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Voices of Yesteryear



By Del Meyer, MD

What doctors were writing about a half century ago.

The Yesteryear column during 1997 gave brief monthly reviews of what happened years ago in our medical society. Although our society was established in 1868, the written record occurred some 82 years later. The official publication of our society began in September, 1950 as "The Bulletin."

Dr. Charles E. Grayson, MD, was the editor. His copy, donated to our library, was the source of this report. There were reporters for Sutter General, Sutter Maternity, Mercy, and the County Hospital. Each hospital had a brief written report monthly. There were reports from the medical staff meetings of each hospital as well as the Society meetings held on the third Tuesday of the month. There was a book review column and a "Sense and Nonsense" column. Dr. Grayson, in his first editorial, indicated "The Bulletin" was not intended as a newsy chit-chat to be discarded after read, but "a voice for our interest... expression of our opinions."

Volume 1, the 1950s

Here are some voices from those early years of our written record, when we were the Sacramento Society of Medical Improvement (which remains our corporate name today) and our member's concerns were about compulsory medicine, the doctor draft, etc. Attributions are recorded if available.

These are our last archive copies and cannot be removed from the locked portion of our library. Plan to spend an afternoon or two at the society office to explore these rare volumes.

The President's Message: We Dare To Do

AGITATION for various types of medical legislation inimical to the health of the nation prompted the American Medical Association to embark on a large scale educational campaign. The campaign has gone far to thwart the propaganda issued by various pressure groups and individuals whose objective is to inaugurate a system of compulsory health insurance. But it is not enough. County medical societies must do their part to prove to the people of the United States that American medicine, free of political interference, has done, is doing and will continue to do the best medical job in the world.

The proximity of the state legislature makes it particularly important for our society to have a strong public relations program. This year such a program is being instituted. Through the cooperation of our

members we intend assuring every one in this county of expert medical care, twenty-four hours a day, regardless of ability to pay. Actually this is nothing new. It's not a dream of the future. It's here now. The medical profession has always cared for the sick, rich and poor. The indigent have been cared for through part pay clinics and the county hospitals and doctors have always attempted to scale their fees to fit the budgets of their full-paying patients. What is new, is the fact we are offering the guarantee to the public as society, instead of as individual physicians. - Andrew Henderson, Jr, MD, Sept. 1950

Executive Secretary's Message: Our Public Relations Program - Blueprint for Building

MANY MEMBERS of the medical profession seem to know better what they do not want than what they want. Perhaps this is the profession's greatest weakness in public relations.

Medical men have definitely and irrevocably stated they want no part of regiment medicine - now or ever. The public isn't so sure. Warning has been repeatedly sounded from all quarters that if the profession is to successfully combat socialized medicine it must come forward with an alternative and unanimously and vigorously support such an alternative. The profession can not just say "no" and oppose; it must settle its views on what it does want and convert those views from vociferous assorted negatives to tangible positives.

Your society has taken a big step forward on the positive side. It has awakened to the imperative necessity of earning good relations with the public and has embarked on an extensive public relations program with that objective in mind.

Members of the medical profession can be and are justly proud of the fine traditions, the accomplishments and the aims of the American system of the private practice of medicine. That system is based on free enterprise, individual initiative and service to the public. It is worth preserving. But if it is to be preserved the public must be made fully aware of the merits of the system and its superiority over all others - extant and proposed. And the public - right here in Sacramento, as elsewhere - must be enlightened to the inherent dangers not only to the medical profession but to itself, in the various proposed schemes directed toward the regimentation or compulsion of medicine. - Jane Algeo Watson, Sept. 1950

It's Your Duty... As An American

A communication from the California State Chamber of Commerce reveals that out of every 100 California citizens entitled to vote in the 1948 general election, only 60 went to the polls.

With nearly half of our citizens staying at home, every Communist and crackpot, in effect, casts two votes by ganging up and concentrating in strategic places. Because of the apathy of those who stay home, these political minorities wield tremendous influence. We can't afford to let them get away with it. Urge your friends, your employees and your patients to join the crusade to get out the vote in the November election.

It's one of your paramount duties as an American. This freedom of ours can be lost by indifference and supineness. Human freedom was gained by vigilance and struggle - it's not a gift to man.

Summary: Doctor-Draft Law

The doctor-draft law, S-4029 - Public Law 779 - was signed by President Truman September 9. The law affects all non-reserve medical men. It is a grant of authority to the President and details of administration wait on Selective Service and military regulations, to be issued on the basis of this authority. Pending these announcements the following are known facts: Who Must Register? Physicians who have not reached the age of 50 and are not members of military reserves.

Read more in Volume one, 1950.

Borborygmi: "George Kicks Carl in Teeth"

(This space is reserved for you - a place where you can blow off steam - talk back to the editor. Both bouquets and brickbats are welcome. We'll print ALMOST anything to which you'll sign your name.)

George Bernard Shaw, 94-year-old dramatist, trips over some pebbles in his British back yard, breaks a thighbone and is shipped to a nearby hospital for an operation.

The old rooster has been a Socialist since the Latter Bronze age or thereabout. Socialist medicine is now in full blast throughout Great Britain. All ordinary medical services are "free," meaning paid for out of taxes, so you get the pleasant illusion that it's costing you nothing when you accept such aid.

Does Shaw go in for Socialist medicine in this case? He does not. He's one of the rotten rich whom he has always professionally denounced, and stingier with his dough than almost any other living wealthy person. Nevertheless, he kicks old Karl Marx, founder of Socialism in the teeth. Shaw demands a private room at \$6.08 a day, for which he will have to pay out of his own fishhooked pocket, and specialist services, for which he will also have to pay.

When top-drawer Socialists like Shaw, Attlee and Bevin can't take their own brand of Socialist medicine, just how good or how desirable for anybody is that medicine?

Talk Delivered by Distinguished speaker at September Meeting: Dr. Hans Selye

It is doubtful that our Society has ever heard a more brilliantly delivered talk than that of Dr. Hans Selye as he unfolded the story of the development of the adaptation syndrome which he and his colleagues have worked out over the past fifteen years. Our Society was treated at our September meeting to a scholarly presentation such as we are not like to hear again for a long time.

In 1936 Dr. Selye was interested in the possibility of finding a new ovarian hormone, other than an estrogen or progesterone. In the course of the investigations it was found that the extracts used for injection into experimental animals caused certain characteristic changes: 1) gastro-intestinal ulcers, 2) thymic and lymphatic atrophy, 3) hypertrophy of the adrenal cortex. It was found that these changes were not due to any ovarian hormone and it was soon discovered that other substances could produce the same effects. It was found that the more impure the extract, the more extensive were the changes and it was felt that toxicity of the substance had something to do with the reaction.. It was subsequently discovered that anything causing stress will do the same thing - cold, pain, excitement, etc.

Stress proved to be a very useful word, not much used in somatic medicine, though since Selye's introduction of the term it has been generally accepted. The adrenal and lymphatic changes and intestinal ulcers represent somatic reactions to stress. This set of circumstances is called the alarm reaction.

It is now known that the thymico-lymphatic atrophy is due to corticoid activity. The ulcers are an example of a pure damage change, a sign of the lost battle in the stress reaction.

Selye felt it was worthwhile pursuing the study of the mechanism of defense against stress, and there then evolved the concept of the adaptation syndrome.

Dr. Edmund E. Simpson's extensive review of the address can be read in Volume one, page 13, in the library reading room.

Message from the Governor to the Connecticut State Medical Journal

The health of our people is a basic national asset which is being preserved and constantly improved by a free medical profession whose standards of health and care are the highest in the world.

To the 3,300 physicians of our State we in Connecticut owe in large part our own enviable health record which ranks with the best even in this singularly favored country. In behalf of our citizens, I wish to express our gratitude to body of professional men and women whose skill, integrity and compassion are unmatched.

It is my unalterable conviction that the maintenance and betterment of the health of our people cannot be accomplished by compulsory measures. Both individually and as a body the members of our medical profession have clearly and consistently demonstrated their sense of public responsibility. Hence, as a matter both of justice and of common sense any plan for health betterment must first take into account the opinion and experience of the profession.

Government controls of medicine would be not only contrary to every American concept of privacy and decency. It would also be a negative and detrimental answer to the problem of the health of our people. To the great credit of our Connecticut physicians, they have given a positive answer to this question by their encouragement of voluntary health plans and by their intelligent and close cooperation with such plans which now cover hundreds of thousands of our people. With the continued help of the profession, we in Connecticut must broaden these plans which enable the citizen to guard against the economic hazards of sickness without heavy taxation or compulsion, and without the intrusion of government as a third party between physician and patient. - John Lodge, Governor of Connecticut.

Articles from 1965

In 1965, the size of the journal changed from 8 1/2 x 5 1/2 inches, catalog size, to 8 1/2 x 11 inches and was reduced to six pages. Medical Care Foundations, the HMO movement, Kaiser Permanente and National issues become the common topic for the local society.

Outgoing president L. Morgan Boyers, MD, in his message: Chiding, Changes and Challenges.

The Chiding:

Your medical society officers and committeemen are as dedicated to our members and their professional organization problems as we all are to the practice of medicine.

However, during recent elections it was not unusual to hear someone express a desire for a particular man to run for office because he represented a specialty or particular field of practice.. Gentlemen, your officers and Board are above special pleading; the implication is unworthy of anyone. Since when did we departmentalize our Society and its governing body?

The Changes:

Our glossy *Bulletin*, so long a familiar friend on the local medical scene, is "bowing-out" with this issue by Board of Directors' action. The only reminder will be the annual directory issue to be continued in its old format and in addition to the 12 Bulletin issues.

Rising labor costs, the demand of time, changes in emphasis in the advertising world, and implications in proposed IRS rulings all have had their impact.. We make this change with a sense of nostalgia, but sincerely hope that the new format will gain greater interest and support.

The Challenges:

Our new president, Don Hause, assumes office at a time of great change, new pressures, and intense public involvement and concern.

Just as last year seemed to end an era in Medicine, the new year portends the beginning of a new one.

Because Medicine has always been concerned with the improvement of health care and its widest availability, your new officers and their able leadership will, I am convinced, meet these new challenges with forthrightness, dedication, and intelligence.

Medical Societies-Labor Unions: Parallels Drawn

In an address by William Scheuber, Executive Secretary of the Alameda-Contra Costa Medical Association to the East Bay Central Labor Council, he draws parallels between labor and medical societies. He recalls a number of accusations: Doctors have the toughest union in the world. Organized medicine is interested in keeping down the number of doctors so that it can maintain a "closed shop." Doctors are afraid of competition. Doctors make too much money. Medicine defends incompetents and cheaters and is unwilling to disciplining its wrongdoers.

Mr. Scheuber discusses each allegation in detail in the January 1965 issue.

Foundation for state workers - 429 physicians sign up.

The Medical Care Foundation of Sacramento was formally reactivated February 23 [1965] when a nine-member MCF Board of Trustees was elected by the Society Directors meeting in special session. The Directors' action was in response to a motion passed without a dissenting vote at the February 16 general meeting.

The MCF has been inactive since December, 1961, when the Trustees forwarded their resignation to the Board Directors because of inability to secure 50% of Society physicians as MCF participating members. The reactivation is in response to the State Employees' Retirement System request for extension to the 24,000 state employees in the Sacramento area of an "individual practice prepayment plan," represented statewide by Medical Care Foundations, and a "comprehensive group practice prepayment program, specifically referring to the Kaiser Health Plan.. The Kaiser Health Plan will also be available for the first time to Sacramento area state employees during the 30-day enrollment period. Both the MCF and Kaiser programs become effective May 1, 1965...

President Donald Hause, MD: the Society needs to face the facts of life and practice.

It may be the year of the Great Society in Washington but here in Sacramento the Medical Society, too, has some facts of life and practice to be faced.

It has been true for these many centuries, the physician's chief reason-for-being is to serve society by caring for the sick and injured. We in American medicine today consider we have contributed to an outstanding job over the past hundred years. I believe there is no doubt as to the truth of this statement.

We believe, indeed we know, that the best medical care for the greatest number of persons is only possible through a plan that allows patients to select - and remain with - their own doctors and hospitals. We believe, too, our patients know this but are requesting certainty of coverage be available to them through a full service benefit plan.

The Foundation Plan will be made available to state employees in this area. We must unite in making it work as it has in other areas. It will work here.

The time has long passed for philosophy.

Times change.

A patient-group has spoken and asked our assistance. We should do our best to assist them in the plan of their choice and still provide the best personal medical care possible.

John M. Mott, MD, Physician-in-Chief of the Sacramento Permanente Medical Group has the lead article in the Bulletin.

The advent of the Kaiser Health Plan, a Kaiser Foundation Hospital and the Permanente Medical Group in Sacramento has been the subject of more questions in the medical community than any other event in the past year. Bulletin Editor Dr. Frank Brown invited Dr. John M. Mott to answer some of these questions and outline the plan's health care concepts.

Read the entire article in the April 1965 issue.

President Donald Hause, MD, in his April Message, cautions lay health organizations.

To do good is a common desire of many people and organizations. In no other endeavor have more do-good organizations been developed than in the health field.

Every year many new ones are founded as one or another group of highly motivated people band together to see that some particular health problem is conquered. Many of these organizations are based on some strong emotional feeling associated with personal loss. The people involved develop tremendous drive to do something for others so affected or afflicted. All of these organizations, and they run the gamut from Red Cross, Cancer, Heart, Polio, Birth Defects, *ad infinitum*, started with an idea of doing good for someone in a crisis. All have zeal and high purposes. But inevitably the medical facts of life come to their attention and it is then that the medical profession needs to be present for guidance for no matter how high the ideals, sooner or later the program emphasis shifts from education to fund raising and then to case finding and fund dispensing. Strong emotional appeal is the basis of many such drives so as to obtain the greatest contributions, generally with great fanfare and publicity to show the world the good the organizations can do.

The problem, as we see it, is to be sure such funds, once raised, are not spent recklessly or on unwise projects. Many times it appears as though funds are wasted on fruitless projects or in maintaining a large executive staff. If the medical profession does not maintain close liaison, it is not unusual to see them go off on tangents which to lay members seem correct but which the physician knows are needless and are duplications of research.

Read more in the April issue of 1965. There are a number of articles on the MCF, Kaiser Permanente, calls for involvement, not isolation, throughout this volume.

The next volume, 1966, highlights Medicare and the new UC Davis School of Medicine.

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