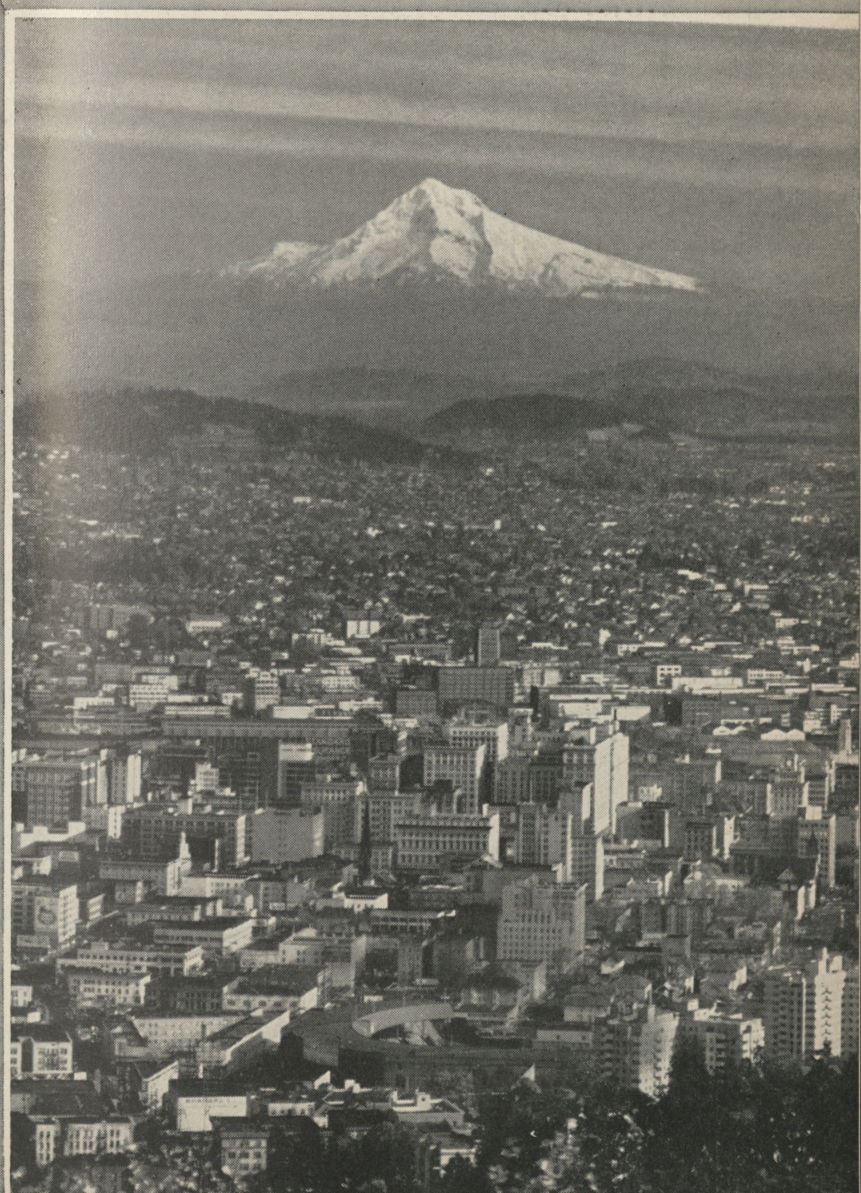


The Bulletin

ULTNOMAH COUNTY MEDICAL SOCIETY ~ ~ ~ ~



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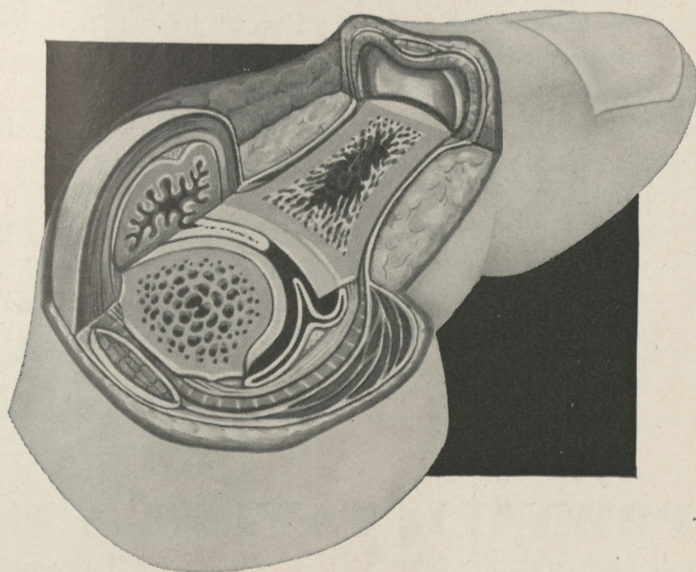
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relieves pain · improves function · resolves inflammation

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*Bunim, J. J.: Research Activities in Rheumatic Diseases, Pub. Health Rep. 69:437, 1954.



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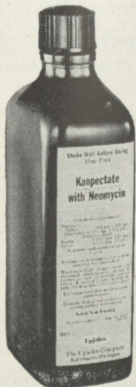
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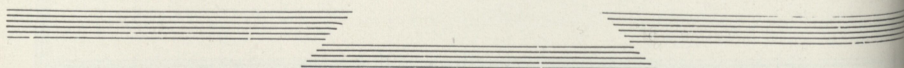
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P. O. Box 366

Portland 7, Ore

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THE BULLETIN
of the
MULTNOMAH COUNTY
MEDICAL SOCIETY

Multnomah County
Medical Society

* * *

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VOL. X MARCH, 1955 NO. 3

Official Publication
of the
Multnomah County Medical Society



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Opinions expressed in Bulletin articles, whether signed or unsigned, are those of the individual writers and do not necessarily represent the opinions or policies of the Committee on Public Relations or the Multnomah County Medical Society.



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*chocolate-mint-flavored
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The Bulletin

... MULTNOMAH COUNTY MEDICAL SOCIETY ...

VOL. X

MARCH, 1955

NO. 3

State Council Studies Proposals To Control Care At Nursing Homes

Sweeping changes in rules and regulations governing control of nursing homes in the state of Oregon were presented this month to the executive council of the State Medical Society by Dr. T. G. McDougall, chairman of the Committee on Medical Education and Hospitals.

McDougall's report, proposing eight major recommendations, has been mailed to every member of the Council for further study and official consideration at the April session.

Worked out with Dr. Harold M. Erickson, State Health Officer, and other state medical officials, the report points up the need for better medical supervision at nursing homes. Other provisions would require that all admissions to nursing homes be made only on authorization of physicians licensed by the State Board of Medical Examiners.

Nurses in attendance at the homes would be responsible for keeping the doctors in charge informed as to the status of their patients.

Another major proposal was directed at care of welfare patients in nursing homes and followed a discussion with Dr. Clinton S. McGill, director of the Medical Division, State Public Welfare.

In efforts to reduce taxi expenses of nearly \$5,000 a month to transport welfare recipients to and from the outpatient clinic, the committee proposed that a volunteer team of young practicing physicians in Multnomah county be organized to visit patients in nursing homes. The physicians, who would receive modest compensation from the welfare department, would handle emergency and periodic calls to welfare patients.

"We are not rubber-stamping recommendations by the State Board of Health," Dr. McDougall told the Council.

"These proposals are our own after full committee study of a questionnaire submitted to us by the State Board of Health," he said.

Dr. McDougall explained it is the feeling of the committee that physicians should "be responsible for patients they admit to nursing homes."

Full recommendations of the committee are as follows:

1. That all admissions to nursing homes, with exception of recognized religious institutions, be made only on the authorization of physicians licensed by the State Board of Medical Examiners and who may be chosen by the patients or their immediate relatives. These patients must remain under supervision of their physicians while in a nursing home.

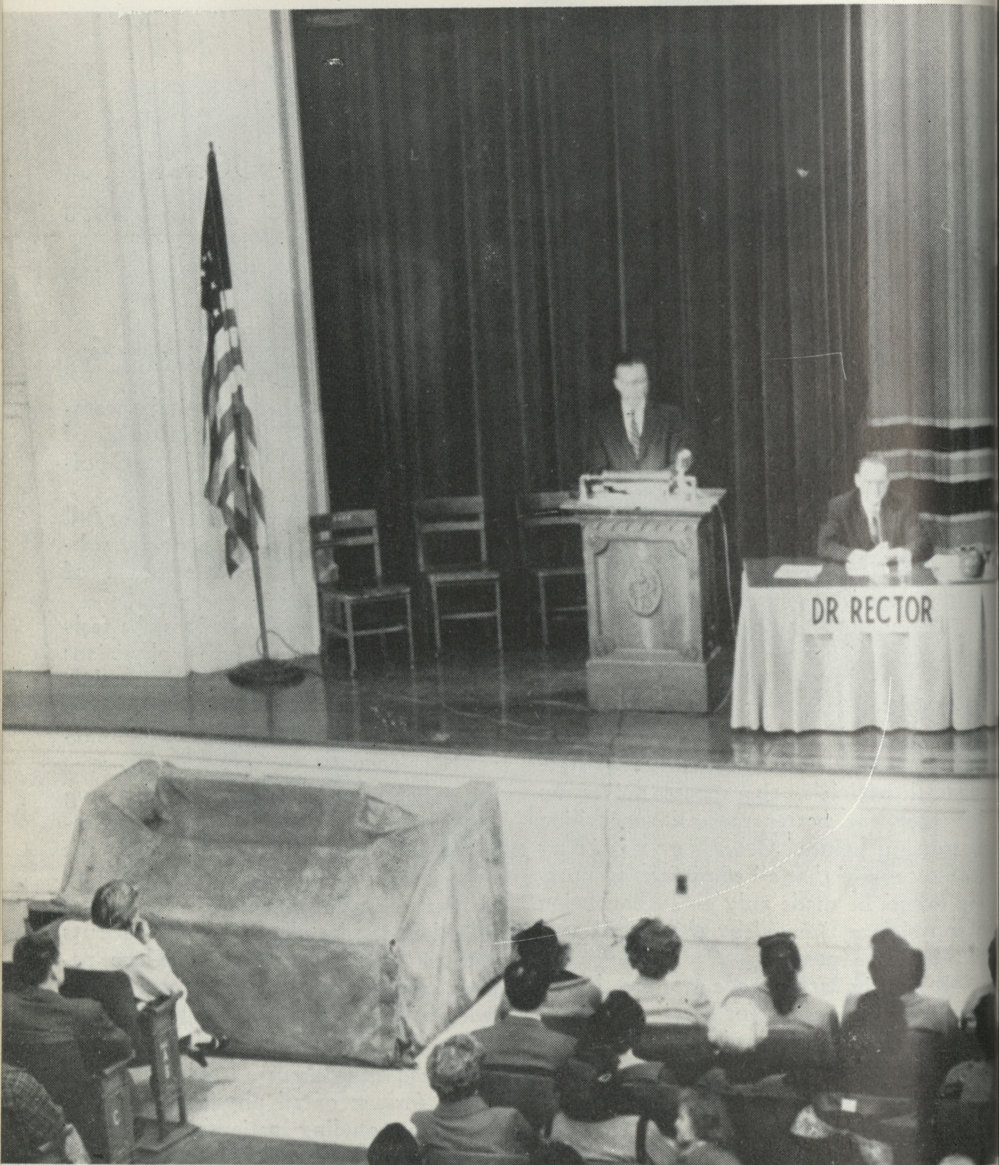
2. That the State Board of Health be authorized to prepare referral form blanks for use of all physicians in Oregon when sending patients to nursing homes.

3. All orders for admittal to nursing homes and further care must come from the physicians in charge and be received by a registered nurse at the home.

4. Patients or physicians will select their own nursing homes. All admittal slips signed by physicians must be made out to a particular nursing home thus preventing patients from shifting from home to home without knowledge of the attending physician.

(Continued on page 29)

Your Health Forum



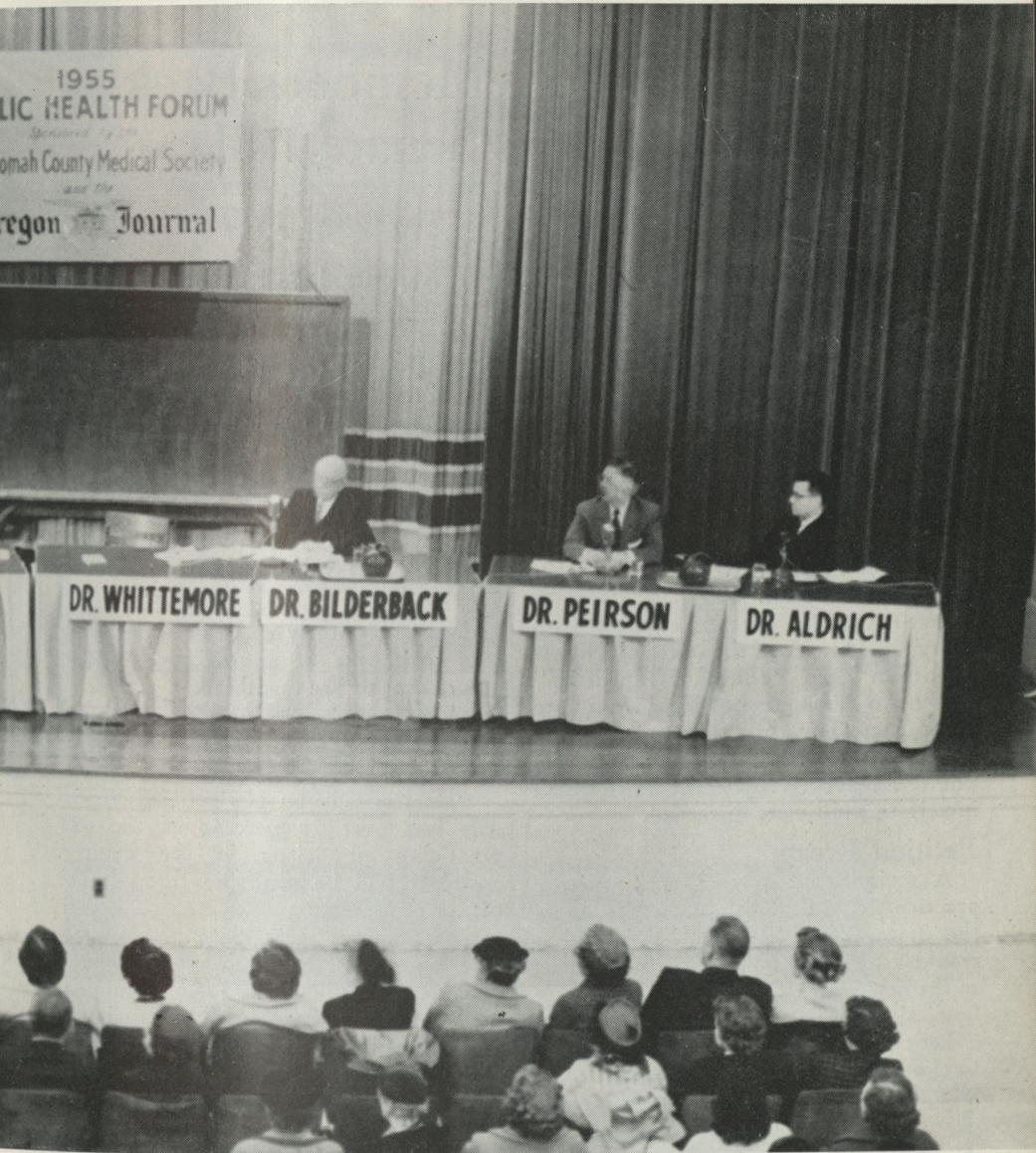
"How are your public relations, doctor?"

Well, there just fine as far as members of the Multnomah County Medical Society are concerned who during the past five weeks have been packin' them in at a series of free Medical Health Forums.

The first five forums at Benson high, sponsored in cooperation with the Oregon Journal, attracted more than 5,000 spectators. Forums already presented covered "Danger Signs in Your Child's Health," "My Best Weight—How to Get and Keep It," "Bogies, Misconceptions and Cancer," "My Aching Back," and "Live Long and Like It."

Many members of the audience arrived early and stayed late. They came prepared—armed with pads and pencils to take notes during the

A Public Service



sessions. Efforts to dim the house lights after start of the program were greeted with indignant demands from the note takers to "leave them on."

The picture above shows part of the large crowd on hand for the initial forum on child health problems. Panelists were Doctors J. B. Bilderback, moderator; James P. Whittemore, orientation speaker; Robert A. Aldrich, Lendon H. Smith, George A. Peirson and Edgar M. Rector.

What are you doing in your community to promote a better understanding between the public and the medical profession?

At the Polls

Majority County Members Back State Society's Senate Bills

Two Senate bills sponsored by the Oregon State Medical Society have been tabled in committee.

Senate committees voted to table Senate Bill 293 which would establish admission standards at the new University of Oregon Teaching Hospital, and Senate Bill 304 calling for a medical advisory board to the State Board of Higher Education on medical school policy.

The Educational Committee, which tabled SB 304 by a vote of 5-2, reportedly favors the principle of a medical advisory board. However, the majority of members apparently believe voluntary liaison should be tried first.

One newspaper, covering a public hearing on SB 304, stated the Board of Higher Education gave "general, if qualified" consent to the question, "Would you vote to instruct your chancellor to write, inviting the Medical Society to send a voluntary advisory group to the board meetings if this bill were discarded?"

Petition Recap

A majority of physicians in private practice in Multnomah county support the State Society's legislative bill that would establish standards for admissions to the new University of Oregon teaching hospital.

Petitions circulated during the past two weeks among doctors asking if they

The doctors favor Senate bill 304.

A postcard poll of 785 Society members in Multnomah county has produced these results to date:

"I am in favor of Senate Bill No. 304 which provides for the establishment of a medical advisory council to the State Board of Higher Education.

YES ----- 436

NO ----- 89

TOTAL 525

Votes in support of the bill are leading by nearly five-to-one out of a total vote of approximately 64 per cent of the membership.

support the bill have collected a total of 316 names.

Names already on the petitions represent just over 50 percent of the 625 practicing physicians in the county. Petitions will be available through the month of March.

The petitions were circulated on authorization of the Multnomah county Council. They followed statements in the newspapers that hinted the majority of Society members are opposed to the bill.

Annual Lectureship — Friday, April 1, 1955

Phi Beta Pi Fraternity

Presents

JAMES M. KIERAN, M.D., Oakland, Calif.

"Present Concepts in Therapy On
Chronic Pulmonary Disease"

8 P.M. — Medical School Auditorium

"All physicians are cordially invited to attend"

Regular Monthly Meeting
Multnomah County Medical Society
 Wednesday, April 6, 1955

Crystal Room
 Social Hour at Six

Hotel Benson
 Dinner at Seven

PROGRAM

A Panel Discussion On
 "BACKACHE IS HEADACHE"
 Bernard P. Harpole, M.D., Moderator

The Panel

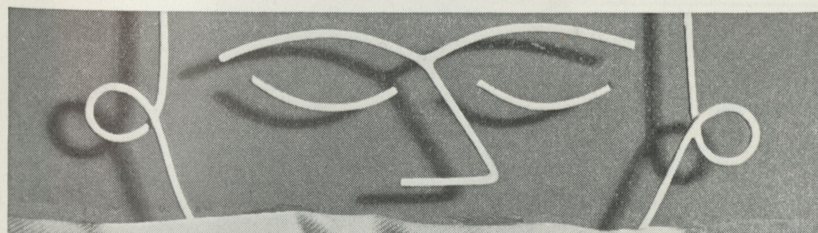
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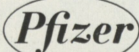
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OREGON STATE MEDICAL SOCIETY
House of Delegates

Midyear Meeting

Saturday, April 16, Dinner, 6:00 P.M.

Sunday, April 17, Luncheon, 12 noon

Tyrolean Room, Hotel Benson
Portland

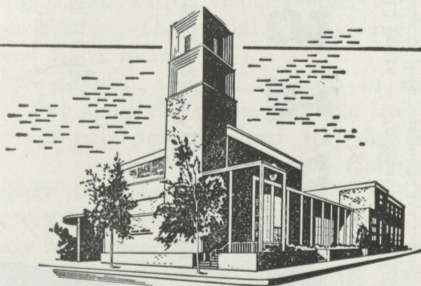
Immediately Preceding Annual Meeting of University of Oregon
Medical School Alumni Association

ALSO

Annual Spring Meeting

Woman's Auxiliary to the Oregon State Medical Society

9:30 A.M., Monday, April 18, Portland Garden Club



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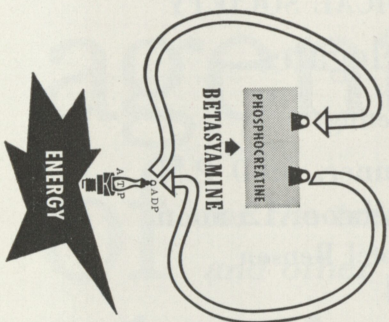
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Supplied: Betasyamine Emulsion (bottles of 16 fluid ounces) and Betasyamine Tablets (bottles of 200).

1. Dixon, H. H., et al.: West. J. Surg. 62:338 (June) 1954.

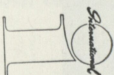
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Patent Pending



COUNTY COUNCIL REPORTS

There's an outside chance that the Medical Society will be the first professional group to be represented this June when the colorful grand floral parade of from the Rose Festival Association for the streets of Portland.

Earlier this month your President, Dr. Russell Kaufman, received an invitation from the Rose Festival Association for the Society to enter a float in the annual parade.

The proposition was referred to the Public Relations Committee for immediate consideration. Best estimates place the cost of a float at between \$1,500 and \$1,800.

The ladies may soon have their night—

* * *

two nights, that is—at regular membership meetings held on the first Wednesday of the month at the Hotel Benson.

Dr. Richard Kulasavage, chairman of the Committee on Programs, recommended consideration of a plan to combine at least two Auxiliary meetings a year with regular meetings of the membership. The women would join the men for a social hour and dinner and then adjourn to another room for their own business meeting just prior to the scientific program.

Mrs. Leon Ray, Auxiliary President, agreed to discuss the plan with her board of directors. Dr. Kulasavage recommended at least one joint meeting in the fall and a second meeting in the spring.

* * *

Politics will be the order of the day when the Council convenes at the next regular meeting on Tuesday, April 5.

Since the meeting comes just prior to the annual mid-year season of the State

House of Delegates, all county delegates to the April 16-17 conference, will be invited to confer with the Council on proposed legislation to come before the House.

* * *

Sirens, the variety used on ambulances, were the target of Council action which came in form of a letter to the Portland City Council.

In view of recent accidents involving ambulances and private motorists, the Council recommended to city fathers that ambulances be required to observe all traffic laws and that sirens be eliminated from such vehicles. Council members agreed the use of large red blinker lights should give sufficient warning to motorists and the requirement to observe traffic laws would reduce the chance of accidents at busy intersections.

"Traffic studies made by a local newspaper some two years ago proved that very little time is lost when emergency vehicles observe existing traffic regulations," one Council member reported.

* * *

Physicians in the Portland area will soon be able to hire office assistants trained for the job by instructors at Multnomah College. Dr. Willard Rowland, Public Relations Committee, reported arrangements between the Society and the School have been completed for an eight-week night course designed to train physicians' office assistants. The school will get under way in April.

* * *

Regular meetings of the Multnomah County Council are held on the first Tuesday of the month at 6 p.m. in the Campbell Court Hotel.

EBERHART X-RAY CO.

920 S. W. 13TH AVENUE PORTLAND 5, OREGON ATWATER 1446

Maternal Death Report

Case No. 11

This is a 24 year old white, married female who has had one previous term pregnancy. This pregnancy was normal and produced a seven-pound baby,

Her second pregnancy progressed uneventfully until the 33rd week of gestation. At this time she developed early symptoms of acute poliomyelitis. Two days after the onset of these symptoms, she was admitted to a communicable disease hospital. While there, she developed bulbar symptoms and a few uterine contractions were also noted. For this reason, apparently, she was transferred to a maternity unit in another hospital. This was accomplished two days later.

On admission to the second hospital, she was dyspneic and apprehensive as well as dysphagic. There was decreased chest expansion with obvious diaphragmatic impairment. There was marked weakness, almost paralysis of the upper and lower extremities. Her pregnancy was considered normal for the period of gestation.

By the evening of admission, her condition has worsened. A tracheotomy was performed and she was placed in a respirator. Her temperature was 101°.

The following day, she was lethargic with occasional bouts of cyanosis.

Despite parenteral penicillin, she ran an elevated temperature course for the next four days, the highest reading being 102°.

The next four-day period was afebrile. The week immediately following this period of fever was marked again by an elevated temperature course. There also noted now considerable pulmonary congestion with rales in both bases.

Three weeks after admission, she went into rapid, active labor and was fully dilated in two hours. Preparations had been made to deliver the patient on a stretcher-tray of the respirator. The patient was anesthetized and "bag-breathed" while the respirator was turned off and the patient withdrawn from the confines of the respirator. Examination revealed the vertex to be in left occiput posterior position. Manual rotation was easily performed. Forceps extraction was carried out, but due to the awkward position stimulated axis-traction could not be executed to the liking of the operator. The perineal and vaginal tissues were extremely vascular and edematous, and a vaginal laceration was sustained which bled profusely. The patient went into deep shock. Due to poor obstetric facilities and lighting, repair of the laceration was difficult. When repair had been accomplished, a vaginal pack was placed which controlled the bleeding. The baby weighed 6 pounds, two ounces and was normal.

Five hundred ccs. of blood and plasma were given with 20 mgms. of methedrin to combat the vascular collapse.

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Portland, Oregon

Maternal Death

One and one-half hours later, the blood pressure was normal and there was no further vaginal bleeding.

Five hours postpartum, the patient's temperature rose to 106°. Penicillin-streptomycin was given parenterally.

Another unit of plasma was given 9 hours postpartum at which time her temperature was 107°. Her pulse was 140/min.

A unit of blood was given 14 hours postpartum with 500 ccs. of saline.

Her hyperpyrexia persisted. Oliguria was noted which did not improve. She expired 21 hours postpartum.

Autopsy findings consisted of: poliomyelitis (clinical); myocardial degeneration, ?type; pulmonary atelectasis, congestion and edema, severe; passive congestion of the liver and spleen;

Diagnoses:

Pregnancy 36 weeks.

Abnormal Parturition, OLP.

Bulbar poliomyelitis, (clinical).

Vaginal laceration.

Postpartum hemorrhage and shock.

Maternal death, 21 hours postpartum.

Operations:

Multiple blood and plasma transfusions.

Manual rotation and forceps extraction.

Repair laceration and vaginal packing.

General anesthesia.

Tracheotomy (prepartum).

Maternal autopsy.

Our committee has judged this to be a maternal death. By our definition, it is an obstetric death which we feel was not preventable.

In reviewing this case, several pertinent features bear discussion. These patients should all be transferred to a place where adequate obstetric facilities are available. Furthermore, if the patient can be carried on intratracheal anesthesia, there is no reason why these patients cannot be delivered on a delivery table in lithotomy position. Shortening the second stage of labor is salutary when such a procedure can be executed with safety for both the mother and baby.

(Continued on page 20)

**Patients on "Premarin"
therapy experience prompt
relief of menopausal symptoms
and a highly gratifying
"sense of well-being."**

"Premarin" [®] —Conjugated Estrogens (equine)

Maternal Death

(Continued from page 19)

Bulbar poliomyelitis is a serious disease and these patients die because of their disease not because of a concurrent pregnancy. In general, the management of poliomyelitis in the pregnant woman is identical with that of the non-pregnant patient. Severe poliomyelitis plus a forced delivery may kill where poliomyelitis alone may not. There is no fundamental reason relating to the respiratory apparatus that makes termination of the pregnancy necessary. Delivery should not be forced by the vaginal or abdominal route while the patient is acutely and desperately ill.

In the first six months of pregnancy, the mortality per se does not exceed that of the non-pregnant population, i.e. 6.25-6.5%. However, in the last trimester, the mortality climbs to more than twice this, 15.1%. When poliomyelitis strikes the patient close to her parturition or in the immediate postpartum period, the mortality rate reaches 33.3%.

* *Amer. Jo. Ob. Gyn.* Jan. 1954 pp 177.

Submitted by:

Committee on Maternal Welfare
Multnomah County Medical
Society

J. Oppie McCall, M.D., Chair
Alice R. Kulasavage, M.D.
Harry C. Smith, M.D.
William O. Thomas, M.D.
James M. Whitely, M.D.

Obstetrical Meeting In Portland, March 26

Dr. Howard C. Stearns of the University of Oregon Medical School moderate a round table discussion during a luncheon program on Saturday, March 26, when the Washington State Obstetrical Association holds its Spring Meeting at Portland's Multnomah Hotel.

Registration for the all-day meeting must be made in advance and accompanied by check for registration of \$10 for members of the Washington State Association and \$11.00 for non-members. The fee includes the cost of luncheon, social hour and the evening banquet.

Guest speaker at the banquet will be Dr. Lawrence Selling.

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Society Member Presents Plan For Future Relations With U. of O. Medical School

By Walter A. Goss, M.D.

In that the Oregon State Medical Society's Executive Committee is in the process of recommending policies regarding the University of Oregon Medical School teaching hospital and in that the Society has already presented two bills to the Oregon State Legislature, it seems fitting to express some viewpoints that are shared by many members of our Society. Some of these views have already been presented to the study committees but should be earnestly considered by our entire membership.

Our Society's action contesting the decisions of the State Board of Higher Education is seriously weakening our position as doctors with citizens of Oregon. The public relations of the physicians of this country leaves much to be desired and we cannot afford further criticism. Many articles that have appeared recently in both the Portland Journal and Oregonian, no matter how they have been written, have only left the impression to the lay public that we, as doctors, are looking after our own personal interests first.

This is poor public relations, and we are seriously impairing our esteem in the eyes of the public. We should be letting the

public know that we are primarily interested in the policy that will make the University of Oregon Medical School the best possible teaching facility and give the highest type of medical care to the people of Oregon rather than allowing them to believe that "this is what is best for the private physician."

This must be our goal if we are going to be successful. All of our recommendations must be presented with this purpose in mind. If they do not stand up to this test they are not good enough.

The following recommendations fit these requirements:

1. *"Several specific teaching positions, where it is felt that an excessive amount of private practice might be weakening the primary duties of teaching and research, should be investigated by a disinterested committee."*

The majority of the informal discussions among individual private physicians in Portland concerns the possible excessive private practice by certain individuals at the Medical School. Whether this is being abused or not abused is not for us to say. It is for us to say that it warrants investigation. This

(Continued on page 22)

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Society Member

(Continued from page 21)

primary problem has not been given its real importance in proposed recommendations. We have been avoiding the real issue that has been largely responsible for the Medical Society's actions today. If this is our feeling, why don't we say so in no uncertain words, have it investigated and "clear the air!"

This investigation should be done not because we are opposed to private practice by the geographic full-time instructors; we recognize this as desirable and necessary to secure the highest caliber of instructors needed. It should be done because a specific situation may be interfering with primary duties of teaching and research. If the investigation shows it is not interfering, and is being handled properly, we should be completely satisfied.

2. "Admissions should include medically indigent and physician referred non-indigent patients who have special teaching qualifications or who present a problem for which there are special facilities available only at the new teaching hospital."

The Multnomah County Hospital with indigent patients has a limited amount of teaching material. The new teaching hospital needs selected cases of non-indigent patients to improve the teaching facility and its research case material. The people of Oregon should have access to special facilities that are not available elsewhere for selected patients. Our State Society has wisely supported this recommendation.

3. "The non-indigent patient should pay a physician's fee or its equivalent. This

should be utilized for research purpose other useful medical endeavors."

This patient is having a service rendered for which a just charge should be made. Why should he be exempted here? State Legislature and Oregon taxpayers ready hard pressed for revenue, would have it otherwise. Physicians fees paid to teaching hospitals in some states have been declared illegal by court decisions. This has not been tested in Oregon. The principle of collecting the money and putting it to the useful purpose is sound and should be supported. The mechanics of accomplishing this transfer legally should be feasible. This is State Medicine and against medical ethics, we will find little sympathy among the citizens of Oregon.

4. "A Medical Advisory Committee of Oregon State Medical Society should be established."

The Board of Higher Education and School administration should be delighted to have access to suggestions from private physicians for a medical teaching facility whose function it is to prepare future teachers. "They have everything to gain and nothing to lose." However, there is no necessity that this be a legal committee, secure such a committee against the will of the Board of Higher Education and School administration would result in a committee of little value. If such a committee would not carry with it the spirit of cooperation between the Medical Society and State Board of Higher Education, any suggestions would not be kindly received and would be worthless. We need an ad

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committee, true; but far more we need a spirit of cooperation between these two groups.

If the Medical Advisory Committee Bill, Senate Bill No. 304, is defeated, this issue will be closed. If the bill passes we will have a committee of questionable value. Win or lose we have lost ground. This need not be a closed issue. An attitude of helpfulness, cooperation and patience without legislation would be a much wiser approach and be far more apt to offer us the privilege of a useful informal Medical Advisory Committee.

5. "A spirit of cooperation between the Oregon State Medical Society, the State Board of Higher Education and the Medical School administration must be attained."

Without this all other Society endeavors on this program are useless. A recent editorial in the Portland Oregonian emphasized this so clearly. Such an attitude by our Medical Society will go far toward gaining the essential reciprocal cooperation of the Board of Higher Education and Medical School administrators. We are entitled to receive this cooperation just as it is our responsibility to give this cooperation. We will never secure cooperation by being critical of the functional bodies with whom we are trying to cooperate. Neither will we secure it by rehashing past misunderstandings. We must scrutinize and be critical of

our own approach to this problem. We must patiently offer *positive*, constructive suggestions that will improve the medical teaching and medical care in Oregon, rather than to demand and use legislative means to attain ends unwanted by the people with whom we need cooperation. A defeat of legislative measures will greatly weaken our position for future progress. We cannot afford to take this chance.

The majority of the members of the Oregon State Medical Society must approve of our policies and recommendations. It is true that our House of Delegates and Executive Committee as our representative bodies have the proper authority to act on these matters. However, these policies and recommendations are of such importance and far reaching effect to every member throughout the state to justify a vote of the entire membership. Only by this kind of backing will we be certain that we are following the proper course. A poll of our state society's entire membership, rather than individual solicitation, is the best way to obtain a democratic opinion. The pitfalls of proposed legislation should be carefully considered by each member before giving his approval.

This foregoing approach will restore our public relations; it will give us a positive, constructive goal of which we can be proud; and, lastly, it will have a real chance of success.

(Continued on page 24)



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Tacoma Surgical Club Sets All Day Meeting, May 7

The annual all-day meeting of the Tacoma Surgical Club has been set this year for Saturday, May 7, and will be climaxed by a large banquet in the evening.

Morning and afternoon sessions will be held at Tacoma General Hospital, according to an announcement by Dr. Wendell G. Peterson, secretary.

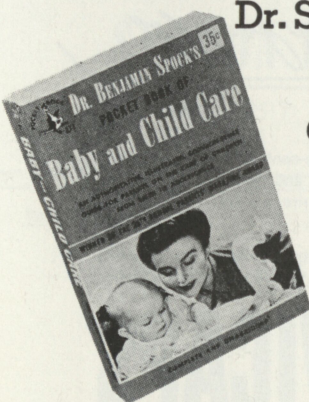
Keynote speaker at the banquet will be Dr. William F. Longmire, Jr., speaking on "Treatment of Chronic Pancreatitis."

Society Member

(Continued from page 23)

These comments are made after consulting with many members of our Society. It is done with the full realization that it is contrary to the establishment of unity on the bills that have already been proposed. With no intent to harrass, it is done with the purpose of presenting some new thinking on this important problem and with the sincere effort to do what is best for our State Medical Society, our University of Oregon Medical School, and the people of Oregon.

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AMA Newsbeat

Accommodations are still available for the four week tours of Europe which are planned to precede and follow the annual meeting at Atlantic City, June 6-11.

Departures from New York are scheduled for May 6, May 8, June 11 and June 13. The cost of the tour is \$1,598. This covers round-trip transportation, all en route meals and accommodations. The tours have been arranged by United Air Lines and The Cook & Sons under sponsorship of the AMA.

* * *

The average American physician puts in a 60 hour week spends about 10 hours a week just keeping up his education, an AMA survey shows.

The surveyed physicians said they spend a yearly average of 667 hours (about 80 eight-hour days) in the five general fields of learning after college—reading, professional contacts with other physicians, attending hospital staff meetings, going to Medical Society meetings, and taking formal post graduate courses.

* * *

An ordinary carbonated soft drink can be used as an important aid to the diagnosis of heart trouble.

Drs. Elliot Corday, Beverly Hills, Calif., and Milton Elkin, New York, reported they used carbonated beverages in tests for possible heart enlargement in dogs present at birth or resulting from chronic fever, high blood pressure or narrowing of the arteries.

The doctors reported in Feb. 26, 1954, issue of the AMA Journal that downward displacement of the heart shadow on x-ray studies by the dense shadow of the stomach. A large air or gas bubble in the stomach eliminates the shadow and makes the heart area visible. They found that having the patient drink ordinary carbonated drinks before x-ray was better for producing a stomach bubble than the previously used powder which had a strong laxative effect.

Well Known Psychiatrist Will Address Northwest Family Relations Session

The annual Pacific Northwest Conference on Family Relations, scheduled at Portland State College, March 24, 25 and 26, will be highlighted by keynote speaker Dr. Brock Chisholm, psychiatrist and former director of the World Health Organization.

Other speakers will be Dr. Judson Landis, professor of family sociology at the University of California, and Dr. Ivan Nye, director, Sociological Research Laboratory, Washington State College.

On Thursday evening, March 24, Dr. Chisholm will speak on "Being A Mature Parent." His Friday morning talk is entitled "The Family: Basic Unit of Social Learning."

Friday afternoon will be devoted to discussion groups on numerous phases of family relations.

On Friday night Dr. Landis will speak on "The Family Meets the Challenge of 1955."

Dr. Nye's address on Saturday morning is entitled "What Patterns for Family Life."

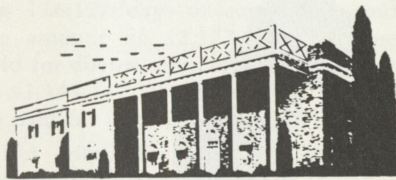
For further information write Curtis E. Avery, secretary-treasurer, Pacific Northwest Conference on Family Relations, 220 S. W. Alder Street, Portland 4, Oregon.

Registrations should be made in advance.

Death of Dr. William Beck Leaves Lake Grove Vacancy

The recent passing of Dr. William F. Beck, Lake Grove, has prompted residents in that community to seek the services of another full time physician.

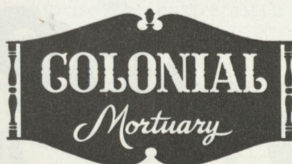
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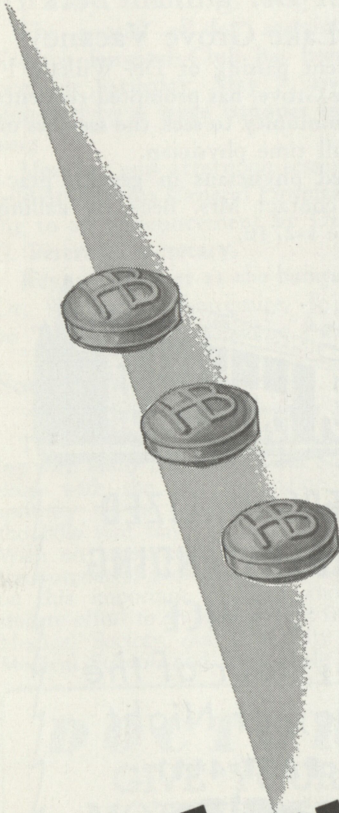
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*Medical
 Video News*

The snowballing TV medium: January, 1955, there were nearly 34,000 television sets in the United States, 6,000,000 more than a year ago. Stations "on the air" totaled 402—an increase of 59 in a year's time.

* * *

Ciba has announced the conclusion of its "Horizons" series on March 6. Its 15-minute program was seen each Sunday night over the ABC network and was presented in cooperation with the AMA. The AMA is making a spot survey of 1000 doctors to determine how widely the program was seen.

* * *

A new TV handbook has been published jointly by the Bureau of Health Education and the Council on Medical Education and Hospitals. Primarily a technical guide for producing postgraduate education shows, the Handbook will provide valuable background information for medical societies presenting service TV programs.

* * *

Forthcoming TV Shows

- "Medic"—(NBC-KPTV Channel 3)
 March 21—Death is a Red Balloon (congenital aneurism).
 March 28—All My Mothers—My Fathers (rehabilitation of a man whose throat was burned with acid).

Note: Several other TV shows of general medical interest are carried on other national networks. At this time Portland stations do not have them listed.

Committee Appointment

Dr. Russell H. Kaufman, president of the Multnomah County Medical Society, has announced the appointment of Norman A. David of Portland, as a full member of the County Committee on Medical Programs.

Chairman of the committee is Richard J. Kulasavage.

Blue Cross Subscriber Income Shows Big Jump During 1954

Seven members of the Board of Trustees of Northwest Hospital Service—Oregon's Blue Cross Plan—were re-elected for three-year terms at the Trustees annual meeting.

They include: Sister Flora Mary, administrator, St. Vincent's hospital; Paul R. Hanson, administrator, Emanuel hospital; Dr. Russell L. Johnsrud, physician and surgeon; Milton E. Kahn, retired; Sister Luke of the Savior, administrator, Providence hospital; W. P. Stalnaker, vice president and treasurer, Standard Insurance Company; and Harold F. Wendel, president, Lipman Wolfe & Company.

The board re-elected the present officers for the coming year, including E. B. MacNaughton, president; Stanley Lamb, M.D., vice president; Paul R. Hanson, treasurer; and Ralph W. Nelson, secretary.

In presenting his annual report for 1954, Frank F. Dickson, executive director of Northwest Hospital Service, said that subscriber income for 1954 amounted to \$4,268,758.59, an increase of 15.2% compared with the figure for the previous

year. Operating expense ratio to subscriber income continued to show a downward trend to 11.37% in 1954 from 11.56% in 1953.

Dickson reported that during 1954, a total of 24,998 hospital claims representing 116,127 days of care, were paid in the amount of \$2,377,062.45. Benefits paid for doctor services in 1954 amounted to \$1,155,147.39 compared to \$963,014.30 paid for such services in 1953.

On enrollment, Dickson stated that hospital service enrollment increased 11.3 per cent for a total of 153,716 at the year's end; medical-surgical enrollment made a gain of 15.7 per cent for a total of 138,370. He also noted that there had not been a basic contract rate increase since August 1951.

Three new Blue Cross participating hospitals were added during 1954, bringing the total to 70 in Oregon and Clark county, Washington. Also, last July, the plan was moved into new office quarters which comprise the entire fifth floor of the Oregonian building.

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University of Oregon Medical School News

Final plans are being completed by the University of Oregon medical school for its 40th annual Alumni association meeting set this year for April 18-20.

Graduates will gather on the campus in Portland to attend the three-day scientific session. As in the past few years, the confab will be in conjunction with the Oregon Academy of General Practice meeting and the Sommer Memorial lectures.

The OAGP will bring to Portland as its speaker Dr. James. Dennis, formerly associate professor of pediatrics at University of Texas and now in private practice and on the staffs of several hospitals in Oakland, Calif.

Slated to address the group as members of the lecture team are Dr. Henry L. Bockus, professor of medicine and chairman of the departments of medicine and

gastroenterology at University of Pennsylvania graduate school of medicine. Dr. Peter C. Kronfeld, professor of ophthalmology at University of Illinois, Francis D. Moore, surgeon-in-chief Peter Bent Brigham hospital.

* * *

Research grants totaling more than \$58,000 were received in March by the University of Oregon medical school faculty members, the office of the surgeon general announced this week.

The National Advisory Cancer commission recommended a grant of \$48,578 for Edwin E. Osgood, head of the department of experimental medicine, for research on the chemotherapy of leukemia and lymphomas. Dr. John E. Hart, associate professor of ophthalmology, awarded a grant of \$9790 for work on cataractions and hydration of the cornea lens.

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Med School News

Dr. Archie R. Tunturi, assistant professor of anatomy at the University of Oregon medical school, has received a \$29,160 grant from the National Institute of Neurological Diseases and Blindness of the U. S. department of health, education and welfare.

He plans to use the sum to purchase "Oscar," a semi-automatic electronic device for measuring time and voltage; for automatically punching IBM cards, and for typing and plotting the results to be used in connection with Dr. Tunturi's research on the auditory system.

Dr. Donald E. Tatum of Portland has been appointed clinical instructor in medicine on the faculty of the University of Oregon medical school, according to a recent announcement made by the Dean's office.

* * *

The University of Oregon medical school's Forcep Four—Bob Day, Gene Petroff, Dick Lalli and Jerry Crary—took the spotlight during Forest Grove's Gay Nineties festival as they defended successfully their 1954 All-Northwest Barber Shop Ballad crown by winning top honors the second consecutive year.

Nursing Homes

(Continued from page 9)

5. That the Multnomah County Medical Society be urged to set up a team of young practicing physicians to handle emergency and periodic calls to welfare patients in nursing homes.

6. That each county and district Medical Society in the State of Oregon be urged to organize a Committee on Hospitals and Related Facilities to serve as an advisory group to the State Board of Health on licensing, survey and planning of hospitals and related facilities.

7. That all nursing homes must have the services of a registered nurse on full or part time basis under regulations set up by the State Board of Health.

8. Registered nurses in each nursing home will be responsible for filing reports once each month with attending physicians on status of their patients.

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Jaycees Hear Health Panel On "Live Long — Like It"

The Multnomah County Medical Society joined with the Portland Junior Chamber of Commerce on March 15, in official observance of Community Health Week through presentation of a health panel forum at the Jaycee membership luncheon.

Serving as members on the panel were Dr. E. Murray Burns, moderator, and panel members Doctors H. Lenox, H. Dick and John D. McGovern.

The panel, directing their questions on the subject "How to Live Long and Like It," spent the first 20 minutes answering questions prepared in advance. The final half of the program was devoted to answering questions from the floor.

Science Articles Wanted

Have you a scientific article that is worthy of publication?

Editors of Northwest Medicine this month invited all members in the circulation area to submit papers for publication. Reprints of all published articles can be made available at reasonable cost.

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Desirable Office Space: Suitable physician or dentist, in good business at N. E. 20th and Sandy, features reasonable rent and good parking, call Stevens, Norris-Beggs & Simpson, Property Factors, 711 S. W. Alder, BE 7

—O—

Office Space: Physician's office for years, 900 sq. ft., recently remodeled \$125 a month on long term lease, X-ray room, lab., consultation & exam. room 7206 N. E. Sandy, call John Bates, C field 3720 or GA 2444.

—O—

Office For Rent: Modern space available approx. June 1, Lovejoy Medical Center, N. W. 19th & Johnson, 1st floor, recp. room, business office, consultation room, 2 exam. rooms, dressing rooms. information call CA 9705.

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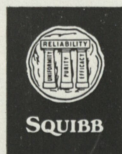
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New Members and Applications Multnomah County Medical Society

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(February, 1955)

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Peter DeWitt, M.D.
Ray Stewart Lobb, M.D.
Eugenia E. Murphy, M.D.
Thomas J. Stack, M.D.

ASSOCIATE MEMBERSHIP

Theodore L. Havlicek, M.D.

NEW MEMBERS

(March, 1955)

JUNIOR MEMBERSHIP

Vernon Donald Hansen, M.D.
Clarence J. McCleary, M.D.

ASSOCIATE MEMBERSHIP

Philip A. Snedecor, M.D.
David P. Paull

(February, 1955)

ACTIVE

Jerome Goldman, M.D.

Maurice F. Gourley, M.D.
Howard A. Haskin, M.D.
Aarne J. Lindgren, M.D.
James L. McMillan, M.D.
Joseph E. Nohlgren, M.D.
James G. Perkins, M.D.
Milton Singer, M.D.
Wilhelm J. Sittner, M.D.
Rogers J. Smith, M.D.
Harry E. Sprang, M.D.
John H. Stalnaker, M.D.
Vance L. Terrall, M.D.
Gordon F. Wolfe, M.D.

JUNIOR

Mitchell W. Heinemann, Jr.
Robert C. Honodel, M.D.

ASSOCIATE

Walter H. Achterman, M.D.
Edward A. Attix, Jr., M.D.
Paul F. Bailey, M.D.
Charles C. Carter, M.D.
George S. Hara, M.D.
William E. Hummel, M.D.
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(March, 1955)

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 Bernard Berenson, M.D.
 Willis J. Irvine, M.D.
 John Dunn Kavanaugh, M.D.
 G. Prentiss Lee, M.D.
 Robert W. Marcum, M.D.
 Clinton S. McGill, M.D.
 Robert W. Patton, M.D.
 Paul E. Shick, Jr., M.D.
 Lendon H. Smith, M.D.
 Paul H. Starr, M.D.
 Vernon L. Summers, M.D.
 Irvin G. Voth, M.D.
 Robert D. Young, M.D.

JUNIOR

Jack E. Battalia, M.D.
 Stanley A. Brown, Jr.
 Robert E. Buckmaster, M.D.

Genevieve S. Burk, M.D.
 Thomas A. Burns, M.D.
 Gurney C. Caddy, M.D.
 Ray L. Casterline, M.D.
 William F. Ford, M.D.
 Richard W. Franklin, M.D.
 Remy W. Fulsher, M.D.
 Samuel I. Hardy, M.D.
 William L. Hartmann, M.D.
 John E. Hastings, M.D.
 James G. Hatheway, M.D.
 Donald H. Holden, M.D.
 Robert B. Johnson, M.D.
 Edward C. Meek, Jr., M.D.
 Hans-Gerhardt E. Nelson, M.D.
 William M. Snook, M.D.
 Sarah E. Stewart, M.D.
 William A. Wallace, Jr., M.D.
 James P. Whittemore, M.D.
 Richard D. Wilson, M.D.
 Elmer Zenger, M.D.

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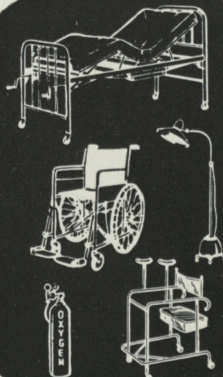
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Address by Dr. Robert M. Zollinger To Highlight Surgical Society Meeting

Dr. Robert M. Zollinger, professor of surgery at Ohio State University College of Medicine, will be the guest speaker on Friday, March 25, at the Eighth Annual Meeting of the Portland Surgical Society.

Dr. Zollinger will highlight the annual evening banquet at the Multnomah Hotel speaking on "Observations on the Surgical Treatment of Duodenal Ulcer."

The two day Surgical Society session opens at 9:30 a.m. on March 25th at the Library auditorium, University of Oregon Medical School.

Speakers on the morning program include Drs. H. Leslie Frewing, "Present Day Appendicitis;" Martin A. Howard, "Surgical Aspects of Jaundice;" Joseph M. Roberts, "Post-gastrectomy Obstruction;" C. G. Peterson and W. W. Krip-

paehne, "Renal Excretory Patterns in Gastric Surgery," and Dr. Zollinger, "Pancreatitis."

The afternoon program starting at 2 p.m. will feature a panel discussion moderated by Dr. Zollinger on "Carcinoma of the Thyroid." Panel members include Doctors Frank R. Menne (Pathologic Aspects); Carl G. Heller, (Endocrinologist's Viewpoint); Tyra T. Hutens (Isotopes in Diagnosis and Therapy); Milton D. Hyman (Radiation Therapy) and Dean B. Seabrook (Surgical Treatment).

The evening banquet, starting at 6 p.m. in the Multnomah's Rose Room, is open to all members of the medical profession. Reservations must be placed by letter or telephone by March 22 with

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(Continued from page 34)

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The scientific program will continue on Saturday, March 26, at 9:30 am. in the Library auditorium.

Speakers on second day of the session will be Doctors John F. Higginson, "A Study of Excised Metastatic Pulmonary Malignancies;" J. Karl Poppe, "Bronchoscopic Cures of Pseudo-bronchiectasis;" Oliver N. Nisbet, "Meckel's Diverticulum;" G. Prentiss Lee, "Primary Tumors of the Duodenum, and Dr. Zollinger, "Splenectomy for Hypersplenism."

All members of the medical profession are cordially invited to attend the library sessions.

Officers of the Portland Surgical Society are Dr. Werner E. Zeller, President; Dr. John F. Higginson, President-elect, and Dr. Russell L. Johnsrud, Secretary-Treasurer.

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OTHERS SAY

Brooklyn Society Head Scores Practice of Medicine by Hospital

(Reprint from president's page of the February, 1955, issue of The Bulletin, Medical Society of Kings, Brooklyn, New York.)

* * *

Hospitals practicing medicine by employing full time physicians and surgeons in all branches of medicine have received a "shot in the arm" in a recent decision by the Attorney General of Connecticut who declared such practices to be legal.

The fact that more than half of the states in the Union have gone on record that the corporate practice of medicine is illegal is to be completely ignored. That exploitation and splitting of fees has been condemned as unethical by the American Medical Association and the Medical Society of New York seems of no import

to the Hospital Associations.

It has been learned from unimpeachable sources that Hospital Management is contemplating the introduction of positive legislation during the 1955 session of New York State Legislature to permit them to practice medicine through "hospital help" and to collect all fees for all types of medical services *even in compensation cases*.

Your President has had brought to attention by direct complaint of some members of the Medical Society of Kings (physicians of the ancillary services) that they have been forced by Hospital Administrators, with approval of Medical Boards, to return as much as 50% of the fees to the hospital.

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gists have voluntarily declared that unethical practices (also illegal) exist. The threat of being discharged or not to be reappointed to their positions in hospitals has not deterred them from disclosing existing conditions. These men have suffered sufficiently and are pleading for help.

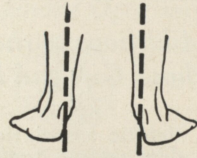
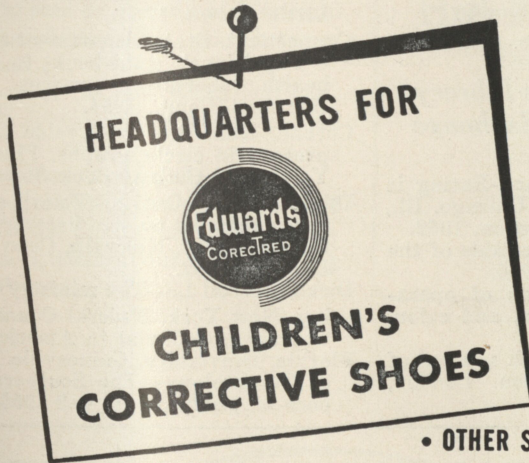
Your Society, through a special investigative committee, authorized by the Comitia Minora, appointed by your President, is starting hearings (open and closed) to seek a solution to this vexing problem. There can be no procrastination. This has become an emergency situation and must be handled without delay.

THERE CAN BE NO TWO CODES OF ETHICS, NO EVASION OF THE LAW AND NO SUBTERFUGE. TOGETHER WE MUST AND WILL STAND AND FIGHT FOR OUR RIGHTS. WE MUST PREVAIL.

S. Schussheim, M.D.
President

Oregon Pathologists Name Dr. Ernest Losli

Dr. Ernest Losli of the United States Veterans Hospital in Portland is the new president of the Oregon Pathologists Association, it was announced this month.



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Recent Additions to the Library By Purchase, Gift and Exchange

- American dietetic association—Eating is fun for older people, too. Chicago, Ill., American Dietetic Association, 1952.
- Anderson, Dwight—The other side of the bottle. New York, Wyn, 1950.
- Bacon, Harry Ellicott—Atlas of operative technic: anus, rectum, and colon. St. Louis, Mosby, 1954.
- Besterman, Theodore—British sources of reference and information. London, British Council, 1947.

- Bier, Norman—Contact lens routine and practice. London, Butterworths Scientific Publications, 1953.
- Bogen, Emil—What about alcohol? Los Angeles, Angelus press for the Scientific education association, 1934.
- Brown, J. B.—Neck dissections. Springfield, Ill., Thomas, 1954.
- Burch, J. C.—Hysterectomy. Springfield, Ill., Thomas, 1954.
- Burnet, F. M.—Natural history of infectious disease. 2nd ed. Cambridge, Eng., University press, 1953.
- Cahiers biographiques—Santiago Ramon y Cajal. Madrid, La Direction Generale des Relations Culturelles, 1952.
- Ciba Foundation—Ciba Foundation symposium on leukaemia research. Boston, Little Brown, 1954.
- Ciba Foundation—Ciba Foundation symposium on the kidney, arranged jointly with the Renal Association. Boston, Little Brown, 1954.
- Connecticut. State department of Health—Physicians' guidebook to public health laboratory services. 2nd ed. Hartford, Conn., 1954.
- Corban, Eula B.—Food value tables expressed in circle graphs. Flushing, N. Y., Queens College Book Store, 1952.
- Dibner, Bern—Galvani-Volta; a controversy that led to the discovery of useful electricity. Norwalk, Conn., Burnside Library, 1952.
- Dicks, Russell L.—The ministry of listening. New York, Federal Council of the Churches of Christ in America, 1945.
- Florida, University, Gainesville. Institute of Gerontology—The Southern conference on gerontology. v. 3 1953.

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Library Plans Special Display

Each year during the annual meeting of the University of Oregon Medical School Alumni Association at the School Auditorium there is a special grouping of exhibits on display in the Library study hall.

This display, known as the Library Diversified Display, was started in 1952 and emphasizes varying phases of the content of the book and periodical and medical historical museum collection in the School Library. The entire study hall is given over to the display and comfortable chairs are conveniently arranged for those who wish to read or consult with friends.

Visit the display this year between April 18 and 23.

See: Many of the new books and periodicals which have been added to the library.

See: The oldest book in the library.

See: A collection of books and pictures that formed the private historical library of a medical student about the beginning of this century.

See: Choice examples of medical bibliography.

See: The first large scale history of the development of medical bibliography. This book is a landmark in its field. Its author is Estelle Brodman, assistant librarian for reference services, Armed Forces Medical Library, Washington, D. C. The book is publication No. 1 issued by the Medical Library Association.

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| How long did relief last? | <input checked="" type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-6 hours | <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input checked="" type="checkbox"/> 4-6 hours |
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