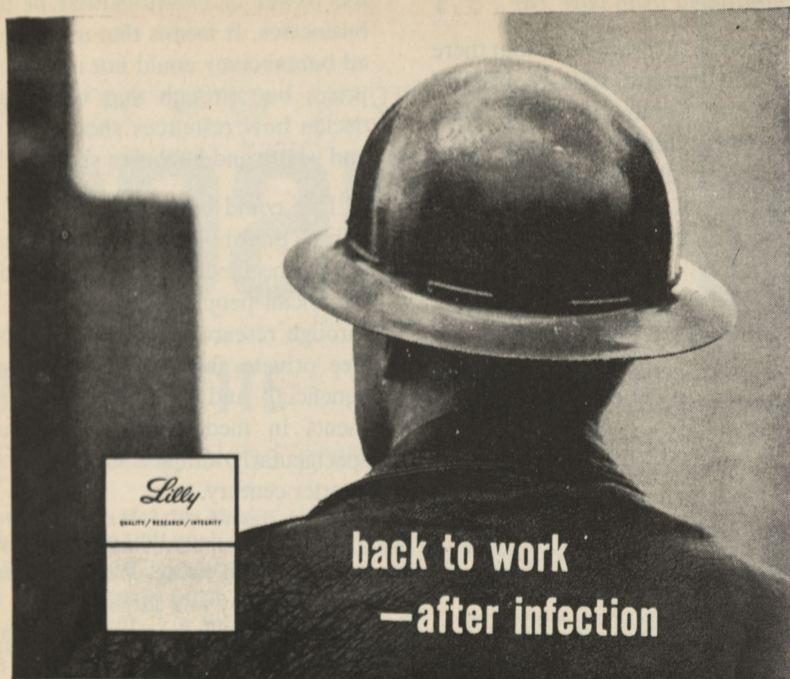
This could be fatal in the end, not only to pharmaceutical manufacturers, but to the medical profession and the American people as a whole, for it is through research and development by free private enterprise that the most beneficial and widespread achievements in medication have been so spectacularly attained in just the past quarter century.

We cannot deny that cost of medical care has been rising. We can, though, prove that, by and large, medical fees and prescription prices are reasonable. Diseases which were invariably fatal within the memory of the present generation are curable today. Ailments that required long hospitalization are now successfully and quickly treated with prescriptions the cost of which, even though seemingly high, are immeasurably less than old-fashioned, time-consuming methods entailed.

And why?

Because private enterprises invested great amounts of time and huge sums of money in exhaustive research and development to produce what today are veritably "miracle" drugs and techniques of medication. Much of that time and money was lost in experiments that failed. But experimentation went on persistently.

*(Continued on page 30)*



### **V-CILLIN K® produces high levels of antibacterial activity**

Infections resolve rapidly with V-Cillin K. All patients absorb this oral penicillin and show therapeutic blood levels with recommended doses. The high levels of antibacterial activity achieved by V-Cillin K offer greater assurance of bactericidal concentration in the tissues—a more dependable response.

Dosage: 125 or 250 mg. three times daily. Supplied as scored tablets of 125 and 250 mg.

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V-Cillin K, Pediatric: A taste treat for young patients. In bottles of 40 and 80 cc. Each 5-cc. teaspoonful provides 125 mg. of V-Cillin K.

V-Cillin K® (penicillin V potassium, Lilly)

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# The Bulletin

MULTNOMAH COUNTY MEDICAL SOCIETY

Vol. XV

MARCH, 1960

No. 3

## **MCMS Public Relations Committee Sponsors Weekly Radio Series, 'Ask the Doctor'**

"Ask the Doctor", a popular new radio series sponsored by the Multnomah County Medical Society, made its debut over station KEX in February.

Each Thursday evening, from 8:05 until 9 o'clock, a panel of three physicians answers a barrage of telephone questions from the listening audience. An average of 40 questions are processed during a program.

---

### **OSMI Sets Mid-Year Meet**

The 1960 Mid-Year Meeting of the House of Delegates of the Oregon State Medical Society will be held at the Benson Hotel in Portland Friday and Saturday, April 22-23.

Regular sessions of the House are open to all interested members of the Society.

---

### **Physician Attends S.F. Meet**

Dr. Scott H. Goodnight, chairman of Emanuel Hospital's fetal and neonatal death committee, was presented by the hospital with plane fare to attend AMA's west coast regional conference on maternal and perinatal mortality and morbidity studies.

The one-day session, arranged by the Committee on Maternal and Child Care of the Council on Medical Service, took place in San Francisco on March 6.

Early programs in the series, which continues through May 26, have covered such timely subjects as "Influenza", "Strokes", "The Family and the Baby", and "Arthritis". During future programs the audience will be invited to ask questions about "Radiation", "Marriage After 40", "Heart", Congenital Defects", "Vitamins and Food Supplements", and "Modern Drugs — Tranquilizers".

The series is supervised by the Committee on Public Relations, Dr. Louis O. Machlan, Jr., Chairman, and presented in cooperation with KEX.

---


### **NW Laundry Changes Policy**

As of March 1, Northwest Laundry and Dry Cleaners Trust is making checks for medical-surgical services payable only to the insured employee instead of jointly to the physician and employee.

Mr. William C. Earhart, administrator, said the change in policy was approved by action of the Trustees.



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# APRIL MEDICAL CALENDAR

## • • • portland hospitals

April 1	Good Samaritan Hospital Tumor clinic (every Friday)	12:30 p.m.
April 2	Good Samaritan Hospital CPC (also meets April 16)	8 a.m.
	Providence Hospital Surgery conference (also meets April 16)	8 a.m.
April 4	Gresham General Hospital Staff meeting Physicians and Surgeons Hospital EENT department meeting	8 a.m.
	Providence Hospital Management advisory of hospital	1:30 p.m.
	Medical conference (also meets April 11)	7:30 p.m.
April 5	Good Samaritan Hospital Neuropathology conference (also meets April 19)	8 a.m.
	Neuro-ophthalmology conference (every Tuesday)	5 p.m.
	Providence Hospital Pediatric conference	8 a.m.
	St. Vincent Hospital Surgery department meeting (every Tuesday)	12:30 p.m.
April 6	St. Vincent Hospital Medical department meeting (every Wednesday)	8 a.m.
	Good Samaritan Hospital X-ray conference (every Wednesday)	4 p.m.
April 7	Providence Hospital Joint conference	7:30 p.m.
April 9	Good Samaritan Hospital Medical section	8 a.m.
April 11	Physicians and Surgeons Hospital Surgical department meeting	8 a.m.
	Good Samaritan Hospital EEG conference (also meets April 25)	8:30 a.m.
	Providence Hospital Credentials committee	7:30 p.m.
April 12	Providence Hospital Executive committee	7 a.m.
	Record committee and tissue committee	7:30 p.m.
	Emanuel Hospital Pediatric department meeting	8:30 a.m.
	Good Samaritan Hospital OB section	7:30 p.m.
April 13	Portland Sanitarium Tumor clinic	8 a.m.

(Continued on page 27)

Your Prescription Headquarters for the Eastmoreland-Westmoreland District

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- *non-sweet* . . . won't develop "sweet tooth"
- *economical* . . . costs only pennies a day
- *easy-to-use* . . . dry powder form is easy to measure accurately; dissolves readily



**Mead Johnson**  
*Symbol of service in medicine*

MJD 9-1818A



April 14 . . . . .	<b>Providence Hospital</b> Lay advisory . . . . .	7 a.m.
	<b>Good Samaritan Hospital</b> Neuro radiology conference (also meets April 28) . . . . .	4 p.m.
April 18 . . . . .	<b>Holladay Park Hospital</b> Surgical department meeting . . . . .	7:45 a.m.
	<b>Physicians and Surgeons Hospital</b> Medical department meeting . . . . .	8 a.m.
	<b>St. Vincent Hospital</b> General practice department meeting . . . . .	6:30 p.m.
	<b>Providence Hospital</b> General practice . . . . .	8 p.m.
April 19 . . . . .	<b>Good Samaritan Hospital</b> Pediatric section . . . . .	7:45 a.m.
	<b>Holladay Park Hospital</b> Psychiatric department meeting . . . . .	12:15 p.m.
	<b>Emanuel Hospital</b> Medical department meeting . . . . .	7 p.m.
	<b>Providence Hospital</b> General staff meeting . . . . .	8 p.m.
April 20 . . . . .	<b>Portland Sanitarium</b> Staff meeting . . . . .	8 a.m.
	<b>Good Samaritan Hospital</b> EKG conference . . . . .	8 a.m.
	Ophthalmology conference . . . . .	5:30 p.m.
April 23 . . . . .	<b>Good Samaritan Hospital</b> Surgical section . . . . .	8 a.m.
April 25 . . . . .	<b>Holladay Park Hospital</b> Medical department meeting . . . . .	7:45 a.m.
	<b>Emanuel Hospital</b> Executive meeting . . . . .	8 a.m.
	Surgery department meeting . . . . .	7 p.m.
	<b>Good Samaritan Hospital</b> Orthopedic fracture clinic . . . . .	11:30 a.m.
	<b>St. Vincent Hospital</b> Ob-gyn department meeting . . . . .	5 p.m.
April 26 . . . . .	<b>Emanuel Hospital</b> GP department meeting . . . . .	7:45 a.m.
	Ob-gyn department meeting . . . . .	7:30 p.m.
April 27 . . . . .	<b>Portland Sanitarium</b> Death and morbidity conference . . . . .	8 a.m.
April 28 . . . . .	<b>Emanuel Hospital</b> Orthopedic department meeting . . . . .	8 a.m.

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**DON CHAPMAN**

Major changes in the organizational structure of Oregon Physicians' Service were announced as a result of action recently taken by the O.P.S. Board of Trustees.

Russel L. Baker, M.D., moves from the position of President of the Board of Trustees to Chairman of the Board.

Joseph E. Harvey, Jr., becomes President of O.P.S. A new position, that of Executive Vice-President, is occupied by Don Chapman, who now is in charge of all O.P.S. operations.

In other changes, T. H. Hammond became Director of Professional Relations and is now organizing a new field force to work directly with physicians. Paul Jones has moved to the field force of Professional Relations Department.

**A VERY DESIRABLE SUITE IS NOW AVAILABLE AT  
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# Facts

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# Findings

\*2,384 PATIENTS WITH INFECTIONS RANGING ACROSS  
THE SPECTRUM...87 PER CENT RECOVERED OR IMPROVED...MOST  
ON 600 MG. DAILY...ONLY 2 PER CENT DISCONTINUANCE BECAUSE  
OF REACTIONS CAPSULES, 150 mg. PEDIATRIC DROPS, 60 mg./cc. ORAL SUSPENSION, 75 mg./5 cc. tsp.

# DECLOMYCIN<sup>®</sup>

Demethylchlortetracycline Lederle

\*Clinical data compiled by Clinical Investigation Department, Lederle Laboratories.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



## POLITICAL PROBES

(Continued from page 23)

Surely any company that finally produces a new or improved medication for some formerly incurable or hard-to-treat ailment is entitled to recover its financial losses and its investment. Just as surely, no company will continue its costly research to develop drugs yet undiscovered for still baffling diseases if it cannot make profits to put back into that research—or even survive in business.

The recent records of pharmaceutical manufacturers who have produced new and needed drugs are replete with examples of how often barely more than a return on their investment has been obtained before competing firms

have reduced their profits by offering the same drugs, or medicaments accomplishing the same benefits, at lower prices.

And imagine, if you will, if the prices of penicillin and streptomycin had been set by some government bureaucracy, ignorant of scientific research and commercial production and distribution costs, when those drugs were first put on sale. How many competitive companies would have entered the field with resultant lower prices?

You — or your patients, who may complain of current prices — might never have had these wonderful drugs at all, or so plentiful a supply of them; or even accessibility to them, if they were exotically rare, at anything like their present cost.

(Continued on page 34)

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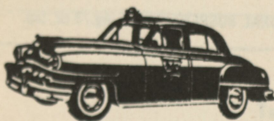
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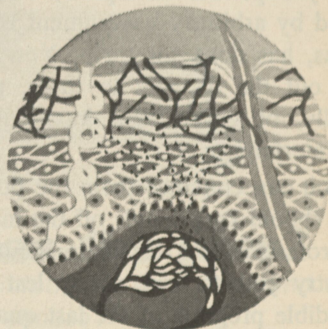
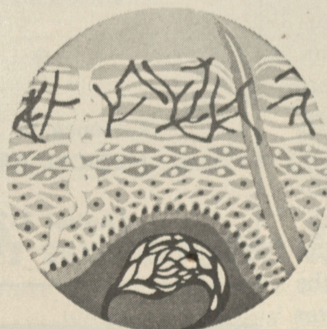


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infections  
of skin,  
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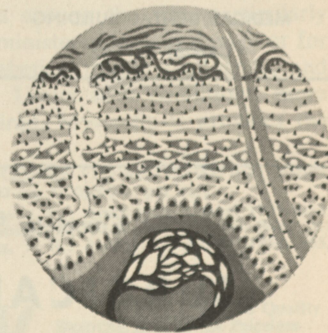
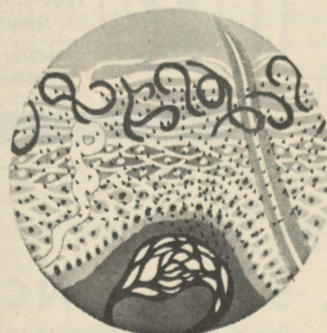
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- 1 Pathogenic fungi invade and proliferate in the stratum corneum (and also in keratinized part of nails and hair), where they are usually inaccessible to treatment from the outside by topical antifungal agents, even with the aid of keratolytics.
- 2 Following oral administration, FULVICIN is absorbed and incorporated in newly growing dermal cells. As these cells approach the surface and become keratinized, they retain sufficient amounts of FULVICIN to provide fungistasis. FULVICIN has also been identified in hair shafts in fungistatic concentrations.<sup>2</sup>
- 3 Hyphal (filamental) tips of fungi are curled, contorted and stunted by FULVICIN.<sup>3</sup> Growth ceases, further penetration of keratin halts, and the fungal disease is arrested.
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OUTGROWTH  
OF  
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References: (1) Williams, D. I.; Marten, R. H., and Sarkany, I.: *Lancet* 2:1212, 1958. (2) Gentles, J. C.; Barnes, M. J., and Fantes, K. H.: *Nature* 183:256, 1959. (3) Brian, P. W.; Curtis, R. J., and Hemming, H. G.: *Tr. Brit. Mycol. Soc.* 29:173, 1946.

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\*T.M.

S-237

## POLITICAL PROBES

(Continued from page 30)

You, in your day-to-day, week-to-week contact with your own patients can, by being deliberately but honestly informative, correct much of the prejudice based on misconception and misinformation with which the American public regards the cost of medical care.

You can point out what a tremendous job private enterprise, uncontrolled by arbitrary government regulations, has done for them. You can spell out the dangers to them, personally, of government intervention and interference.

You can convince them the politicians should keep hands off the medical profession and the pharmaceutical industry just to win votes, lest the incredible progress of the last quarter century be not only halted but turned tragically into reverse.

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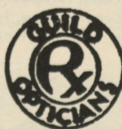


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**When should Mysteclin-V be prescribed?** Accumulated clinical experience clearly indicates that fungal superinfections are on the rise, particularly when broad spectrum antibiotics must be administered in high dosage or for extended periods, in the debilitated and diabetics, during pregnancy, and when corticosteroids are used concurrently. Under such conditions, more than a "broad spectrum" antibiotic is required. Mysteclin-V provides the answer.

Supplied: Capsules (250 mg./250,000 u.); Half-strength Capsules (125 mg./125,000 u.); Suspension (125 mg./125,000 u. per 5 cc.); Pediatric Drops (100 mg./100,000 u. per cc.).

**References:** 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: *Antibiotics Annual 1957-1958*, New York, Medical Encyclopedia, Inc., 1958, p. 397. 2. Childs, A. J.: *Brit. M. J.* 1:660 (Mar. 24) 1956. 3. Newcomer, V. D.; Wright, E. T., and Sternberg, T. R.: *Antibiotics Annual 1954-1955*, New York, Medical Encyclopedia, Inc., 1955, p. 686.

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M	5	tinea corporis
M	45	furunculosis
F	42	recurrent furunculosis
M	30	sebaceous cyst
M	24	seborrheic dermatitis
M	16	acne vulgaris
F	33	abscess
F	21	infected dermatitis
M	39	bacterial folliculitis
M	19	impetigo
F	48	moniliasis
M	33	secondary impetigo
M	18	infected comedone
F	52	monilial paronychia
M	48	localized neurodermatitis
M	44	kerion
M	3 months	herpes simplex
M	30	multiple folliculitis
F	19	acne
M	26	infected abrasion
M	9	palmar infection
F	43	recurrent folliculitis
M	38	epidermatophytosis
M	27	infected sebaceous cyst
M	18	acne conglobata
F	40	suppurative paronychia
M	32	multiple abscesses
M	23	tinea pedis

You can depend on the versatility of VIRAC for the treatment of "hard-to-control" infections of the skin and scalp.

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Additional information upon request.

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and surgical supply houses.

**RUSON  
LABORATORIES, Inc.**

3434 S. E. Milwaukie Avenue  
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BULLETIN of the  
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## neosorb<sup>®</sup>

*peptic ulcer  
management  
without  
acid rebound*

*tablet or liquid • economical to use  
less constipation*

**Each Tablet contains**

Aluminum Hydroxide Gel  
(Dried) 4 grs. (**0.26 Gram**)  
Magnesium Trisilicate  
7 grs. (**0.45 Gram**)  
Methylcellulose (mucin-like  
colloid) 1 gr. (**0.065 Gram**)

**DOSAGE:** 2 tablets every 2 to 4 hours. Tablets to be chewed and swallowed with minimum amount of fluids. 1 table-spoonful of liquid **neosorb** equivalent to 2 **neosorb** tablets. Supplied in sizes 100, 500 and 1000 tablets. Liquid in quarts and pints.

*Prescribe  
**neosorb**  
with Confidence*

**HAACK** Since 1908

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