



the

BULLETIN

Dec.
1965

multnomah county medical society

Season's Greetings



Inside

**Dr. Raines Installed, Dr. Machlan Elected
1½ Per Cent Tax Limit Opposed**



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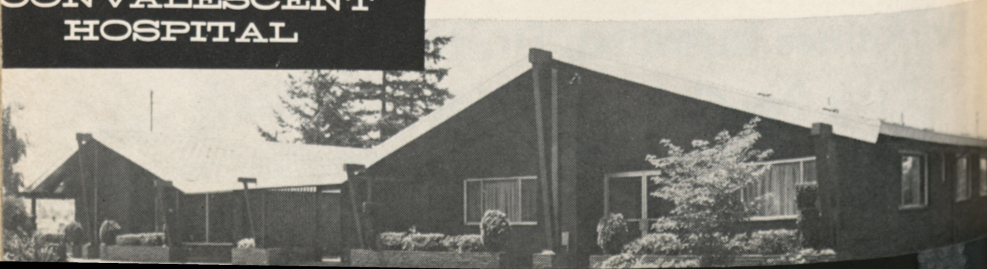
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News 'n' Views

Life expectancy in Sweden is longer than in the United States, but the life expectancy of Swedes living in the United States is longer than that of Swedes living in Sweden.

* * * * *

In recent debate on whether or not the Multnomah County Medical Society should oppose the proposed 1½ per cent tax limitation, recently installed president J. Richard Raines suggested, tongue in cheek, that for MCMS to oppose it would almost assure passage. Despite this the trustees did vote to oppose the measure. Details on this may be found elsewhere in this issue of The Bulletin.

* * * * *

Reported in the Nov. 22 issue of U.S. News & World Report is fact that British hospital system is in need of modernization and expansion. While emergency cases are admitted immediately, the waiting period of elective surgery is anywhere from three months to several years. The article, "Britian: Trouble With Welfare", also reports that a demand for better care than provided by the National Health Service is reflected in the growth of private medical insurance. Some experts are predicting that market forces may gradually create two medical systems in Britain — a state system for the poor and for people requiring protracted and costly treatment, and a private insurance plan for those willing to pay for faster and better care.

* * * * *

Government outlay for health and hospitals in the United States in 1964 topped \$7 billions, compared with \$3.4 billions ten years ago. State and local governments spent about twice as much on health and hospitals as the Federal Government. Federal expenditures will rise sharply, however, as full weight of medicare program hits.

U. S. drug manufacturers reinvest the equivalent of half their profits — after taxes — in research and development. Unlike such industry categories as aircraft and missiles, or electrical equipment and communications — where research is for the most part financed by government funds — pharmaceutical research is underwritten almost entirely by the industry itself

* * * * *

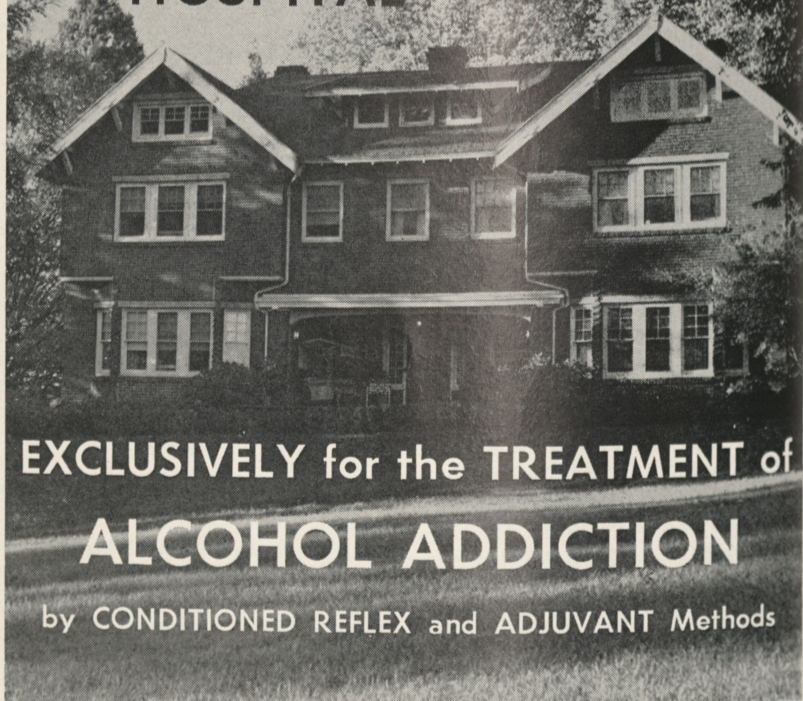
With the Christmas season at hand it's interesting to note that the Druids of ancient Britain paid more than lip service to one of the season's most popular decorations — mistletoe. They thought it could heal disease, neutralize poisons, and protect against witchcraft! They wore charm bracelets and rings made of mistletoe, and fastened the plant over their doorway to ward off evil spirits.

* * * * *

Worthy of quoting is a full-page number one position ad placed by Warner & Swasey of Cleveland in a number of the nation's top news magazines. The ad placed by the precision machinery manufacturer reads: "What's Washington got, that you haven't got? Your money. Governments want you to think they have magic words, special abilities, genius you can't match or understand — they can do big things for you. With what? Government makes no money, produces nothing, has not a dime it doesn't take from you, out of your profits or your income. And governments are just people — people like you and me — and some of them not as good. But you have hired them to spend the money you give them. See that they spend it for the greatest good of the nation — your good, not theirs. It's your money. Never forget it."

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THE BULLETIN

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VOL. XX DEC., 1965 No. 12

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1966

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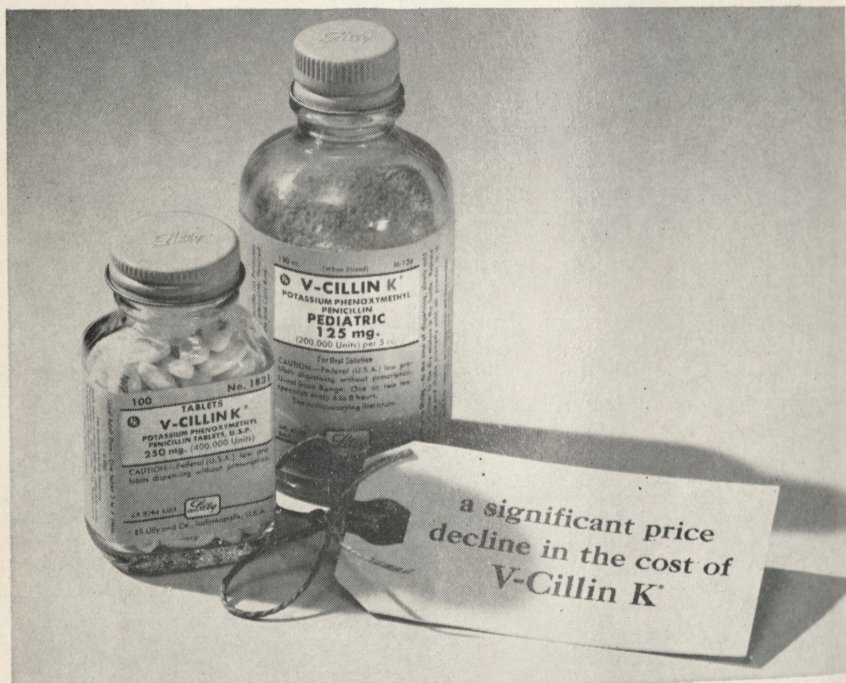
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Dr. J. Richard Raines Installed As 80th President

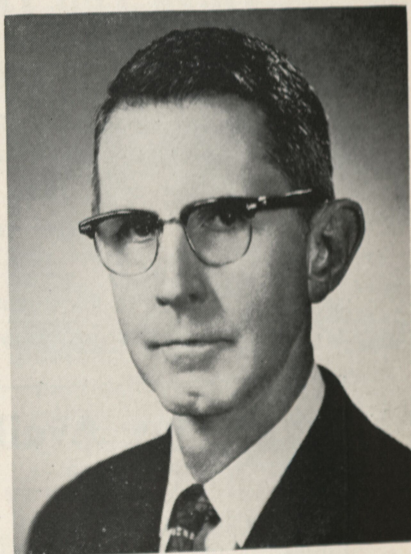
Nearly 300 people turned out on Tuesday, December 7, to view the installation of J. Richard Raines as the 80th president of the Multnomah County Medical Society.

Dr. Raines, a radiologist, took the oath of office from Verner V. Lindgren, outgoing president.

Also taking office during the annual meeting held at the Sheraton Motor Inn were Louis O. Machlan, Jr., president-elect; George M. Robins, first vice-president; Clinton S. McGill, second vice-president; John W. Bussman, secretary; and Lawrence M. Lowell, treasurer.

Elected to two-year terms as Commissioners of the Multnomah County Medical Society were C. H. Hagmeier, F. Keith Markee, Robert L. Hare, Donald F. Kelly, John W. Stephens, and Forrest E. Reike.

Elected to three-year terms as trustees of the Oregon Medical Association were Werner E. Zeller and Ernest H. Price while Raymond M. Reichle and



Dr. Raines

J. Scott Gardner were elected to fill unexpired terms on the OMA Board of Trustees.

Alternate trustees of the OMA elected were William A. Fisher, C. H. Hagmeier, Willis J. Irvine, Edward K. Kloos, Forrest E. Reike, and George R. Satterwhite.

Elected delegates to the OMA for one-year terms were Jack E. Battalia, John W. Bussman, LeRoy O. Carlson, Peter DeWitt, Howard C. Emmerston, William A. Fisher, C. H. Hagmeier, Hance F. Haney, Robert L. Hare, John F. Hayes, Willis J. Irvine, Edward K. Kloos, Verner V. Lindgren, Raymond A. McMahon, Louis O. Machlan, Jr., John R. Montague, Thomas R. Montgomery, Joseph W. Nadal, George A. Nash, Warren E. Nielsen, Ernest H. Price, J. Richard Raines, Walter C. Reynolds, George M. Robins, William M. Ross, George R. Satterwhite, Edward E. Wayson, Werner E. Zeller.



Dr. Machlan

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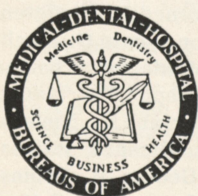
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Diabetes Testing Program Draws 3,006 Portlanders

Public response to the free, four-day diabetes detection program, jointly sponsored by the Multnomah County Medical Society, was even better than last year according to Robert Hare, Chairman of the Physicians Supervisory Committee of the Diabetes Detection Program.

This year 3,006 Portlanders were tested with 371 positive cases detected. Last year, during a seven-day testing period, 2,828 persons were tested with 695 showing positive.

Fair weather and good coverage by the press contributed to the large turnout which had the three testing stations swamped most of the time. Attracting the largest crowd by far was the mobile trailer located at Lloyd Center. Other testing centers were located at the Multnomah County Health Department and the City Health Department's TB Survey Center.

Sponsoring the program along with the Medical Society were the Oregon



This tearful tyke was one of the less eager persons who took the diabetes test offered in November. Here Mary Jane Zimmerman prepares little Bobby for his blood sample withdrawal.

Pathologists Association and the Diabetes Association of Oregon, in cooperation with the Multnomah County Division of Public Health.

Donating their services for drawing the blood samples were representatives from the Portland District Society of the Association of Oregon Medical Technologists while volunteers from the Diabetes Lay Society and the Woman's Auxiliary of the Medical Society assisted in passing out the cola drink and with the records.



Portland area medical technicians donated their services in drawing blood samples during diabetes detection program. Most also took advantage of the free check like Virginia McLarty who here is having her blood drawn by Hazel Levenson.

Practice In

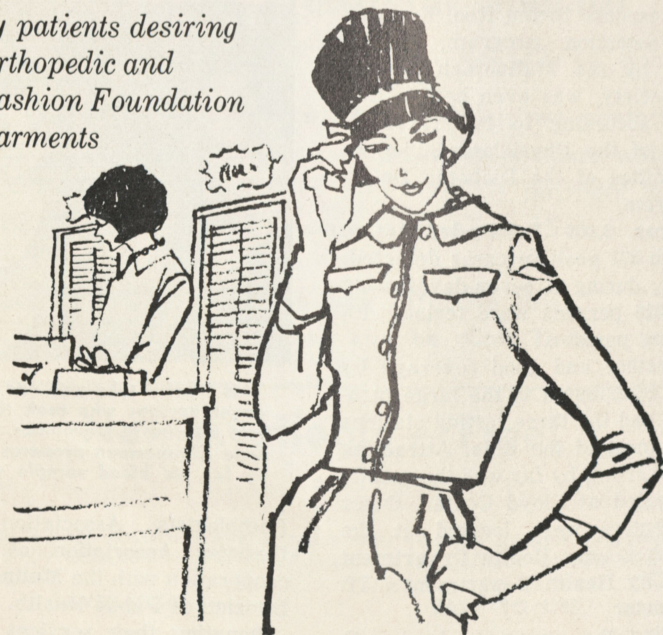
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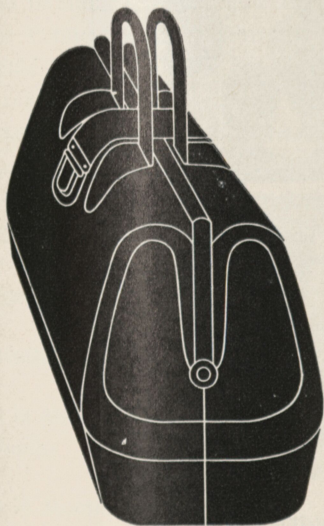
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Doctors Meet UGN Quota

For the first time in many years Multnomah County physicians have met their quota in the annual United Good Neighbors Fund Drive.

William Scott, chairman of the UGN's physicians division, reported that county doctors and their staffs contributed or pledged \$47,821.10, or \$71.10 more than the quota established by the UGN organization.

Dr. Scott reported the figure would probably go up as late returns come in. He said he was very pleased that the quota had been met and thanked the physicians and their staffs for their response to the drive.

One-Day Course On Cancer Due

A tuition-free, one-day course entitled "What's New and Useful in Cancer" is to be offered Jan. 14, 1966, at the Sheraton Motor Inn.

The course is being jointly sponsored by the Multnomah County Medical Society and the University of Oregon Medical School. Donald B. Rochlin, associate professor of surgery at UCLA, will be a special guest lecturer.

This course is designed to present new and useful knowledge in the field of cancer. No attempt will be made to exhaustively analyze any of the topics presented.

Lectures and panels will be featured in the discussion of recent advances in gynecology, breast and head and neck cancer. In addition, those attending will be involved in the discussion of interesting cancer cases presented to the tumor board.

The course will begin at 8:15 a.m. with registration and will conclude at 5:15 p.m. The course is acceptable for six hours of AAGP Category I credit.



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Infancy To Youth Covered In Immunization Schedule

An immunization schedule from infancy to youth has recently been suggested by the Public Health Commission of the Multnomah County Medical Society. The schedule begins with the two-month-old infant and continues through the child's 16th year.

The schedule, modified from the American Academy of Pediatric's 1964 Report of the Committee on Control of Infectious Diseases, is presented below.

AGE	IMMUNIZATION
2 Months	DPT Polio Vaccine *
3 Months	DPT Polio Vaccine
4 Months	DPT Polio Vaccine
6 to 12 Months	Smallpox Vaccine
12 Months	Measles Vaccine Tuberculin Test
15 to 18 Months	DPT Combined Type I, II, and III OPV
2 Years	Tuberculin Test
3 Years	Tuberculin Test
4 Years	DPT Tuberculin Test
5 Years	Tuberculin Test
6 Years	Smallpox Vaccine Tuberculin Test- Yearly Hereafter
8 Years	D-T (Diatheria- Tetanus Toxoid, Adult Type)
12 Years	D-T Smallpox Vaccine
16 Years	D-T **

* Prior immunization is necessary before administering oral polio vaccine to persons over age 16 years. Also, pregnant women should be given Salk vaccine.

** After 16 years of age, smallpox revaccination and tetanus toxoid booster dose should be repeated every five years.

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"Climate And Health" Topic Of First 1966 Broadcast

A discussion of "Climate and Health", moderated by Harold T. Osterud, will start the new year off on the weekly medical society sponsored radio panel show, "Call The Doctor." The show is heard every Sunday evening on KGW at 8 p.m.

Each week a different physician-moderator and his panel handle the program. Listeners may phone the station with generalized health questions. Specific diagnosis is always avoided. Persons indicating problems of a serious nature are advised to consult their private physician, or to call the Multnomah County Medical Society for referrals.

The programs are the responsibility of the Public Relations and Public Policy Commission.

DATE	TOPIC	MODERATOR
Jan. 2, 1966	"Climate and Health"	Harold T. Osterud, M.D.
Jan. 9	"Headaches"	F. Douglas Day, M.D.
Jan. 16	"Food and Drug Quackery"	Bernard Pirofsky, M.D.
Jan. 23	"When You Have a Fever"	Lendon H. Smith, M.D.
Jan. 30	"Hypnosis"	Alvin O. Uhle, M.D.

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ther dosage is contraindicated. Though mild and rarely an indication for stopping dosage, gingival hypertrophy, hirsutism, and excessive motor activity are occasionally encountered, especially in children, adolescents, and young adults. During initial treatment, minor side effects may include gastric distress, nausea, weight loss, transient nervousness, sleeplessness, and a feeling of unsteadiness. All usually subside with continued use. Hematologic disorders, including megaloblastic

anemia, leukopenia, granulocytopenia, pancytopenia, and aplastic anemia have been reported. Nystagmus may develop.

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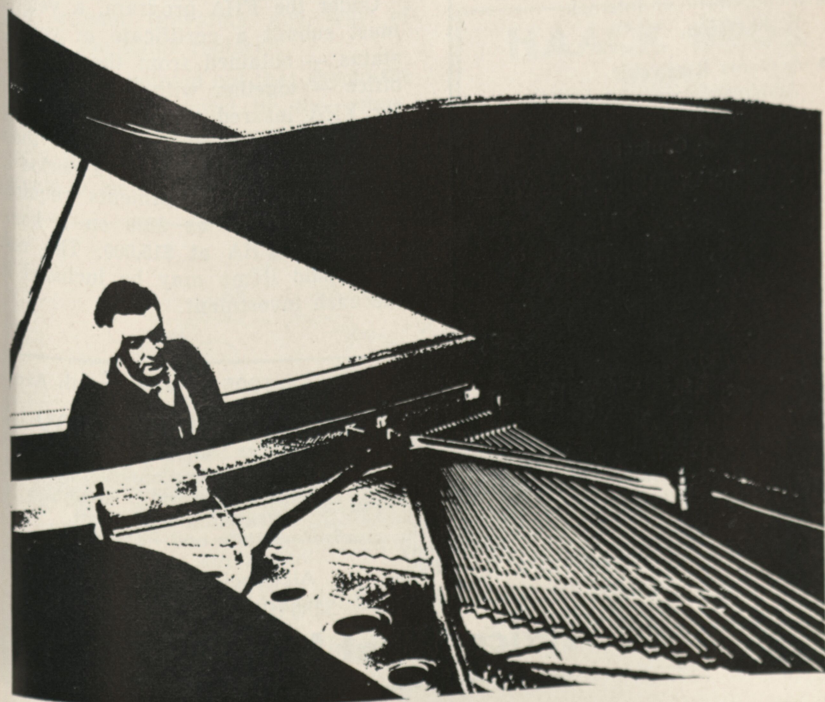
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Young Physicians Eligible For Favorable Home Loan Terms

Most young physicians entering practice are now eligible for the favorable home loan terms under the provisions of the 1965 Federal Housing Law section covering veterans, according to Mr. Don Plympton, vice-president,

mortgage department, Oregon Mutual Savings Bank.

According to Mr. Plympton, the new law broadens the definition of "veteran" to include all those having served a minimum of 90 days on active duty with any branch of military service.

Since many young physicians have served in the military, this law will enable them to purchase homes for very little down, Plympton added.

He said that in the past, special consideration was given to veterans only if they had served in World War II or the Korean conflict. The new law considers every man, within the terms of the provisions, a veteran. On most loans the FHA will insure for most of the amount of the mortgage making lending institutions more inclined to assume the mortgage, he added.

Under the FHA program, a veteran must submit a certificate of veteran status — obtained from the local VA office — together with his application for FHA insured mortgage financing. FHA will insure mortgages for those eligible up to \$30,000 over a period of 30 years. Cash investments required may be as low as \$200 on a home valued by FHA at \$15,000. The cost of prepaid items may be included in the cash investment.

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Medical Society Opposes 1½ Per Cent Tax Limitation

The Multnomah County Medical Society is officially opposed to the 1½ per cent property tax limitation which is being promoted by the Oregon Homeowners' Association.

The decision to oppose the measure was made by the Board of Trustees at their November meeting and came after Mr. William Wyse, Portland attorney and member of the Portland School Board, spoke briefly on the damaging effects the tax limitation would have on public agencies in Multnomah County.

Mr. Wise told the trustees the tax limitation, if approved by Oregon voters, would cut funds available to Multnomah County public agencies by about half. He said schools, special service districts, city and county government and local public health agencies would be forced to make reductions in the services they presently provide.

"In Portland's school district we would have to lay off half our teachers and increase the class size from 30 to 60 students," Mr. Wyse said.

The Portland attorney explained that the real problem with the proposed measure was that it reduced tax income to local public agencies by about half without providing any way of getting the funds replaced.

Mr. Wyse pointed out that should the measure be approved by the voters, it would be at least a year before the legislature could initiate action to create a new source of tax revenue

such as a sale tax. "In the meantime," he continued, "our public agencies would be operating at half their current level."

Prior to voting to oppose the measure the trustees, in their discussion, made it clear they were sympathetic with the Homeowners Association in their broad aim of reducing property taxes. However, MCMS opposed the measure because of the severe crippling effect it would have on local government.

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An Editorial

Not So Funny Humor

Ever find yourself doing a slow-burn at the caricature of the physician as presented in newspaper cartoons and the so-called humor magazines?

The ludicrous, even hostile, depiction of the physician might seem to be something new. Yet looking back through history one finds satire as an artistic instrument of attack on the medical profession is quite ancient.

There are those who feel it may even be used comparatively less today when compared with previous days. Edward Rosenheim, Jr. Ph. D., an English professor at the University of Chicago, in writing on the subject, feels all has been relatively quiet recently on the medical satirist front because communications throughout all of literate society has improved. Satire, he notes, thrives best in "an area of suspicion and uneasiness, of unexamined anger or narrow partisan commitments." This latter might explain the increased volume of uncomplimentary doctor caricatures now directed at the physicians' distrust of governmental medicine.

It has been suggested that attacks on the physician are related in part to the uneasiness of the nonprofessional person in the presence of any profession, plus the awareness of the power of life and death held by the physician. The general public's resentment of the financial well being of the physician through money earned indirectly by suffering of others in fairly well known, and is probably due to the fact that most physicians' services, like those of the lawyer, are intangible, leaving the patient with the impression that "he has little to show for his money."

The hostile caricature of the physician through the years has changed little from Chaucer's account of the "Doctour of Phisik" in the prologue to *Canterbury Tales*, or the Portrait of the Physician in Sinclair Lewis' "Arrowsmith."

On the other hand, whether we like them or not, "Ben Casey" and "Dr. Kildare" have depicted medicine rather kindly and with a considerable amount of humanity. Both directly and indirectly these programs provided broad information concerning medical problems and their solutions. On a more direct basis of course is the Multnomah County Medical Society's "Call the Doctor" radio series which provides information and medical guidance to concerned listeners. The TV shows and the local radio show are examples of improved communications which hopefully have reduced some of the satirical humor but have not eliminated it completely.

Doctor Rosenheim points out that satirists have always attacked medical innovations and today they are having a field day in areas of psychoanalysis, as they once did when Leeuwenhoek reported seeing minute creatures through his microscope.

Moreover, when the physician dares to take a stand against increasing governmental encroachment upon the practice of medicine, he, the doctor, then stands fairly in the line of a double-barreled attack — on the one hand the hostile humorist who just does not like doctors, and on the other the political cartoonist who is convinced the Great Society is almost upon us and no one — especially an affluent group of doctors should attempt to stand in its way.

It's obvious anti-doctor cartoons are here to stay and there's little to be done about them. The only recourse seems to be to maintain a good humor and build better public relations.

Letters To The Editor

Doctor Disagrees With Poll Taker

To the Editor:

Your November issue editorial on the opinion poll recently conducted by one our colleagues has prompted me to put down a few of my own thoughts on the matter.

I certainly agree with the poll taker that each physician must retain his individuality. This is probably the basic reason we became physicians.

I do think, however, the loyalty of physician to physician is very important — especially in these times.

We physicians have lost many freedoms because of our individualism. We are being conquered because we will not unite.

For instance: There are physicians who will outline and guide an attorney's malpractice case so that the defendant physician—though not guilty—is judged by a lay jury and not by his fellow physicians. As a result, our malpractice insurance rates climb and each of us is further inhibited in patient treatment.

There are physicians who are eager to establish Hospital Utilization Committees. This police action can only benefit those insurance companies that provide health and accident policies. The existence of such a committee can impair a physician's judgement of what is best for his patient.

Though very few physicians will ever qualify for benefits — we are forced into Social Security. Another freedom is lost.

Medicare and the first step toward government control of all medicine is here. Any physician who has been in the military with its standard procedures and standard, out-of-date drugs; any physician who sees the results of the Food and Drug Administration control of the drug industry — any of us can see the Medicare picture clearly.

I believe it is long past time to close

ranks. We have too many "chinks in our armour."

We value our individual freedoms so much — that we will not tolerate the mild restrictions of light harness and without the harness — we cannot work as a team.

I can only wish that loyalty of physician to physician becomes our credo before we have lost all our freedoms.

Sincerely yours,
John S. Culbertson, M.D.

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**Psychiatry Group
Formed In Portland**

The Portland Academy of Psychiatry was formed Nov. 23 with 50 psychiatrists in the Portland area as charter members.

The purposes of the new organization are to provide clinical and scientific psychiatric programs, to foster the science and progress of psychiatry and to foster intra-professional relationships.

Elected president of the new group was Arlan Quan, professor at the University of Oregon Medical School. Guy Parvaresh, clinical director at Dammasch State Hospital, was named president-elect and Wayne M. Pidgeon, in private practice in Portland, was elected secretary-treasurer.

The group will meet monthly on the fourth Tuesday. Meetings will not be conducted in December, June, July and August.

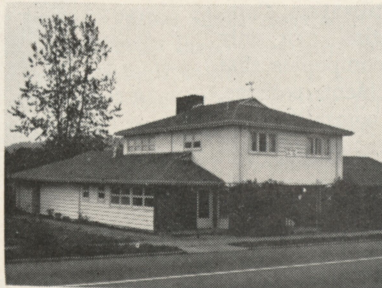
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Citizen of the Month

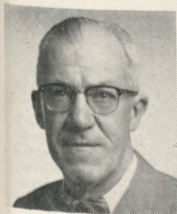
Dr. Regner W. Kullberg Honored For Sevice To Medicine, Community

The pleasure of giving is what makes the Christmas season a happy one. And the pleasure of giving of himself to medicine, his church and various social and service clubs is what has given December's Doctor- Citizen of the Month, Regner W. Kullberg, a full and happy life.

Dr. Kullberg is a 35-year member of Kiwanis International and has held various offices, both locally and nationally. Among his recent duties was chairman of the support of churches committee of the Greater South East Kiwanis Club. He also has been active in the Kiwanis Mt. Hood Camp for Handicapped Children.

Much of Dr. Kullberg's time has been given over to activities and organizations of the Lutheran Church. He founded the church's Camp Colton and is past president of the Lutheran Brothers of the Northwest. He also has been president of the Lutherans Homes and Hospitals organization. He also has found time to conduct an adult class in his church.

More than 30 years of serving on the board of directors of Emanuel Hospital highlights Dr. Kullberg's medical career which dates back to 1928 when he graduated from the University of Oregon Medical



Dr. Kullberg

School.

After many years of private practice in Astoria, Dr. Kullberg became an Assistant Health Officer with the Multnomah County Health Department in September, 1953 and continued in that

position until September of this year when a heart attack required him to retire.

His deep interest in public health has taken him into many areas. He has served on the Council on Aging, assisted at Salvation Army medical clinics, served on the teaching staff for volunteers for hospitals and nursing homes and been medical consultant to various schools and colleges.

Active participation in a number of medical service organizations has also kept Dr. Kullberg busy. These include the Oregon Public Health Association, the TB and Health Association and the county, state and national Cancer Society.

In addition to all this Dr. Kullberg has written and had published a number of articles on Preventative Medicine and it was he who devised the Hi-Lo bed used extensively in hospitals.

Dr. Kullberg has yet another accomplishment of which he is proud. His son, Robert W. Kullberg, is also a physician practicing in Portland.

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Dr. Gantenbein In Viet Nam

Now administering aid to Vietnamese civilians injured in the war or suffering from natural ailments is Calvin E. Gantenbein of Portland.



Dr. Gantenbein

Dr. Gantenbein, chief of staff of the Veterans Administration Outpatient Clinic in Portland, will serve without pay in Viet Nam for two months under the Project Viet-Nam program.

Born in Portland, Dr. Gantenbein, an orthopedic surgeon, received his medical degree in 1933 from the University of Oregon Medical School. He has been with the Veterans Administration Hospital in Portland for the past four years and he is a member of the Multnomah County Medical Society.

Project Viet-Nam is administered by the People-to-People Health Foundation, Inc., of Washington, D.C., the parent organization of Project HOPE. It is a cooperative medical effort of America's inter-voluntary agencies for the people of South Viet Nam, with the assistance of the American Medical Association and the Agency for International Development.

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Contraindications: Allergic or idiosyncratic reactions to carisoprodol, phenacetin, or codeine phosphate.

Precautions: *Phenacetin*—With long-term use, give cautiously to patients with anemia and cardiac, pulmonary, renal or hepatic disease. May damage the kidneys when used in large amounts or for long periods. *Caffeine*—Not recommended for persons extremely sensitive to its CNS stimulating action. *Codeine phosphate*—Use with caution in addiction-prone individuals. *Carisoprodol*—Carisoprodol, like other central nervous system depressants, should be used with caution in patients with known propensity for taking excessive quantities of drugs and in patients with known sensitivity to compounds of similar chemical structure, e.g. meprobamate.

Side effects: Drowsiness, lightheadedness, dizziness, and gastric complaints have been reported infrequently for either or both of these preparations. *Phenacetin*—Side effects are extremely rare with short-term use of recommended doses. Prolonged ingestion of overdoses may produce dyspnea, cyanosis, hemolytic anemia, skin rash, anorexia, subnormal temperature, insomnia, headache, mental disturbances, and tolerance.

Caffeine—Side effects are almost always the result of overdosage. Average doses may rarely cause nausea, nervousness, insomnia, and diuresis. Excessive dosage may produce, in addition, restlessness, nervousness, tolerance, tinnitus, tremors, scintillating scotomata, tachycardia, and cardiac arrhythmias. *Codeine phosphate*—Possible side effects are nausea, vomiting, constipation, and miosis. *Carisoprodol*—The only side effect reported with any frequency is sleepiness, usually on higher than recommended doses. An occasional patient may not tolerate carisoprodol because of an individual reaction, such as a sensation of weakness. Other rarely observed reactions have included dizziness, ataxia, tremor, agitation, irritability, headache, increase in eosinophil count, flushing of face, and gastrointestinal symptoms. One instance each of pancytopenia and leukopenia, occurring when carisoprodol was administered with other drugs, has been reported as has an instance of fixed drug eruption with carisoprodol and subsequent cross-reaction to meprobamate. Rare allergic reactions, usually mild, have included one case each of anaphylactoid reaction with mild shock and angioneurotic edema with respiratory difficulty, both reversed with appropriate therapy. In cases of allergic or hypersensitivity reaction, carisoprodol should be discontinued and appropriate therapy initiated. Suicidal attempts may produce coma and/or mild shock and respiratory depression.

Dosage: Usual adult dosage of 'Soma' Compound or 'Soma' Compound with Codeine is one or two tablets three times daily and at bedtime.

Supplied: 'Soma' Compound, orange tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., and caffeine 32 mg. 'Soma' Compound with Codeine, white capsule-shaped tablets, each containing carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., and codeine phosphate 16 mg. Narcotic order form required.

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1. Conant, R. G.: Reduction of industrial time-loss: treatment with carisoprodol compound in musculo-skeletal disorders. *Industr. Med. Surg.* 33:25, Jan. 1964.

Also available with ¼ gr. codeine as 'Soma' Compound with Codeine: carisoprodol 200 mg., phenacetin 160 mg., caffeine 32 mg., codeine phosphate 16 mg. (Warning: may be habit-forming.)

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PROCLAMATION declaring week of Nov. 7-13 as Community Health Week is handed to Multnomah County Medical Society president, Richard Raines during signing in Mayor Terry Schruck's office. Viewing ceremony is, to the left of Dr. Raines, Chris Haleston, member of the executive committee of the National Association of Retail Druggists. On right are Yash Inahara, president-elect of the Oregon State Pharmaceutical Association and Dr. Thomas Meador, city health officer.

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Doctors Offered Hemophilia Tapes

Eleven audio tapes dealing with the treatment of various aspects of Hemophilia were recently donated to the University of Oregon Medical School Library by the Oregon Chapter of the National Hemophilia Foundation.

The tapes, available for the use of any Oregon physician, cover such diverse problems of treating hemophiliacs as psychiatric, orthopedic, dental, genetic, and nursing aspects.

Also discussed are the education of the child with hemophilia, his social adjustment, the concern of his parents, and the hemophiliac's vocational rehabilitation.

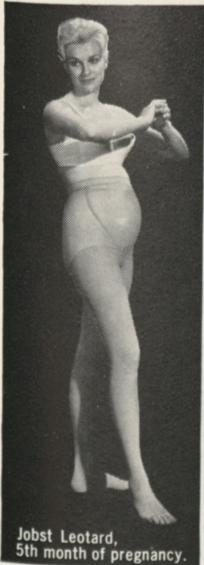
Running time of the tapes is about 20 to 30 minutes each, and they are available by request from the University of Oregon Medical School Library.

Auto Safety Group Members Sought

Now being formed on a national basis is a new group calling themselves "Physicians for Automotive Safety". This information comes from Hans F. Fink who is spearheading the drive in Multnomah County to get doctors to join the organization.

According to Dr. Fink, the aim of the organization is to educate and involve the medical profession so as to develop public awareness of auto safety and to encourage legislation for safer automobiles.

Dr. Fink is asking that any doctors interested in joining the organization contact him at his office at 2250 NW Flanders, 223-0550. He will provide additional information and membership application forms.



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Physicians' Children Perform With Portland Junior Symphony

The music of Christmas will echo from the Oriental Theatre on Sunday, Dec. 26, as the Portland Junior Symphony entertains during the holiday season.

Multnomah County Medical Society members have more than just a passing interest in the Portland Junior Symphony for not only is MCMS a member of the symphony association but eight physicians' children play in either the Junior Symphony orchestra or in the preparatory orchestra.

In 42nd Season

The Portland Junior Symphony, now in its 42nd season, is under the direction of Jacob Avshalomov and it, along with the preparatory orchestra, provides musical training and experience for 200 youngsters between 12 and 21.

The junior symphony performs three childrens' concerts and three evening concerts during the 1965-66 season with an extra Christmas concert set for Dec. 26. They have performed twice already this year and have childrens' concerts slated for Feb. 12 and April 16 with evening concerts scheduled March 5 and April 30.

The preparatory orchestra also will be performing again this year with a single concert scheduled for late spring.

Welcome at Rehearsals

In addition to attending the performances, Multnomah County Medical

Society members are also invited to attend rehearsals of the group each Wednesday evening between 6:30 and 8:15 p.m. at Holladay School.

The Portland Junior Symphony is governed by six officers and a large board of directors. Among the directors is Richard H. Kosterlitz.

According to Dr. Kosterlitz eight local physicians have children currently playing with the organization while another eight have children who formerly played with the symphony.

Children Perform

Among the physicians who have children playing with the group are Dale Browning, Daphne and Karen; R. C. Ellis, Junko; Charles C. Strong, Cathy; William R. Sweetman, Per and Bruce; Monte Greer, Richard; R. W. Kullberg, Greg; L. W. Ritzmann, Rebecca; and John L. Soelling, Jonelle.

Physicians whose children formerly played with the symphony are N. Feves, Julie; Lawrence M. Lowell, Arthur; C. D. Babcock, Michael; E. V. Lange, John and Carol; Edwin E. Osgood, Bea and Boyd; M. W. Stevens, Dick; J. B. Haworth, Ann; and T. G. Lathrop, Jack.

Playing with the symphony is for the children a combination of hard work, sacrifice, education and enjoyment. While for the concert goer, the music of the Portland Junior Symphony is pure pleasure.

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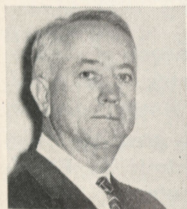
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Army Commendation Medal Awarded To Dr. Sullivan

Colonel Ralph R. Sullivan, M.D., Commander of the 45th Station Hospital, U.S. Army Reserve, has been awarded the Army Commendation Medal. The presentation was made recently at Vancouver Barracks, Wash. by Colonel Marion D. Felt, Portland Subsector Commander on behalf of the Commanding General of the U.S. Army Corps.

In the brief presentation ceremony, Colonel Felt stated that the medal was awarded for meritorious performance of duty from August, 1958 to November, 1965.

"Colonel Sullivan has demonstrated exemplary leadership and professional competence through his dedicated participation in both military and medical organiza-



tions," stated the accompanying citation.

In civilian life, Dr. Sullivan is Director of Occupational Health for the Oregon State Board of Health in Portland. He is also an active member of both the Multnomah County Medical Society and the Oregon Medical Society.

A graduate of the University of

Minnesota Medical School in 1930, Dr. Sullivan entered the Army in April, 1942 at Ann Arbor, Michigan. He served with the 8th Army in the Pacific and was awarded the Bronze Star and a special citation for medical research and practice while stationed in the Philippines in 1945.

A native of Minnesota, Dr. Sullivan came to Oregon in 1947. He and his wife Caroline, parents of three grown children, reside in West Slope.

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U of O Medical School

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RECENT ADDITIONS TO THE LIBRARY BY PURCHASE, GIFTS AND EXCHANGE

- BECK, S. J. — **Psychological processes in the schizophrenic adaptation.** New York, Crune & Stratton, 1965.
- BEHRMAN, H. T. — **The practitioner's illustrated dermatology.** New York, Grune & Stratton, 1965.
- BERGLER, EDMUND — **Parents not guilty of their children's neuroses.** New York, Liveright Pub. Corp., 1964.
- BOYD, WILLIAM — **Pathology for the physician.** 7th ed. Philadelphia, Lea & Febiger, 1965.
- COPE, C. I. — **Adrenal steroids and disease.** Philadelphia, Lippincott, 1965.
- DUBOS, R. J. — **Health and disease.** New York, Time, Inc., 1965.
- EGGEN, R. R. — **Chromosome diagnostics in clinical medicine.** Springfield, Thomas, 1965.
- EYSENCK, H. J. — **The causes and cures of neurosis; and introduction to modern behavior therapy based on learning theory and the principles of conditioning.** San Diego, Calif., R. A. Knapp, 1965.
- FULTON, R. L. — **Death and identity.** New York, Wiley, 1965.
- GRAY, D. R. — **Immunology; an outline of basic principles, problems and theories concerning the immunological behavior of man and animals.** New York, American Elsevier Publ. Co., 1964.
- HADLEY, L. A. — **Anatomico-roentgenographic studies of the spine.** Springfield, Ill., Thomas, 1964.
- HIRSCHBERG, G. G. — **Rehabilitation; a manual for the care of the disabled and elderly.** Philadelphia, Lippincott, 1964.
- KISTNER, R. W. — **Gynecology: principles and practice.** Chicago, Year Book Medical Publishers, 1964.
- LAWSON, J. H. — **A synopsis of fevers and their treatment.** 11th ed. Chicago, Year Book Medical Publisher, 1965.
- MCDONALD, E. T. — **Cerebral palsy.** Englewood Cliffs, N.J., Prentiss-Hall, 1964.
- MARKELL, E. K. — **Medical parasitology.** Philadelphia. Saunders, 1965, 2nd ed.
- ULETT, G. A. — **A synopsis of contemporary psychiatry.** 3rd ed. St. Louis, C. V. Mosby Co., 1965.
- WATSON, R. I. — **The great psychologists: from Aristotle to Freud.** Philadelphia, Lippincott, 1963.
- WEHRACHER, W. H. — **Pain in the chest.** Springfield, Ill., Thomas, 1964.
- WELFORD, A. T. — **Behavior, aging, and the nervous system.** Springfield, Ill., Thomas, 1965.
- WELCH, C. E. — **Polypoid lesions of the gastrointestinal tract.** Philadelphia, Saunders, 1964.
- WHITTAM, R. — **Transport and diffusion in red blood cells.** Baltimore, Williams & Wildins, 1964.
- WILSON, J. R. — **The mind.** New York, Time, 1964.
- WORKSHOP ON ESTROGENS — **Estrogen essays in clinical medicine, basis and methodology.** Seattle, University of Washington, 1965.
- ZULCH, K. J. — **Brain tumors, their biology and pathology.** 2nd American ed. New York, Springer, 1965.

Nursing Confab Set In Bay City

A number of Portland area nurses are expected to attend the Western Regional Council of State Leagues for Nursing which will convene Jan. 31 in San Francisco.

The two-day convention will focus on plans for community action to help meet nursing needs in the West. Discussion will center around the ways of meeting the West's growing demands for nursing services, through cooperative action by nurses, related health disciplines, community planners, and nursing service and education agencies.

Among the special problems to be tackled are expansion of nursing services, inservice education of nurses already on the job, recruitment of students into nursing, and the role three types of nursing education programs-hospital schools, junior and community colleges, and vocational schools training practical nurses-will play in the future of nursing in the West.

All League members and others interested in community health services are invited to attend. Registration forms and other information about the meeting may be obtained from the NLN Western office, 693 Sutter Street, San Francisco. There is no registration charge for the conference.

Portland Selected For OMA Sessions

The next five annual sessions of the Oregon Medical Association will be held in Portland's Memorial Coliseum, according to William C. Scott, OMA vice president and chairman of the Committee on Annual Session.

In approving Portland as the location for the annual sessions, the OMA Board of Trustees last month also agreed to hold the 1967 mid-year meeting of the OMA House of Delegates in a city other than Portland, "if practical."

One reason for holding the annual session in Portland is because technical exhibitors prefer it, and in some cases, certain exhibitors will participate only if the meeting is held in Portland. Physician attendance also is much greater in Portland.

"Without financial support from the exhibitors it would be extremely costly for the Association to put on its annual session," said Dr. Scott.

In approving the annual session dates for the next five years, the OMA was able to obtain more desirable dates. "Many conventions in Portland are booked as far ahead as 1975," Dr. Scott added.

Following are the dates of the next five OMA annual sessions:

September 27-30, 1966; September 19-23, 1967; October 1-4, 1968; September 23-27, 1969, and September 22-26, 1970.

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New Members - Elected Dec. 7, 1965

The following applicants for membership in the Multnomah County Medical Society were elected at the general membership meeting on Tuesday, December 7, 1965:

Junior Membership

Ivan Stuart Altman (S)	5055 N. Greeley
Fred William Bieker (PL)	Medical Arts Bldg.
Donald K. Bohlman	5835 N.E. Alameda
Orville Willis Boicourt (I & C)	2455 N.W. Marshall
Michael T. H. Brodeur (C)	310 Jackson Tower
Charles King Chapman (GP)	2925 S.W. Watson, Beav.
William P. Coburn (ObGyn)	5055 N. Greeley
Donald William Deering (Oph.)	2209 Lloyd Center
Gordon LeRoy Doty (I)	10535 N.E. Glisan
Edward Charles Eberdt (I)	8908 N. Ivanhoe
John Harold Ellison (I & GE)	1216 S.W. Yamhill
John MacNaughton Epley (ALR)	2260 Lloyd Center
Luis E. Halpert (U)	5055 N. Greeley
Howard William Huntington (N-Path, A-Path)	Good Samaritan Hospital
Merritt Lewis Linn (Oph.)	2525 N.W. Lovejoy
Dale Loys Walker Lowther (I)	5010 N.E. 33rd Ave.
George Murray Maskell (GP)	2707 N.E. 33rd Ave.
Marilyn A. Mickey (Anes.)	3214 S.W. 11th Ave.
Seymour Roy Moss (P)	11677 N.E. Glisan
Richard Paul Panian (ALR)	511 S.W. 10th Ave.
John Patrick Phelan (Pd.)	5055 N. Greeley
Lois Amy Ritchie (GP)	4351 S.E. Hawthorne
Daniel Vernard Voiss (P)	5000 N. Willamette Blvd.
Ernest Alan Waterman (ObGyn)	1216 S.W. Yamhill
John Burnett Wild (I)	5055 N. Greeley
Louis M. Wolf (P)	17214 S.E. Division

Active Transfer Membership

Walter James Kuhl, Jr. (I)	Emanuel Hospital
Richard Edward Lahti (GP)	6274 S.W. Capitol Hwy.
John Kay Martin, Jr. (I)	1216 S.W. Yamhill

Active Membership

Clifford Verle Allen (R)	U. of O. Medical School
Robert Lynn Anderson (Anes.)	St. Vincent Hospital
Richard Phillips Andrews (PL)	Mayer Building
Roy Malcolm Clark (Anes.)	1411 S.E. Taggart
Pierce A. Cornelius (Anes.)	Emanuel Hospital
Robert Edward Craven (R)	2238 Lloyd Center
Lee Arthur Gleason (GP)	4326 N.E. Killingsworth
Richard Arthur Hodgson (ALR)	511 S.W. 10th Ave.
Robert Lee Kalez (R)	2229 Lloyd Center
Fernando Leon (S-G&Thor)	1920 N.W. Johnson
Norman Dean Logan (Or.)	1922 N.W. Johnson
Harry Walter Masenhimer, Jr. (I)	33 Leonard St., L.O.
Robert Graf McKillop (Or.)	2254 N.W. Lovejoy
James Victor Meyer, Jr. (PL)	Medical Arts Bldg.
Robert Louis Mighell (P)	511 S.W. 10th Ave.

Jules Verne Napier (GP)	17214 S.E. Division
Alex Newman (R)	306 N.E. 20th Ave.
Herman A. Outcalt (Anes.)	2266 N.W. Lovejoy
William Edward Rippey (S)	5925 S.E. Belmont
John Michael Roddy, Jr. (R)	10300 N.E. Hancock
Donald Truman Smith (N)	2250 N.W. Flanders
Robert Pete Sproed (GP)	4130 S.E. Division
Alton Enoch Wiebe (GP)	5825 N. Greeley

Associate Membership

Daniel John Brose (S)	Africa
Rocca Garofalo (N-Biochemist)	Good Samaritan Hospital
Robert Sellen Hunt (GP)	V. A. Hospital
Joseph Byron Trainer (Physiology)	U. of O. Medical School

Affiliate Membership

Richard Allen (Intern)	Emanuel Hospital
Robert Bickford Amon (Intern)	U. of O. Medical School
William Joseph Austin (Pd.)	U. of O. Medical School
Jerry Jerome Bass (Anes.)	U. of O. Medical School
Richard Keith Beemer (Intern)	Good Samaritan Hospital
Margarita B. Brunins (PM & Rehab.)	V. A. Hospital
Jan M. Collins (Intern)	Good Samaritan Hospital
James Stuart Cumming (Intern)	Good Samaritan Hospital
Leland Robbins Ellis (U)	U. of O. Medical School
John Joseph Gallucci (Radiotherapy)	U. of O. Medical School
Carl Mark, III (ObGyn)	Emanuel Hospital
Burritt Winton Newton (ObGyn)	U. of O. Medical School
Carter Alston Printup (S)	St. Vincent Hospital
Peter H. R. Roberts (ObGyn)	Emanuel Hospital
Donald Alfred Rose (S)	Good Samaritan Hospital
Donald Harvey Scott (ObGyn)	Emanuel Hospital
Shuichiro Sugimura (S)	St Vincent Hospital
John Walter Tarnasky (ObGyn)	Emanuel Hospital
Fredric Joseph VanRheenen (I)	U. of O. Medical School
Paul Waxler (Intern)	Good Samaritan Hospital
John Edwin Zook (S)	Good Samaritan Hospital



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Gary Vestal Salem Representative 362-6023
 Pat Talarico Medford Representative 773-2963

UO Med School Scientists Report Possible New Cancer Detection Method

A new method for possible detection of internal cancers has been discovered by a team of University of Oregon Medical School scientists.

Reporting in a recent issue of "Archives of Dermatology" the investigators say that tiny lumps on the palm of the hand — called Palmar Keratoses — are frequently seen in patients with cancer.

The lumps are pearly, translucent and surrounded by a rough collar. There may be only one, no bigger than a pinhead, and it may not show up clearly unless the palm is dampened with water or alcohol.

671 Patients Studied

In their study of 671 patients with proven malignancies the Oregon team, headed by Professor of Dermatology Richard L. Dobson, has found palmar keratoses in 46% of the men and 26% of the women. In a control group of 685 patients who had no known cancer only 12 % of the men and 5 % of the women had the telltale lumps. These people continue to be observed, however in the event they may harbor hidden cancers too small and asymptomatic to be detected at this time.

Palmar keratoses had previously been observed in persons exposed to arsenic, which is generally thought to be one cause of lung and skin cancer.

Began Routine Checks

Aware of these observations Dr. Dobson and his associates, Marvin R. Young and Jeffrey Pinto, routinely began checking for keratoses on cancer

patients. They found them in some who had never been exposed to arsenic. This led to their extensive study on the cancer keratoses association, which was supported by the National Institutes of Health and the American Cancer Society.

They found that the older the cancer patient, the more likely he or she was to have palmar keratoses. They were most commonly found in cancer patients in their sixties.

Keratoses appeared, in these rough percentages, in men with cancers: 100% — thyroid; 69% — lip, 50-60% — skin, leukemia, larynx and pancreas; 40-50% — prostate, lung, bronchus, stomach and colon; 30-40% — melanoma, lymphoma and mouth.

Women Studied

For women, the keratoses-cancer relationship was: 50% — lymphoma and pancreas; 40-50% — mouth and thyroid; 30-40% skin (squamous cell), melanoma and leukemia; 20-30% — skin (basal cell), breast, uterus, lung, bronchus, stomach and colon.

Results of the study to date have led the Oregon group to conclude that "the presence of palmar keratoses should be regarded as a highly suggestive sign of cancer which should be searched for."

The investigators are continuing periodic examinations of persons with palmar keratoses who have no obvious cancer. This further study should confirm the value of the keratoses for detecting cancer susceptibility or hidden cancers.

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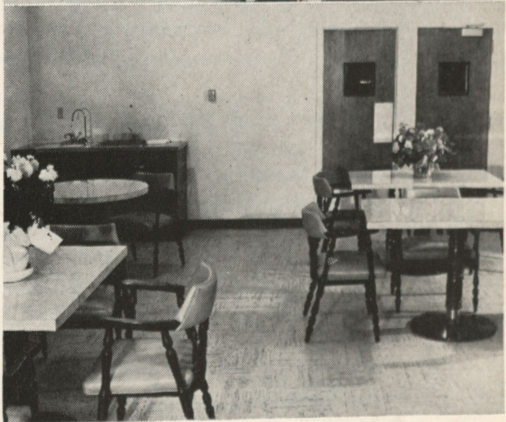
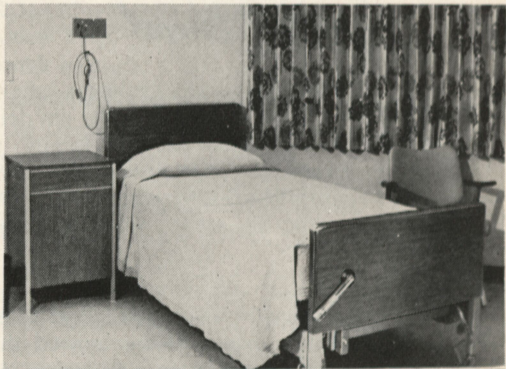
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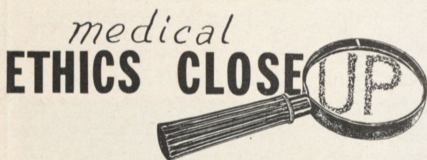
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Handling A Patient's Records

Patience, Delicacy and Secrecy

Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should



never be revealed unless their revelation is required by laws of the state. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences entrusted to him as a physi-

cian, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

—Principles of Medical Ethics, 1955 edition

Prognosis

The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives, or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

—Principles of Medical Ethics, 1955 edition

Records of Patients and Succeeding Physicians

At the request of the patient, preferably in writing, reports should be immediately sent to the doctor then in charge of the patient. The diagnosis of the patient's ailment is paramount in arriving at the proper treatment to be rendered, and all information which aids the physician should be furnished so the proper treatment or advice can be given without delay. Whether the contents of the report are to be given to the patient rests with the decision of the doctor who knows all the circumstances involved in the situation.

—AMA House of Delegates, 1946

Copy of Physician's Record to Patient

The Judicial Council does not believe that the Principles of Medical Ethics intend or require that a physician give a copy of his records to his patients. These records are primarily the physician's own notes compiled during the course of the illness and his treatment. The records are medical and technical, personal and often informal. Standing alone they are meaningless to the patient but of value to the physician and perhaps to a succeeding physician. The patient, however, or one responsible for him, is entitled to know the nature of the illness and the general course or regimen of therapy employed by his physician. The extent to which the physician must advise his patient may be limited by the nature of the illness and the character of the patient. The physician in advising his patient must always act as he would wish to be treated were he in a like situation.

—AMA Judicial Council, 1956

Copy of Patient's Record to Another Physician

The interest of the patient is paramount in the practice of medicine, and everything that can reasonably and lawfully be done to serve that interest must be done by all physicians who have served or are serving the patient. When a colleague who is presently treating a patient requests records from another physician who has formerly treated the patient, that former physician should promptly make his records available to the attending physician.

No set rule can be laid down to cover the manner in which the records are to be transmitted to the attending physician. Under some conditions a personal inspection of the records might suffice; under others an oral report of what is contained in the records would be of help; or in other circumstances a summary of the records might be made. In extreme cases, a physician might lend his complete record to the attending physician. The manner of making the report — or the information contained therein — available to the succeeding physician is immaterial and will depend on the circumstances of each case. Certainly, however, the attending physician should not demand or expect more information from the former physician than is necessary to give the patient adequate care in the present illness.

The Judicial Council assumes, of course, that proper authorization for the use of these records has been granted by the patient.

—AMA Judicial Council, 1956

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New Applications — Read December 7, 1965

The following applicants for membership in the Multnomah County Medical Society were read for the first time in open Society general membership meeting on Tuesday, December 7, 1965:

For Junior Membership

Name & Specialty	Address	Sponsors
Alan Lawrence Morgenstern (P)	U. of O. Medical Sch.	G. Saslow, L. Kenin

For Active Transfer Membership

James Lawrence Petroske (P)	2049 N.W. Hoyt	H. H. Dixon, Jr., Wm. W. Thompson
Troy Gaylord Rollins (D)	1216 S.W. Yamhill	A. B. Shields, A. J. Lindgren

For Active Membership

Paul Theodore Blechschmidt (I)	919 S.W. Taylor St.	H. Kammer, A. M. Bergman
Samuel Fenton Gill (Or)	511 S.W. 10th Ave.	H. L. Cherry, H. F. Fitch
David Gowing (Anes.)	U. of O. Medical Sch.	J. C. Roth, F. P. Haugen
Gary H. Leaverton (S)	511 S.W. 10th Ave.	C. E. Hardwick, W. Garnjobst
Chang Ho Lee (S)	7241 N. Chicago	R. O. Neilson, D. C. Mettler
Gordon Lee McComb (GP)	5010 N.E. 33rd Ave.	R. C. Turner, R. M. Reichle

For Affiliate Membership

Eric Wm. Scott Craig (I)	V. A. Hospital	M. M. Kurtz, H. J. Semler
Philip Sheridan King, III (PM) & (Rehab.)	V. A. Hospital	E. W. Fowlks, G. A. Peirson
Louis Alan Roser (Intern)	Emanuel Hospital	H. D. Colver, R. K. Markee
John Wallace Thompson (Or)	U. of O. Medical Sch.	R. J. Hopkins, R. A. Case

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Telephone Course Due In January

Telephone Techniques, a course designed to help physicians' medical assistants in talking with patients and other doctors on the telephone, will be offered starting in January by the Multnomah County Medical Society.

The five-week course is open to all medical assistants. Tuition fees for the course are to be paid by the physician enrolling his medical assistant.

The classes are to be taught by physicians and classes are to be grouped by the specialties of the physicians. A wide range of telephone procedures and problems will be discussed and each medical assistant will receive personal attention with particular telephone problems she may have.

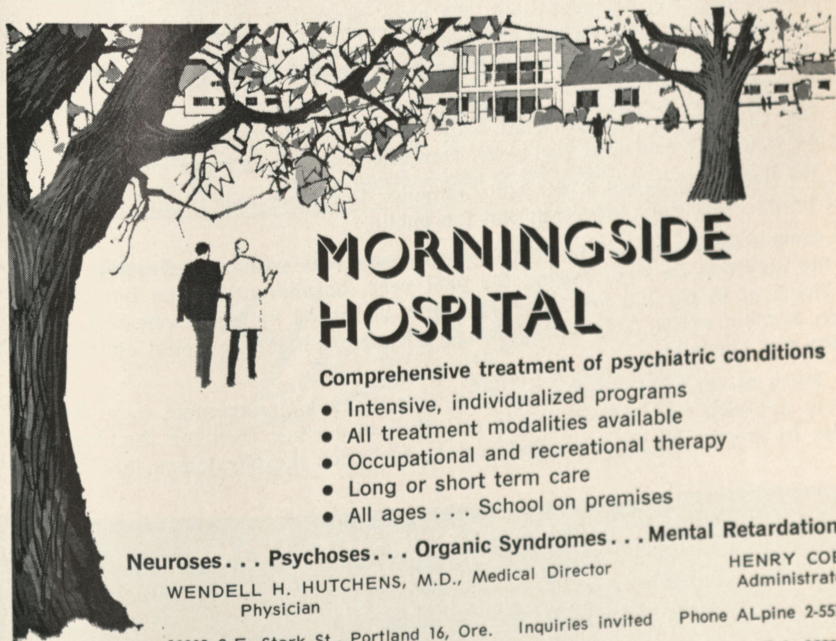
Additional information on the course and application blanks are to be mailed to MCMS members in late December.

Doctors Excused From Jury Duty

Physicians in the state are not required to serve jury duty. Provisions to exempt physicians from jury duty are provided in ORS 10.040.

The exemption from serving on a jury is not the exclusive right of physicians, however. Also exempted are dentists, optometrists, chiropractors, naturopaths, osteopaths, Christian Science practitioners and funeral directors.

Though excused from jury duty, physicians in Multnomah County are required to appear before Judge Krippeham's court in Room 330 of the Multnomah County Court House at 12:30 p.m. on the days specified on the physician's notice of his selection. Usually half a dozen days are listed for the convenience of the prospective physician juror.



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OPS Looks Back On 1965

A Report by Russel L. Baker, M.D.

Chairman of the Board

Oregon Physician's Service

As the year 1966 starts to take shape, we look toward the future with anticipation. It is well to look back upon the accomplishments of the past year and reflect.

Nineteen-sixty-five was a good year at Oregon Physicians' Service and I would like to express appreciation to the Executive Committee on the County Society for their assistance and the assistance of all the Member Physicians who helped to make this report possible.

In 1965, Oregon Physicians' Service was able to complete the repayment of a pro-ration of the last four months of 1957 and 1958. This was the satisfaction of an obligation at a total cost of approximately \$340,000 which had to be earned from income and savings in cost of operation.

Secondly, while OPS does not have a fee schedule as such, there has been notable annual increase in payment to doctors fees making many of them more equitable. It is certainly recognized that more need to come in the future.

The company is required by the National Association of Blue Shield Plans to carry three months reserve to abide by its Charter. At present, we have reached 3.3 months operational expense reserve — more than enough to qualify.

We have recently purchased property which is held as a reserve. The property adjacent to the County Society Headquarters has been acquired and already is returning income on its investment. We have purchased the Blue Shield Building on 11th and Alder and it is being remodeled. It is a very attractive building and will become useful and valuable as an asset to the Medical Society reflecting growth and progress.

Our financial picture is sound with the investment portfolio showing an increase of 5.1 per cent over last year. Our assets are up 2.7 per cent.

We recently installed a new 1401 Computer to further operational improvement and better service the physician and the public.

When looking back, one cannot discuss progress without reflecting on some of the problems as well. During the past year, hospital utilization has increased as much as \$6 per bill and the "stay" has increased by about one-half day per stay. In other words, 8,500 admissions at \$17 per one-half day would equal \$160,000 more cost annually.

Much as been done by the Board of Trustees and Management to make themselves available and informative in an effort to further OPS for the doctors. In order to accomplish the goals and current needs for the physicians in Multnomah

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County, it is necessary to have a larger and more knowledgeable participating membership. These times require close unity of the majority of the Medical Society. Splintering of groups and inadequate support of the prepayment objectives in Multnomah County must not be allowed to interfere with these goals. It is mandatory that we remain united to deal with government and local problems that exist right now!

What can you, as physicians, do? No better example can be cited than your Medical Society President for 1965, Doctor Verner Lindgren, who, in typical fashion, made himself aware of OPS and his relationship to the Society and carried this awareness to many a staff meeting urging that all take another look at OPS in the light of the other local problems present. He gave support and strength to OPS through able Medical Society statesmanship.

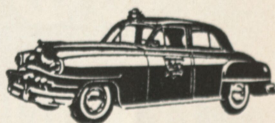
Thus, OPS rounds out another year in its history with the fervent hope that we may look toward an even better year in 1966 with a Medical Society supporting it through increased knowledge and awareness and a desire to participate. These are the things that create the strength needed in the months ahead.

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Mr. Jerry Gould Named AMA West Coast Representative

Mr. Jerry Gould has been appointed west coast field representative for the American Medical Association. He replaces Mr. John Pompelli who recently joined the AMA's Washington D.C. office.

Mr. Gould, 36, will represent the AMA in Oregon, California, Nevada and Hawaii. He was in Oregon in early November where he met with the OMA Board of Trustees.

A native of West Virginia, Mr. Gould



Mr. Jerry Gould

has been an AMA field representative since January of this year, covering Tennessee, Alabama, Mississippi and Florida. Previously, he was assistant executive secretary for the West Virginia State Medical Association. He also served for a time with United Press International in Charleston, S.C., covering state politics.

Mr. Gould is married and has four boys and four girls, from two to 13 years old. His home is in Wheaton, Ill. His wife is a "non-practicing registered nurse."

Nursing Home Standards Set

Standards for accreditation of nursing home and extended care facilities have recently been approved by the Joint Commission on Accreditation of Hospitals.

The new program will have the effect of bringing together the approval program of the American Hospital Association and the accreditation program of the National Council for the Accreditation of Nursing Homes.

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Medical Education Television Topic

"Medical Education" was the subject for the December 12 telecast of the "To Your Health" series over KGW-TV.

Appearing on the panel were Melvin W. Breese, Herman A. Dickel, Howard F. Lewis and Myron R. Grover. Dr. Breese served as moderator while Dr. Lewis spoke on the various aspects of the curriculum of a medical student.

Dr. Dickel and Dr. Grover covered the continuing aspects of a physician's education, emphasizing that a doctor's education includes not only at least seven years of formal medical training but also continues for the rest of his life.

John Billings Biography Now at UO Library

The long awaited biography of John Shaw Billings, under whose direction the first Index Medicus was published in 1879, is now available at the University of Oregon Medical School library according to Miss Margaret E. Hughes, librarian.

The biography is written by Frank Rogers, former director of the National Library of Medicine and now in charge of the library at the University of Colorado School of Medicine. It was Dr. Rogers who set up the Medlars system of indexing which is used in the current Index Medicus.

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NHA Sponsors Message for Americans

National Hospital Association will sponsor John Salisbury and his "Message for Americans" radio program on a 17-station radio network in Oregon, Washington, Idaho and Montana, according to Glen A. Bechtold, President of NHA.

"I am proud and pleased to bring the voice of this outstanding American into the homes of so many of our friends in the great Northwest country," Bechtold said. "It is this type of Americanism", he continued, "that pioneered and sustained National since 1906."

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Woman's Auxiliary Collects 90 Cartons Of Drugs

Ninety cartons of drugs, vitamins and medicines, weighing more than a ton were shipped to Medical Supplies of Missions from Portland, according to Mrs. Max Parrott, president of the Multnomah County Medical Society's Womans' Auxiliary.

Mrs. Parrott, in a report to the Board of Trustees, said the auxiliary-

sponsored drive was highly successful and that she wanted to thank each and every physician who contributed to the drive.

She said much of the medicines would be sent to South Viet Nam where medical supplies are in short demand.

Mrs. Parrott gave special thanks to Norman David and his students at the University of Oregon Medical School who sorted and packaged the drugs and medicine. Dr. David reported that the 90 cartons of drug samples were shipped to Medical Supplies of Missions headquarters in Tacoma.

Social Security Billing Policy Set

When the Social Security Administration asks you to prepare a medical report or statement on a social security recipient, who do you charge? The official position of the Multnomah County Medical Society is that you charge the patient directly for the cost of preparing the report.

Adoption of the policy came at the November meeting of the Board of Trustees. As approved by the board the statement reads: "Inasmuch as there is no provision in the law to pay for the cost of medical reports or statements from physicians, when requested by, or for, the Social Security Administration, the physician providing such information should look to the beneficiary of Social Security benefits for payment."

Charging the patient for preparation of medical reports for the Social Security Administration is in direct contrast to the charging policy when medical reports are requested for or by private insurance companies. In these cases physicians may bill the insurance company for the cost of preparing the report.

The policy regarding Social Security patients was prompted because of increasing amount of requests for medical reports.



Graduate students Leland Chung, left, and Ronald Winters assisted Dr. Norman David of the UO Medical School in sorting and packaging drugs for Medical Supplies for Missions project.

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"CHRONIC OBSTRUCTIVE PULMONARY DISEASE" will launch "THE OREGON MEDICAL REVIEW," an open circuit televised series of medical information for physicians. Here, the clinical faculty, Doctors James Morris and Donald E. Olson, review the program continuity during a shirt-sleeve rehearsal with the program's television medical director, John E. Tuhy (standing) while the chairman of the television sub-committee, J. Scott Gardner observes. Telecasting of "THE OREGON MEDICAL REVIEW," a sixteen program series presented by the Oregon Education Broadcasting and the Oregon Medical Association, will begin Thursday, January 6, 1966. Time: 10:35 p.m. on Channels 10 and 7, KOAP-TV, Portland, and KOAC-TV, Corvallis.

Merry Christmas

From The

Officers, Trustees and Staff

Of Your

Multnomah County Medical Society

Terms End For Fifteen

With the closing of the old year 1965 and the coming of the new a number of changes in personnel are to be made on the five Multnomah County Medical Society Commissions.

Doctors on the Judicial and Business Commission whose terms end December 31 include William A. Fisher, Norman A. David, and Werner E. Zeller.

Public Health Commission members whose terms expire at the end of the year include Howard L. Cherry, Robert L. Hare and Grant B. Hughes.

On the Public Relations and Public Policy Commission Donald F. Kelly, Herman A. Dickel and John F. Hayes all have terms expiring December 31.

Physicians on the Medical Service Commission whose terms end on December 31 include C. Louise Clancy, Richard R. Carter and Warren E. Nielsen.

Professional and Community Affairs commissioners whose terms are up on December 31 include LeRoy Groshong, William O. Thomas and Ceilous L. Williams, Jr.

Those physicians whose terms expire December 31 are eligible for re-appointment to the commission. MCMS by-laws provide that a doctor may serve two consecutive three-year terms on the same commission. The commission system was adopted three years ago and therefore all current commissioners are eligible for re-appointment.

A list of the new commissioners appointed to fill the vacancies will be published in the January issue of The Bulletin.

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New Series Of Classes Begin For County Medical Assistants

Multnomah County Association of Medical Assistants' first half 1966 classes begin January 10 with Clinton S. McGill, M.D., lecturing on Terminology, Cell Structure and Body as a Whole.

The classes are conducted on three Mondays a month at Providence Hospital Nurses Building, Room 132, beginning at 7:30 p.m. and ending at 9. It has been necessary to restrict classes to members, and those wishing to join. Everyone is allowed two free guest lectures.

School fee is \$10 which does not have to be renewed year after year. Membership in MCAMA is \$20 per year.

Members who have had the opportunity of attending lectures during the four years the school has existed recommend them highly to any medical assistant who wishes to better understand her work and ultimately do a better job for her physician employer and his patients.

Class schedule for the new term is as follows:

Date	Speaker	Subject
Jan. 10	Clinton S. McGill, M.D.	Terminology, Cell Structure and Body as a Whole
Jan. 17	Regular MCAMA meeting no class	
Jan. 24	Irving Puziss, M.D.	Lymphatic System
Jan. 31	David Rullman, M.D.	Hemic System
Feb. 7	Huldreich Kammer, M.D.	Endocrine System
Feb. 14	James B. Haworth, M.D.	X-ray
Feb. 21	MCAMA meeting no class	
Feb. 28	William Hurst, M.D.	EKG, BMR, etc.
Mar. 7	W. R. Warrington, M.D. or R. G. Gustavson, M.D.	Digestive System
Mar. 14	Albert E. Larner, M.D.	Integumentary System Immunology Injections
Mar. 21	R. L. Kalez, M.D.	Genito-urinary
Apr. 4		Microbiology
Apr. 18		Microbiology
May 2	Ann Campbell, R.N.	Examination Room Techniques Sterilization Procedures
May 9	Betty Phillips R.P.T.	Physical Therapy

Bulletin

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EXCELLENT LOCATION N.E. 82nd and Broadway for Doctor or Dentist office. Also medical-dental building. Ample off street parking. **WILL BUILD** and lease back. Charlie Clark, Hallberg Inc. 252-1436.

FOR LEASE modern medical suite in bldg occupied by Internist and Dentist. See at 2480 N.E. Fremont. Call AT 8-1272 eves AL 2-4189.

TWO MODERN SUITES for lease in building now occupied by internist and 2 dentists. Lynn Park Medical Dental Bldg. at S.E. Powell and 127th. Ample parking. Inquire about rental plan. Call G. H. Fraser or W. W. Wyse, CA 8-8545, CH 4-7858, PR 1-2030.

EUGENE Medical Arts Building is now complete and has several delightful air-conditioned suites available to be designed to your needs. Downtown Eugene location with free parking. Reasonable lease terms in a prestige building. Contact Dean Vincent Inc., Portland 228-3181, Eugene 345-0558.

600 SQ. FT. of well arranged space in Lloyd Center Medical for sublease. Contact: W. H. Hutchens, M.D., 252-5571 or 236-8224 or Mr. Sundt at Lloyd Ctr. office, 282-2511.

MEDICAL SUITE now available in new medical building in one of Portland's fastest-growing suburban areas. In large suburban shopping center, plenty of free parking. Will alter to suit tenant. Call 254-5517, Mr. Glenn.

MILWAUKIE AREA: Lease up to 4000 sq. ft. medical clinic with parking. Adjoins new Shopping center. Will build to suit. Economic study and plot plan available. Metro Realty, 232-2147.

LABORATORY TECHNICIAN

MALE MED TECH Full lab and X-ray experience needs Part time work. Reliable. Call Leroy Lamoreaux, M.D. 226-7994.

MEDICAL ASSISTANTS

All RECEPTIONIST background. Secretarial skills. Call Ardis Ann McGuire 226-7941. Leave message with Amelia Bardon.

PHARMACY, HOSPITAL experience. Training in Terminology. Call Mrs. Helen C. Brower. 235-5890.

DOCTOR CLOSES office leaving me without a job, but with excellent references. Rec. EKG, Bkkpg. Mrs. Audrey Olson. 232-8776.

FIVE YEARS on present job. Full X-ray, lab & EKG, injections. Bkkpg, type, insurance and filing. Dorris M. Curtis 656-2281.

EFFICIENT MEDICAL RECEPTIONIST with solid business background now available. Recently moved to Portland from New York. References. Mrs. Roberta Scheer, 659-1403.

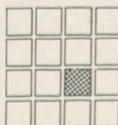
RECEPTIONIST with general office, switchboard and billing (non-medical) experience seeks employment in physician's office or clinic. Widow, age 31, with one teenage child. Ruth McLaughlin, 289-9776.

YOUNG WOMAN, presently employed as hospital admitting clerk, seeks daytime position as receptionist, medical secretary. Typing, shorthand, bookkeeping background. Leave messages with Miss Ruth Popp, 235-1139, or contact "Box A," The Bulletin.

LOCUM TENENS internist needed starting Feb. 1 for about 7 weeks. Will consider licensed medical residents. Close in SW Portland location. Write or phone The Bulletin.

WANTED: Full time industrial physicians for permanent employment in various Du Pont Company plants. Excellent opportunity. General practitioner preferred. Salary open. Immediate openings. Please write: C. A. D'Alonzo, M.D., Assistant Medical Director, E. I. du Pont de Nemours & Co., Wilmington, Delaware 19898.

SURGEON TO SHARE with G.P. new office now under construction. Located close to downtown Portland in area urgently needing M.D. Contact Earl Flatt, 234-0861.



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MORTGAGE LOANS

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Religion-Medicine Subject Of TV Program

"See Who's Here," a presentation over Channel 10 by the OMA Committee on Religion and Medicine was shown December 17. Appearing on the program were the Rev. Paul McCleve, national director of the department of medicine and religion of the AMA, and Richard Bolton, chairman of the OMA medicine and religion committee.

The half-hour program was spent discussing where the responsibility of the physicians leaves off and the responsibility of the clergy picks up and the areas of cooperation between the physician and the clergyman.

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OMA Dues Issue To Get More Study

A proposal to eliminate the requirement that Multnomah County Medical Society members must pay the annual dues for the Oregon Medical Association was returned to the Judicial and Business Commission for further study during the November meeting of the Board of Trustees. The proposed by-law amendment, recommended for approval by the Judicial and Business Commission, would have allowed physicians to belong to the county medical society without belonging to the state organization.

The Judicial and Business Commission, in recommending approval of the by-law change, said it would be in keeping with operating procedures throughout the state where few counties require their members to also be members of the Oregon Medical Association.

Several members of the Board of Trustees rejected the idea that the Multnomah County Medical Society should conform to what the rest of the county societies are doing. They suggested instead that MCMS should encourage all county societies to make membership in OMA mandatory on their members.

Mr. Chet Carter New OPS Executive

A new man for a new job is the way Mr. Don Chapman, executive vice president of OPS-Blue Shield, describes the appointment of Mr. Chet. Charter as manager of the Membership Records Department.

Mr. Carter, a native Portlander, comes to OPS from Fred Meyer, Inc. where, for 20 years, he served in a number of executive positions. The new OPS executive is married and the father of three sons. The family lives at 4201 SW 58th Ave.

**"THE
OREGON MEDICAL REVIEW"**

Premieres 10:35 p.m.

Thursday, January 6, 1966

Channel 10, KOAP-TV, Portland

Channel 7, KOAC-TV, Corvallis

BE SURE TO WATCH

LATEST IN MEDICAL INFORMATION TO BE OFFERED

Tune in 10:35 p.m. on Thursday nights, beginning January 6, 1966, by setting your dial on either Channel 10, KOAP-TV, Portland, or Channel 7, KOAC-TV, Corvallis . . . and you'll join your fellow physicians in viewing the first program of a weekly open-circuit televised series entitled "THE OREGON MEDICAL REVIEW."

Designed for physician viewing throughout Oregon and Southwestern Washington, this series of postgraduate caliber was borne by the Oregon Medical Association's Committee on Medical Education through the diligent efforts of its subcommittee on television working in conjunction with the technicians and talents of the Oregon Educational Broadcasting.

Much time and hard work has gone into the development of the video-taped series which emanated from a discussion Doctor S. Spence Meighan had with representatives of Oregon Educational Broadcasting, a Division of Continuing Education, Oregon State System of Higher Education back in May, 1965.

Following approval of the OMA Board of Trustees in June, Dr. Herman A. Dickel, chairman of the Committee on Medical Education, appointed a Television Subcommittee chaired by Dr. J. Scott Gardner and consisting of Doctors S. Spence Meighan, Portland; George J. Schunk, Salem; Donald M. Brinton, Eugene; and Robert I. Daugherty, Lebanon.

It was the Television Subcommittee's challenge to organize a workable program format for the series which included a multitude of details. Paramount to producing the best possible series of medical telecasts was the selection of television medical directors for each presentation. The utmost consideration

was given the selection of each television medical director as it was his responsibility to outline the proposed presentation and to select the clinical faculty—the program participants and consultants.

Chairman Gardner credits the Committee's television coordinator, Dr. S. Spence Meighan, for his enthusiastic, dedicated and tireless efforts in working with KOAP-TV director, Mr. Mike Pengra and his production director, Mr. Brooks Lefler, toward the completion of the series.

Slated to begin telecasting 10:35 p.m., Thursday, January 6, 1966, "THE OREGON MEDICAL REVIEW" schedule will begin as follows:

DATE	PROGRAM SUBJECT	TELEVISION MEDICAL DIRECTOR
January 6	—"Chronic Obstructive Pulmonary Disease"	John E. Tuhy, Portland
January 13	—"Diabetes and Pregnancy"	John W. Stephens, Portland
January 20	—"The Neurological Examination"	Wilbur L. E. Larson, Portland
January 27	—"Diuretics in Congestive Heart Failure"	James A. Riley, Corvallis
February 3	—"Clinical Management of Shock"	Roger W. Hallin, Portland
February 10	—"Current Concepts in the Management of Psoriasis"	Frederick A. J. Kingery, Portland
February 17	—"Physical Examination of the Knee"	Donald B. Slocum, Eugene
February 24	—"The Family Interview"	George Saslow, Portland

Other telecasts are being developed by Doctors David W. Macfarlane, Salem; Bernard Pirofsky, Matthew McKirdie, Leroy O. Carlson, Robert D. Koler, George M. Robins, all of Portland, and W. Richey Miller, Eugene.

Dr. Herman Dickel reports that the Board of Trustees has given the Committee on Medical Education authorization to name a "Committee of Critics" in each medical community throughout the State to evaluate each television program and report their views and suggestions to the Committee.

Open circuit television was pioneered in Utah as early as 1953; however, it is believed that this is the first time that a state medical association has originated and developed a series of shows via this medium. This technique has proved to have the advantages of convenience, simplicity, low cost and the opportunity of reaching a large audience of physicians.

It is anticipated that some 70 per cent of Oregon's physicians, as well as many of the physicians of Southwestern Washington will be able to pick up "THE OREGON MEDICAL REVIEW" over Channels 10 and 7.

Dr. Ernest T. Livingstone, president of Oregon Medical Association, encourages all physicians to tune in every Thursday night and view the latest in medical information in the convenience of your home.

Considering a downtown office?



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**BULLETIN of the
MULTNOMAH COUNTY MEDICAL SOCIETY**
2164 S.W. Park Place
Portland, Oregon 97205

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Return Requested

NURSING HOMES

The following Homes have requested physician referral and meet the standards established for advertising in THE BULLETIN. All are under R.N. supervision and all invite inspection at any time by members of the Society.

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Gladstone, Ore., at 340 First
Frank and Dorothy Gilman, Owners
(11 yrs. exp.)
General Convalescent Care
72 beds, 40 employees

Columbia Manor 246-8811

Vermont Hills District at
6010 S.W. Shattuck Rd.
Zena A. Ewing, Administrator
(33 yrs. exp.)
Mr. and Mrs. Herman Wolfe, owners
General Convalescent Care
60 beds, 30 employees

Colonial Manor PR 4-8526

Southeast Portland at 6821 S.E. 112th
Mr. and Mrs. Paul G. Conrey, Owners
(10 yrs. exp.)
Specializing with Elderly Confused
56 beds, 30 employees
Listed and Registered by A.H.A.

Selby

PR 1-2335

Southeast near Holgate at
10435 S.E. Cora
Mr. and Mrs. Wm. V. Selby, Owners
(16 yrs. exp.)
General Nursing Care,
1 floor modern bldg.
60 beds, 27 employees

Wallway

AL 3-0707

Gateway Area at 9750 N.E. Glisan
Mr. and Mrs. O. G. Wallway, Owners
(17 yrs. exp.)
General Convalescent Care
37 beds, 16 employees