เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic
- Dr. John E. (Us embassy APO Sanfrancisco)
- Dr. Mayo by Mayo Clinic
- Dr. Turnbull by Cleveland clinic
- Experts from south – east asia and western pacific at Tuberculosis seminar. Sydney, Australia
- Dioctyl sodium sulfosuccinate(Doxinate) in Chronic functional constipation Marion friedman, M.D. Baltimore, Maryland
- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic

พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

2/4.12 ตอบจดหมายจากแพทย์ชาวต่างประเทศ ..... **(ชื่อเรื่อง)**

Dr. Dwight E. Harken .....

พ.ศ. 2507

จำนวน 2 **แผ่น**

แฟ้มที่ 11

กล่องที่ 2

103 Bangapi Osoth
Sukumvit Road, Bangkok
Thailand.

March 8, 1964

Dr. Dwight E. Harken
67 Bay State Road
Boston, Massachusetts
U.S.A.

Dear Dr. Harken,

This serves to acknowledge the receipt of your letter dated Febfuary 21, 1964 concerning your visit to Bangkok with many thanks.

I congratulate you on the appointment as Dean of a faculty of five men representing the International Cardiological course of the American College of Cardiology. In addition, I am more than pleased to know that you plan to visit your country again. I am looking forward to seeing you in the very near future.

As you probably know, I resigned from my former post on January 1, 1963. Dr. Nibhondh Suwatthana is the new director. I am now spending most of my time at my own clinic and has accepted a part time job as a consultant at the Women's Hospital. My new address is as follow :

103 Bangapi Osoth
Sukumvit Road, Bangkok
Thailand.

If there is any thing I can do for you please do not hesitate to let me know.

My family joins me in sending you our best wishes and warm regards.

Yours sincerely,

Dr. Sem Pring-puang-geo

Sem mu

DWIGHT EMARY HARKEN, M.D.
ARMAND A. LEFEMINE, M. D.

LOUIS J. BLUMEN, M. D.
RICHARD B. GIBSON, M. D.

67 BAY STATE ROAD
BOSTON, MASSACHUSETTS
COPLEY 7-4331

February 21, 1964

Dr. Sem Pringpuangkeo
The Women's Hospital
Rajvithi Road
Bangkok, Thailand

Dear Dr. Pringpuangkeo:

Recalling our pleasant meeting in Bangkok a few years ago and your generous attitude toward the possibility of our son coming to your country, I hasten to drop a note that we will probably be visiting your exotic country at the end of April or the first of May.

I will be the Dean of a faculty of five men representing the International Cardiological Course of the American College of Cardiology.

I simply write this letter so that if you see the notices of this meeting posted in your city, you will not think that I have shown you the discourtesy of not recalling our meeting and giving you prior notice that we were coming.

I do hope we will be able to see you at least to shake your hand during this time. I hope our meetings will be of interest to you and your countrymen.

Kindest regards.

Sincerely yours,

Dwight E. Harken, M. D.

DEH/msh

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พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

2/4.13 ตำราเล่มแรกทางด้านโรคหัวใจ ต่างประเทศ (ชื่อเรื่อง)

Intensive cause in Cardiology ของ American College of Cardiology

พ.ศ. 2507

จำนวน 1 **แผ่น**

แฟ้มที่ 11

กล่องที่ 2

โรงพยาบาลหญิง

16 เม.ย. 2507

กราบเรียน ท่านผู้อำนวยการแพทย์[illegible]

ผมขอเรียนเรื่องการประชุม ให้ intensive course in Cardiology ของ The American College of Cardiology ดังนี้.

ผู้มาให้การสอน
① Dr. Harken
② Patrick A. Ongley – Pediatric
of Mayo Clinic
③ Francis L. Chamberlain – Medicine
of U. of California
④ LeRoy D. Vandam – Surgery
(Anesthesia) of Harvard U.
⑤ Harper K. Hellems – Medicine
Seton Hall College of Medicine,
Jersey city.

ตาราง เครื่องบิน[illegible] มาถึง กรุงเทพฯ [illegible] [illegible] ไม่แน่ เช้า[illegible]

อาทิตย์ที่ 26 เช้า – บ่าย ๑.ร.พ. [illegible]
เย็น กระทรวงสาธารณสุข [illegible] เจ้าภาพเลี้ยง
รับรอง ที่ [illegible] กระทรวง

จันทร์, อังคาร, พุธ 9 – 12.30 lecture [illegible]
40 นาที รวม [illegible]
[illegible]
Surgery of mitral, aortic ของ Harken
[illegible] cover
กว้าง ทั่วไป รวม 15 lectures

14 – 16 [illegible]
และ[illegible] case discussion, operation
ทั้ง lecture และ discussion ทั่วไป
[illegible]

พุธ [illegible]
พฤหัส [illegible]
[illegible]

[illegible]

เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

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เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

.2/4.14 ศัลยกรรมทางเดินอาหาร (ชื่อเรื่อง)

Dr. Alexander T. Bunts ดูงาน Cleveland Clinic

พ.ศ. 2507 - 2512

จำนวน 13 แผ่น

แฟ้มที่ 11

กล่องที่ 2

Mary Corbin Bunts

and

William Steele Stewart

have the pleasure of announcing

their marriage

on Saturday, the seventeenth of July

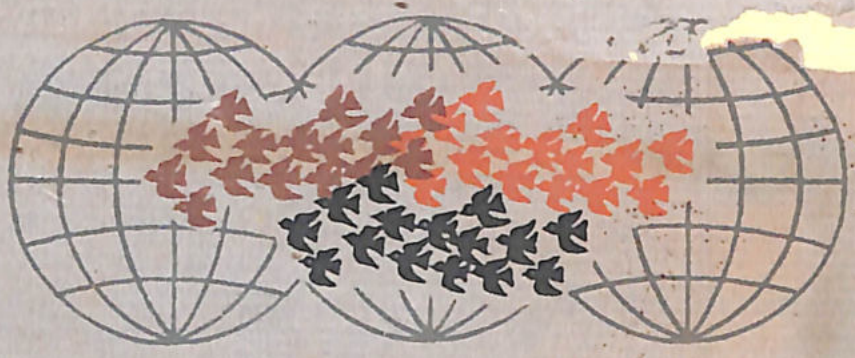
Nineteen hundred and seventy-six

Cleveland Heights, Ohio

Alexander T. Bunts, M. D.
2253 Chatfield Drive
Cleveland Heights
Ohio 44106

HUMAN RIGHTS YEAR

U.S. POSTAGE 13c



Dr. Sem Pring-puang Geo

Bangapi Osoth

103 Sukumuit Road

Bangkok, THAILAND.

VIA AIR MAIL • PAR A[illegible]

SECON[illegible]

BANGKOK
11 -AM
9 AUG
1959

2253 Chatfield Drive
Cleveland Heights, Ohio 44106
August 4, 1969

Dear Sem:

Many thanks for your good letters regarding the visit of our friend, Mr. Calhoun Wick to Bangkok. We have received a letter from him telling of his visit in New Delhi with Dr. Arjun Sehgal, who trained with us at the Clinic for five years in Neurosurgery, and about his wonderful time with you. His father told me today that he had heard from him and had received spoken tapes from him telling of his dinners with you and the wonderful Thai customs and dancing. Now his father told me today that he had been to Hong Kong and was now en route to Port Moresby, New Guinea for a two weeks stay there. Then he returns to Hong Kong for a day before flying to Japan and finally to the U.S. I hope he found our friend Dr. Lincoln K. Luk in Kowloon. His description of his visits with you sounds most interesting, and it makes us envious of him. Some day, if we live long enough, we may get to Bangkok, but [illegible] years old and survived a "coronary" two years ago, [illegible] I do not travel much, except in this country and to Canada for fishing in the summers. Anyway, we are most grateful to you for your invitation to visit in Bangkok. I have admired the beautiful timbres postales on your letters and have added them to my collection of stamps. Thank you.

Everything moves too fast in this modern world for an old man like me. The Moon Walk was most amazing. We watched it on television. Fifteen years ago I made a bet with a nuclear physicist, Marshall Ernstene, son of our cardiologist, Dr. A.C.Ernstene, at the Clinic, that no man would ever get to the Moon. He laughed and said of course they will. Now I find that I was wrong, so I paid him his bet last week! Now we learn that Pres. and Mrs. Nixon have just returned from an Asiatic trip, including Bangkok, and we all hope and pray that his peaceful aims may be accomplished soon. Everyone in the world should be tired of war by this time, and any rational person can see that there is never a true victor; only death and destruction. But who knows? The Human Race seems to be cursed with a passion for power; at least a few people have that passion, and they seem to gain control of the plain people of the world and carry them into war to satisfy their own personal aims.

Mrs. Bunts and I are well, as are our son and daughter, and I seem to find plenty to occupy my thoughts and time in my retirement from practice of neurosurgery. The Clinic is now planning a large building program, a new hospital wing for 300 patients and a large new $6,000,000 Research Building. It seems a long way back to 1921 when my father and Drs. Crile and Lower and Phillips founded the Clinic; they would not recognize the result of their original plan for a small group clinic, if they could come alive again today. It has been a remarkable story, and your son David will be able to tell you much about it when he sees you again.

Thank you again for showing such generous h hospitality to our friend, Calhoun Wick, whose progress in life we watch with great interest and pride.

Sincerely,

Alex. T. Bunts

DELIVER BY
AIR MAIL

CLEVELAND OHIO
JAN 6'69
U.S. POSTAGE
25
P.B. METER
P.B. 614501

2°

Dr. Sem Pringpuangkeo
Bangkapi Osoth
103 Sukumvit Rd
Bangkok
Thailand

2060 KENT ROAD
CLEVELAND 6, OHIO

AFTER 5 DAYS RETURN TO

Alexander T. Bunts, M. D.
2253 Chatfield Drive
Cleveland Heights
Ohio 44106

ZIP CODE

VIA AIR MAIL

Dr. SEM

103 Sukumuit Road

Bangkok, THAILAND.


2 -PM
25 MAR
1969
BANGKOK

Alexander T. Bunts, M. D.
2253 Chatfield Drive
Cleveland Heights
Ohio 44106

MARCH 9, 1969

CLEVELAND, 15
PM
JAN 14
1969
OHIO

VIA AIR MAIL
CORREO AEREO
PAR AVION

Dr. and Mrs. SEM

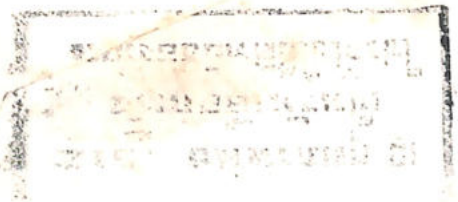
103 Sukumuit Road

Bangkok,

THAILAND.


11 -AM
18 JAN
1969
GPO. BANGKOK


WORKSHOP JAN.23-26
CONFERENCE JAN.27-31




BANGKOK


3 -PM
12 JUL
1969
BANGKOK

Alexander T. Bunts, M. D.
2253 Chatfield Drive
Cleveland Heights
Ohio 44106

CLEVELAND. OHIO
JY 8 PM

VIA AIR MAIL

Dr. Pringpuanggeo
"Bangapi Osoth"
103 Sukumuit Road
Bangkok,
THAILAND.

101 NO.

JY 8 PM 1969

17.15

MR. CALHOUN WICK
ORIENTAL July 23-26

349419

P.S. Recently we showed an old movie taken at a dinner at our home some years ago. You were sitting at the table. What year was that?

A.T.B.

2253 Chatfield Drive
Cleveland Heights, Ohio 44106
March 20, 1969

Dear Dr. Sem:

What a pleasant and unexpected surprise to receive your cablegram of birthday wishes on March 9th! I do not know how you could remember my birthday. Anyway I thank you very much for your thoughtfulness. In general I feel quite well, despite the fact that in 1968 I had a "coronary" occlusion, which was very troublesome for a few months, until I recovered. My last trip to the hospital was more than a year ago, and now I think I have developped a fairly good collateral circulatio in my heart, although I still take pronestyl, isordil, dyazide, and serpasil and small doses of Valium. My endurance is not as good as before, but that may be in part because I am 72 years old, and we cannot expect to retain our youthful abilities forever.

But I am happy and manage to keep fairly busy in my retirement. At present I am preparing an exhibit for a meeting in April of the American Assn. of Neurological Surgeons to commemorate the 100th Birthday of my old friend and teacher, Dr. Harvey Cushing, pioneer brain surgeon, who died in 1939 at the age of 70.

My wife is well and keeps busy painting and studying art at the Cleve. Inst. of Art. Our son is Asst. Prof. of Art at Univ. of Maryland near Washington, has a nice wife but no children. Our daughter is married with two daughters and lives 30 miles east of Cleveland near Painesville.

I am sorry that I have not seen your son lately. Of course, I do not go to the hospital very often, and he has been working at another hospital. My sister, a chronic invalid for years, died mercifully on March 3. Best regards,

Alex Bruns

P.S. Once more I wish to thank you for your gift of Thai postage stamps which your son brought me.

A.T.B.

ALEXANDER T. BUNTS, M.D.
2253 CHATFIELD DRIVE
CLEVELAND, OHIO 44106

January 29, 1965

Dear Dr. Sem:

Mrs. Bunts and I were very glad to receive your lovely Christmas card. It was a pleasure to have your son at our home for Christmas Day, when we had most of our family here with us. Perhaps he has written to you about it. He has gained much ~~facilit~~ facility in the use of the English language, so we had very little difficulty in communication. I realize that it was not easy for him to be with a group of Americans whose customs and language are so strange to a foreigner. I believe he is doing well at the hospital and is well considered by his teachers and associates. He has a Thai friend in Warren, Ohio whom he visited just before Christmas.

I have enclosed an article from our morning paper by a woman who travelled in Thailand. You will be interested in her observations.

We are much concerned about the difficult situation in South Vietnam and Laos, and we wonder what will be the end of it. It is a great confusion. Do you think that the Communist threat to Southeast Asia from Red China is a serious one? The true wish of the American people, I am sure, is to be at peace with all other nations, but this seems to be almost impossible as long as the Communists have the goal of spreading their philosophy throughout the world. Perhaps a new generation of intelligent young Chinese men will arise and change things. A.T.B.

C.P.D. 1-28-65

Good Morning From Claire Mac Murray

Being in Bangkok is like being in a dream—a dream changing swiftly from beauty to violence, from ancient wisdom to modern skill to delightful nonsense.

Young King Bhumiphol Adulyadej was born in Cambridge, Mass. His exquisite Queen Sirikit has just made the "Best Dressed List."

They are entertaining King Olav of Norway this week in an ancient palace, air-conditioned. Bangkok is decked with flags to welcome him. A huge Viking ship, outlined in electric lights, shines about a block away from the electric-lighted dragons which are the insignia of Thailand.

The royal party moves in a sleek American car past modern government buildings and ramshackle Thai-style houses and temples with golden spires jewelled with bits of broken glass and porcelain.

IN THE MIDST of the city is the shrine of the guardian spirit, the Lak Maung. It is surrounded by lottery stands, the booths of horoscope casters and a gas station.

Glorious color is everywhere.

The most beautiful silks in the world, hand-woven by thousands of weavers in their homes, are the most important exports of the country. This ancient craft has been revived by a Princeton man, an architect turned jungle fighter during the war, turned benefactor of a nation in need of an industry and of a world beyond in need of beauty. "We now have 126 competitors!" he told me with rueful pride.

One of the peers of the land is Phra Savet Phumiphol Pahana, His Majesty's white elephant.

According to my "Guide To Bangkok" by Margaretta B. Wells, as a young elephant, free to roam with his keeper, he was playful, fond of children and a bit of a show-off. Now, tethered in his pavilion at the zoo, he lives in solemn dignity, receiving the homage of his people.

THESE PEOPLE are so gentle, so courteous—but put them on wheels (any kind of wheels) and you'd better jump!

On my first morning here, I took a taxi to the English service of the Presbyterian church and wound up, after a nerve-shattering half-hour, at the Thai service of a Catholic church.

My driver was expert. They all are. I've seen just one traffic accident, despite the law (obviously) that no vehicle must miss any adjacent vehicle by more than one-and-a-third inches.

This law also holds for boats in the crowded glong where the floating market is held. Hot rodders with outboard motors cut their way through the tangle of sampans and market boats. Sleek water taxis zip through the choppy waves of the broad river, their passengers protected from the spray by bright umbrellas.

EVERYWHERE you look, along the banks or in the waterways, are people working, washing, cooking, cleaning. Uniformed children in an unpainted sampan on their way to a temple school. The postman, in his boat. Sturdy launches, one towing a string of nine huge lighters on their way to unload freight from one of the big cargo vessels in the harbor.

Another has a dozen assorted boats hitched on behind—market boats, with coconuts and betel nuts and strange cargo from a hundred miles upstream.

Here, as in Hong Kong, there are flower boats and cooking boats, but this is more entrancing because there's more space. The people have houseboats, as well as sampans, in which whole families live.

There are houses built right into the water and room for flowers in tiny garden plots. Behind are tropical trees.

"Not a jungle," says our guide. "These are fruit farms. The people grow the fruit they sell at market."

For my friend, Dr. Sem Ping-Puang Gee,
from
Alex. T. Bunts, M.D.

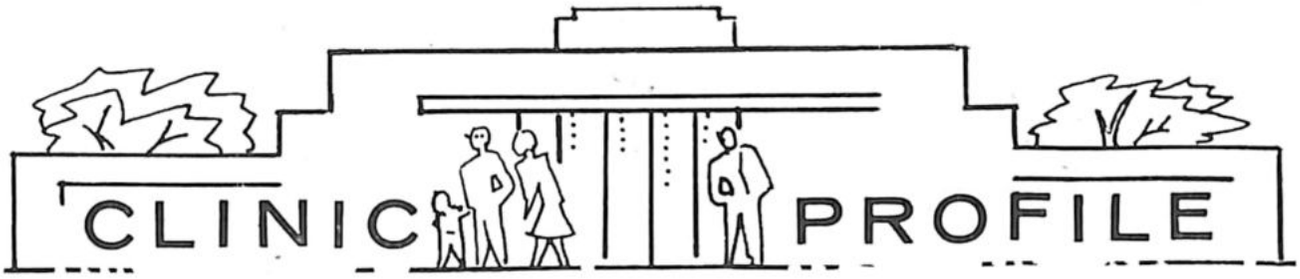
The Cleveland Clinic Foundation

CLEVELAND, OHIO

ALEXANDER T. BUNTS, M.D.

Reprinted from GROUP PRACTICE

Volume 12—Number 9—September, 1963



THE CLEVELAND CLINIC FOUNDATION

Cleveland, Ohio

The story of the Cleveland Clinic must be traced to its earliest roots, which are to be found in events that took place more than thirty years before the institution was founded. In the late eighties of the last century two young physicians, Frank E. Bunts and George W. Crile, became associated with a well-established surgeon, Dr. Frank J. Weed, who was at that time Professor of Surgery at Wooster University Medical School in Cleveland. His large practice, including treatment of many casualties, kept the three physicians busy night and day, and several horses and buggies were in constant use. Doctor Weed was a cheerful, forceful man, whose tireless energy, generosity, and loyalty inspired his assistants with a desire for learning and accomplishment. Doctor Crile's subsequent lifelong interest in experimental surgery began during those days, when he spent much of his salary of fifty dollars a month on cats and dogs. To the great sorrow of the two young assistants, Doctor Weed contracted pneumonia and came to an untimely end at the age of forty-five years in 1891.

The sudden loss of their mentor and chief was a hard blow to his assistants, but they decided to carry on together. Doctor Crile's father advanced five hundred dollars, and Doctor Bunts arranged a bank loan. With these funds they purchased (for $1778.10) the office equipment, instruments, four horses, six buggies, two cutters, and lap robes, from the estate of Doctor Weed. Thus they were able to continue Doctor Weed's practice and to develop their own clinical work.

At that time Bunts was not quite thirty years old and Crile was three years younger, but despite their dejection at the loss of their chief, they were urged by ambition and economic pressure to devote themselves vigorously and tirelessly to their work. During the early years of that decade they also held active teaching posts in the Medical School of Wooster University, and later at Western Reserve University. Their practice

Facade Original Clinic Building

Aerial View Clinic and Hospital

required travel by horse-and-buggy, and by train, and sleigh when they went to various towns in northern Ohio. Rural surgical work was carried out in the homes of patients; kitchen tables became operating tables, and lanterns were used to illuminate the field of operation. Medical student assistants sometimes accompanied them on these trips. Within a year their work became so heavy that a full-time assistant was engaged, and in 1892 Dr. William E. Lower, a cousin of Doctor Crile, joined them. Thus the "Triple Alliance" of Bunts, Crile, and Lower began, and was destined to continue to the end of their lives, finally developing into The Cleveland Clinic Foundation.

The great medical centers of Europe attracted American students at that time, and Bunts visited the clinics in Vienna, Paris, Berlin, and London in 1888-1889, and observed the work of noted surgeons such as Billroth and Lister. In 1896 Bunts studied pathology in Hamburg, Germany. Crile went to Europe in 1892, visiting clinics in London, Vienna, Berne, and Berlin where he saw the work of Billroth, Von Eiselsberg, Kocher, Lane, and others. Again in 1895 he visited Paris, and worked in England in the laboratory of Victor Horsley, who stimulated his natural interest in physiology and experimental surgery. In that same year Crile visited most of the important clinics of Germany.

In 1895 Doctor Lower was made a full partner with Doctors Bunts and Crile, and they continued their headquarters in the office of Doctor Weed at 380 Pearl Street (now West 25th Street). During those years Crile devoted much time and thought to the problem of shock, which had engaged his attention for many years, and this led to the introduction of blood transfusion, and of nerve-blocking by anesthetics for the prevention of surgical shock. Lower became more and more interested in the field of urology, the specialty to which he contributed so greatly throughout his later life. In addition to Crile and Lower, who, as bachelors, lived in the office building, several medical students also lived there and acted as assistants, so that the office was covered night and day, and several horses spent much of their time in harness.

During the War with Spain in 1898 Bunts served as Major Surgeon to the First Ohio Volunteer Cavalry, which was in camp at Lakeland, Florida, en route to Cuba when the war ended. Crile served as Major and Brigade Surgeon on the staff of General George Garretson in Cuba and Porto Rico. While they were away from Cleveland, Doctor Lower carried the load at the office, but in 1900 he grasped an opportunity to experience military service and joined the Army as Acting Assistant Surgeon, serving in the Philippines from August 1900 to April 1901.

Throughout their professional lives, in addition to carrying on

extremely active surgical practices, these three men continued to hold teaching posts at the local medical schools. After several years of teaching minor surgery and principles of surgery at Wooster Medical School, Bunts was appointed Professor of Principles of Surgery and Clinical Surgery at the School of Medicine of Western Reserve University in 1894, a post that he continued to hold until 1928, the year of his death. Crile held professorships in histology, physiology, surgery, and applied anatomy at Wooster during the last decade of the nineteenth century, served as Clinical Professor of Surgery at Western Reserve from 1900 to 1910, and as Professor of Surgery from 1910 to 1924, when he became Emeritus Professor. Lower taught physiology at Wooster, and surgery at the Medical School of Ohio Wesleyan, and at Western Reserve; his later interest in genitourinary diseases led to teaching posts in that special field from 1904 to 1931, serving as Associate Professor from 1914 to 1931.

In the early days of their practice they all were kept busy with a large amount of casualty surgery, and they served three railroads and more than a dozen industrial concerns, most of whose plants were located in the heart of the city along the lower valley of the Cuyahoga River near its exit into Lake Erie. Increasing practice required more hospital facilities, and the three surgeons played active roles in the early development of St. Vincent's Charity Hospital, St. Alexis Hospital, St. John's Hospital, Lutheran Hospital, Lakeside Hospital, and Mt. Sinai Hospital. At St. Alexis Hospital, Doctor Crile did some of his earliest work on blood transfusion. Faced with increasing demands for more office space, they closed the old office on Pearl Street in 1897, and moved to more spacious quarters in the new Osborn Building at the corner of Huron Road and Prospect Street on the East Side of Cleveland.

Mutual Confidence

Throughout their association on Pearl Street and in the Osborn Building their financial arrangements showed evidence of the mutual confidence that endured among them always. All private work belonged solely to the one interested, but any income derived from emergency work, regardless of the amount of care involved, was shared equally.

Their busy years of practice, teaching, and research continued without serious interruption until the onset of World War I. In the fall of 1914 Ambassador Herrick, in Paris, naturally interested in fostering good relations between the United States and France, wrote to Doctor Crile in the hope of interesting him in the work at the American Hospital in Paris. With characteristic enthusiasm, Crile saw a rare opportunity for medical service and clinical research in the problems of battle casualties, and he soon arranged for the financing and organization composed of a unit of personnel from the Staff of Lakeside Hospital in Cleveland. This unit went to France in December 1914, and served as a surgical team at the American Hospital at Neuilly near Paris for several months. The experience thus gained convinced Crile that future military base hospitals should be staffed by doctors and nurses who were accustomed to working together in civil hospitals. This led to the formation of Army Base Hospital Units in various civilian hospitals throughout the country. Having been organized in 1916, the Lakeside Hospital Unit of Cleveland, designated as U.S. Army Base Hospital No. 4, was prepared to respond promptly after the United States declared war in April 1917, and sailed for England on May 8, 1917, the first detachment of the American Expeditionary Forces to serve overseas as a unit. They took over General Hospital No. 9 of the British Expeditionary Forces at Rouen, France, and served there with distinction until their return to the United States in April 1919. During that period Doctor Crile was General Clinical Director of the Unit, and for various periods Doctor Lower and Doctor Bunts served as Commanding Officers of the Unit.

This experience in a military hospital impressed them with the efficiency of such an organization that included every branch or specialty of medicine and surgery. A real insight into the benefits to be gained by coordinated work was borne in upon them, and before their return to the United States they began to formulate plans for the future. The Mayo Clinic, founded and operated by their close professional friends, also furnished elements of a pattern that was taking shape in their minds. They believed that an organization, to be of greatest service, must include a coordination of medicine, and its specialties, with surgery in its various branches. They were fortunate to obtain the enthusiastic cooperation of Dr. John Phillips, who also had served in the Army, and was at that time Assistant Professor of Therapeutics at the School of Medicine of Western Reserve University. Doctor Phillips also held the same broad conception of what might be accomplished by a group clinic organization, and he joined the other three men as the fourth Founder, and Chief of the Department of Medicine.

It was planned to organize a clinic, a hospital, a research department, and a postgraduate teaching unit. For the purpose of acquiring land and erecting a building, the Association Building Company was organized in October 1919. A site at the southwest corner of Euclid Avenue and East Ninety-third Street was selected, and the Association Building Company proceeded to arrange for the financing, erecting, and equipping of the Clinic Building. In 1921 the State of Ohio granted a charter to

The Cleveland Clinic Foundation, a corporation not-for-profit. The four-story Clinic Building was well equipped with examining rooms, x-ray department, clinical laboratories, art department, library, editorial department, mechanical engineering shop, pharmacy, and administrative offices. Doctor Crile's long-standing interest in fundamental biologic research at once led to the establishment of a Department of Biophysics, which since 1923 has continued to be under the direction of Dr. Otto Glasser.

Formal Opening

On February 26, 1921, the Cleveland Clinic was formally opened, and addresses were made by each of the four founders, by Dr. William J. Mayo, of the Mayo Clinic, and by Dr. Charles S. Howe, President of Case School of Applied Science. The professional staff of the Cleveland Clinic in its first year included the following physicians: Frank E. Bunts, George W. Crile, Henry John, Thomas E. Jones, Oliver P. Kimball, William E. Lower, Bernard H. Nichols, John Phillips, Thomas P. Shupe, Harry G. Sloan, John Tucker, and Justin M. Waugh. The clinical departments in the beginning included Medicine, Surgery, Otolaryngology, Urology, Roentgenology, and Clinical Laboratories.

Fellowships for postgraduate medical training were offered by the Foundation from the beginning, and applications were received from young physicians who had completed at least one year of internship. The period of Fellowship ranged from two to five years, according to the special field of medicine selected for traning. With the development of clinical work in all departments, the increase in staff personnel and specialization, and a wider public acquaintance with the Clinic and its services, the Foundation has been able to offer a greater number of Fellowships throughout the years. The number of Fellows in service has increased from less than a dozen in 1921 to one hundred fifty in 1963. During World War II a few one-year rotating internships were offered, and for the last five years from six to twelve interns have been appointed each year. The Fellows and Interns have come from almost every state of the Union, and from many foreign countries. Following completion of their terms of service at the Clinic, most of them enter private practice, a few pursue further training elsewhere, and each year several are selected to join the staff of the Clinic. Approximately 1,150 Fellows have completed their training at the Clinic from 1921 to 1963, and are now practicing and teaching in various parts of the United States and abroad.

The original Life Members and Trustees of The Cleveland Clinic Foundation consisted of the subscribers to the Articles of Incorporation: Dr. Frank E. Bunts, Dr. George W. Crile, Dr. William E. Lower, Dr. John Phillips, and Mr. Edward C. Daoust (attorney). All of these are now deceased, but through the years the Board of Trustees has been increased by the addition of many distinguished citizens, most of whom are laymen, although in recent years three members of the medical staff have been appointed to the Board. Since the opening of the Clinic each member of the professional staff, as well as each nonprofessional person, has received an annual salary. In 1956 a Board of Governors composed entirely of members of the professional staff was established for the purpose of directing the professional activities of the Clinic. The officers and members of this Board are elected by the staff for a specific period of years, and a system of rotation is in operation.

Soon after the opening of the Clinic, a need for hospital facilities became evident. Four frame houses on East Ninety-third Street were acquired and were used as a hospital for a few years. The Cleveland Clinic Hospital with 184 beds was opened in June 1924. The additional 53 beds in the houses on East Ninety-third gave a total capacity of 237 beds at that time. With the increased demand for beds it became necessary to rent two floors of a nearby hotel, where 40 more beds were provided. In 1929 the hospital was extended and enlarged to a capacity of 275 beds. In 1926 a building to house a power plant, laundry, and refrigeration plant was erected. Further needs of the expanding institution required purchase of more parcels of land, not only in the original block, but in the course of time the increasing need for parking space necessitated purchase and expansion into the two neighboring blocks from East Eighty-ninth Street to East Ninety-sixth Street. An eight-story Research Building was erected between the Clinic and the Hospital and was opened in 1928.

Sudden Disaster

On May 15, 1929, sudden disaster struck the Clinic, when combustion of nitrocellulose x-ray films, which at that time were stored in the basement of the building, gave rise to the formation of vast quantities of toxic nitrous fumes and carbon monoxide, and these gases permeated the entire Clinic Building, causing the deaths of 123 persons. Acute chemical pneumonitis and pulmonary edema were the chief causes of death. Among those who lost their lives were ambulatory patients, relatives, visitors, doctors, nurses, and nonprofessional personnel of the Clinic. Dr. John Phillips, one of the Founders of the Clinic, was a victim of the disaster. Doctor Bunts had died six months earlier as the result of acute coronary occlusion. This terrible tragedy, soon followed by the great economic depression made the future of the Clinic most uncertain, but the courage and faith and optimism of Doctor Crile and Doctor Lower, supported by the loyalty and confidence of associates and

friends, as well as by the sympathetic regard of the entire community, gave the staff the strength to face the difficult problem of rehabilitation and to carry on.

Following the disaster the Clinic Building was closed for two years, although the outpatient diagnostic work was carried on in temporary quarters, at first in a frame house across Euclid Avenue and later in the east end of the hospital. During this period a new three-story Clinic building was erected just south of the old building. The latter was found to be structurally sound and free from any danger of volatilization of toxic gas deposits. In 1931 both the old and new buildings were opened to receive outpatients for diagnosis. Confidence in the purposes and functions of the institution continued, and the Clinic was able to weather the double blow of the disaster and the economic depression.

During the decade before World War II there was a steady increase in all functions of the Clinic, including clinical work in medicine and surgery, education, and research, and increases in staff and nonprofessional personnel, and architectural changes kept pace with changing needs. On January 1, 1938, there were 32 members of the professional staff and 18 clinical departments, including Allergy, Cardiology, Clinical Laboratories, Dermatology, Endocrinology, Gastroenterology, Medicine, Neurological Surgery, Odontology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Physical Therapy, Radiotherapy, Surgery, Urology, and X-ray Diagnosis. In 1935 the educational purpose of The Cleveland Clinic Foundation was advanced by the incorporation of The Frank E. Bunts Educational Institute, which arranged and administered the program for training of the Fellows, the postgraduate courses for practising physicians, and the editorial work and library work of the institution. Directors of the Institute have included Dr. Edwin P. Jordan, Dr. Fay A. LeFevre, Dr. Charles L. Leedham, and the present incumbent Dr. Walter J. Zeiter. In 1962 the name of the Institute was changed to The Cleveland Clinic Educational Foundation. During the year from October to June a program of lectures and demonstrations covering all phases of medicine is presented for the Fellows in training, and several intensive two or three-day courses in various special fields are held as postgraduate brush-up sessions for practising physicians who come from all parts of the country. The latter courses emphasize the new developments in scientific and clinical medicine, and these are well attended. Since 1931 the Foundation has published the *Cleveland Clinic Quarterly*, which includes scientific and clinical papers by members of the staff.

With the approach of our involvement in World War II, a Naval Medical Unit (U. S. N. Mobile Hospital No. 4) was organized in 1940 with eight members of the permanent staff as a nucleus, and in March 1942 they left for active duty. The Unit was expanded and went to Auckland, New Zealand, where the mobile hospital was erected in time to receive casualties from Guadalcanal in August 1942. Later the doctors were transferred to various other stations, including Espiritu Santo in the New Hebrides Islands and naval hospitals in the United States. After the war they returned to Cleveland and resumed their positions on the Clinic staff. During their three-year absence a greatly curtailed staff and a small number of Fellows, whose physical handicaps kept them from engaging in active military service, managed to carry on the continuing civil work of the Clinic.

During the war in January 1943 the Clinic lost its beloved and dynamic leader, Doctor Crile, whose executive duties as President of the Foundation were then taken over by Mr. Edward C. Daoust, attorney and one of the original incorporators. The end of the war brought more problems. The rapid increase in the work of the Clinic, with increased patient load and greater numbers of staff personnel and Fellows, demanded more space and increased facilities of all kinds. The Research Division was reorganized under the directorship of Dr. Irvine H. Page, and with his associates he has continued to emphasize the investigation of fundamental mechanisms of atherosclerosis and cardiovascular diseases. In addition to these studies, various problems in the fields of neurological surgery, endocrinology, and cancer research have been pursued.

Expansion Program

The physical plant of the Clinic has undergone great changes since 1945. In that year the new Clinic Building was enlarged upward to a height of ten floors. Soon the Research Building was enlarged and made to connect directly with the Hospital, bringing it into close contact with clinical problems. More recently it has undergone even greater physical expansion. In 1955 a new south wing was added to the hospital, and its second floor included a greatly enlarged surgical pavilion and the Department of Surgical Pathology. At present the total bed capacity of the hospital is 486. Another hospital wing is planned for the future, and due to the generosity of a grateful patient a new Education Building will soon be erected. This will house an auditorium, library, editorial offices, seminar rooms, and living quarters for about one hundred Fellows.

At the present time the Clinic includes the following divisions and departments, in which graduate training programs are offered and are approved by the Council on Medical Education and Hospitals of the American Medical Association in cooperation with the Specialty Boards concerned, where such approval is applicable.

The Division of Medicine includes the following departments: Allergy, Biophysics, Cardiovascular Disease, Dermatology, Endocrinology and Metabolism, Gastroenterology, Hematology, Hypertension and Renal Disease, Internal Medicine, Neurology, Pediatrics, Pediatric Cardiology and Cardiac Laboratory, Peripheral Vascular Disease, Physical Medicine and Rehabilitation, Psychiatry, Pulmonary Disease, Rheumatic Disease.

The Division of Pathology includes the following departments: Anatomic Pathology, Clinical Pathology, Forensic Pathology.

Other Divisions

The Division of Radiology, and the Division of Research.

The Division of Surgery includes the following departments: Anesthesiology, Artificial Organs, Colon and Rectal Surgery, Dental Surgery, General Surgery, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Thoracic Surgery, Urology, Vascular Surgery.

The Technical Schools include those of Medical Technology, and X-ray Technology.

At the opening of the Clinic on February 26, 1921, Doctor Bunts reviewed the germination of the idea of organizing the Clinic, as a result of the experience of the Founders during their service in Army Base Hospitals in World War I, and outlined the aims and hopes for the future in the following words:

We were impressed with the fact that to be of greatest value there must be an equal coordination of medicine and its specialties with surgery in its various branches, and so when we found Dr. Phillips, who had also served in a Base Hospital, returning with the same broad conception of what might be accomplished by such a grouping, the problem was settled, and with his enthusiastic cooperation, we have gone on with a fixed determination to develop something that, insofar as our ability lay, should not only fulfill our own conception of a present medical need, but would, we hoped, leave behind us when we should have ceased to work a Clinical Foundation of such value to the profession and to the people to whom we are so greatly indebted, that it might in a measure attest our appreciation of what that indebtedness was. We hope, too, that as we have after many years been allowed to gather together able associates and assistants to make this work possible, so in the time to come these men, taking the places of their predecessors, will carry on the work to higher and better ends, aiding their fellow practitioners, caring for the sick, educating and training younger men in all the advances in medicine and surgery, and seeking always to attain the highest and noblest aspirations of their profession.

The present staff of the Cleveland Clinic continues to pursue these ideals of improved care of the sick, of conducting medical research, and of contributing to the postgraduate education of physicians.

Alexander T. Bunts, M.D.
Emeritus Consultant

ALEXANDER T. BUNTS, M.D.
2253 CHATFIELD DRIVE
CLEVELAND, OHIO 44106

July 9, 1964

Dear Dr. Sem:

Today while having lunch in the hospital I saw a young man, who appeared to be a Thai, so I spoke to him, and sure enough, it was your son, TAWEEWAT. He looked very well and spoke English quite well. He is working on the service of Dr. Crile at present, and I am sure he will learn much while here. After talking with him for a while, we went to his room in the hospital, where he gave me the handsome necktie and the beautiful collection of Thai stamps, which you were kind enough to send me. I want to thank you very much for your thoughtful generosity. He told me about his flight to this continent and of his visit to the New York Fair.

I called Mr. V.C.Taylor, my cousin, by telephone, and he talked with your son, and I think he plans to take him to his home for a few hours on Sunday. We shall do all we can to make your son feel at home while he is in this country, and I am sure we shall enjoy his company.

The Clinic has expanded greatly since your visit here some years ago. I have been unable to recall the exact dates of your stay here at the Clinic. You must come and see the great changes here in personnel and physical equipment and buildings.

We shall arrange to have your son come to our home some time in the near future. I am anxious to talk with him about the explosive situation in South East Asia. Thank you again for your gifts.

Best regards, Alex Bunts

ALEXANDER T. BUNTS, M. D.
2253 CHATFIELD DRIVE
CLEVELAND HEIGHTS
OHIO 44106

July 8, 1969

Dear Sem:

I want to let you know that your son David continues to do good work at the Clinic, from all reports which I receive. He is very busy most of the time, and we are sorry that we have not seen more of him. I understand that he has one more year at the Clinic before returning to Thailand. We shall try to have him here for Thanksgiving in November. At present he is working with Drs. Anderson and Hartwell on the Plastic Surgery service.

I also write to let you know that a young friend of ours, Mr. Calhoun Wick (unmarried), a student at the Episcopal Seminary in Alexandria, Virginia, will be in Bangkok from July 23 to July 26. His address will be: Oriental Hotel, 48 Oriental Ave. He is making a trip around the world, making a survey of missions, studying both Christian and non-Christian problems. He is the son of a very good friend of mine in Cleveland, Mr. Warren Wick, and he is an exceptionally fine and mature young man, for his age. He will probably go far toward success in the Episcopal ministry in the future. He has one more year of study at the Seminary at Alexandria, Va. Any courtesy which you may extend to him will be much appreciated by me.

Mrs. Bunts and I often think of the days when you were at the Clinic and wish that we might see you again. With warm regards to you all,

Alex & Mary Bunts

ALEXANDER T. BUNTS

2253 Chatfield Drive
Cleveland Heights, Ohio 44106
January 14, 1969

Dear Dr. Sem:

We were very pleased to receive your nice Christmas card, and I want to thank you for that and also for the beautiful Thai stamps, which always add so much color to a philatelic collection.

Have not seen your son for some months, as I do not go to the Clinic very often, except to see some old friend who is a patient or to buy medicine for my heart or to attend some special occasion. I will be 72 years old on March 9, 1969, so I can expect many changes during the next few years. One year ago I was in the hospital for a month with a coronary occlusion, which fortunately for me was treated successfully by the doctors and nurses, so since last March I have felt quite well, except for occasional spells of mild angina when walking against cold winds outdoors. I also take many pills and capsules for heart and high blood pressure, which is quite well controlled. I have no cardiac decompensation. So I spend most of my time at home, corresponding with old friends and reading.

Your son has done very well at the Clinic, and at this moment I am told that he is on the traumatic service at Charity Hospital, but will of course return to the Clinic later. We hope to see him again before he returns to Thailand. I want to see how he has improved in speaking English.

Mrs. Bunts is quite well, and we have both escaped the prevailing epidemic of flu so far. Dr. Higgins and Dr. McCullagh and others of our Staff and their wives have had the virus infection, which is called the "Hong Kong Flu". As a matter of fact, no one knows the origin of the virus, although it is thought to have been brought here from Asia by returning soldiers.

Our daughter and her family (2 daughters) and our son, who is Asst. Prof. of Art at Univ. of Maryland, are quite well, busy, and happy.

We wish for you and your family many years of health and prosperity, and most of all we wish for an end to the war in VietNam, which seems so futile and unending.

Sincerely,

Alex. T. Bunts

เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic
- Dr. John E. (Us embassy APO Sanfrancisco)
- Dr. Mayo by Mayo Clinic
- Dr. Turnbull by Cleveland clinic
- Experts from south – east asia and western pacific at Tuberculosis seminar. Sydney, Australia
- Dioctyl sodium sulfosuccinate(Doxinate) in Chronic functional constipation Marion friedman, M.D. Baltimore, Maryland
- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic

พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

2/4.15 [illegible] (ชื่อเรื่อง)

Dr. John E.

พ.ศ. 2509

จำนวน 2 แผ่น

แฟ้มที่ 10

กล่องที่ 2

T

ESNARD, [illegible] E. M.D
Medical Attache
U.S. Embassy
APO San Francisco 96346

U.S. NO D.A.B. N[illegible]

Population:
Application received: October 26, 1965
Applying for: ADVANCEMENT TO FELLOW (Assoc., 1949 - QUO Assoc., 1958)
Age: 51 8/29/14
SPECIALTY GENERAL SURGERY

Academic Degrees:		NO[illegible]
Medical School:	1941	M[illegible], University of Maryland
Internship:	1941-42	Los Angeles County Gen. Hosp.
Residencies:	1946-47	University of Maryland Hosp.
Preceptorship:	1948-60	Dr. Raoul Esnard, M.D., Los Angeles, California
Posgraduate Studies:	1947-48	Los Angeles County Gen. Hosp. under Univ. So. Calif.
Armed Forces:	1942-46	Air Force Flight Surgeon (allowed credit for 1 1/2 years towards boards by A.B.S.)
Hospital Affiliations:		California Lutheran Hosp., Surgical Staff Culver City Hosp., Surgical Staff Beverly Hills Doctors Hosp., Surgical Staff U.S. Naval Civi lian Hosp., Bangkok, Thailand, Surgeon (Not worked as yet) Bangkok Nursing Home (Not worked as yet)
Teaching:	1950-53	Instructor Anatomy, USC Dental School
Additional Information:		Percentage of Work in Special Field: 100% Surgical in private practice to 1961. 1961 to April 1965 - General Surgery, plus moderate general medical administrative duties - May 65 - date administrative duties primarily on temporary basis.
Publications:		NONE
Member of:		American Medical Association California State Medical Association Los Angeles County Medical Society American Society of Abdominal Surgeons, Board Member

ESNARD, John E., M.D.

Inquiries mailed: February 11, 1966
to

REGENT: Adolph A. Kutzmann, M.D., F.I.C.S., F.A.C.S., D.A.B., 321 North Larchmont Boulevard, Los Angeles, California 90004

Ca Ref: Joseph de los Reyes, M.D., F.I.C.S., F.A.C.S., 2010 Wilshire Blvd., Los Angeles, California 90057
William L. Ross, M.D., F.A.C.S., D.A.B., c/o St. John's Hosp., Santa Monica, California
William Quinn, M.D., F.A.C.S., D.A.B., c/o Los Angeles County Medical Association, Los Angeles, California
Sem Pring-puang-geo, M.D., F.I.C.S., 103 Sukhumvit Road, Banggapi Road, Bangkok, Thailand

ABSTRACTS AND QUESTIONNAIRES MAILED TO ALL VICE REGENTS AND CREDENTIALS COMMITTEE MEMBERS.

2/8/66:th

เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic
- Dr. John E. (Us embassy APO Sanfrancisco)
- Dr. Mayo by Mayo Clinic
- Dr. Turnbull by Cleveland clinic
- Experts from south – east asia and western pacific at Tuberculosis seminar. Sydney, Australia
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พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

.2/4.16 ตามหาความลับทางการแพทย์ตามฉบับประเทศ (ชื่อเรื่อง)

Dr. Mayo ตาม Mayo Clinic

พ.ศ. 2511

จำนวน 2 แผ่น

แฟ้มที่ 10

กล่องที่ 2

No. /1968

August 13, 1968

Mrs. Charles W. Mayo
C/O Mayo Foundation
Rochester Minnesota
U.S.A.

Dear Dr. Mrs. Mayo:

I have learned with deep regret and sympathy for the untimely passing away of Dr. Charles W. Mayo.

I used to know him well when I was visiting the Mayo Clinic in 1948-1949. He was such a wonderful teacher and a great surgeon that I ever in my life.

In 1954 I had an opportunity to welcome him and his party in Bangkok when he and his party returned from Korea. We had a wonderful time together. I made him busy in giving lecture and appearing at many social functions.

The news of his death from the Newsweek and the Time Magazines gave me a shock and I could not believe it.

Again, please receive my deep regret and sympathy. I am

Sincerely yours,

Sem

Sem Pring-puang-geo, M.D.
Secretary of the Thai Section.

P.S. In the future if you or any of your family happen to pass through Thailand, please let me know as I feel a great honor to welcome to our home.

Sem

ท. 15 [redacted] 000347

ใบรับโทรเลข

CERTIFICATE OF TELEGRAPH RECEIPT

ได้รับฝากโทรเลขไว้ 1 ฉบับ ตามรายการต่อไปนี้:—

Received one telegram for despatch as follows:.

ประเภท Class	P	เลขหมายที่ No.	5220	ถึง To	MRS. CHARLES W. MAYO Rochester MINN.		
จำนวนคำ Words	24	จำนวนเงิน Charges Paid	168	บาท Baht	—	สตางค์ Stang	ทาง Route M

เจ้าพนักงาน
Counter Clerk

3,000 ชุด: รพ. สหกรณ์ขายส่ง ฯ ก.ค. 10

โทรเลข

เลขที่	ค่าคำ
จำนวนคำ	ทาง
เวลา	ผู้รับ

ท. 2

TELEGRAM

ส่งวันที่	เวลา
สายที่	ผู้ส่ง

จ่าหน้า ADDRESS

MRS. CHARLES W. MAYO
C/O MAYO FOUNDATION
ROCHESTER, MINN., U.S.A.

ข้อความ TEXT

Please receive my deep regret and sympathy for the untimely passing away of Dr. Mayo.

SEI

นามผู้ฝากและตำบลที่อยู่โดยละเอียด (ไม่ใช่สำหรับส่ง) กับหมายเลขโทรศัพท์ (ถ้ามี)
Sender's name and full address (not for transmission) with telephone number (if any).

Dr. San
103 Sukumvit, Bangkok.

DECLARATION BY SENDER OF FOREIGN LETTER TELEGRAM

I hereby certify that the particulars of the above telegram contain only _____ language and that the text does not bear any meaning other than that which appears on the face of it.

Date 13 / 8 / 11

Sender's Signature

ท. 921/2506 ร.พ. สหกรณ์ฯ

เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

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พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

2/4.17 ดูงานด้านศัลยศาสตร์หัวใจ ที่ต่างประเทศ (ชื่อเรื่อง)

Dr. Turnbull ดูงาน Cleveland clinic

พ.ศ. 2511-2513

จำนวน 7 แผ่น

แฟ้มที่ 11

กล่องที่ 2

RUPERT B. TURNBULL, JR., M.D.
2050 E. 93rd St.
Cleveland 6, Ohio

AMERICAN MEDICAL ASSOCIATION

Oct 1-1970

Dear Dr Sem

Barney let me read your letter and it Truly was wonderful To hear from you. all our best wishes to you and mrs Sem.

Dougie I of will arrive in Sydney, Australia on 17th of October - in a week Two from now and will visit all the Centers. I bring my nurse so we can demonstrate our no-Touch method & resection. we will stay 6 weeks. We could not get To Bankok - we are Sorry - not enough Time. Can always come later.

You son has established himself as

AMERICAN MEDICAL ASSOCIATION

COUNCIL ON
SCIENTIFIC ASSEMBLY

SECTION ON COLON
AND RECTAL SURGERY

ANDREW JACK McADAMS, M.D.
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Rochester, N.Y.
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JOSIAH C. McCRACKEN, JR., M.D.
Ventnor, N.J.
Representative to Scientific Exhibit

MAUS W. STEARNS, JR., M.D.
New York, N.Y.
Delegate (ex officio)

Office of Secretary of Section
Cleveland Clinic
2020 E. 93rd St.
Cleveland, Ohio 44106

a superb Surgeon of the heart. He works beautifully and gently. You would be proud of him. He is Talented many ways and is working with the best Heart Team in the world. Am sure he tells you more of it.

I hope you are well. We remember you fondly and all the Thais here have been the best people we have met in our years in Surgery.

Dorgie sends her love

Sincerely.

Rupe Turnbull
(now age 57!)

Can address: Wentworth Hotel
on 17 Oct. Sydney, Australia

CLEVELAND CLINIC
CLEVELAND, OHIO 44106 • TELEPHONE (216) 229-2200

DEPARTMENT OF COLO-RECTAL SURGERY
RUPERT B. TURNBULL JR. M.D.
FRANK L. WEAKLEY, M.D.

July 24, 1968

Sem, M.D. F.I.C.S.
Banggapi Osoth
103 Sukumvit Road
Bangkok, Thailand

Dear Dr. Sem:

I was most happy to receive your letter of June 22nd. My plans are still in the forming stage and when I know a little more definitely about them, I will send you another note. It will certainly be a pleasure to see you again.

With kindest regards.

Sincerely yours,

PR

R. B. Turnbull, M.D.

CLEVELAND CLINIC

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DEPARTMENT OF COLO-RECTAL SURGERY
RUPERT B. TURNBULL JR. M.D.
FRANK L. WEAKLEY, M.D.

June 17th, 1968.

Dr. Sem Pringpuangkeo,
Bangapi Osoth
103 Sukumvit Road,
Bangkok, Thailand.

Dear Dr. Sem,

Your son, Dr. Keo, has just completed four months of residency with me here in intestinal surgery. We have had an extremely busy service of bowel surgery and as senior resident I thought you would like to know that he has carried the whole thing off beautifully. By and large he is one of the best residents I have ever had. You might like to know that he is technically very able. He does everything correctly and accurately. I found his English excellent and he understands well and expresses himself very well indeed.

Dr. Keo appears to be physically in much better condition than he was a couple of years ago. I am quite sure he has gained weight and is looking very good.

I don't know when I am going to get to Bangkok but I understand that sometime in this year I will be coming to Melbourne, Australia. If it is at all possible I will try and get to Bangkok at the same time although I believe it is a considerable distance from Melbourne. I am going to try at any rate because it has been too long since I have seen you.

My very best wishes to you and your very nice family.

Yours sincerely,

R B Turnbull Jr M.D.

R. B. Turnbull, M.D.

Signed in his absence by Secretary.

RBT:JL

CLEVELAND CLINIC

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DEPARTMENT OF GENERAL SURGERY
GEORGE CRILE, JR., M.D.
CALDWELL B. ESSELSTYN, JR., M.D.
ROBERT E. HERMANN, M.D.
STANLEY O. HOERR, M.D.

DEPARTMENT OF COLON AND RECTAL SURGERY
RUPERT B. TURNBULL, JR., M.D.
FRANK L. WEAKLEY, M.D.

April 3, 1971

Sem Pring-Puang-geo, F.I.C.S.
Secretary of the Thai Section
Banggapi Osoth
103 Sukumvit Road
Bangkok, Thailand

Dear Dr. Sem:

I was delighted to hear from you and it was nice of you to invite me to take part in the meeting in Bangkok. I have used up my travel time for 1971, and, as you know, most of these meetings are programmed a year or so ahead of time. I am sorry that I shall not be able to make it.

I hope you will let me know if the opportunity comes up again because we would still like to visit Thailand.

Sincerely yours,

Rupe'

PR

R. B. Turnbull, M.D.

I may go To Africa next year in which case we could stop in Bangkok on the way.

Jan 26

Dear Dr Sam-

Your neck Tie and beautiful Scarf arrived and Dougie and I want To Thank you for being So Thoughtful! we really remember how nice you are To everyone and feel privileged To know you.

we are definitely Coming To the far EAST in 1970. I have not Come before now because of the Cost of the air Fare for BOTH of us but Mr. Robert McLuiik of Sidney Australia has arranged our fare in 1970 So we will BOTH plan 6-10 weeks in the far East and will most Cetainly want To See you

And your family. and M Chalia once again. I will let you know the exact date in a few months when it has been decided on.

I have sent you false dates before, but we will Truly will make the Trip This Time.

All best wishes To you and Your family

Rupe Turnbull

เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic
- Dr. John E. (Us embassy APO Sanfrancisco)
- Dr. Mayo by Mayo Clinic
- Dr. Turnbull by Cleveland clinic
- Experts from south – east asia and western pacific at Tuberculosis seminar. Sydney, Australia
- Dioctyl sodium sulfosuccinate(Doxinate) in Chronic functional constipation Marion friedman, M.D. Baltimore, Maryland
- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic

พ.ศ. 2507 - 2513

เอกสารส่วนบุคคล ศาสตราจารย์นายแพทย์เสม พริ้งพวงแก้ว

สบ 1

.2/4.18 Experts from south-east ..... **(ชื่อเรื่อง)**

asia and western pacific at Tuberculosis seminar

Sydney, Australia

พ.ศ. ๒๕๔๑

จำนวน 6 **แผ่น**

แฟ้มที่ 11

กล่องที่ 2

NEWS AND INFORMATION SERVICE

AUSTRALIAN EMBASSY, SILOM ROAD, BANGKOK.

Note: The attached article is an authoritative report of the conclusions of the recent T.B. Conference in Australia. The report has been approved by the conference authorities and is sent for use and background information.

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EXPERTS FROM SOUTH-EAST ASIA
AND WESTERN PACIFIC AT
TUBERCULOSIS SEMINAR

Sydney, AUSTRALIA

Australia is making a considerable contribution to the progress of public health in South-East Asia and the Western Pacific region in many ways.

This was stated by Dr. L. O. Roberts, an English medical specialist, who is the South Pacific area representative for the World Health Organisation headquarters in Geneva, at the conclusion of the two-weeks W.H.O. tuberculosis seminar held at the School of Public Health and Tropical Medicine in Sydney.

"Sponsored by the Colombo Plan, W.H.O. and other bodies nearly 500 post-graduate students from Asian countries come to Australia each year for specialised training," Dr. Roberts said. "Many concentrate upon special studies in the methods of combating tuberculosis.

"Other help, the value of which cannot be estimated, is made available through cash contributions to the Colombo Plan and the United Nations.

"Australia also helps in the struggle against sickness and disease by supplying experts to W.H.O. as consultants and advisers and by acting as host to such international meetings as the T.B. Seminar."

The 66 tuberculosis experts who attended the Sydney seminar consisted of five W.H.O. staff members, four consultants, 39 direct participants and 18 observers. They represented Australia, New Zealand and 26 countries and regions in the Western Pacific and South-East Asia including Thailand.

In addition to Dr. Roberts, W.H.O. staff members present were: Dr. F.L. Erhat, senior adviser to the Tuberculosis Control Project in Vietnam; Dr. D.R. Huggins, regional adviser in communicable disease in The Philippines; Dr. A.H. Penington, senior adviser to the T.B. Control Project in Taiwan (Formosa); and Dr. J.C. Tao, medical officer, T.B. section, W.H.O., Geneva. Dr. Penington is an Australian.

The consultants were: Dr. P.V. Benjamin of New Delhi, tuberculosis adviser to the Government of India; Dr. Walsh McDermott, Professor of Public Health and Preventive Medicine at Cornell University Medical College in the United States of America; Sir Harry Wunderly, internationally-known T.B. expert and for 12 years Australian Federal Director of Tuberculosis; and Dr. Cotter Harvey, formerly senior physician of the thoracic units of two big Sydney hospitals and now their consultant. Dr. Benjamin was formerly president of the International Union against Tuberculosis.

The 26 participating South-East Asian and Western Pacific countries and regions were Brunei, Burma, Cambodia, Ceylon, Taiwan, Malaya, French Polynesia, Hong Kong, Indonesia, Japan, Korea, Macau, Netherlands New Guinea, New Caledonia, New Hebrides, North Borneo, Pakistan, Papua and New Guinea, Sarawak, Singapore, Solomon Islands, Thailand, Tonga, United States Trust Territories of the Pacific Islands, Vietnam and Western Samoa.

2/The objectives....

The objectives of the seminar were threefold: To bring together medical officers concerned with tuberculosis control and consultants of international repute; to discuss tuberculosis control in the countries represented in the light of recent advances in the field; and, more specifically, to give detailed consideration to surveys, case-finding, diagnosis, treatment, the organisation of domiciliary chemotherapy schemes, prevention (including preventive vaccination) training of personnel, and health education of the public.

After two weeks of animated discussion, the seminar agreed upon a set of draft conclusions, under nine headings - measurement, tuberculin testing, case findings, antimicrobial therapy, bacteriology, vaccination, chemoprophylaxis, control programme and general.

The conclusions were:-

1. Because guesses and impressions about the prevalence of tuberculosis in a community have often proved to be wrong, the extent of the problem should be measured. A prevalence survey -- aimed at examining 100 per cent. of persons in random sample groups representative of the whole community -- is the best method. It ensures sound planning, optimum use of resources, the support of the authorities, and a base line and means of periodic evaluation.

2. Tuberculin testing is a most valuable tool in any tuberculosis control programme. Despite some relatively minor problems that still need to be clarified, the tuberculin test is one of the best understood and most specific skin tests available. Local study may resolve the problems. The intracutaneous test was favoured, using a properly administered standard dose of a standardised product.

3. Case finding is an important measure in T.B. control. The aim is to detect and then to treat the infectious and potentially infectious person. Case finding could be conducted by methods adapted to local geographic and economic conditions on the basis of tuberculin testing, radio-photography and bacteriology, and should be directed primarily towards selected groups of the community. Where x-ray facilities are not adequate, tuberculin testing and sputum examination may be used for case finding. The discovery of a case should always be followed by some action on the part of the T.B. control authorities, varying according to measures available in the area. Special attention should be directed to contacts of infectious persons, and the discovery of infection in a child should lead to a careful search for the source of the infection.

4. Chemotherapy has made a most important contribution to the control of tuberculosis. Two-drug therapy is best for the treatment of the active case and should be continued for a minimum of 12 months. When this is not possible, attempts should be made to give three months of combined two-drug therapy followed by Isoniazid alone for nine to 12 months. Although two-drug therapy is preferable, the use of Isoniazid alone is an acceptable procedure in domiciliary programmes in circumstances where insistence on the use of a companion drug would either greatly limit the scope of a programme or prevent its operation entirely.

The possibility that initial triple-drug therapy possesses slight advantages over two-drug therapy cannot be absolutely excluded on the basis of the present scientific evidence. Nevertheless, as no definite advantage of triple-drug therapy has yet been demonstrated in man or laboratory animals, and the holding of PAS (para amino salicylic acid) or streptomycin in reserve has certain advantages in reducing the pool of ultimate treatment failures, the practice of triple-drug therapy is not to be encouraged except in fulminating tuberculous disease.

3/The recommended....

The recommended daily dose for an average man is: Isioniazid, 300 mgms; streptomycin, 1 gram; PAS, 10 grams.

The practical application of treatment to large numbers of people requires a simple, readily applicable drug regimen which is both effective and acceptable to the community. There is a trend to give Isoniazid alone for the treatment of potentially active cases, cases with minimal lesions, and those with moderately advanced lesions without cavity or with cavities less than three centimetres in diameter. It may also be used for follow-up therapy in cases which have responded favourably to dual drug therapy. Isoniazid resistance in non-bacillary patients is not an important problem. In whatever Isoniazid is given, some Isoniazid resistant bacilli may eventually appear. But possibly because some are different from normal bacilli this has so far not proved to be an epidemiological problem.

A failure rate of from 10 to 15 per cent. may be anticipated with chemotherapy alone. Some of these may be suitable for surgery, others may respond to the "secondary" drugs. A hard core of positive patients will remain, however.

In most instances, properly supervised domiciliary care has been found to be satisfactory and to compare favourably with hospital treatment. If hospital beds are available, a preliminary period there is valuable for assessment, intensive combined therapy, and education. Surgery, while playing an important part in the treatment of the individual selected patient, is of minor importance from the public health point of view. Steriod therapy has limited application in the treatment of T.B.

5. The results of bacteriological examination are of the greatest importance in a T.B. control programme. Where possible, cultures as well as smears should be made. If practicable, sputum examination should be carried out where collected. Otherwise, smears should be made and culture tubes inoculated and sent to the central laboratory, rather than sending the specimen to the laboratory. Where the number of specimens to be examined is large, fluorescent microscopy may be valuable and should be encouraged.

Wherever possible, sputum should be collected under supervision. When sputum cannot be produced by the person with x-ray abnormality, laryngeal swab culture should be used. Trained technicians can be used for this as for other routine laboratory procedures. In places with well-equipped laboratories, the possibility of finding atypical mycrobacteria causing disease simulating T.B. should be kept in mind.

Laboratory tests on drug resistance are of great value in assessing the epidemiologic situation in one's own community. The use of such tests in the treatment of an individual patient, however, represents a refinement that, while sometimes helpful, is not essential in the management of chemotherapy programmes.

6. B.C.G. (Bacillus Calmette Guerin) vaccination is of value and should be given on a mass basis in high prevalence areas, and selectively in low prevalence areas. It should be incorporated in the tuberculosis section of an overall public health programme. The intracutaneous method of administration is generally favoured. It is advisable to reserve B.C.G. for those who do not react to the tuberculin test. However, no evidence has been presented that B.C.G. vaccination of tuberculin sensitive or even tuberculous patients has occasioned harm.

7. The use of Isoniazid in so-called disease prophylaxis, i.e., in tuberculin reactors without obvious disease, is recommended as follows:

4/(i) in all....

(i) in all infants and pre-school children who are "natural" reactors to tuberculin; (ii) in all children who are reactors at school entrance and who have not received B.C.G. since shortly after birth; (iii) in schoolchildren and adolescents who fall into the three following classes - (a) where prevalence surveys show a relatively high prevalence of T.B. disease in the 6-12 or 12-20 year-old age groups; (b) in individuals whose tuberculin reaction to a standardised dose of tuberculin is large; and (c) the household associates of patients treated on a domiciliary basis; (iv) tuberculin reactors at any age who presumably represent "poor hosts", such as diabetics, silicotics and persons receiving steriod therapy for non-tuberculous disease.

8. The tuberculosis control programme should be planned on a community basis within the framework of the general public health programme. Non-professional auxiliary personnel may be employed in the control programme, where shortage of medical personnel exists and large numbers of workers are needed to carry out an effective programme. Review of the control programme should constantly be kept in mind. The programme can be periodically evaluated by repeated prevalence surveys. It is generally agreed that the treatment of tuberculosis should be provided free of charge.

9. A case of tuberculosis is a tuberculous infection in a person that requires action. The ultimate aim of a programme is eradication, but no country represented at the seminar expects to achieve it within the next 25 years. The available evidence indicates that undernourishment does not reduce the effectiveness of chemotherapy in active cases, but its effects on the relapse rate of drug-arrested cases is not known and requires further investigation.

The observation that the resistance of laboratory animals to a challenge infection can be greatly influenced by varying the ratio of amino acids in the dietary protein may prove a most valuable clue, which should be actively followed up.

Contacts must always be followed up by the usual methods, and negative tuberculin reactors given B.C.G. Chemoprophylaxis should be given to positive reactors under the age of six, and to all, irrespective of age, with a florid reaction.

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การประชุมใหญ่ทางวิชาการ ครั้งที่ ๑

๗ – ๙ พฤศจิกายน ๒๕๐๐

ณ โรงพยาบาล พุทธชินราช พิษณุโลก

กำหนดการ

พุธ ที่ ๖ พ.ย. ๒๕๐๐

๑๙.๐๐ น. รับประทานอาหาร ณ ร.ร.พยาบาลสงฆ์และอนามัย

๒๐.๐๐ น. ผู้แทนแพทยสมาคมไปเยี่ยมคำนับผู้ว่าราชการจังหวัด

พฤหัสบดี ที่ ๗ พ.ย. ๒๕๐๐

๗.๐๐ น. อาหารเช้า ณ ร.ร.พยาบาล ฯ

๘.๐๐ น. พิธีเปิดการประชุม ผู้ว่าราชการจังหวัดกล่าวต้อนรับ
นายแพทยสมาคมกล่าวสุนทรพจน์

๙.๐๐ น. ประชุมวิชาการ ภาคเช้า น.พ.เฉลี่ย วัชรพุกก์ เป็นประธาน

๙.๐๐ – ๙.๓๕ น. Idiopathic Dilatation of Oesophagus (รายงาน ๑ ราย)
น.พ.ระเบียบ ฤกษ์เกษม ร.พ.นครเชียงใหม่
(รวบเวลาฉายภาพยนต์แสดงการผ่าตัด ๑๐ นาที)

๙.๓๕ – ๑๐.๐๐ น. Experiences with non-buried Stump Appendectomy
น.พ.เบ็ญจมินทร์ ณ เชียงใหม่ ร.พ.นครเชียงใหม่

๑๐.๐๐ – ๑๐.๓๕ น. Meningiom. of Spinal Cord (รายงาน ๒ ราย)
น.พ.เฉลี่ย วัชรพุกก์ ร.พ.จุฬาลงกรณ์ พระนคร

(พัก ๑๐ นาที)

๑๐.๔๕ – ๑๑.๑๐ น. Report on 2 cases of Spontaneous Rupture of Gall bladder
น.พ.พงษ์ รัตเสถียร ร.พ.จุฬาลงกรณ์ พระนคร

๑๑.๑๐ – ๑๑.๔๕ น. Megaco...
น.พ.เ... อินทรสุวรรี ร.พ.ศิริราช ธนบุรี

๑๒.๐๐ น. อาหารเที่ยงวัน ณ ร.ร.พยาบาล ฯ

หมายเหตุ ๑.กำหนดเวลา ... สำหรับอภิปรายและซักถาม ๕ นาที

๒.ผู้บรรยายโปรดรักษาเวลาให้เคร่งครัด เพื่อจะได้มีเวลาอภิปรายตามกำหนด

๓.ถ้าไม่สะดวก จะรวมการบรรยายในเวลากลางคืน พร้อมกับภาพยนต์อื่นที่จะจัดไป ตั้งต้น เวลา ๒๐.๐๐ น. ขอเชิญเจ้าของเรื่องไปบรรยายเพิ่มเติมด้วย)

๑๓.๓๐ น. ประชุมวิชาการ ภาคบ่าย น.พ.อารี แสงสว่างวัฒนะ เป็นประธาน

๑๓.๓๐ — ๑๔.๐๐ น. สครัฟไทฟัสและมาเลเรียระบาดวิทยาในการฮอมรบของกองทหารอุบล

น.พ.มะลิ ไทยเหนือ อนามัยจ.ว. อุบลราชธานี

และ พ.ต.สำเนียง บุนปวนิช ร.พ.พระมงกุฎเกล้า พระนคร

๑๔.๐๐ — ๑๔.๓๕ น. Psychotherapy

น.พ.อารี แสงสว่างวัฒนะ ร.พ.สวนปรุง เชียงใหม่

๑๔.๓๕ — ๑๕.๑๐ น. การรักษาโรคโดยการสกดจิต

น.พ.ตระกูล กังสัมฤทธิ์ นครสวรรค์

๑๕.๑๐ — ๑๕.๓๕ น. Psychological Aspect in General Dermatology

น.พ.สุนิศย์ เจิมศิริวัฒน์ ร.พ.จุฬาลงกรณ์ พระนคร

๑๕.๓๕ — ๑๕.๕๕ น. การทำให้เกิด Cadaveric Spasm โดยการสกดจิต

น.พ.สุด แสงวิเชียร ร.พ.ศิริราช ธนบุรี

(รวบฉายภาพยนต์ ๕ นาที) ✻

๑๘.๐๐ น. ไปนมัสการหลวงพ่อพุทธชินราช ณ วัดพระศรีมหาธาตุ

๑๙.๐๐ น. อาหารค่ำ ณ ร.ร.พยาบาล ฯ

ศุกร์ ที่ ๘ พ.ย. ๒๕๐๐

๗.๐๐ น. อาหารเช้า ณ ร.ร.พยาบาล ฯ

๘.๓๐ น. ประชุมวิชาการ ภาคเช้า น.พ.เบญจ บุญอิต เป็นประธาน

๘.๓๐ — ๘.๐๕ น. รายงานสถิติกรรมในระยะ ๔ ปี ของกองโรงพยาบาลส่วนภูมิภาค

น.พ.ประพนธ์ เสรีรัตน์ กรมการแพทย์ พระนคร

๘.๐๕ — ๘.๔๐ น. การดูงานเกี่ยวกับมะเร็งของอวัยวะสืบพันธ์

พ.ต.มานา บุญคั้นผล ร.พ.จุฬาลงกรณ์ พระนคร

๘.๔๐ — ๑๐.๐๕ น. ปอดบวมจากเชื้อสแตฟิโลคอคคัสในผู้ใหญ่

ร.ท.สมนึก บุญยคุปต์ ร.พ.พระมงกุฎเกล้า พระนคร

ว่าที่ร.ท.เอ็ก ศฤงคไพบูลย์ "

๑๐.๐๕ — ๑๐.๓๐ น. Deafness and Hearing Aids

น.พ.ชูชวง เศวตรุนทร์ ร.พ.จุฬาลงกรณ์ พระนคร

(พัก ๑๐ นาที)

๑๐.๔๐ — ๑๑.๐๕ น. The Managem nt of Glaucoma Patients

ร.อ.สุชาติ ศุภเวนย์ ร.พ.พระมงกุฎเกล้า พระนคร

๑๑.๐๕ — ๑๑.๓๐ น. Pink Diseases (Erythroderma polyneuropathy)

ร.อ.หญิง บุบรี พลางกูร ร.พ.พระมงกุฎเกล้า พระนคร

๑๑.๓๐ — ๑๑.๕๕ น. เชื้อราที่เท้า Tinea pedis (Hong Kong foot)

ร.ท.สมึก วิบูลเสข ร.พ.พระมงกุฎเกล้า พระนคร

๑๒.๐๐ น. อาหารกลางวัน ณ ร.ร.พยาบาล ฯ

๑๓.๓๐ น. ประชุมวิชาการ ภาคบ่าย พ.อ.ทิพย์ ผลโภค เป็นประธาน

๑๓.๓๐ – ๑๖.๐๐ น. Symposium on Antibiotics in Tropical Diseases

น.พ.จำลอง หะรินสุต	ร.พ.ศิริราช	ธนบุรี
น.พ.สวัสดิ์ สกุลไทย	"	
น.พ.โกมล เพ็งศรีทอง	กรมวิทยาศาสตร์การแพทย์	พระนคร

๑๙.๐๐ น. อาหารค่ำ ณ ร.ร.พยาบาล ฯ

เสาร์ที่ ๔ พ.ย. ๒๕๐๐

๗.๐๐ น. อาหารเช้า ณ ร.ร.พยาบาล ฯ

๘.๐๐ น. เดินทางไปน้ำตกวังนกแอ่น อำเภอวังทอง

๙.๐๐ น. แสดงการเสนารักษ์สนาม โดย กรมแพทย์ทหารบก

๑๒.๐๐ น. อาหารกลางวันที่น้ำตก

๑๓.๐๐ – ๑๔.๐๐ น. ประชุมทางธุรการ

๑๔.๐๐ – ๑๖.๐๐ น. ชมการสร้างทางสายยุทธศาสตร์ (พิษณุโลก – ด่านช้าย) เสร็จแล้วทัศนาจรโดยลำพัง (ถ้ามีผู้ต้องการจะไปชมเมืองเก่าสุโขทัย เป็นจำนวนมากพอ ทางโรงพยาบาลจะจัดรถให้)

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เอกสาร

ความร่วมมือทางการแพทย์กับต่างประเทศ

- Dr. Dwight E.Harken
- Intensive cause in Cardiology by American college of cardiology
- Dr. Alexander T.Bunts by Cleveland clinic
- Dr. John E. (Us embassy APO Sanfrancisco)
- Dr. Mayo by Mayo Clinic
- Dr. Turnbull by Cleveland clinic
- Experts from south – east asia and western pacific at Tuberculosis seminar. Sydney, Australia
- Dioctyl sodium sulfosuccinate(Doxinate) in Chronic functional constipation Marion friedman, M.D. Baltimore, Maryland
- Dr. Dwight E.Harken
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สบ 1

.214.19 Dioctyl sodium sulfosuccinate (ชื่อเรื่อง)

(Doxinate) in Chronic Functional constipation

พ.ศ. ม.ป.ป.

จำนวน 3 แผ่น

แฟ้มที่ 11

กล่องที่ 2

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DIOCTYL SODIUM SULFOSUCCINATE (DOXINATE) in CHRONIC FUNCTIONAL CONSTIPATION

MARION FRIEDMAN, M.D. Baltimore, Maryland.

The use of dioctyl sodium sulfosuccinate in the treatment of constipation has recently been favorably reported. The use of this agent represents a new approach to the problem since it is neither lburicant, laxative nor bulk producer. The effect is produced solely by lowering the surface tension at the interface of the non-homogeneous fecal constituents with a resulting increase in the homogeneous nature of the mass.

In all cases where functional constipation is due to the hardening of fecal material, the action of dioctyl sodium sulfosuccinate should result in the correction of constipation.

It would seem less likely, however, to be fully effective in the presence of a pronounced spastic bowel or where atonicity or rectal dyschezia exists. Even here however, the fecal sofening action would be most desirable along with adjunctive therapy.

Since constipation is an important factor in the treament of a great many patients, this study was undertaken to evaluate the action of dioctyl sodium sulfosuccinate in a series of adults with chronic functional constipation.

TOXICITY AND DOSAGE

Acute and chronic toxicity studies in both man and animal have indicated that effective therapeutic dosage levels of dioctyl sodium sulfosuccinate are free of toxicity.

Physico-chemical data indicate that daily does of about 180 mg. of dioctyl sodium sulfosuccinate reduce the surface tension in the average daily fecal excretion to near the minimum possible values. Higher doeses could achieve little additional effectiveness although no diarrhea is caused by the drug at any dosage level. Even though there is considerable variation in the "average" daily fecal excretion, it is resonable to assume that a does of about 360 mg. per day would be certain to approach maximum possible effectiveness. Dosages much larger than this have been reported to be free of untoward effects.

MATERIALS AND METHODS

A consecutive series of 42 patients who presented constipation as a prominent complaint were treated. All were presumed to suffer from chronic functional constipation as based on the past history of the case, frequency of laxative use and the absence of demonstrable causative organic disease. The group was made up of 30 females and 12 males. The principle complaint in all these patients was irregularity of bowel habit with tenesmus and the passage of hardened, lumpy fecal material. The presence of abdominal pain, fullness, bloating, headache and bad taste in the mouth was common.

Age group, frequency and diagnostic data for this group of patients are presented in table 1.

TABLE I. Distribution of Patients by Age and Type of Constipation.

Age group	Type of Constipation		Total by Age
	Spastic	Atonic	
Under 20	1	2	3

20 - 29	4	0	4
30 - 39	4	1	5
40 - 49	9	1	10
50 - 59	2	5	7
60 - 69	2	6	8
70 or ober	1	4	5
Total	23	19	42

Dioctyl sodium sulfosuccinate capsules were then provided with dosage directions and the patients was instructed to wait at least three days before results could be expected. No attempt was made to alter the patients dietary or other habits in any way. Patients were treated for periods raging from one to six months. Eachwas furnished with a record card on which he entered the member and consistency of bowel movements and noted also the presence of side effects or other "complaints". Careful questioning at each semi-monthly visit was based upon this patient record card. Dosage was adjusted at each visit or more frequently as based upon the response obtained.

Certainly of our results indicated that the fecal softening action of Doxinate was inadequate for full correction of some cases of pre-existing atonic constipation. Accordingly, a second group of eight cases in whom a long standing "laxative habit" was present were placed on "withdrawal therapy" from the beginning. A combination of dioctyl sodium sulfosuccinate and 1, 8 dihydroxy anthraquinone was used as the initial medication. Patients were instructed to take two or three 60 mg. dioctyl sodium sulforsuccinate capsules pes day and to take , in addition, one of the dioctyl sodium sulfosuccinate -1, 8 dihydroxy anthraquinone combination capsules when the bowels had not moved after two or three days.

An "excellent" results, for purposes of this evaluation was considered to be a solf formed daily stool passed without tenesmus, "griping" or craping. The same type of fecal elimination occuring three or fourtimes per week was considered to be a "good" result. All other responses were considered to be unsatisfactory.

RESULTS

Results obtained in the original series of 42 patients are shown in table II. It will be noted that an over all favorable response occurred in 36 (86 percent) of the group. Twenty-three (58 percent) were graded as"excellent" and 13 (31 percent) as "good". The average time required for response was from 24 to 48 hours.

Of the six patients who were graded as unsatisfactory three did not continue treatment long enough to permit dosage increases above 60 mg. per day. It is possible, therefore, that an even greater percentage of favorable results could have been achieved. In four patients with atonic and one with spastic constipation, results during the first two weeks of treatment with dioctyl sodium sulfosuccinate were favorable but were not considered completely satisfactory at a dosage level of 180 mg. per day. Mild laxative was added to the regimen, single daily doeses of 1,8 dihydroxyanthraquinone being given when the bowels had not moved for two consecutive days. Usually, only three or four doses of the catharic were required and none was needed after one or two weeks. Dioctyl sodium sulfosuccinate alone was then continued with good to excellent results in all cases. The results in these five cases led us to treat our second series of eight patients with atonic constipation on a "laxative withdrawal" basis from the begining. Previous antispasmodic therapy in one patient was continued during dioctyl sodium sulfosuccinate administration.

TABLE II Effective Dosage of Dioctyl Sodium Sulfosuccinate in Chronic Functional Constipation.

Response	Total No.	Total %	Daily Dosage Required in Mg. 60 and less	60-240	240-360
Excellent	23	55	1	17	5
Good	13	31	2	6	5
Unsatisfactory	6	14	3	2	1
Total	42	100	6	25	11

In the eight additional patients in whom "withdrawal therapy" was instituted from the begining, a good to excellent response was achieved in five at an ultimate dosage level of 120 or 180 mg. per day, After a maximum of four weeks in with L.B. 132 was required, all of these five patients were maintained satisfactorily on dioctyl sodium sulfosuccinate alone. In the three failures, the degree of atonicity was so severe that even the combined Doxinate and 1,8 dihydroxyanthraquinone was ineffective and enemus were required.

Two of our cases represented rather unsual instances and brief case reports are therefore presented.

Case Report: E.V., a 12 years-old white female, had a past history of frequent abdominal pain in the lower right quadrant. A chronic inflamed appendicwas suspected. Pain had also been noted intermittently in the lower left quadrant along the ileocolon during the past four years.

X-ray findings at hospitalization four months previously showed retarded progression of barium sulfate through the small intestine. Regional ilietis was considered but there was no clinical evidence to suggest its presence. The tenative diagnosis was functional atonic constipation. Dioctyl sodium sulfosuccinate therapy was instituted at a dosage of 120 mg. per day for the next ten days with no improvement. A laxative does of 1,8 dihydroxyanthraquinone was then given and dioctyl sodium sulfosuccinate continued for another ten day period. Fecal softening was satisfactorily achieved with a does of 120 mg. dioctyl sodium sulfosuccinate per day but it was apparent that some additional stimulation of the bowel was desirable to effect complete evacuation. During the next four weeks, L.B. 132 capsules were administered twice and during the past five weeks 120 mg. dioctyl sodium sulfosuccinate per day alone has been sufficient to maintain one normal soft formed stool per day. The patient was discharged with instructions to continue dioctyl sodium sulfosuccinate as necessary.

Case Report: A.W., a 27 year-old white female, presented constipation as a long standing complaint. An appendectomy eleswhere, four years previously had not relieved the pain in the lower light quadrant. Mineral oil and suppositories were required continuously but failed to relieve the nausea and epigastric pain to a satisfactory degree.

Intermittent antispasmodic-sedative therapy with methantheline bromide and phenobarbital over the four year period had resulted in temporary and incomplete relief. This patient was placed on a daily dosage of 180 mg. dioctyl sodium sulfosuccinate in addition to the antispasmodic and this was continued for the next seven days. A daily normal stool promptly resulted. On cessation of antispasmodic therapy, abdominal pain returned. A combination of dioctyl sodium sulfosuccinate and scopolamine methyl bromide was then given with added dioctyl sodium sulfosuccinate to total approximately 180 mg. of the latter per day. After ten days of this regimen, the antispasmodic was discontinued, and dioctyl sodium sulfosuccinate was given in a total daily dosage of 360 mg. During the past 30 days, this patient has been acymtomatic and completely free of abdominal pain, with a soft normal daily stool.

DISCUSSION

Chronic functional constipation varies greatly in severity, difficulty of correction and in the treatment required. Table I shows the frequency of

spastic and atonic constipation in a consecutive series of 42 patients. As would be expected, spastic constipation predoninates in the 20 - 50 year age group while the atonic type becomes more frequent in the range of 50 - 80 year.

Our results indicate that effective fecal softening is generally adequate to permit correction of chronic constipation of spastic type. Thus, dioctyl sodium sulfosuccinate alone, in adiquate dosage, corrected 19 of 23 cases (83 per cent) of spastic constipation regardless of the patient's age. The results are in close agreement with those of Spiesman and Malow who reported full effectiveness with dioctyl sodium sulfosuccinate in 75 per cent of their cases of spastic constipation. We used a considerably larger dosage than did these investigators.

In the atonic group, fecal softening alone is often insufficient to correct the pre-existing constipation. The stool is soft but evacuation may be too infrequency or incomplete. In such cases, the temporary simultaneous administration of a mild laxative on a "withdrawal basis" has proved quite satisfactory. Antos has reported similar results.

In a general way, the difficulty of correction increases with the time in which the constipation has existed. Table III indicates that long-standing cases are much more difficult to correct.

TABLE III Response to Treatment According to Duration of Constipation

Duration of Constipation Years	Response	
	Excellent-good	Unsatisfactory
Less than 1	4	0
1 - 5	8	0
5 - 10	7	2
10 - 15	9	0
15 - 20	0	1
20 and above	8	3
Total.	36	6

One of the most difficult factors in treatment is patient educatio[illegible] The average clinically constipated individual is a victim of the "laxative ha[illegible]" and has come to believe that a daily watery, valuminous stool is absolutely necessary to his health. Any satisfactory treatment must be based on re-education of the patient's attitude so that his expectation is a soft, formed stool of resonable frequency. A prerequisite of proper treatment is therefore impressing the patient with the fact that a quick, violent response is neither to be expected nor desired. Another factor involved is recognition of the variation in the patient's diet, and environment from time to time. In carefully controlled "double blind" studies with dioctyl sodium sulfosuccinate in a chronic disease hospital where diet was carefully standardized, Cass and Federick reported excellent results with a standard dosage of 60 mg. of dioctyl sodium sulfosuccinate per day. In another study in an elderly group of male patients where diet was also standardized and where the constipation is most of the patients was presumably of the atonic type, a does of 120 mg. produced excellent results.

Our patients were those seen in an average practice where no dietary or environmental control was possible. It is not surprising therefore that our effective dosages were somewhat larger than those prevaously reported as obtained under ideal controlled circumstances. It seems likely that our effective dosages might be decreased or even a greater percentage of effective results obtained if the usual instructions regarding exercise, diet and fluid intake had been ordered ordered.

Constipation itself causes a number of unplesant symptoms. It has been pointed out "that these are among the reasons that patients begin to rely

on laxatives. In our experience with dioctyl sodium sulfosuccinate, we observed no evidence of toxicity or side effect and in fact, " cramping" and other symptoms referable to constipation decreased strikingly in frequency.

In our opinion, dioctyl sodium sulfosuccinate offers the most rational approach to the treatment of chronic functional constipation. It is free from the objectionable features of laxation,,"bulk" or lubrication. In spastic constipation , the fecal softening action alone is usually adequate to correct the condition; in the more severe cases of the atonic type, "laxative withdrawal" therapy; in addition to fecal softening, is desirable.

Our present routine procedure is as follow: The problem is first discussed fully with the patient and his attitude toward bowel habit is firmly corrected. In the patient will spastic constipation, 120 mg. per day is prescribed. He is instructed to increase the does as necessary, in 60 mg. increments.

In the patient with atonic constipation, 120 mg. or 180 mg. of dioctyl sodium sulfosuccinate per day is given. Depending on the age of the patient, he is instructed to take one capsule of combined Doxinate and dihydroxyanthraquinone in addition on each third day that the bowels do not move. This usually results in automatic "withdrawal" of the laxative.

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Dioctyl sodium sulfosuccinate under the Council accepted brand name of Doxinate by Lloyd Brothers, Inc., Cincinnati, O.

The combination of dioctyl sodium sulfosuccinate and 1,8 dihydroxyanthraquinone was supplied by Lloyd Brothers, Inc. Cincinnati O. as L.B.132.

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