

the

# Bulletin\*

MULTNOMAH COUNTY MEDICAL SOCIETY

Members and Guests of the  
*Multnomah County Medical Society*  
Are cordially invited to attend the seventy-eighth  
anniversary and inaugural "Holly Berry Ball"

on

Friday, December 1, 1961

Grand Ballroom  
Hotel Sheraton

Social Hour: 6:00 P.M.  
Dinner At: 7:00 P.M.

Dinner and Dancing All Evening  
to  
Jerry VanHoomisen and his Orchestra  
and  
"Music To Remember" By Janet Day, Soprano

Inauguration Of  
NORMAN A. DAVID, M.D.  
President for 1962

Honoring  
MELVIN W. BREESE, M.D.  
President for 1961

\$15.00 Per Couple

Formal-Dark Suit Optional

*For Reservations Call Society Headquarters*



NOVEMBER  
1961

# Portland Hospital Calendar

DECEMBER, 1961

- |    |   |    |   |
|----|---|----|---|
| 1  | GOOD SAMARITAN HOSPITAL<br>Tumor clinic.....12:30 p.m.  | 15 | GOOD SAMARITAN HOSPITAL<br>Tumor clinic.....12:30 p.m.  |
| 2  | GOOD SAMARITAN HOSPITAL<br>CPC.....8 a.m.   | 16 | GOOD SAMARITAN HOSPITAL<br>CPC.....8 a.m.   |
| 4  | GRESHAM GENERAL HOSPITAL<br>Staff meeting<br>PHYSICIANS & SURGEONS HOSPITAL<br>EENT department meeting.....8 a.m.<br>PROVIDENCE HOSPITAL<br>Management advisory of hosp...1:30 p.m.<br>Medical conference.....7:30 p.m.<br>EMANUEL HOSPITAL<br>X-ray conference.....3 p.m.  | 18 | HOLLADAY PARK HOSPITAL<br>Surgery department meeting.....7:45 a.m.<br>EMANUEL HOSPITAL<br>Executive committee.....8 a.m.<br>X-ray conference.....3 p.m.<br>PHYSICIANS & SURGEONS HOSPITAL<br>Medical department meeting.....8 a.m.<br>ST. VINCENT HOSPITAL<br>General practice<br>department meeting.....6:30 p.m.<br>PROVIDENCE HOSPITAL<br>General practice.....8 p.m.  |
| 5  | PROVIDENCE HOSPITAL<br>Pediatric conference.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>Neuropathology conference.....8 a.m.<br>Neuro-ophthalmology conference.....5 p.m.<br>OB section.....7:30 p.m.<br>EMANUEL HOSPITAL<br>Tumor clinic.....12 p.m.<br>ST. VINCENT HOSPITAL<br>Surgery dept. meeting.....12:30 p.m.                              | 19 | GOOD SAMARITAN HOSPITAL<br>Pediatric section.....7:45 a.m.<br>Neuropathology conference.....8 a.m.<br>Neuro-ophthalmology conference.....5 p.m.<br>EMANUEL HOSPITAL<br>Tumor clinic.....12 p.m.<br>Medical department meeting...6:45 p.m.<br>HOLLADAY PARK HOSPITAL<br>Psychiatric dept. meeting.....12:15 p.m.<br>ST. VINCENT HOSPITAL<br>Surgery department meeting.....12:30 p.m.<br>PROVIDENCE HOSPITAL<br>General staff meeting.....8 p.m. |
| 6  | ST. VINCENT HOSPITAL<br>Medical dept. meeting.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>X-ray conference.....4 p.m.  | 20 | ST. VINCENT HOSPITAL<br>Medical department meeting.....8 a.m.<br>PHYSICIANS & SURGEONS HOSPITAL<br>Staff meeting.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>EKG conference.....8 a.m.<br>X-ray conference.....4 p.m.<br>Ophthalmology dept. meeting...5:30 p.m.   |
| 7  | PROVIDENCE HOSPITAL<br>Joint conference.....7:30 p.m.   | 22 | GOOD SAMARITAN HOSPITAL<br>Tumor clinic.....12:30 p.m.  |
| 8  | GOOD SAMARITAN HOSPITAL<br>Tumor clinic.....12:30 p.m.  | 26 | EMANUEL HOSPITAL<br>General practice<br>department meeting.....7:45 a.m.<br>Tumor clinic.....12 p.m.<br>Ob-gyn department meeting.....7:30 p.m.<br>ST. VINCENT HOSPITAL<br>Surgery dept. meeting.....12:30 p.m.<br>GOOD SAMARITAN HOSPITAL<br>Neuro-ophthalmology conference...5 p.m.   |
| 9  | GOOD SAMARITAN HOSPITAL<br>Medical section.....8 a.m.   | 27 | ST. VINCENT HOSPITAL<br>Medical department meeting.....8 a.m.<br>PORTLAND SANITARIUM<br>Death and morbidity conference...8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>X-ray conference.....4 p.m.   |
| 11 | PHYSICIANS & SURGEONS HOSPITAL<br>Surgery dept. meeting.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>EEG conference.....8:30 a.m.<br>PROVIDENCE HOSPITAL<br>Medical conference.....7:30 p.m.<br>Credentials committee.....7:30 p.m.   | 28 | EMANUEL HOSPITAL<br>Orthopedic department meeting...8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>Neuroradiology conference.....4 p.m.   |
| 12 | PROVIDENCE HOSPITAL<br>Executive committee.....7 a.m.<br>Record committee and<br>tissue committee.....7:30 p.m.<br>EMANUEL HOSPITAL<br>Pediatrics dept. meeting.....8:30 a.m.<br>Tumor clinic.....12 p.m.<br>ST. VINCENT HOSPITAL<br>Surgery dept. meeting.....12:30 p.m.<br>GOOD SAMARITAN HOSPITAL<br>Neuro-ophthalmology conference...5 p.m. | 29 | GOOD SAMARITAN HOSPITAL<br>Tumor clinic.....12:30 p.m.  |
| 13 | PORTLAND SANITARIUM<br>Tumor clinic.....8 a.m.<br>ST. VINCENT HOSPITAL<br>Medical department.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>X-ray conference.....4 p.m.   | 30 | GOOD SAMARITAN HOSPITAL<br>Surgery section.....8 a.m.   |
| 14 | PROVIDENCE HOSPITAL<br>Lay advisory.....7 a.m.<br>HOLLADAY PARK HOSPITAL<br>General medical staff meeting.....8 a.m.<br>GOOD SAMARITAN HOSPITAL<br>Neuroradiology conference.....4 p.m.   |    |   |

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# HOLAD

Symptomatic relief of  
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# LETTERS

... to the editor

## Facing Up

To the Editor:

Thank you for printing Dr. Goodman's arguments. (Bulletin, September, 1961).

His conclusions may not be the best answer to problems that exist but it is refreshing to see someone face up to these problems in a medical publication.

John Bascom, M.D.  
Eugene, Oregon

## Political Pressures

To the Editor:

I wish to extend my compliments to Dr. Melvin Breese for his fine article in the October issue of the Bulletin relative

to health care of the aged; and also to Dr. F. Keith Markee for his fine article regarding the Church and the AMA; also, too, the concise and well-pointed letters to the editor written by Dr. Schwiebinger and Dr. Kreft.

My experience in medical society affairs over the years has been that our profession has been too uninformed about the detailed study and committee work that have gone into determining the position which the AMA takes on various social-political-economic problems which affect the medical care of our patients.

Too many of us are too apt to succumb to the glib and blatant unending propaganda by those who wish to discredit the AMA as a means of countering the validity of the AMA position. Thus, we permit ourselves to be blackmailed by being too timid.

We should be most grateful to, and lend our support unreservedly to those members of our profession who stand proudly and forthrightly with the AMA in its determination not to succumb to political pressures in determining the way to render health care to the American people.

E. G. Chuinard, M.D.



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Desired Weight	lbs.			

## Principals At Doctor-Lawyer Dinner



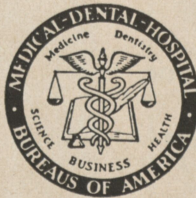
Eight action-packed amateur fights topped the entertainment at the recent Doctor-Lawyer Stag Smoker held in the spacious new Memorial Coliseum. Dignitaries at the head table included: (seated from left to right) Mr. Bob Mautz, master of ceremonies; Federal Judge John F. Kilkenny; Retired Federal Court Clerk Ross DeMott who was honored by the Bar Association at the banquet; and Dr. Quinten W. Cochran, Society Secretary. Standing are Dr. Norman A. David, President-Elect; Dr. Jack E. Battalia, Ringmaster, and Mr. William Bernard, Bar President.

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J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting pain in his shoulders. Later, his wrists, elbows, feet and hands became involved with swelling and loss of function. By 1951, when he was 45, the patient was helpless and had to be fed and dressed by his wife. He was frequently hospitalized during the next three years. Hydrocortisone failed to make any change in his condition.



On April 2, 1955, the patient was placed on METICORTEN and improved promptly. Two weeks later he stated, "I feel very well now." He was able to go back to work as a mine electrician that year and had no difficulty driving a car.



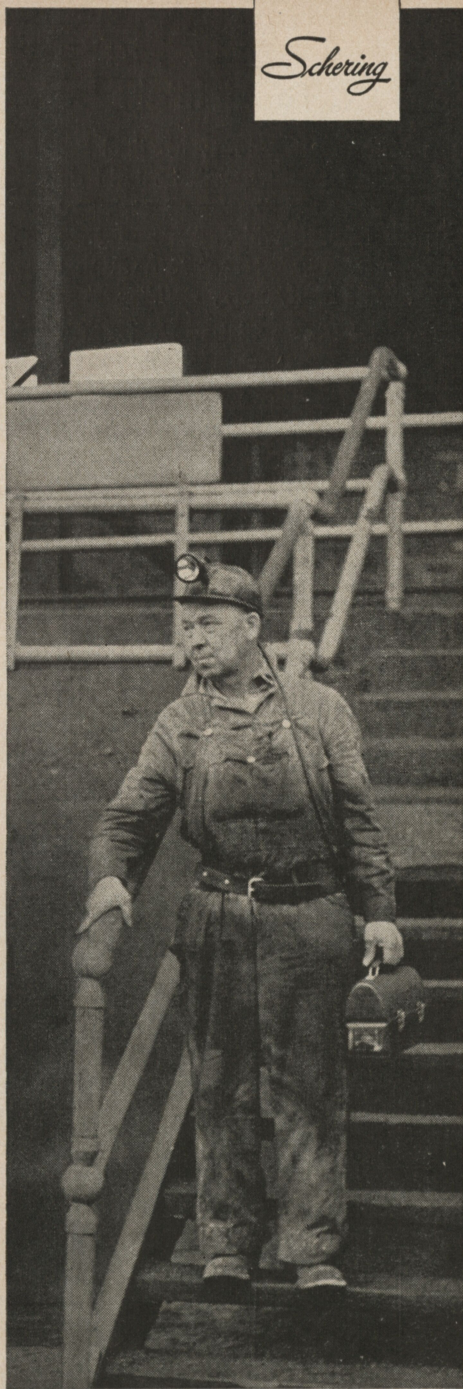
For the past six years, he has been maintained on METICORTEN 5 mg. two or three times a day. There have been no side effects. The patient has not lost any work time, nor has he had to limit

his activities in any way.

Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960.

METICORTEN,® brand of prednisone.

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## Holly Berry Ball, Installation To Highlight December 1 Meeting

The Multnomah County Medical Society's annual banquet will be held on December 1 at the Sheraton Hotel. Co-Chairmen Mrs. David Jones and Jack Battalia have named the 78th annual banquet "The Holly Berry Ball."

The social hour will be held from 6

to 7 p.m. in the Pacific Suite with dinner and dancing to follow in the grand ballroom. Jerry VanHoomissen and his orchestra will provide the music, and Mrs. Douglas Day will entertain with "Songs to Remember."

Invitations have been mailed and reservations should be sent in early—your guests and friends are invited.

Maxine Lage and her committee are busy designing colorful decorations. Irene Krygier is in charge of invitations and Phyllis Rector is handling the reservations.

Norman A. David will be installed as President during a brief business meeting.

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## Speakers Bureau Bids For Spokesman On Aged As "Showdown" Nears

Supporters of the Forand-Kennedy-Morse compulsory Social Security approach to health care for the aged have announced that an all out effort will be made during the next session of Congress.

With this ultimatum Gerald W. Schwiebinger, chairman of the Multnomah County Medical Society's Speakers Bureau, is seeking more volunteer spokesmen and arranging a heavy schedule of speaking engagements.

Since January some 18 speakers have appeared before more than 30 civic and community groups to explain how the

Kerr-Mills law is more adapted to helping those who really need help. Their efforts have produced encouraging results.

Will you volunteer? Do you know of a group that would like to have a speaker? Call the Society headquarters (CA 8-4175). The 25 members of the Speakers Bureau need your help.

## S. A. M. A. Deadline Nears

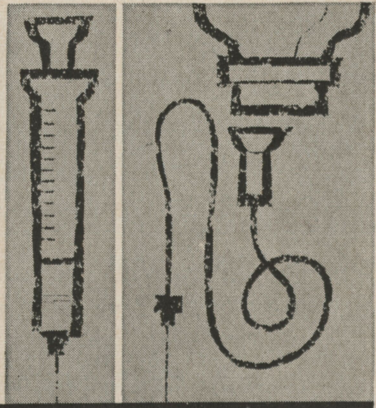
Medical students, interns and residents desiring to have their scientific exhibits shown at the 12th annual convention of the Student American Medical Association, May 9-13 in Washington, D.C., should file their applications early, according to Mr. Russell F. Staudacher, executive director of the S.A.M.A.

Official applications and rules are available from S.A.M.A. headquarters, 430 North Michigan Ave., Chicago 11. Deadline for applications is January 15.

Intravenous, vials,  
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
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Trancopal has been found very effective in the treatment of patients with low back pain (lumbago), neck pain (torticollis), bursitis, fibrositis, myositis, ankle sprain, tennis elbow, osteoarthritis, rheumatoid arthritis, disc syndrome and postoperative muscle spasm.

Trancopal is available in 200 mg. Caplets® (green colored, scored) and in 100 mg. Caplets (peach colored, scored), bottles of 100.

*Dosage:* Adults, 1 Caplet (200 mg.) three or four times daily; children (5 to 12 years), from 50 to 100 mg. three or four times daily.

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He needs his muscles working properly—  
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Charles Huggins, professor of surgery at the University of Chicago School of Medicine, spoke before the Multnomah County Medical Society in November as a guest lecturer for the Sommer Memorial Lecture Committee. With Dr. Huggins is his wife and Arthur Rogers (far right), a member of the Sommer Committee. Dr. Rogers introduced the guest speaker.

## State Society Seeks Scientific Papers

Do you have a new scientific paper or papers suitable for county medical societies?

Martin D. Merriss of The Dalles, chairman of the Oregon State Medical Society's Extramural Postgraduate Medical Education Committee, has announced that a new speaker's panel will be prepared this fall.

Questionnaires will be circulated to all physicians to obtain a state list of clinical

programs available to component societies.

In urging participation, Dr. Merriss said many physicians have special information in particular fields of importance to their colleagues, yet they are sometimes reluctant to become active in an educational program.

The speaker's handbook will be distributed to the program chairmen of the 25 component societies in Oregon. The handbook was last brought up-to-date in 1955.

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## NEW APPLICATIONS

Applicants for membership read for the first time at the general meeting of the Multnomah County Medical Society on November 8, 1961.

### For Active Membership

<i>Name</i>	<i>Address</i>	<i>Sponsors</i>
Guy Wilna Gorrell	4023 N.E. Tillamook	Edward W. Wayson R. M. Reichle
Philip Alston Snedecor	511 S.W. 10th Ave.	Harvey W. Baker David Paull
Ceilous L. Williams	Medical Arts Bldg.	I. G. Voth Franz Stenzel

### For Associate Membership

LeRoy O. Carlson	2801 N. Gantenbein	J. Arthur May H. D. Colver
Calvin E. Gantenbein	V.A. Hospital	Ben E. Grant, Jr. F. A. Short

### For Affiliate Membership

John Robert Barnes	Emanuel Hospital	Ivan I. Langley Melvin W. Breese
Juris Uldis Cilnis	V.A. Hospital	Robert E. Mass Marvin C. Goldman
Jack Naylor	St. Vincent Hospital	Joseph M. Roberts Thomas R. Montgomery
William P. Rilling	V.A. Hospital	Robert E. Mass Dorothy R. Ritzman

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## ELECTED TO MEMBERSHIP

The following physicians were elected to membership at the general meeting of the Multnomah County Medical Society on November 8, 1961:

### For Junior Membership

Nicholas S. Checkos	720 S.W. Washington Street
Enrique Martinez deCastro	511 S.W. 10th Avenue
Raymond Martin Johnson, Jr.	U. of O. Medical School
Joe S. Naemura	Providence Hospital
Ronald Durant Rohlfing	12615 N.E. Halsey

### For Active Transfer Membership

Linton Gilmore Weed, II	Medical Arts Building
-------------------------	-----------------------

### For Active Membership

Bruce Robert Chenoweth	2211 Lloyd Center
Norris Humphrey Perkins	10108 S.W. Park Way
George Robert Satterwhite	Willamette Falls Hospital
John L. Stevenson, Jr.	2330 N.W. Flanders
William Walter Thompson	Mayer Building

### For Associate Membership

S. Gorham Babson	U. of O. Medical School
Anis Matta Behman	U. of O. Medical School
Colin Wallace McCord	Veterans Hospital
Hugh Grant Skinner	Oregon State Board of Health

### For Affiliate Membership

Charles Robert Boge	Veterans Hospital
Jerry Donald Giesy	U. of O. Medical School
Robert Charles Loomis	U. of O. Medical School
John Edward O'Donovan	St. Vincent Hospital
Richard Douglas Schultz	St. Vincent Hospital

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**THE BULLETIN  
of the  
MULTNOMAH COUNTY  
MEDICAL SOCIETY**



**Multnomah County  
Medical Society**

VOL. XVI      NOVEMBER, 1961      No. 11

*Official Publication  
of the  
Multnomah County Medical Society*

Authorized by the Board of Trustees of the Multnomah County Medical Society and published monthly under the auspices of the Editorial Board.

Arnold Rustin, Editor-in-Chief  
Arch W. Diack  
Herman A. Dickel  
G. Alan Fisher  
Kenneth C. Wilhelm

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Editorial and advertising offices:  
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Telephone CA 8-4175

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 Editorial Board or the Multnomah County Medical Society.

**OFFICERS**

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CHARLES E. LITTLEHALES        *Past-President*  
NORMAN A. DAVID                 *President-Elect*  
J. SCOTT GARDNER                 *First Vice-President*  
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QUINTEN W. COCHRAN             *Secretary*  
WILLIS J. IRVINE                  *Treasurer*

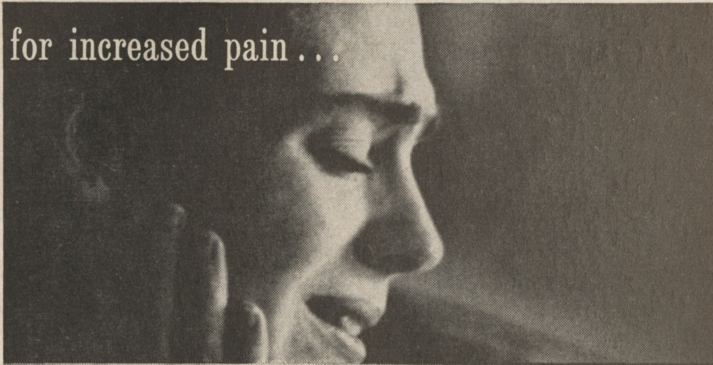
**TRUSTEES**

Term expires 1961: Hugh D. Colver, Verner V. Lindgren, Ernest T. Livingstone, Louis O. Machlan, Jr., Matthew McKirdie, Dale C. Reynolds.  
Term expires 1962: Alfred J. Kreft, G. Prentiss Lee, Thomas R. Montgomery, J. Richard Raines, Raymond M. Reichle, William C. Scott.

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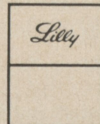


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Darvon® (dextro propoxyphene hydrochloride, Lilly)  
A.S.A.® (acetylsalicylic acid, Lilly)





# The Bulletin

MULTNOMAH COUNTY MEDICAL SOCIETY

Vol. XVI

NOVEMBER, 1961

No. 11

## The Case for Medical Foundations

by Robert L. Hare, M.D.

In a period of less than two years more than 15 medical communities in the Western United States have set up active Foundation organizations, and there is good reason to believe that literally dozens more in all sections of the country will follow suit in the near future. Why the sudden spurt of growth in a movement that was initiated more than seven years ago in the relatively small California community of Stockton and, while extremely successful locally, failed for five years to generate much general interest?

There are undoubtedly many and widely-varied answers for this, but *basic to all is a growing awareness on the part of many physicians that our present health insurance structure is hampered by so many serious deficiencies that it is incapable of meeting the demands of the times.*

As a result of these shortcomings — or of misconceptions arising from them—there has arisen a wide-

spread feeling in many segments of the public that the cost of voluntary insurance is too high; that coverage is often inadequate to meet the need when it arises, that the coverage that is available should be utilized to the fullest, even though not medically indicated; and that in some usually poorly-defined way the



Robert L. Hare, M.D.

physician is at the bottom of the whole problem.

On the other hand the frustrated physician, who is completely dedicated to the success of the voluntary insurance program, cannot help being aware that:

1. A large percentage of the present plans were setup without adequate evaluation of what the more important *needs* of the patient are.

2. Most purchasers of pre-paid health insurance are inadequately educated as to what they are actually buying (usually inadvertently, but occasionally deliberately) and often have serious misconceptions regarding this.

3. The vast majority of present plans are not equable in distribution of physician benefits, tending to minimize the value of the non-surgical (and usually high overhead) physician's services and unduly stressing the value of laboratory tests. This has led at times to their over-use in an effort to compensate for in-

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## MEDICAL FOUNDATION

(Continued from page 17)

adequate payment for professional services and occasionally to financial disaster for the plan.

4. Many plans, both private and Blue Shield, when confronted with a competitive bidding situation, have all too often been willing to throw first the physician's services on the altar of sacrifice.

### Organized Effort

Despite the seriousness and complexity of these and many other problems with which we are faced in this field, more and more physicians have become convinced that the only possible way the socialization of medicine in this country can be prevented is to make the voluntary pre-paid system more effective for the consumer and more equitable to all segments of the medical profession.

The Foundation approach is nothing more or less than an organized effort on the part of a group of physicians in a given community to achieve these ends. Historically, it has attempted to face up squarely to the serious deficiencies of the existing system and to find reasonable solutions for them.

As examples:

1. A basic Foundation concept requires that any plan it sponsors meet certain minimal standards. The insured can feel confident that he has good, dependable basic coverage and that the limitations which are present are clearly outlined to him.

2. Lack of coverage in certain areas has led to almost insurmountable problems of abuse and overutilization. Outstanding among these is the requirement of hospitalization for coverage in diagnostic services. The Foundation not only insists that these services be available on an outpatient basis but encourages general broad outpatient medical care.

3. The Foundation fee schedule is established only after extensive consultation with representatives of general practice and all specialty groups. Every effort is made not only that it be consistent with that generally prevailing in the community but that it be as fair as possible to the insurer, the insured and the physician. In general a more equitable remuneration for the services of the physician in the non-surgical fields without sacrificing the surgeon's benefits has been delivered by use of the unit concept, payment for prolonged patient care, and other mechanisms.



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### Full Payment

4. Participating physicians agree to accept the fee schedule as full payment for services covered. The schedule is reviewed at frequent intervals to see that it is kept abreast of the changing economic times. The predictability of physician fees resulting from this arrangement has adequately met one of the most common criticisms of American medicine, admittedly at the somewhat distasteful price of the physician losing some of his freedom. On the other hand the physician is setting what he considers a fair fee for services rendered in a given situation.

5. One of the basic Foundation concepts is that most doctors are willing, where possible, to adjust fees downward for people with low incomes. Thus, premium schedules based on the average income of the insured group have been set-up, and in turn allocations of fees to physicians rendering service to lower income groups reduced by a fixed percentage. Recognizing that certain medical services carry a particularly high overhead (office care, internal medicine, radiology, etc.) there has been somewhat less reduction in allotment for these fields.

6. The unique structure of the Foundation makes possible a routine physician review of all medical claims with readily available consultation within the field of practice involved in the questionable claims. (The neurosurgical claim under consideration can be reviewed by neurosurgeons, etc.) Experience has shown this to be the most highly efficient system yet devised in cutting abuse and overutilization to a minimum. In addition, an indirect method for a judicious approach to quality control is presented. The result of this has been most rewarding in the San Joaquin organization.

### Socializers' Pitch

When one considers the oft-repeated arguments advanced for the social secur-

itization (socialization) of medicine, (see "Socialized Medicine as seen by the Socialist Party," Medical Economics, Oct. 9, 1961—a refreshing article for its unique frankness in admitting a spade really is a spade), he cannot help be impressed by the closeness of their relationship to those which have been so painstakingly considered by the Foundation.

It would indeed be naive to assume that this concept holds the answer to all of the economic problems of medicine. There are, however, more and more physicians who have become convinced that it represents one of the discouragingly few effective methods that we have of ascertaining the basic nature of the more serious problems and actually *doing* something about them before time runs out on us—if it has not already done so.

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## Senate Sub-Committee Conducts Local Hearings

Four official spokesmen for their county medical societies appeared before Senator Wayne Morse's Senate Sub-Committee on Aging (McNamara Committee) this month and received commendation from the Senator for medicine's role of leadership in Oregon.

Speaking on nursing home care, the Kerr-Mills law and medical society activities in meeting the needs of the aging were Ralph P. Christenson and R. K. Hoover of the Lane County Medical Society and Clinton S. McGill and Harold D. Paxton of the Multnomah County Medical Society.

### Backs MAA Plan

Dr. Christenson stressed the principle of helping those who need help in his support of Oregon's new Medical Assistance for the Aged program. He called it

the most logical approach to providing health care for the needy aged and pointed out that the program is tailored specifically to the needs in Oregon.

Dr. Christenson, a member of the Lane County Committee on Aging, cited the phenomenal growth of prepaid health insurance for persons over 65 as an important reason why Federal legislation is not indicated. Since 1952 the number of persons over 65 who carry voluntary health insurance has increased more than 100%, he reported.

### Competition Healthy

"It would be unwise, premature and unreasonably expensive to duplicate or replace our present plans and programs with a Federal system administered under the direction of the Social Security system," Dr. Christenson concluded.

Dr. McGill, former part-time medical director for State Public Welfare, made a plea for free and open competition in the development of nursing homes. He



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asserted that under such a system, the "better homes flourish and the poorer homes go under."

With reference to nursing home care, Dr. McGill praised the work of the Oregon Nursing Homes Association in striving to improve standards through its new voluntary accreditation program.

### Bedside Care

Dr. Paxton presented a progress report on the year old joint program between the medical society, nursing homes and welfare in providing direct medical care for 1600 welfare patients in Portland area nursing homes.

"Prior to this program county welfare spent from \$4,000 to \$6,000 per month on transportation charges alone for welfare recipients who were referred to the outpatient clinic at the University of Oregon Medical School," Dr. Paxton reported. The figure is now greatly reduced.

Dr. Paxton outlined the structure of

the Multnomah County bedside care program which involves 38 private physicians who supervise the care of about 50 welfare patients each. These men are required to make weekly rounds in the nursing homes where they see each patient and leave appropriate instructions for the registered nurse. The service is provided at a cost to welfare of just \$5.00 per patient per month.

"Thanks to the cooperation of the Welfare Commission, the Nursing Homes Association and practicing physicians through the Multnomah County Medical Society, welfare patients in this area are not forgotten citizens," he declared.

Other physicians who appeared during the sessions held in Portland and Eugene included James Stewart and Robert Heilman and other official representatives of state agencies, Walter Nohren of Sandy and Morton Goodman of Portland.



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## **Board of Trustees Makes Ballot Recommendations**

The following recommendations of the Board of Trustees of the Multnomah County Medical Society for Officers, Trustees and Delegates for 1962 were read at open Society meeting on November 8, 1961. There were no further nominations from the floor.

The official ballot will be cast on December 1, 1961 at the 78th Anniversary Banquet and Ball.

### **FOR OFFICERS**

G. Prentiss Lee, President-Elect; Stanley A. Boyd, First Vice-President; Verner V. Lindgren, Second Vice-President; Willis J. Irvine, Secretary; Ernest T. Livingston, Treasurer.

### **FOR TRUSTEE**

John W. Bussman, Quinten W. Cochran, Ivan I. Langley, Louis O. Machlan, Jr., Clinton S. McGill, Joseph W. Nadal. (Two year terms expiring in 1963.)

### **FOR TRUSTEES TO OSMS**

J. Scott Gardner (To fill unexpired term of Melvin W. Breese and for three year term commencing in September, 1962).

Otto C. Page (Three year term commencing in September, 1962).

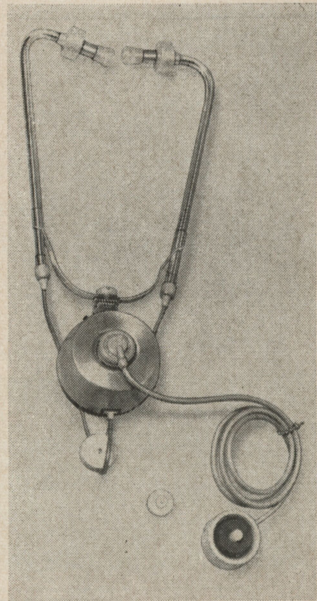
H. D. Colver (To fill unexpired term of Werner E. Zeller, expiring in September, 1964).

Dr. Breese was named President-Elect and Dr. Zeller was elected Vice-President at the 1961 Annual Session in Salem.

### **FOR DELEGATES TO OSMS**

Arthur W. Berg, John W. Bussman, Winfred H. Clarke, Quinten W. Cochran, Norman A. David, Zanly C. Edelson, Howard C. Emmerson, William A. Fisher, Hance F. Haney, John F. Hayes, Warren C. Hunter, Russell L. Johnsrud, G. Prentiss Lee, Verner V. Lindgren, J. Clifton Massar, Clinton S. McGill, Raymond A. McMahan, Joseph W. Nadal, George A. Nash, Warren E. Nielsen, J. Richard Raines, Dale C. Reynolds, Walter C. Reynolds, William C. Scott, Charles H. Sparks, A. O. Uhle. (One year terms).

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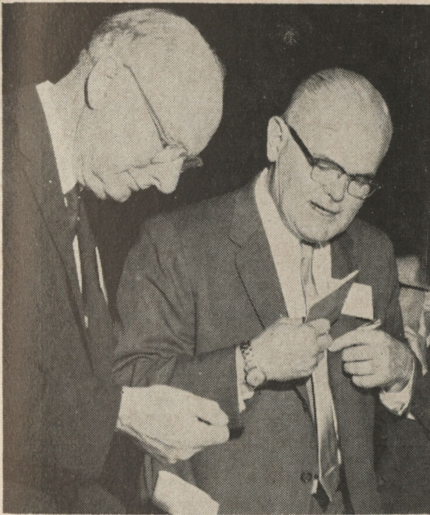
## **Accreditation of Nursing Homes Just Around the Corner!**

*We are proud to announce an accreditation program for nursing homes will soon be in operation. Our project to maintain the highest possible standards is being arranged in cooperation with the Oregon Hospital Association, Oregon State Medical Society, and the Oregon State Dental Association.*

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## International Meet



Norman A. David (right) of Portland and Arthur C. DeGraff of New York University School of Medicine, take moment to send postcards home during first International Pharmacology Conference this August in Stockholm. Dr. David, professor of pharmacology at Oregon, is President-Elect of the Multnomah County Medical Society. Dr. DeGraff, a cardiologist, is editor of Postgraduate Medicine.

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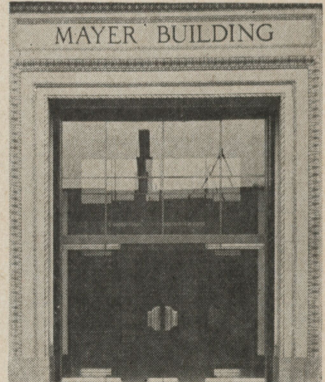


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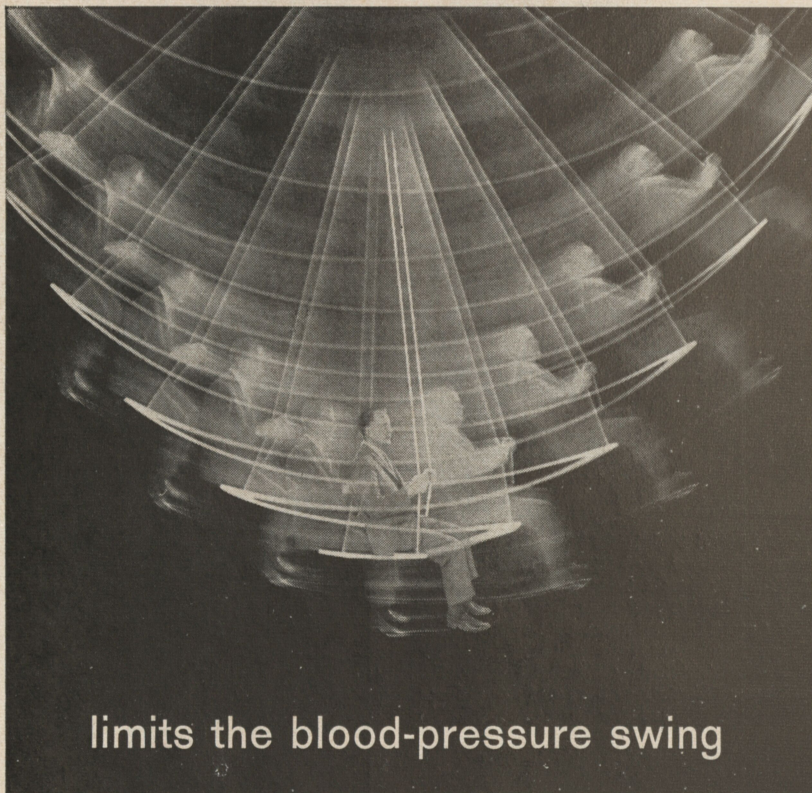
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## Medical Assistants Adopt Plan For Educational Self-Improvement

Several Oregon representatives were among the 500 delegates in Reno, Nevada last month when the American Association of Medical Assistants held its fifth national educational program.


Major action was the adoption of an educational self-improvement plan as the first step toward official certification for women employed as medical secretaries. Long-range plans call for establishment of a certification board composed of physicians, educators and medical assistants. Pilot examinations will be given to 50 AAMA members at next year's convention in Detroit.

Principal speakers included Leonard W. Larson, president of the AMA; Mr. A. B. Halverson, Los Angeles insurance executive, and Mr. Howard Hassard,

staff executive with the California Medical Association.

Charters were granted to new state chapters in Maryland and Connecticut, bringing the total number of state chapters to 30 and the membership to 9,500.

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## A. A. Physicians-Surgeons

### Act on Current Issues

The Assembly and Delegates of the Association of American Physicians and Surgeons, meeting in Asheville, North Carolina in October, adopted resolutions dealing with Federal intervention in medical care, tax deductions for legislative activities and compulsory drug licensing laws.

#### Assembly Highlights

1. Opposed the establishment of a federal department of urban affairs and housing;

2. Opposed the inclusion of medical-surgical-hospital benefits under Social Security as the "initiation of compulsory national health insurance."

3. Supported legislation (Boggs Bill) which would provide tax exemptions on expenditures for the promotion or defeat of legislation;

4. Expressed disapproval of the Ke-fauver-Celler Compulsory Drug Licensing Bills.

## "Holly Berry Ball"



The inviting theme for the Multnomah County Medical Society's 78th Anniversary Banquet and Ball gives promise of a gay evening. Dance chairman Mrs. David James (right) and Mrs. George Lage, decorations chairman, smile approval as "Miss Holly Berry" returns the compliment. Dance will be held Friday, December 1 at the Sheraton Hotel.

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## MEETING NOTICES

### MULTNOMAH COUNTY MEDICAL SOCIETY

Annual banquet . . . "Holly Berry Ball"

December 1, Social Hour, 6 p.m., Portland-Sheraton Hotel

### PORTLAND ACADEMY OF PEDIATRICS

Annual meeting

December 4, 6:30 p.m., Medical Society Headquarters

### PORTLAND ACADEMY OF MEDICINE

Annual meeting

December 13, 6:30 p.m., University Club

### MULTNOMAH COUNTY MEDICAL SOCIETY

Board of Trustees

December 20, 6:15 p.m., Society headquarters

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## MEETING NOTICES

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December 7-8

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Medical Education, Seattle 5

### BIG MOUNTAIN MEDICAL SKI CONFERENCE

January 24-26

**Contact:** Mr. Ted Hansen, Reservation Manager, Big Mountain, Whitefish, Mont.

### NEW YORK UNIVERSITY MEDICAL CENTER AMERICAN SOCIETY FOR STUDY OF STERILITY

Symposium on infertility

February 8-10

**Contact:** Associate Dean, N.Y.U. Postgraduate Medical School, 550 First Ave.,  
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## 'Project Polio' to Offer Vaccine to Half-Million

A joint committee of the Clackamas, Multnomah and Washington County Medical Societies will have the task of working out the complex details of "Project Polio" when medicine combines its forces in the metropolitan area to offer oral polio vaccine to a half million citizens.

Supplies, personnel, promotion and facilities will head the list of major assignments.

At the present it is not planned to ac-

tivate the project until all three types of the vaccine have been licensed. Types I and II are now available, and it is predicted that Type III will be approved as early as next January. Following this timetable, "Project Polio" could be under way shortly after the first of the year.

The following guidelines will assist the Joint Committee:

1. All clinics are to be operated without profit to any individual.
2. Welfare families will receive the vaccine without charge to State Welfare or the individual.
3. Clinics will be open to every citizen regardless of age and income.
4. "Project Polio" booklets or tickets for all three clinics will be sold in advance through a major promotional campaign.
5. Tickets should be designed so as to provide an immunization record for the patient and his family physician.

The price of Sabin vaccine, printing costs, promotional expenses, administrative overhead and the number of free doses provided to welfare families will determine the cost for each immunization booklet.

*78th Anniversary  
and Inaugural*  
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*Friday, December 1*

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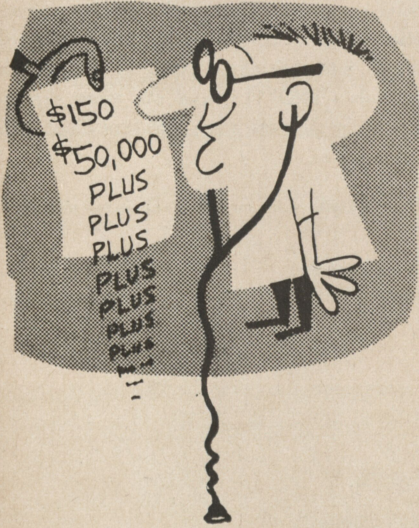


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## Exchange Operators Can't Make Diagnosis

"May I help you? Is it urgent?"

These two questions are standard procedure at the Doctors' Official Telephone Exchange which this year will receive and process more than 500,000 calls.

If the patient states it's urgent, then the call receives top priority.

A few calls are bound to backfire, but please don't blame the operator. Her job is to receive and process messages for physicians, and not to make the diagnosis.

Naturally the Exchange is embarrassed in extreme situations. There was the time a Sheriff's deputy was dispatched to locate a physician temporarily out of touch by telephone, and it turned out that the patient was constipated. Another time a patient insisted on speaking with her physician immediately, the Exchange learned after the fact that she merely wanted to discuss the possibility of entering a nursing home the following week.

Embarrassing, yes—but the operators are in no position to filter the true emergency from the marginal one. Their job is to get the doctor!

Perhaps you can help by advising your patient how to use the Doctors' Official Telephone Exchange.

## Allergy Society to Hold Inaugural Meeting

The newly organized West Coast Allergy Society will hold its inaugural meeting at the Fairmont Hotel, San Francisco, Saturday, December 2, according to Merle W. Moore, of Portland, temporary chairman. M. Coleman Harris is program chairman, Ben C. Eisenberg secretary and James E. Stroh, chairman of the By-Laws Committee.

The new society, sponsored by California, Oregon and Washington Allergists will not supplant existing state organizations, but is designed to bring together once a year members of the state organizations for a discussion of allergy problems indigenous to the west. Non-members of the three societies are welcome.

Fee for members \$10.00, non-members \$25.00, includes luncheon and social hour.

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# Bulletin

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FOR LEASE. New medical clinic. 1520 sq. ft. at \$2.52 sq. ft. 11 treatment rooms. Ideal for 2-3 man association. Parking, air conditioned. Will alter to suit. Robert Landis, D.M.D., 5311 N Vancouver Ave.

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MED.-DENT. BLDG. under construction, 50th and E. Burnside. Call Dr. McIntyre, BE 5-3285. For lease.

NEW CLINIC: Am planning construction of new clinic, east Milwaukie. Space for M.D., prefer pediatrician. Contact W. W. Schafer, D.M.D, OL 4-8283

NEW MEDICAL-DENTAL BLDG., N.E. 120th and Glian, available for general practitioner, pediatrician, obstetrician, surgeon, E.N.T. or ophthalmologist. Exterior finish completed. Interior will be finished according to your plans and can be ready for occupancy within 80 days. For further information call Norm Glenn, AL 4-5517 or BE 4-9439.

MODERN BUILDING in S.W. Portland, Burlingame area, will be ready for occupancy end of June '62. Space for two physicians. Tenants may design own interiors. Building will be air conditioned and very modern. Situated in busy residential area at S.W. Taylors Ferry Rd. and Terwilliger Blvd. Moderate rent. Call Dr. D. J. Scattarella, 8422 S.W. Terwilliger Blvd. Bus. CH 4-3033. Res. CH 4-4789.

ANESTHESIOLOGIST: Work in 2 hosps. in town pop. 11,000. Ex. opportunity. For full details write Administrator, Kennedy Deaconess Hosp.; Havre, Mont.

FOR SALE: 100 MA X-Ray, complete with cassettes and dark room equipment. CA 3-9971.

R.N. POSITION WANTED: '59 grad Good Samaritan with hosp. experience seeking Portland office or clinic opportunity. Miss Kay Loebner, R.N., 1245 Chemeketa, N.E., Salem.

MEDICAL STENO.; Dictaphone transcription of letters, reports, charts, manuscripts by R.N., exp. & vocabulary. My office or yours. Thelma J. Alexander, R.N., CA 6-6537 or CA 3-6411.

### 'RED TAG' WARNING

Local physicians are now receiving "red tag" warning notices when they order blood transfusions during a shortage period.

When there's a critical shortage of whole blood, the Multnomah County Medical Society's Supervisory Committee of the Northwest Regional Blood Center requests that the "red tag" warning be clipped to the patient's chart to alert the attending physician. The tag stresses the importance of blood replacement and urges the physician to explain the need to the patient and his family.

The committee also recommends that patients scheduled for major surgery be advised in advance of the Red Cross Blood Donor program. An excellent pre-surgery blood notice is now in use at Portland Sanitarium and Hospital. Copies may be obtained by contacting the Blood Bank Committee at the Hospital or the Medical Society.

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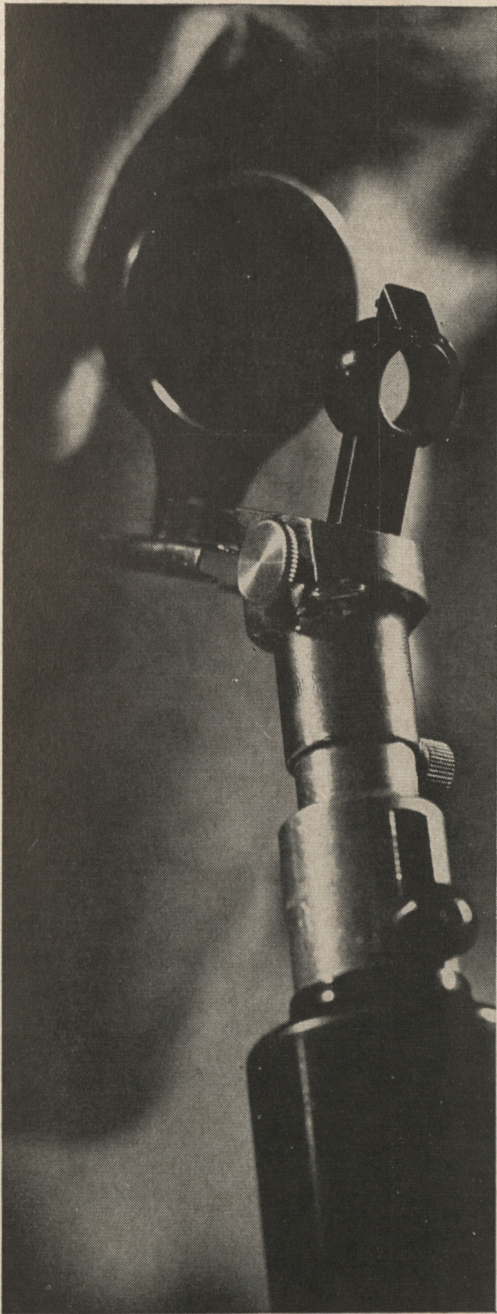
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Urticaria and maculopapular dermatitis, and a few cases of leukopenia have been reported in patients treated with Albamycin. These side effects usually disappear upon discontinuance of the drug.

**CAUTION:** Since the use of any antibiotic may result in overgrowth of non-susceptible organisms, constant observation of the patients is essential. If new infections appear during therapy, appropriate measures should be taken.

Total and differential blood counts should be made routinely during prolonged administration of Albamycin. The possibility of liver damage should be considered if a yellow pigment, a metabolic by-product of Albamycin, appears in the plasma. Panalba should be discontinued if allergic reactions that are not readily controlled by antihistaminic agents develop.

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