Feb 11-71

Dear mom and Dad.

Hi you two. How are you? I am going to write you a short letter to let you know how I am doing. I think I am doing pretty good. My breathing seems to have improved. We have been getting a little more exercise too. Waldrup's place was like all full of water from the rain. Some folks were caught in it. I didn't have a chance to write from there before I got here. That was a terrible earthquake in Cali.

The weather has been pretty good here and the snow is almost all gone. We've been out in the field most of the afternoon. Florence and I have a lot of the work to do here. We started to plant potatoes for several days. We've been working for most of the afternoon. She got her last two quails yesterday. That makes 10 she and I paid for them. There was some money to make more.
says it will a person can afford to pay
quite a large deductible. Grandma is sipping venison stock for
lunch. There is nothing wrong with my
appetite. I am eating all the time. I keep
there a sandwich at the site and a glass
of juice. Grandma wants me to tell you
folks she sure enjoys herfoying from
Well this is it for now.
With all my love to both of you.
Dad.
Ivan Doig
15004 Linden Ave. N.
Seattle, Wash. 98133

Charles C. Doig
c/o Tri-County Hospital
Townsend, Montana
Dearest Dad

Just a few lines to keep in touch. The nurses tell me when I phone that you're still very nervous. I certainly hope that Swenson is coming up with something for that.

All is well here. I just did a $500 article for Bell Telephone Magazine which the editor phoned to say he likes very much. And I have an article on interracial adoptions in the February issue of Parents' Magazine. Things are going along well. I have 2 or 3 things to get out of the way, then I can be fairly clear to come to Montana again if I have to. I want to wait, if at all possible, to see if you need help when you go home this next time. There's just not much I can help you with while you're in the hospital, but quite a lot I can do in helping you get settled at home.

Warmer weather here. Avalanches in the mountains -- four people killed in one last weekend -- and flooding rivers in the lowlands.

Carol is fine, and sends her best. She has a batch of papers to grade, but otherwise has matters fairly well under control.

Had the car greased and oiled yesterday. It was long overdue. We have a lot of little chores like that to catch up on, probably enough to keep us busy this weekend.

Maybe on Friday I can see if any stores here are interested in buying any of Grandma's quilts. I really don't know if they will be, but I'm curious to find out.

Guess that's about it from here. I hope you're improving at last. It's been a hard go for you.

all my love

[Signature]
Ivan Doig
15004 Linden Ave. N,
Seattle, Wash. 98133

Charles C. Doig
% Tri-County Hospital
Townsend, Montana
Dad -

Just phoned Dr. Swenson, and was awfully glad to hear he thinks you’re better today. Said you spent a quieter night last night. That’s great news - certainly you’ve had a rough enough time so far.

All well here, just trying to get ahead of the work. I’ve had a busy week, working on three articles, and have got a lot done.

All for now - be seeing you, maybe when you head home.

Love

Jean & Carol

...they’re always getting a little behind in their work!

Get well soon!
Charles C. Doig
To Tri-County Hospital
Townsend, Montana
I think your doctor is going to examine you...
Dear Dad

I phoned last night to see how you're doing. Hope you get well enough to come to the phone pretty soon.

It sounds as if Grandma is getting over to visit you as much as she possibly can.

All is well with us. We had company over the weekend—Jan Bateman and two of her friends from Oregon—but life is back to normal now. I'm struggling to finish an article for Bell Telephone magazine.

The nurse said Ed had been to see you. I had to hear that.

Well, I'll keep phoning to see how you are. Hope you snap out of it soon.

Love, as always,

Ann
Peter Meloy
Meloy and Kline
555 Fullar Avenue
Helena, Montana 59601

Dear Mr. Meloy

Perhaps it's unusual to write out of the blue to seek legal advice, but I do need some guidance on a couple of points of Montana law. John Coleman of the Historical Society, a friend from schoolboy days, mentioned you when I asked him to suggest someone. And I've met your wife at the library a time or two in my work as a writer.

My father, who lives in White Sulphur Springs, is very ill with emphysema, and considering the medical bills past and future, I feel I'd better obtain some legal advice on two points:

The first involves an operation my father had recently. His understanding with the doctor was that the doctor would perform the surgery for the standard Medicare fee for such an operation. I believe this was said at least two different times when the two of them discussed the operation. Yesterday my father received a bill which we think is several hundred dollars more than the amount Medicare will pay on the operation. So, the first question: with an oral agreement of this sort, is my father on secure legal grounds in refusing to pay the amount which exceeds the Medicare coverage?

My second question has to do with my legal responsibility for my father. I suspect that perhaps the doctor has presented this larger fee in hopes that I will pay it. My father has no income except minimal Social Security. In the past several years, I did provide more than half my father's support, and so my income tax records show him as a dependent. But in 1970, I did not provide more than half of his support; the increase in Social Security payments and his drawing into money I had provided in previous years meant that I provided him very little income in 1970, and he will not be a dependent on my income tax this time around.

I'm my father's only close relative. Naturally I want to provide him financial help in the future as he needs it. But is there some point at which I become liable for expenses such as this surgical fee if my father is unable to pay, or dies before full payment is made? My concern is not to shirk any honest debts, but to keep from being bankrupted by what could become an enormous string of medical bills. I should explain that my father has nearly reached the end of Medicare and coverage by a private insurance company, and he seems to be a few dollars a month above the income level under which he would be eligible for state Medicaid.

In short - and I hope I'm making myself clear - I would like to know under what circumstances, if any, I would become liable for my father's debts.

If you need more information or need to talk with me for any reason, please phone me here in Seattle, at 206-364-9408. Cordially

Ivan Doig
February 10, 1971

Mr. Ivan Doig
15004 Linden Avenue North
Seattle, Washington 98133

Dear Mr. Doig:

I have your letter of February 5th in reference to your questions as to the medical and doctor bill which your father received.

In answer to your first question, if your father had an oral agreement with the doctor as to the amount to be paid for the services, this, of course, is good legal grounds for paying anything other than what was agreed to. The difficulty with this, of course, is the nature of proof. If your father does not pay the bill, then the doctor could, if he so desired, which they usually don't, bring legal action to recover the bills, at which time the defense of the oral agreement could be asserted and if proved would prevail.

As to the second question, your only financial responsibility for your father's welfare is statutory in the State of Montana, and makes the children responsible for the care of an indigent parent. This, of course, is only as to the reasonable necessities of life, and the responsibility is governed by the reasonableness and the necessity rather than any sort of a contract which your father should make.

I hope that this answers your questions.

Very truly yours,

MELOY, KLINE & NIKLAS

[Signature]

By: Peter Meloy

PM: jk
1500 15th Ave. N.
Seattle, Washington 98133
November 23, 1970

Dr. John D. Allen
The Mason Clinic
1116 Ninth Avenue
Seattle, Washington

Dear Dr. Allen

Thanks for the very frank advice about a glonecotomy
for my father. I'm sure I can dissuade him now.

Cordially

Ivan Doig
THE MASON CLINIC
1118 NINTH AVENUE
SEATTLE, WASHINGTON 98101

November 20, 1970

Mr. Ivan Doig
15004 Linden Avenue North
Seattle, Washington 98133

Dear Mr. Doig:

I would very strongly disapprove of glomeectomy for your father both physically and psychologically. The risks of surgery with his degree of pulmonary disease cannot be lightly dismissed and should be entered into only for procedures which have some real chance of improving his health. To put him through a major surgical procedure which has been clearly proven to have no medical benefit of any sort is to subject him to a real surgical risk under circumstances that I would consider personally in present day terms to constitute malpractice. Not only is the operation clearly demonstrated to have no positive value, but under certain circumstances, particularly in individuals with emphysema, may produce deleterious effects by reducing respiratory drive, leading to the accumulation of carbon dioxide in the system and further decrease in blood oxygen levels.

I understand that he is depressed, but to reduce the sensation of labored breathing at the expense of further reducing his blood oxygen level runs the very real risk of producing a fatal result.

In summary, don't under any circumstances allow him to have that operation.

Yours sincerely,

[Signature]

John D. Allen, M.D.
John D. Allen, M.D.
The Mason Clinic
1118 Ninth Avenue
Seattle, Washington 98101

Dear Dr. Allen

My father, Charles G. Doig, has asked me to write for your opinion of a glomectomy (I hope I have the right word -- removal of the carotid body from the neck).

My father recently has been examined by a physician newly arrived in his hometown (White Sulphur Springs, Montana), and the physician discussed this surgery with Dad and said he feels he has had good results in performing the operation on other patients in the past.

I'm sure you appreciate how difficult it is for laymen to choose among medical opinions in a matter of this sort. When I gathered some information for Dad about the glomectomy technique a few years ago, I found a few doctors favored it but journals such as The New England Journal of Medicine dismissed it as a placebo, at least in the treatment of bronchial asthma. What's your opinion (if this is not a very unfair question, put so starkly in black and white terms)?

I should add that I'd particularly like to know whether a glomectomy would be an acceptable risk for my father in hopes of boosting him psychologically. Because of family and other considerations, my father apparently cannot be budged from the high altitude of Montana. Yet the chronic shortness of breath he suffers there depresses him very seriously. As I understand it, a glomectomy may relieve some of the sensation of labored breathing? If so, can you give us your opinion of the medical risk involved, to be balanced against any feeling of relief from labored breathing?

Hard questions for you, I know; I have to ask them because they're even harder for my father. Many thanks for your time and attention once again.

Cordially

Ivan Doig
Albert V. Jellen, M. D.
Box 469
White Sulphur Springs,
Montana 59645

December 1, 1970

Mr. Ivan Doig
15004- Lindon Ave. N.
Seattle, Washington

Dear Mr. Doig:

Thank you very much for your letter dated November 19, 1970 regarding your father’s illness and my proposition to do surgery (glomusotomy).

It is interesting to notice that you have done some research as to the success of this operation in other patients and that you were disappointed with the results. Your father mentioned already that all the people he knew, who had this operation, died within a few months afterwards and for this and other reasons among them your findings, he was not very keen on this procedure.

May I state a few basic things briefly:

1. The procedure is not designed to prolong life but to make it more bearable, as it does not improve the basic disturbance the emphysema, but it rather interrupts the pathway via which the patient is constantly reminded of his low oxygen tension in his blood causing and maintaining his breathlessness.

2. It does not claim to remove the basic problem which is the impaired oxygen uptake in the lungs and therefore it may well be that patients die a few months after the procedure, yet not due to the fact that they had the operation done but rather because their ventilatory function was so poor prior to the procedure already that they would have died anyway.

3. Due to my oath I am unable to give any addresses of patients treated this way, but I can assure you all of them benefited to a greater or lesser degree and every one of them stated a definite subjective improvement. As long as the patients themselves tell the story it is alright but unfortunately I ask nobody for their permission to disclose their names and thus I am unable to do it though I wish I could.

4. I personally feel that a procedure of this kind which is not yet universally excepted in a medical world can be fully weighed between the patient and his physician only and the decision reached on a mutual basis of confidence, which is the basis for any procedure but particularly for the one in question.
I offered my services because I did see definite improvement and I have explained it to your father and it is now up to him to make the final decision, but I would not wish him to decide in favor of the operation unless he has gathered enough confidence.

Whatever his final decision may be I do assure you that I will try to look after him medically as best I can. I am looking forward to meeting you.

Best Wishes

Albert V. Jellen, M.D.
Dearest folks

Well, let's see if I can finally lay some Christmas plans. I wish I had some clear answers to what we can do about how you're feeling, Dad, but I surely don't. Let's see what you guys think of this. Carol and I will come there for Christmas -- probably arrive in St. Falls on Dec. 22 and leave on Dec. 26. (Carol's folks are arriving here on Dec. 30.) We'll rent a car in St. Falls, so there won't be any problem of people providing us transportation to the airport. While we're in WSS, you and I can talk with Dr. Jallen about the carotid operation, Dad. In the meantime, I'll try to find out more about the operation and get other opinions about it. Why don't you get in touch with Stanley Collum (he is the one who had the carotid operation in Houston 3-h years ago, isn't he?) to see how he's fared since the operation, too?

There are a couple of other arrangements we could make for the week ahead, and if you guys prefer any of them, we could make plans that way, too. For instance, the two of you could come out here about Dec. 15 so Dad could see Dr. Allen, then you could either stay here for Christmas (going home maybe a day or two afterward) or we could go back to Montana with you for Christmas. But if you don't feel any great need to see Dr. Allen, Dad, maybe that is a lot of unnecessary trouble just now. Another thing I remind you of again: if you feel you'd like to spend the winter here with us, we can arrange it. We can convert the garage into a study and turn the study back into a bedroom. And with the furnace out of the utility room, we could even put in another bed there. I guess what I'm saying is that you shouldn't let the problem of space decide the question: we can make the space, here or in another house, if you ever want to come for an extended stay. The question has to be decided on the basis of whether or not you want to come.

Those are my not very fresh thoughts on the matter. At any rate, I'll go ahead and make plane reservations for Carol and me, because they can always be changed later.

Spent a rather quiet weekend around home. We went to a new Japanese restaurant Friday night, a place where they cook your meal right at your table. Great food -- we'll have to take you there next time you're here. Saturday night, we went to see play at the University of Washington. Carol worked in the study yesterday, writing a textbook proposal for a publishing house. I got an interested response last week on a book idea I'd sent to a publisher; will have to do some more work now, in writing a sample portion of the book.

Obviously, we're keeping busy. I have a pair of interviews today, one to see if there's a story to be done for Together magazine and one with Bill Lazor this afternoon, if he's available. I want to write a little history piece around Bill for the Seattle Times. Friday I had a bad hassle with the editors of Parents' magazine, who are publishing my article about interracial adoption in their February issue. They sent me a checking copy of the article, and I found out they had changed all the quotes I got from people I interviewed. I consider this unethical, and so I've made them change the quotes back to what they were in the first place. The editors and I are very unhappy with each other, and I probably won't write for that magazine again. Luckily this is something that doesn't happen very often.
Dearest folks --

Hope you're both well. Been reading about the terrific storm in Chicago? Needless to say, it makes us feel pretty smug about our move.

Dad, I promised to send you the material I've gathered on Phillips and his surgery, and here it is. Here are the important points I get out of it:

-- The Mayo Clinic and Dr. Butler, head of the University of Washington's respiratory department, don't favor carotid surgery. They feel it hasn't been proven useful, and Butler told me there's a chance it could be dangerous in time. The American Medical Association can't take a stand, but the material it sent indicates several studies have been unfavorable to carotid surgery. Baylor University, where Phillips says he taught, won't speak up for the surgery.

-- All of Phillips' patients who wrote back to me say the surgery helped them.

-- Phillips lists good medical qualifications, although the reply from Baylor means that if he was a professor of surgery there, it was an awful long time ago.

The most important thing I get from all this is the warnings by the most respected experts against the surgery. There seem to have been a lot of cases where it was tried and apparently didn't help, at least for any length of time. In cases where it apparently has helped, some doctors think the help has been emotional rather than real -- that is, people felt better because they believed they had been helped. I didn't know this effect was possible in asthma and emphysema cases, but some medical authorities think so. And it's entirely possible carotid surgery has really helped some people; it just appears that the odds are against real relief. Phillips seems sincerely to believe in it, and he's likely on the level. But in the article he wrote about the surgery -- which is also called glomectomy -- notice that he says the basis for relief is not known or understood. Baylor's answer to my letter indicates he has been out of contact with that medical school -- which he cites as one of his qualifications -- for a long time; I don't take that to be much in his favor.

It seems to me, Dad, there's plenty of opinion against the surgery to make it wise for you to try a top-flight clinic for examination and advice. There's apparently one called the Mason Clinic here in Seattle (Dr. Butler recommended it to me). I favor a trip to the Mayo Clinic, where you should be about as sure of getting expert attention as you can be. I can go with you sometime around the 19th or 20th of March; should I write back to Dr. Happer and see if arrangements can be made?

Notice that the medical material on asthma and emphysema stresses that the problem isn't hopeless; medication and treatment can help, they say. So don't be downhearted. And of course, don't give a thought to the expense of a Mayo trip. We'll chip in whatever's needed.
September 6, 1968

Mr. Ivan Doig
4712 - 33rd Avenue N.E.
Seattle, Washington 98105

Dear Mr. Doig:

Many thanks for your letter of September 4, but I must say that the questions you asked are almost impossible for me to answer. Carbon dioxide narcosis is usually a chronic situation but does not produce marked changes in the respiratory situation for most people unless they are prompted by sedative medications or respiratory infections or some other triggering agent. When such events do occur, they must be treated as such at the time, but the long-term prevention of such episodes is essentially the long-term care of the pulmonary emphysema. Treatment of this problem certainly is possible, although no magical cure has been discovered in the past year. The exercises which were recommended to your father are of some importance but are perhaps the least important part of the overall program of care which we outlined to him last year.

The major question you asked is whether re-evaluating his situation here would do him any good or not. Unfortunately, this is a question I really cannot answer and I don’t believe that the information I could obtain from his physicians in Montana would make it any easier to settle this for you. Certainly we would be very willing to re-evaluate his problem here, repeat certain studies for comparison purposes, and to then decide whether any change in his program would be helpful to him. It might be that such study would suggest a change in his program which would give him assistance, or it may be that he is already receiving all the help from medication which his lung situation will allow. Unfortunately, without seeing him I just really can’t answer that, and I am sorry to have to toss this question back to you in this fashion. Certainly, if you would like to set up an appointment for him, we would be happy to do so, but without seeing I am afraid we can’t answer the basic question which you ask.

Yours sincerely,

John D. Allen, M.D.
John D. Allen, M.D.
The Mason Clinic
1118 9th
Seattle, Wash.

Dear Dr. Allen

In June, 1967, you examined my father, Charles Doig, and prescribed some measures to relieve his severe emphysema. Dad recently was very ill and I thought I should write for your advice on whether it might be useful for him to come to the Clinic again.

Dad went into St. Peter's Hospital in Helena, Montana, around Aug. 27. My wife and I were in Canada then, but from talking with Dad and his doctors when we got to Helena, we found he was in the hospital for a bladder ailment, a possible overdose of digitalis, and a generally run-down condition. He was able to leave the hospital Aug. 31, and when we had to return to Seattle Sept. 2, he was able to get around fairly well despite being rather weak.

Dr. Tohlstedt, a Helena urologist, found Dad's lungs too weak to endure anesthesia and ruled out any bladder or prostate surgery. The doctor believes the bladder problem can be lived with without too much trouble. And, the digitalis overdose seems to have been some sort of misunderstanding and shouldn't happen again. Neither of these problems would make me write to you, but Dad's general condition worries me enough to ask your advice.

Dad often is under what Dr. Tohlstedt described to me as carbon dioxide narcotics, and apparently his energy sometimes drains away so alarmingly that, as with this time, his condition deteriorates almost in a day. This is one reason I write -- to ask if any treatment of this is possible. Another reason is that I'm not sure Dad is a particularly good patient and I doubt that he regularly does the exercises recommended in the Clinic's pamphlet; I wonder how seriously this might affect him. Finally, and most important, I wanted to find out if there have been any discoveries in the past year which would make you want to examine Dad again. The use of the Bennett valve, which you prescribed, I think has helped him considerably.

I'm sorry to take your time and attention, but I feel I have to ask your advice for my father's sake. If you think you should contact his doctors before deciding if it would be worthwhile to examine Dad, I'm sure Dr. Tohlstedt in Helena or Dad's regular doctor, Dr. Swenson in Townsend, Montana, would be fully helpful.

Cordially,

Ivan Doig

P.S. If you would wish to talk with me, you can reach me at LA3-6252.
Dear Dr. Jellen

My father, Charles Doig, tells me the two of you recently discussed his emphysema, and you mentioned the possibility of removal of the carotid body. I know that Dad suffers terribly from chronic shortness of breath, and we don't want to overlook anything which might provide him some relief. On the other hand, a few years ago when I investigated the possibility of carotid surgery for him and gathered some information, we found that medical journals were discounting the technique, with the results either inconclusive or negative, in their judgment. Dad would like for the three of us to discuss this possible surgery when I come to White Sulphur for a visit in about a month. Before we talk at that time, I'd greatly appreciate it if you could refer me to a few patients you have performed the carotid surgery on in the past. A layman is rather lost when there are conflicting medical opinions, and the best way I know to find a basis for decision is to see what relief other emphysema sufferers have received from carotid removal.

I'm looking forward to meeting you, and I hope your practice is thriving in White Sulphur.

Cordially

Ivan Doig
The lesson that physicians should derive from the article is that isolated educational efforts made by gifted and enthusiastic physicians are not enough. There must be concerted, intense, mature pedagogic efforts conducted either through existing medical organizations or through the same organizations given new direction, if a majority of physicians should express dissatisfaction with the current orientation. At the same time individual physicians must continue to take every ethical opportunity to educate patients so that they can understand current medical problems without bias and even help in their solution. The initiative should not be left to sensational seekers of the opposition. As we do this, would it be too maudlin while eating humble pie to admit just to ourselves a certain pride that hundreds of community hospitals provide their patients with the same kind of scientific devices and intellectual compassion as the archetype of the great teaching hospital used for Look's standard?

THE RISE AND FALL OF GLOMECTOMY FOR ASTHMA

The Massachusetts Blue Shield Newsletter of January, 1966, contained an announcement that since "glorectomy is not a generally accepted procedure for the treatment of bronchial asthma," payment for such operations would no longer be made by the Massachusetts Medical Service. This action was taken on recommendation of the Blue Shield Fee Committee.

In January, 1965, the Journal published a report of 15 cases in which there had been unilateral removal of the cervical glomus (carotid body) for the treatment of bronchial asthma, with no objective beneficial effect. These negative observations were in agreement with the expectations and experience of most physicians trained in the field of allergy and aware of the nature of asthma, its rapid changeability and the difficulty in evaluation of therapy. Nevertheless, more convincing evidence was needed to counter the enthusiasm of surgeons who had undertaken the procedure in hundreds of cases in Japan since the forties and in the United States since 1960.

This report of Segal and Dulfano was subject to criticism because the cases were studied after the surgical procedure had been performed elsewhere. It might have been thought that their study was concerned only with acknowledged surgical failures admitted to occur in a minority of cases; however, 7 of the 15 patients had been classified as significantly improved by the surgeon on the basis of early postoperative observation. Still more convincing evidence has now been placed on record from several sources.

A report from Australia published in November, 1964, by surgeons who had treated 72 asthmatic patients with glorectomy led to the conclusion that the control patients appeared to fare just as well. A paper from Japan three months later stated, "This treatment went out of fashion in Japan ten years ago because of its merely temporary effect."

At the University of California Center for the Health Sciences a comparison was made of the experience of asthmatic patients who volunteered to undergo experimental surgical treatment, 1 having glorectomy and 5 simple incision of the skin of the neck. No significant differences were found subsequently in the two groups of patients. A larger series of cases treated in the same manner at the Veterans Administration Hospital in Albuquerque, New Mexico, was described in January, 1966. Twenty-three asthmatic patients were selected at random for the real or the control procedure. (They were informed that this might be a glorectomy or a sham operation and that the real operation if performed was of improved benefit.) Unilateral glorectomy was performed in 10, and a control operation in 13 cases. A slight improvement in pulmonary function was demonstrated in the group having glorectomy six weeks after the operation, but by six months, there was no significant difference in the function of the two groups.

At the Mayo Clinic a review was made of experience with glorectomy in a series of 12 cases carefully studied before and after operation. The observations included measurements of pulmonary function and were extended over a period of one year or more after the operation. It was concluded that the surgical procedure did not result in any subjective or objective benefit. The results of a questionnaire submitted to the members of the American Association for Thoracic Surgery were reported in the Journal of the American Medical Association under the caption "most thoracic surgeons oppose glorectomy in asthma management."

As noted by Segal and Dulfano, Beecher has documented the placebo effect of surgery in relation to other procedures, giving as an excellent illustration internal-mammary-artery ligation for angina pectoris. He pointed out that this procedure had a short life cycle from enthusiastic acceptance to discredit within two years. Unfortunately, the life cycle of glorectomy for asthma has been unduly prolonged. Termination should be hastened. The failure of the operation to help asthmatic patients is not the only objection to the procedure. There are possible adverse effects: the patient deprived of even one of his two carotid bodies may be vulnerable to stress. The United States Food and
Drug Administration has the authority to terminate unjustified human experimentation with drugs. It is the responsibility of the medical profession to take action regarding unjustified continuation of fruitless surgical experimentation.

The failure of surgical treatment should not cause the victims of bronchial asthma to despair, however. Remission often occurs without any treatment. For those with chronic disability, much can be done to alleviate the disorder by standard medical procedures and the teamwork of specialists in several fields. Furthermore, it should never be forgotten that much depends on freedom from tension and an attitude of hope.

REFERENCES


BETH ISRAEL HOSPITAL’S JUBILEE YEAR

Adhering to the pleasant custom of observing those anniversaries that occur in multiples of hundreds, half hundreds and semi half hundreds – the ter- and bicentenaries, the semi-tercentenaries or sesquicentennials, the centennials and the seventy-fifth anniversaries, Boston’s distinguished Beth Israel Hospital has already launched on its true golden Jubilee. For this is the fifth year of its founding, the completion of a half century of service to the community.

On the theme “The Hospital: A center for community health,” Beth Israel, a constituent agency of the Combined Jewish Philanthropies of Greater Boston, and an affiliate of the Harvard Medical Center, has already, on April 3, as the first major event of the Jubilee, dedicated its recently completed Rabb Building, which will ultimately serve as the entrance for all patients to the Hospital. During the same week there was a Medical Alumni Reunion Day and a special program in honor of the Hospital’s nurses. A series of lectures for the general public, based on the function of the Hospital in community health, are being held in the spring and fall. These lectures are cosponsored by the Women’s Auxiliary. The week of October 23 will be "Beth Israel Hospital Week," highlighted by a Golden Anniversary ball.

Beth Israel opened its doors on October 22, 1916, in a converted mansion in Roxbury. So able has its administration been under a series of outstanding directors – Dr. Boris E. Greenberg, Dr. Charles F. Wilinsky, Dr. Cecil G. Sheps and Dr. Sidney S. Lee – and so generous its support, that only twelve years after its founding it was able to move into its new buildings adjacent to the Harvard Medical Center.

Another Jubilee event is considered of significance to the editors of the Journal; on July 21, this year, they will publish the first of a series of seminars in medicine emanating from the Hospital, to continue at monthly intervals, perhaps ad infinitum.

MASSACHUSETTS MEDICAL SOCIETY

PAUL R. HINCHLEY

To have known Paul Hinchley was a rewarding experience, for he possessed an unusual combination of rare qualities. His devotion to his wife and family was reflected in his every word, he would always arrange his busy schedule so that he might take part in their activities. His patients received his special sympathetic attention, and his friends always benefited by his concern and desire to help. His Church activities, his lectures for the Holy Name Society and his activities as a member and former president of St. Luke’s Guild of Catholic Physicians further reflected his qualities. His sympathetic understanding and concern for those suffering from cancer was ever manifest in his interest and direction of the Cancer Clinic at Salem Hospital. Full as his schedule was, he made time to take on the duties of a councilor of the Massachusetts Medical Society and for a number of years chairman of the important and demanding Committee on Legislation.

Paul graduated from Harvard University, cum laude; he served an internship at Boston City Hospital and held a residency at Pondville; he served on the staffs of Massachusetts General Hospital and New England Medical Center. He was a member of the American College of Surgeons, American Board of Surgery, Boston Surgical Society, New England Cancer Society and Essex Surgical Society. He was a visiting surgeon at the Salem Hospital and a consulting surgeon at Memorial Hospital, Ipswich, Massachusetts, J. B. Thomas Hospital, Peabody, Massachusetts, and Mary Alloy Hospital, Marblehead, Massachusetts.
Mr. Charles C. Daig  
White Sulphur Springs, Box 413  
Montana

Dear Mr. Daig:

It was so nice to have your letter inquiring about the carotid body surgery, and to talk with you today, and I will expect to hear from you again just as soon as you talk with you son in Seattle. It was so nice of Mr. Collum of Three Forks, Montana to tell you about what we are accomplishing and how he has been helped.

Enclosed is a letter that answers many questions about the operation, a map showing the location of the Medical Arts Building where both my office and the hospital are located, and a registration blank which I will appreciate you filling out and returning. This saves time when you come.

The usual charges are: My examination, evaluation and preparation, $50.00; Surgery, $500.00; Anesthetist, $50.00; and we always have an internist for consultation whose fee is $25.00. Medicare is accepted by the hospital and it entitles you to semi-private room accommodations after you have paid the $40.00 deductible. On the doctor's bills, you pay us and we give you a receipted bill which you turn into Medicare for your reimbursement.

Mr. Paul G. Eriksen, 13726 41st, N.E., Seattle, has just returned to his home after having the surgery, and if your son would like to contact him he would be all right.

We will look forward to hearing from you and it will be a pleasure to take care of you.

Yours sincerely,

John Roberts Phillips, M.D.