

3-4-1949

City Club of Portland Bulletin vol. 29, no. 38 (1949-3-4)

City Club of Portland (Portland, Or.)

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Recommended Citation

City Club of Portland (Portland, Or.), "City Club of Portland Bulletin vol. 29, no. 38 (1949-3-4)" (1949). *City Club of Portland*. 136.

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PORTLAND
City Club
BULLETIN

Crystal Room • Benson Hotel
FRIDAY . . . 12:10 P. M.

PORTLAND, OREGON — Vol. 29, No. 38 — MARCH 4, 1949

Mr. Burdette W. Erickson,
The First National Bank,
Portland 8, Oregon

ADMINISTRATION OF DECEDENTS' ESTATES

Explained by Judge Ashby C. Dickson,
Circuit Court, Department of Probate

After John Logan explained to the City Club some of the little known duties and problems of the District Attorney's office, several City Club members who have nothing to do with the courts either as attorneys or clients asked why from time to time the City Club could not hear other officials explain the obligations of their offices and the significance of the laws to which we submit.

A good many people, it was discovered on investigation, knew little of the duties of the Probate Court and a considerable number looked upon that Court with wary reserve. Judge Dickson has presided over the Probate Court for a considerable number of years; has made the study of Probate Law his specialty, and is preparing a book on the subject. His talk will be expository and he will answer questions.

ALSO IN THIS ISSUE — RECALCITRANT T.B. CASES IN OREGON

The Committee: John C. Lea, Richard E. Ritz, and Dr. O. H. Cox, Chairman. Prepared under the supervision of the Public Health Section, Dr. William Levin, Section Chairman.

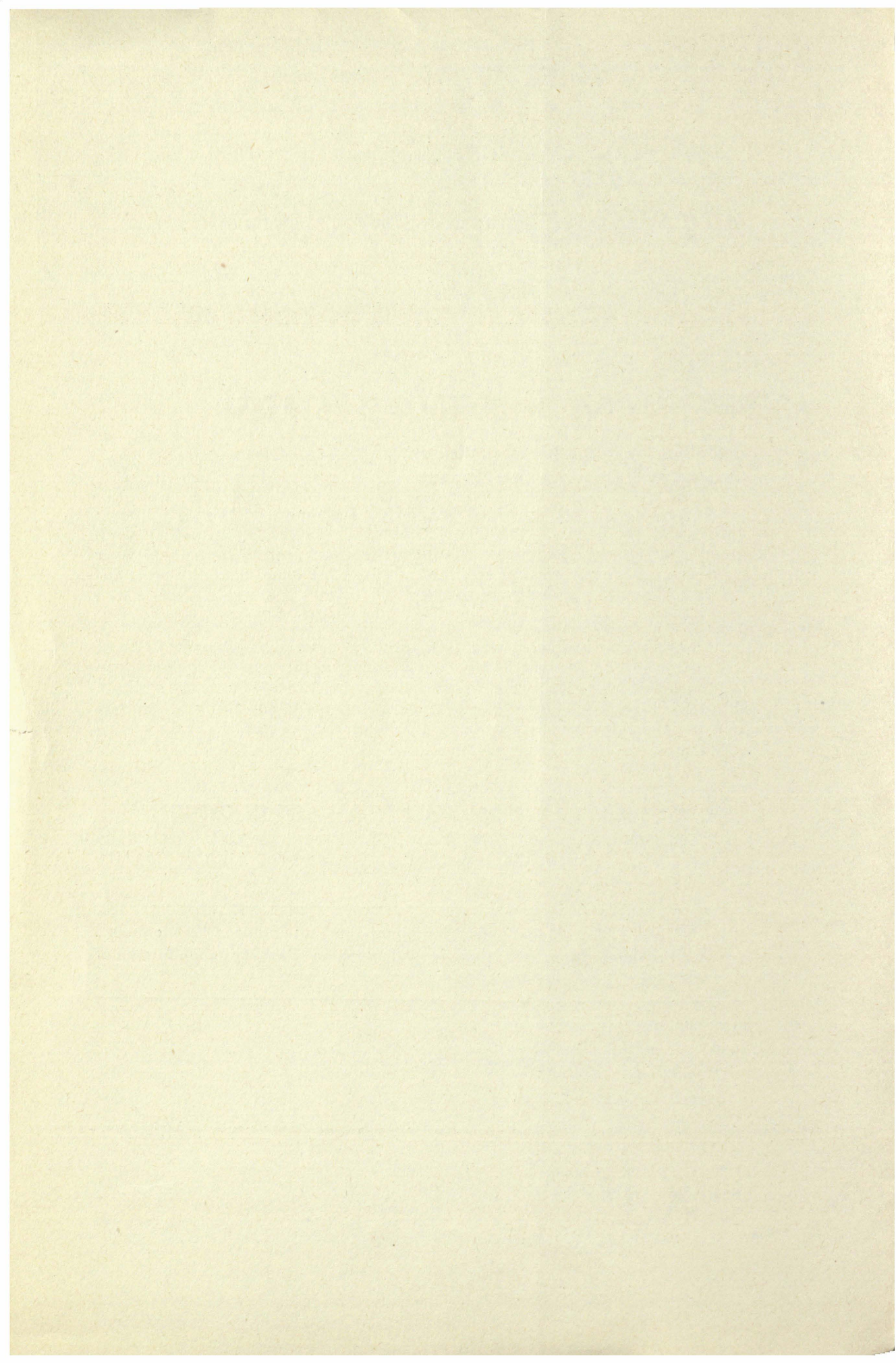
NEXT WEEK . . . G. E. Stoltz, Consulting Metal-Working Engineer, Westinghouse Electric Corporation, East Pittsburg, will speak on "Postwar Rehabilitation of the French Steel Industry"

ELECTED TO MEMBERSHIP

R. C. GRADY, Oregon Regional Director National Conference of Christians and Jews, Inc.

Proposed by Arthur J. Stanley

"To inform its members and the community in public matters and to arouse in them a realization of the obligations of citizenship."



RECALCITRANT T. B. CASES IN OREGON

To the Board of Governors of the
City Club of Portland:

Your committee was instructed to study and report on the problems and the status of those tuberculosis cases in the state of Oregon which are found in varying degrees to be recalcitrant, in the sense that they avoid provisions for their care and treatment. Because generally it has been thought that there were large numbers of recalcitrants and that they constituted a grave health problem, and because no agency or official appeared to have data either to confirm or to refute the general impression, your committee's assignment was to accumulate data that would give an accurate account of the situation as it exists in Oregon.

SOURCES OF INFORMATION

Your committee studied considerable literature on all aspects of tuberculosis, made available by the State Board of Health, the Oregon Tuberculosis and Health Association, the Library of the University of Oregon Medical School, and the U. S. Public Health Service. At various meetings interviews were had with Mrs. Sadie Orr Dunbar, Executive Secretary of the Oregon Tuberculosis and Health Association; Dr. Alfred R. Masten, Director of the Section of Tuberculosis Control for the Oregon State Board of Health; and Dr. Sydney Hansen, Health Officer of Multnomah County.

In addition, individual members of your committee took occasion to talk with various other persons (official or otherwise) connected with health or welfare agencies. Information was also requested in the form of a questionnaire sent to the medical superintendents of the three state tuberculosis hospitals at Salem, The Dalles and Portland.

TUBERCULOSIS A COMMUNICABLE DISEASE

The state has assumed responsibility for the treatment and welfare of tuberculous patients who are residents of Oregon. This is considered advisable and necessary because tuberculosis is communicable over long periods of time, is a chronic, catastrophic disease which can lead to social dependency and requires segregation for the protection of the health of the community. Hence there are created the two inter-related problems of guarding the public health and of promoting socio-economic welfare.

The State Board of Health lists some fifty-five (55) diseases as dangerous to the public health; one of these is tuberculosis.

The "open" case of tuberculosis is the kind that gives most concern. This is generally of the pulmonary type with sputum and cough, the spray of which is laden with tubercle bacilli. Rules and regulations promulgated by the State Board of Health are designed to prevent the spread of disease and are based on scientific knowledge of the precautionary measures necessary to accomplish this aim. These seem ample and specific, particularly for tuberculosis, and do not appear to create undue restrictive hardship on anyone concerned, beyond the chance of misfortune to which any individual may be subjected.

Facilities and trained personnel are provided by the state to care for tuberculous persons. Case management may amount to isolation or quarantine. Home quarantine, combined with appropriate medical treatment, may be permitted if the patient observes all of the instructions given him in regard to contact with other persons, the proper handling of his discharges, and of his personal effects. This type of quarantine is ordinarily difficult or impossible to enforce outside a well-regulated hospital. Undoubtedly the majority of persons who unfortunately find themselves infected with tuberculosis adjust their attitudes and economic resources to attain recovery and at the same time to prevent spread of the disease to others. They usually welcome aid, comfort and advice.

Parenthetically it may be stated that tuberculosis is no longer a "hopeless" disease, because if proper medical and economic measures are taken, particularly in its incipency, cure can be obtained. Such measures are illustrated by the earlier diagnoses in the nation-wide X-ray case-finding program whereby evidence of the disease is revealed long before it would be picked up by physical examination.

These early discovered cases create the problem of convincing the person with symptom-free tuberculosis that he is in need of medical treatment. All too often the person postpones necessary hospitalization until his disease is well advanced and there results irreparable damage. We need not be reminded that the failure of the patient to accept treatment will nullify the efforts of early (or any) case finding. Recalcitrancy may be said to begin here.

The state and other agencies are organized and prepared to provide appropriate medical treatment, and where indicated, to give financial assistance to the individual and his dependents. As the various stages of handling cases proceed there must be certain legal forms observed and restrictions on personal conduct imposed. Hence those patients who object to such alleged impositions have been dubbed "recalcitrant."

EXTENT OF RECALCITRANCY

The extent of recalcitrancy could not be determined by your committee. Data obtained from official and volunteer agencies varied widely in scope. Some gave 10, some 200, the number of recalcitrant cases at large in the state. The data obtained from the superintendents of the three state hospitals showed that from 5 to 12 per cent left against medical advice. The following data were obtained from a questionnaire submitted to the heads of these institutions:

Hospital Location	Salem	The Dalles	Portland
Total number of beds.....	228	135	80
Actually occupied.....	187*	135	80
Waiting list (average).....	15	4	7
Left hospital against medical advice.....	12.0	11.4	5.0
(in per cent)			
Admission lag.....	1 month	not given	3-4 weeks

In addition to the group that leaves the hospitals against medical advice there are undoubtedly some "open" cases who never have consented to being hospitalized and who do not observe quarantine regulations. Certainly these two groups should be considered recalcitrants.

CAUSES

What are the causes of recalcitrancy? In the opinion of your committee these are aptly expressed by Dr. Bellinger, Superintendent of the State Tuberculosis Hospital, Salem:

1. "Certain personalities do not practice ground rules in the control of disease, even though they are informed regarding such rules. Some of these are considered highly educated. Some, through fear, or anxiety, or selfishness, or ignorance, are not willing to face it. Some are not willing to make the necessary sacrifice in relation to their work, their ambition, or their social ties. Some are jealous of those who have no such problem. Some are anti-social. Some are just stupid as to communicable disease. Some are mean.
2. "Inadequate education as to the natural history of tuberculosis, including its cause.
3. "Various mistakes of those engaged in tuberculosis work in dealing with the individual patient and his family."

A basic cause of recalcitrancy is, therefore, ignorance: ignorance of the nature of the disease, of its curability if prescribed treatment is followed, and of its infectious danger to others, particularly to juvenile members of the family.

*According to Dr. G. C. Bellinger, Superintendent of the Salem T. B. Hospital: "The number of occupied beds indicate vacancies which are not real because our actual beds includes those in two open air pavilions, which are not suitable for acutely or sub-acutely ill patients, and those requiring active forms of treatment. The three hospital units (at Salem) which are suitable for such patients are kept fully occupied."

To be admitted to any of the state tuberculosis hospitals requires some degree of legal procedure. These procedures and the occasionally rather lengthy waiting period have been advanced as contributing causes of recalcitrancy. The situation most vigorously advanced by certain persons as the main cause of recalcitrancy is that supposedly created by the "means test" section of the law pertaining to admission of patients to the state tuberculosis hospitals.

The "means test" requires the payment to the state of a monthly charge not to exceed \$65.00, for hospitalization, by the patient or relatives if they have sufficient means to make such payment. According to Mr. Roy H. Mills, Secretary of the Oregon State Board of Control, the size of the payment is based entirely upon the ability of the patient or relatives to pay. In nearly all cases the amount offered is accepted or negotiated through the Field Agent of the Board of Control. Patients at the state hospitals are not contacted personally, except in rare cases where no relatives can be located, and then only with the permission of the superintendent. Mr. Mills pointed out, in his communication to your committee, that this policy has caused no hardship to anyone, and that further it has resulted in the collection of considerable monies from families that clearly had the ability to pay. Thus for the biennium ending June 30, 1946, 25 per cent of the patients at the Oregon State Tuberculosis Hospital, 16 per cent at the Eastern Oregon Tuberculosis Hospital, and 34 per cent at the University State Tuberculosis Hospital were paying for some portion of their care.

That the "means test" law is humanely administered and is not a cause of recalcitrancy is borne out by the answers to a questionnaire recently obtained by the State Board of Health and kindly made available to your committee. The questionnaire was addressed to all thirty-six county health departments and replies were received from all, therefore covering the entire state. The following questions, covering the period November 30, 1946 to December 1, 1948 were asked:

1. "How many specific instances do you or your public health nursing staff know of in which application of the 'means test' was the main or contributing cause for an individual leaving a state tuberculosis hospital before treatment was completed?"

2. "How many tuberculous individuals, to your knowledge, refused or delayed hospitalization because of anxiety regarding the application of the 'means test'?"

In reply to the first question only one county (Lane) names any individuals who had left a state tuberculosis hospital because of application of the "means test." Ninety-seven and three-tenths per cent of the replies (from 35 counties and Portland) indicated that no difficulties had been encountered due to this cause.

In reply to the second question, 86.7% (31 counties and Portland) of the counties indicate that they have had no refused or delayed hospitalization because of anxiety regarding application of the "means test." Five counties,—Benton, Clackamas, Jackson, Lane, and Polk, reported instances in which hospitalization was refused or delayed.

In the opinion of Dr. Alfred Masten, Director of Tuberculosis Control Section, Oregon State Board of Health, "From the replies received from the questionnaire, it would appear that at the present time application of the "means test" in Oregon, in so far as it concerns the hospitalization of the tuberculous, is a relatively insignificant problem."

CONCLUSION

Based on a study of all facts available before it, your committee arrived at the following conclusions:

1. The recalcitrant tuberculous patient can definitely be a menace to the public health.

2. State laws providing for the isolation and care of all infectious persons seem to be adequate.

3. The number of persons who are infectious and recalcitrant is not known. It is believed that their number is not so large as to create an acute health problem.

4. The "means test" law is not a factor in recalcitrancy.

In the light of these findings, your committee feels that no recommendations are called for. This report is submitted as a matter of information on a problem the nature of which has been in doubt.

Respectfully submitted,

JOHN C. LEA
RICHARD E. RITZ
DR. O. H. COX, Chairman

Approved February 14, 1949, by Dr. William Levin, Section Chairman, Public Health Section. Submitted to the Board of Governors February 21, 1949, accepted and ordered printed and submitted to the membership.

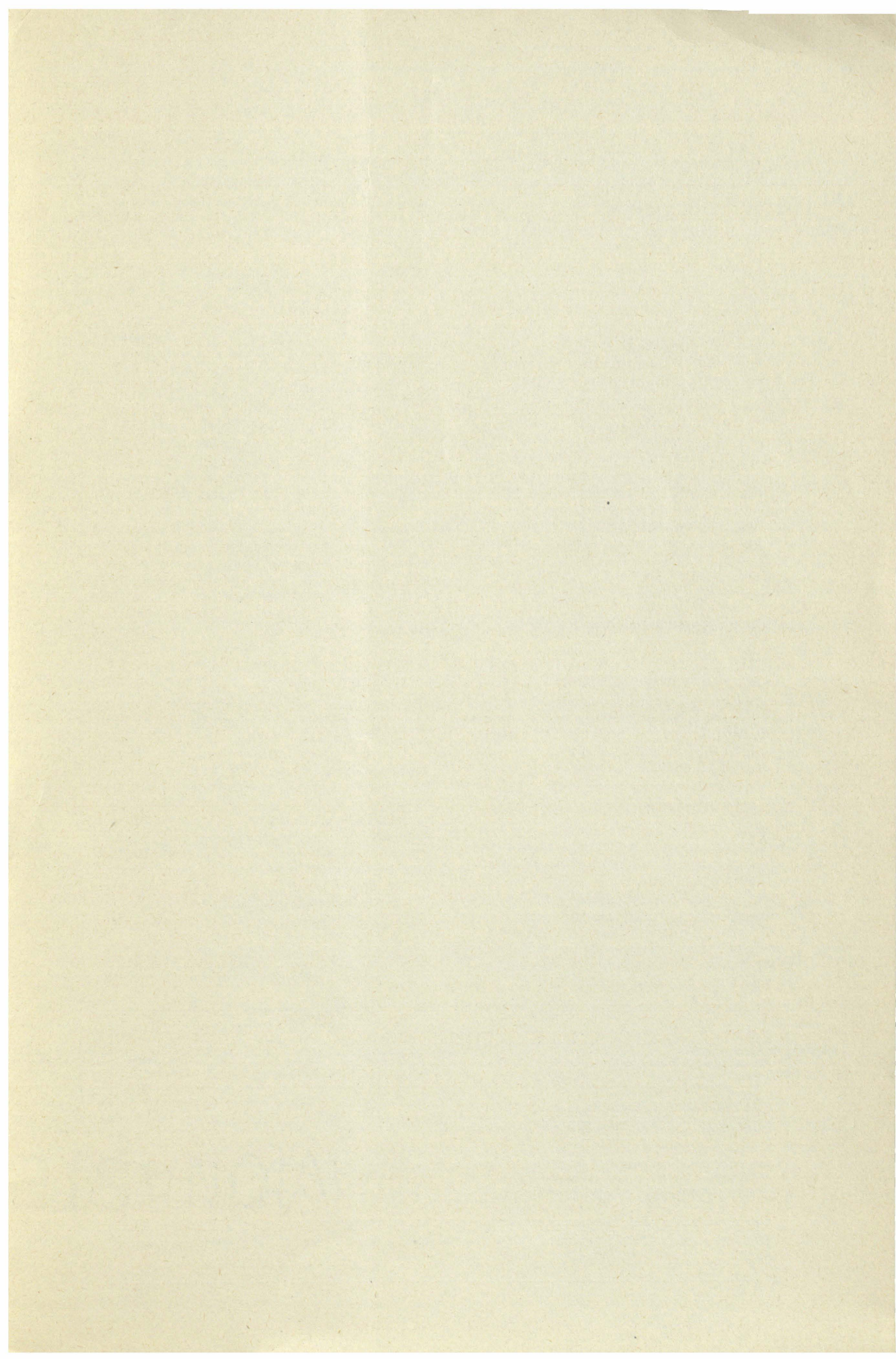
EDWARD OCTAVIUS SISSON

1869 — 1949

The continuity of life is not broken by death. Octavius Sisson continues to live as a vital influence in the City Club. As a regular member from July, 1921, to December, 1946, and as an Honorary Member from that time until his death, an honor given to only one other member, he took an active part in its many activities. He served on various committees, was Section Chairman of Education and Recreation, and was a member of the Board of Governors, 1938-1941. He was active in debate and contributed greatly to the research work of the Club. His own particular and special contribution was his clear understanding and abiding faith in the high ideals and unselfish purposes of the City Club, and his enthusiastic determination to see them maintained. In his address to the members at the annual meeting in 1935 he outlined the spirit of the City Club and its place in the community so beautifully and so completely that it remains, and will always remain, an inspiration and a challenge to all of us. A gentle man, but one who never compromised his high principles; a friendly man, beloved by all who knew him. He will be greatly missed, but the influence of his courageous, idealistic spirit continues with us.

THE BOARD OF GOVERNORS

THE CITY CLUB OF PORTLAND



PROPOSED FOR MEMBERSHIP AND APPROVED BY THE BOARD OF GOVERNORS

If no objections are received by the Executive Secretary prior to March 18, 1949, the following applicants will be elected:

ROLLIN BOLES, Architect
with Glenn Stanton
Proposed by Hollis Johnston

DEAN JOHNSON, Jr., Industrial Analyst
The First National Bank
Proposed by C. B. Stephenson

NOTE ON G. E. STOLTZ

The speaker for March 11, 1949, G. E. Stoltz, Consulting Metal-Working Engineer, Westinghouse Electric Corporation, has very recently visited France where he thoroughly studied the work being done to rehabilitate the French steel industry. Mr. Stoltz will make an expert's report on the usefulness of the Marshall Plan to the French economy and will comment on what the French themselves are doing to finance the building of their plant. The City Club is fortunate to have this opportunity to hear Mr. Stoltz.

RESULTS OF VOTE TO BE ANNOUNCED

The counting-board will be prepared Friday, March 4, 1949, to report the results of the postcard ballot on changes and additions to the By-Laws of the City Club of Portland. Results will be published also in the *Bulletin* for March 11, 1949.

CANADA RAISES GOVERNMENT PAY

Canada has revised the basic salary scale of the majority of its civil servants and members of the armed forces, the Civil Service Assembly reports.

The increase, which does not extend to the top-ranking officers of the civil or military services, will amount to approximately \$15 per month, and is retroactive to October 1, 1948. Salary revisions for employees at higher levels are expected soon.

STATES BOOST INDUSTRIALIZATION

State planning and development agencies devoted the greatest share of their energies in 1948 to industrial development according to the American Society of Planning Officials.

Reviewing the planning year, the Society reports that efforts of planning and development boards to promote industrialization ranged from straight publicity and advertising designed to attract new companies to the state to the administration of statutes permitting local governments to erect factory buildings.

EFFICIENCY STUDY SAVES N.Y. MONEY

New York City's division of analysis in the bureau of the budget saved an estimated \$1,160,000 for the city in the operation of its government in 1948, the Municipal Finance Officers Association reports.

Put in operation a year ago after a six-months' training period for personnel, the division has discovered 22 instances in which city departments and agencies could be run more efficiently and economically. Other possible improvements are being investigated.

MORE POLICE OPERATE AMBULANCES

All cities of over 500,000 population in the U.S. maintain emergency ambulance and hospital service, the American Municipal Association reports.

A survey made by the Association of 46 representative cities of over 100,000 population reveals that administrative responsibility for the emergency services vary widely from locality to locality. In general, there appears to be a marked trend away from operation of ambulances by general hospitals in favor of having police departments do the entire job.

Emergency ambulance service tends to be publicly operated in the very large cities and privately operated in the smaller ones. All 13 of the cities of over 500,000 surveyed maintain some public emergency ambulance service.

PORTLAND CITY CLUB BULLETIN

Published each Friday by the
CITY CLUB OF PORTLAND

MARGARET CLARKE, Executive Secretary

Offices: 925 CASCADE BUILDING • BR 3054 - CA 2002

PORTLAND 4, OREGON

Entered as second class matter at the Portland, Oregon, post office October 29, 1920, under act of March 3, 1879. Subscription rate one dollar per year included in annual dues.

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LLOYD F. ECKHARDT.....Treasurer

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STUART R. STRONG CHARLES E. WRIGHT

CITY CLUB DUES: Senior, age 28 and over, \$15.00 per year; Junior, age 27 and under, \$6.00 per year; Non-Residents, \$5.00 per year; Sustaining members, \$25.00 per year.

The regular FRIDAY LUNCHEON MEETINGS are held in the Crystal Room of the Benson Hotel.