



“The average gain in weight of the children fed on the buffered lactic acid evaporated milk for the first ten days of life was 110.5 Gm., which surpassed that of any other group. In this period the infants fed on buffered lactic acid milk showed approximately seven times as great an increase in weight as the other artificially fed infants. This increase in weight was reflected in the excellent tissue turgor and muscle tone of these infants. Furthermore, the morbidity in the group was almost as low as that recorded for breast fed infants.”—SMYTH, FRANCIS SCOTT, and

HURWITZ, SAMUEL: J. A. M. A., Sept. 7, 1935.

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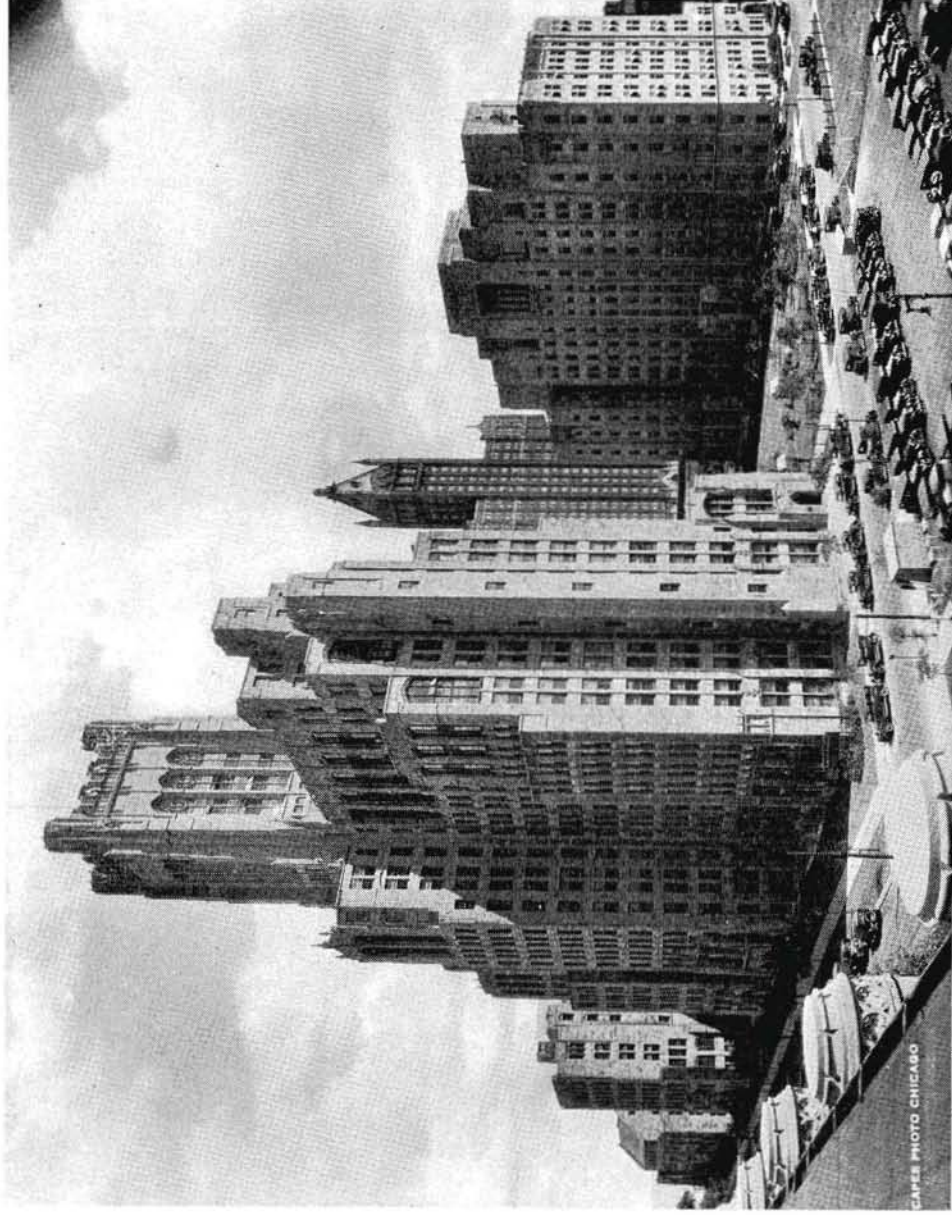
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Medical Schools of the United States

10. Northwestern University Medical School

A Practitioner Looks Through His Files

Dr. Schwartz has selected the items here presented from an abundance of interesting material which he has collected and filed

by A. B. Schwartz, M.D.

POLIOMYELITIS PREVENTION

By methods sub-rosa
The nasal mucosa
Collects every manner
of virus.
Though microbes are
midgets
They give us the
fidgets
Their peregrinations
sure tire us.

Best known and most feared, the virus of poliomyelitis is being studied extensively by workers in many laboratories. Armstrong and Harrison of the U. S. Public Health Service found that monkeys, following repeated intranasal spraying of alum, were resistant to the virus of poliomyelitis. The spray has been widely used in human subjects in Alabama, Tennessee and Mississippi during the summer. The spray is apparently harmless, but there is as yet no trustworthy data as to its effectiveness in human subjects. Details may be found in U. S. Public Health Reports, Feb. 28, 1936.

DR. DAFOE SCORES AGAIN

Fourteen cylinders of carbon dioxide and oxygen (each one of which contained 80 gallons) were used by Dr. Dafoe for the Dionne quintuplets during their first three months. Inhalations were given "as an aperitif a few minutes before feeding time in the early days" and with every attack of dyspnoea and cyanosis. No other methods of respiratory stimulation were used. This practice of Dafoe's was superior to that used by Chicago physicians who in 1935 employed in 149 cases methods of resuscitation not accepted as being satisfactory, according to a recent report

of Bundesen, in the Journal of the A. M. A. Bundesen was trying to find ways of reducing the high mortality of premature infants. He did succeed in cutting down the rate, but believes it could be still further reduced by proper resuscitation methods.

THE GREEKS HAD A WORD FOR IT

Forty years ago, an Italian physiologist named Mosso studied the effects of altitude on the blood. He found the carbon dioxide diminished and he named the condition "acapnia," from the Greek word "kapnos" (smoke). Acapnia literally means "smokelessness"—or a deficiency of carbon dioxide. Thirty years ago Yandell Henderson formulated the theory that a deficiency of carbon dioxide is involved in the depression of respiration. Henderson had a hard time convincing the professors who consistently rejected his theory. Henderson knew that if his idea was tried out sufficiently, it would be acclaimed.

By a practical maneuver as old as the Trojan horse, says Henderson, the idea was finally put across. The acapnia theory won its entrance into traditional practice through the re-breathing bags introduced as part of the technique of anesthesia. After that, the idea was accepted and tanks of CO₂ and oxygen became standard equipment in every hospital.

For cyanosis in premature babies, Henderson advises inhalation of carbon dioxide oxygen for 10 or 15 minutes several times a day. An eastern chemical company now makes an injector tent which makes its admin-

istration simple and less costly than when given with a mask.

MANY CHILDREN DO GET SICK

"There is no denying," admits Koehler, reporting the Milwaukee experience with scarlet fever immunization in the Nebraska State Medical Journal, "that many children do get sick from some of the treatments—particularly the third and fourth injections."

The fear of reactions did not keep Harold Diehl, in charge of the Student Health Service at the University of Minnesota, from using Dick's scarlet fever toxin in a recent epidemic. It worked. After the third dose of toxin had been administered to susceptibles, the number of new cases showed a marked drop.

LESS REACTION TO SCARLET FEVER SHOTS

was obtained by Rappaport by giving 10 injections instead of five. He starts with an initial dose of 150 skin test doses. Every week for 10 weeks, he doubled the dose. Rappaport's total dosage is greater than that laid down by the Dicks. He first used it on the nurses at the Evanston Hospital, but now employs it in his own practice.

Hospital packages of Dick toxin make it feasible to divide the dosage according to Rappaport's plan.

Melnick claimed that he was able to reduce the number of reactions with the usual dosage by taking certain precautions. These were:

(a) Mild laxative, preferably

Milk of Magnesia, given the night before the injection.

(b) Restricted diet on the day of the injection.

(c) Restricted activities on the day of the injection.

(d) Injection given the latter part of the day and preferably on Friday, so as to avoid absence from school.

SHOTGUN VITAMIN THERAPY

offers the same objections as shotgun prescriptions generally. There is some evidence that there is impairment of potency when certain vitamins are given together, according to the Council of Pharmacy of the A. M. A. In the prescription of a single vitamin product, most physicians think it wise to specify the brand. "Norwegian" and "High Grade" means little on packages—as says declared by reputable pharmaceutical houses mean a great deal. Samples of cod liver oil examined by Nelson showed Vitamin D contents $\frac{1}{3}$ to $\frac{1}{2}$ that of a standard cod liver oil.

There is still great divergence of opinion about cod liver oil dosage. One standard teaspoonful of average high grade cod liver oil or animal source Vitamin D milk containing 400 units to the quart is adequate for the infant from the standpoint of calcium retention and growth, according to Jeans. His review of Vitamin D in a recent A. M. A. Journal is worth filing.

Physicians do not by the nature of their work acquire the experience of cooperative effort which most business men and workers in other professional fields gain early in their careers. The average doctor either despises the slow tempo of organized activity or expects miracles to happen by the mere passage of a resolution.

—*New York Medical Week.*

Ramon y Cajal

A brief biographical sketch of one of the outstanding scientists of modern times. Ramon y Cajal was no less a literateur than a scientist

by Benjamin Lieberman, M.D.

At the western extreme of the European continent is a nation whose glory resides in the past and its turbulence in the future. History accords to Spain its preeminence in world affairs in centuries gone by. Medical history does not assign any laurels to this country, but it has produced an individual genius in the field of medical discovery to rank with the greatest of any nation.

Santiago Ramon y Cajal, the son of a surgeon, was born in 1852. An impulsive youth, he was endowed with a genius which too often ran counter to the wishes and plans of the father. The world about him first caught his young imagination and he became a student and collector of birds. Then he turned to sketching, to the dismay of his elders, an art in which he became highly proficient and which later served him in good stead in illustrating his published works. Much against the boy's will, he was sent to school in a small town in preparation for the study of medicine. Authority and inclination clashed again. Frequent flogging and deprivation of food were his bitter experiences during those school months. A subsequent escapade with a wooden cannon with serious potentialities landed him behind the bars for three days without food. Another attempt at school at Huesca failed. He was too critical of the pedantic pedagogs of the day who were, in his youthful estimation, as far removed from life as he was close to it. As a temporary solution to his unyielding nature, he learned shoemaking and became quite adept at it by fourteen. Back to school he then went, and with his father's tutoring

he applied himself to the study of the skeleton, facilitated greatly by his ability at drawing. His higher medical studies were completed, not too brilliantly, at Zaragossa where he received his M.D. degree at the age of twenty-one.

There followed service in the Medical Department of the Spanish army and before many months he was on his way to Cuba (1874) and placed in charge of an isolated infirmary. His life was threatened by malaria and tuberculosis but he resigned in time to regain his health and returned to Spain in 1875. Serious preparation for his life's work on the anatomy of the nervous system was interrupted by severe pulmonary hemorrhage in 1878, but he made a rapid recovery and by the following year became connected with the faculty at Zaragossa. With an income of only five hundred dollars a year he ventured marriage in 1879. One does not associate sentimentalism with the cold scientific interest of a research man peering through a microscope, but Cajal recalls the incident leading to his marriage in these choice words:

"Returning one evening from a walk to Torrero, I encountered a young girl of modest appearance, accompanied by her mother. Her blushing, springlike face suggested Raphael's madonnas, or better still, a German colored engraving of Marguerite in Faust. Attracted no doubt by the sweet, pleasant disposition apparent in her features, her slender figure, her large green eyes veiled by long lashes, her abundant hair, I was even more impressed by the air of childlike innocence and melancholy resigna-

tion which emanated from her whole being. Unseen, I followed the young girl to her home, learned that she was the orphaned daughter of a modest employee and enjoyed a reputation for honor, modesty and domestic tastes. I made her acquaintance and after a time, against the collective advice of my family, married her, not without due consideration of the mental characteristics of my fiancée, which were complementary to my own. My resolution was discussed by acquaintances in clubs and cafes as an act of madness: Poor Ramon is lost forever. Good-bye to study, science and generous ambitions . . . And yet, although eulogies do not flow readily from my pen, I take pleasure in saying that, with beauty which seemed predestined to shine in promenades, visits and receptions, my wife cheerfully condemned herself to the obscurity of my lot, remaining simple in her tastes and with no other aspirations than tranquil contentment, order and system in the management of the home, and the happiness of her husband and children." For the remainder of his life, a part of his laboratory was maintained at his home.

Leaving Zaragossa, where his associates considered his working with a microscope a waste of time, he went to Valencia in 1884. He had the occasion to prove his ability with the instrument, as the following year he was drawn into a study of the cholera epidemic in the city and his findings confirmed the causal relationship of Koch's comma bacillus to the disease. As an appreciation of his services, he was presented with a new Zeiss microscope. Thus equipped, he delved into the mysteries of the microscopic structure of nerve tissue. He worked with various staining materials, but soon learned through a friendly colleague from Madrid of a new chrome silver stain devised by Golgi. During the next few years, he worked with it assiduously at Barcelona and presented his results to an interested and en-

couraging group of anatomists at Berlin. Once established as an authority, he reached his academic height by being appointed to the University of Madrid in 1892. Here he devoted more arduous years of labor with the microscope, but found relaxation in the environs of that beautiful city.

Foreign recognition first came to him in the invitation to give the Croonian lectures for 1894 in London, where he spoke (in French) on the finer anatomy of nerve centers. One year after the cessation of the Spanish-American War a graceful gesture was made by the authorities of Clark University in asking him to give three lectures on the anatomy of the brain. In 1903 the present Instituto Cajal was founded under government auspices and support, and there he continued his productive work on all phases of neuro-anatomy. By 1906 the importance of his achievements was signalized in the award of the Nobel Prize, jointly with Golgi. Reports issued regularly from his laboratory in the years that followed, marked by the publication of his monumental work on DEGENERATION AND REGENERATION OF THE NERVOUS SYSTEM in 1913 which was translated into English in 1928. His HISTOLOGY was likewise made available to the English speaking world by the translation of Dr. Fernan-Nunez of Marquette University in 1933. He died in retirement in October, 1934.

Cajal was no less a literateur and philosopher than he was a scientist. His autobiography is used as exemplary reading in modern Spanish literature. His philosophy and aphorisms are collected in his CHARLAS DE CAFE gleaned from the hours he used to spend meditating in the cafes in the city after the day's toil with the microscope. Some of them as translated by Fielding H. Garrison follow:

"It is best to attenuate the virulence of our adversaries with the chloroform of courtesy and flattery, much

(Continued on page xii)

The Physician in the Forties

This description of the physician of an earlier day is taken from an address by Dr. Da Costa given in the late nineties

by J. Chalmers Da Costa, M.D.

The successful physician of 1849 was apt to be a practical man. The absence of any aids on which we moderns rely forced him to cultivate to the highest degree the powers of observation. Specialties were few and the practitioner was apt to be broad, self-reliant, and many-sided. The growth of specialism has been in a sense a confession of failure. It resulted from an appreciation of the fact that it is impossible to correlate all medicine by a few general rules and that the only possibility of progress is in the accumulation of a great number of apparently isolated facts which can be weighed, analyzed, and compared. Specialism has done much good; it has led to important improvements; it has distinctly benefited humanity, but its place should be recognized. No man should come forth and proclaim himself a specialist any more than Wilkins Micawber, Jr., could go forth and proclaim himself a lawyer. A man should not be primarily the narrow man of one idea. He should be first the physician, and out of the abundance of knowledge he should gradually become the specialist, because of special liking, particular aptitude, or peculiarly favorable circumstances. Again medical colleges should not try to make graduates specialists in all branches, but they should teach them thoroughly the great fundamentals of medical science and not encourage them to become specialists until time and experience fit them to be such.

The physician of 1849 did not possess the ophthalmoscope, a practical laryngoscope, the endoscope, the cystoscope, and the X-rays. Electrical illumination as a diagnostic aid or an

operative adjunct was not employed. The therapeutic uses of electricity had not been placed on a scientific basis and the value of the same agent in diagnosis was not understood. Ether and chloroform were novelties distrusted by many. Local anaesthesia was not understood. Nitrous oxide gas was not given for surgical purposes. Hypodermatic medication had not been devised. The microscope of that day stood on an erect frame and the achromatic glass was not employed. Therapeutics was a purely empirical science and was long to remain so. Bacteriology was unknown. Blood studies were rarely attempted. The study of the urine was in its infancy. Cerebral localization was undreamt of and it was supposed that the brain like the liver functioned as a whole, and had no special centres. The infectiousness of puerperal fever was still disputed. Appendicitis was practically unknown, although Hancock, of London, in this very year claimed that abscesses in the right iliac fossa rose from the appendix (*American Journal of Medical Sciences*, 1849). Delirium tremens was treated with opium. Venesection was still frequently employed. Huge doses of purgatives were given by the most conservative man. In most asylums mechanical restraint was extensively employed, although in the Pennsylvania Hospital for the Insane, under the influence of Dr. Kirkbride, it was being largely abolished along with the tranquillizing chain and the centrifugal machine. Tetanus was thought to be due to reflex irritation. The bromides had not been used in epilepsy. Nitrite of amyl was un-

known. Digitalis was thought to be a heart depressant. Strychnine and atropine were not employed in shock. Drugs were often bulky and nauseous and the elegant pharmaceutical preparations of today were not obtainable. Calomel was given for most conditions. The salicylates were not given in rheumatism.

The injection of saline fluid into the veins, the rectum or the subcutaneous tissues had not been devised. The remarkable products of coal tar had not yet been discovered in Pennsylvania petroleum by the French chemist, Chevreul. The cold bath treatment of fevers would have been regarded as murder. Goitre was not operated upon. Brain surgery and lung surgery were not attempted except in accident cases. Incubation had not been invented. Cases of appendicitis were called peritonitis and were left to die. The battle of abdominal surgery was being opened by Lizars, John L. Atlee, Washington L. Atlee and a few others who were operating for ovarian tumors. The intra-abdominal organs other than the ovary were not attacked surgically. The bladder was only opened for stone, and Bigelow's operation had not been devised. The catgut ligature was not used. The grim spectre of sepsis was ever present where there were wounded men or men who had been subjected to surgical operations, and the world was to wait for twenty years before Lister's article on the prevention of sepsis in compound fractures was to be published. Almost all wounds suppurated. Erysipelas was very usual, hospital gangrene and pyaemia were common, the mortality of compound fractures were from forty to fifty per cent, it required from three to six months for a case of amputation of the breast to heal, and several months for the healing of a major operation. Cancer of the breast was never cured. The Esmarch apparatus and haemostatic forceps were not used, and bleeding in oper-

ations was profuse and not unusually fatal. The nurse of the period was very generally ignorant, often dirty, and sometimes drunk, and the modern trained nurse, the right hand of the surgeon, was just beginning to be thought of. Surgery consisted chiefly in the removal of tumors, amputation of limbs, correction of deformities, cutting for stone, trephining the skull, performing tracheotomy and dressing wounds.

How different the picture now. An anaesthetic is given without fear, and the patient passes through the dreadful drama of the operation without knowledge and without pain. The abdomen is opened unhesitatingly and surgical operations performed on any organ or viscus which may demand it. Fifty years ago Liston, in opposing ovariectomy, said the diagnosis is impossible without opening the abdomen; he scoffed at the idea of opening the abdomen to discover what was wrong and quoted Hudibras:

"As if a man should be dissected
To see what part is disaffected."

Today we open the abdomen or brain by exploratory incision. The surgeon is like a bride arrayed in purity, and the teaching of Lister and Pasteur have revolutionized the world. Sepsis has been practically banished, hospital gangrene is never heard of. The mortality from compound fractures is extremely small. An amputation of the breast or of a limb is healed in a week. The patient suffers very little pain, and a pauper in the almshouse is now rendered more comfortable and is cared for better after an operation than was a king but fifty years ago.

Men come and men go but science lives and advances. Individual discoveries are glorious and worthy, but we must give due meed of praise to the hard-working obscure practitioners who, regardless of fame and wealth, apply them. Too often in

(Continued on page xiii)

VOL. 2

OCTOBER, 1936

NO. 10

EVENTS FOR NOVEMBER**Monday, November 2nd:**

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.

Recent Advances in X-Ray Therapy..... *M. B. Lhevine, M. D.*

Motion Pictures in Color.

Tuesday, November 3rd:Auxiliary to the Tulsa County Medical Society with Mrs. Charles H. Haralson,
1 East 27th Street, 12:30 p. m.

Luncheon.

Program.

Wednesday, November 4th:

Tulsa General Hospital Staff Meeting, Tulsa General Hospital, 8:00 p. m.

Program Unannounced.

Thursday, November 5th:

Flower Hospital Staff Meeting, Flower Hospital, 8:00 p. m.

Program Unannounced.

Monday, November 9th:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.

Speaker: Robert U. Patterson, M. D., Dean of the School of Medicine, University of Oklahoma.

Subject Unannounced.

Monday, November 16th:

St. Johns Hospital Staff Meeting, St. Johns Hospital, 8:00 p. m.

Program Unannounced.

Monday, November 23rd:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.

Symposium on Back Pain.

Gynecological..... *P. N. Charbonnet, M. D.*Orthopedic..... *Frank Stuart, M. D.*Neurological..... *Ned R. Smith, M. D.*Urological..... *Henry S. Browne, M. D.***APPLICATIONS**

The following doctors have submitted applications for membership: Walter L. Alspach, M. D.; E. O. Johnson, M. D.

NEW MEMBERS

At the September 28 meeting the following doctors were elected to membership in the Tulsa County Medical Society: Wm. R. Turnbow, M. D., 908 Medical Arts Bldg.; Samuel E. Franklin, M. D., Broken Arrow; Karl F. Swanson, M. D., Springer Clinic.

**COUNTY SOCIETY MEETINGS
NORTHEAST OKLAHOMA****Monday, November 2nd:**

Muskogee County Medical Society, Oklahoma Baptist Hospital, Muskogee, 8:00 p. m.

Speakers—I. B. Oldham, M. D.; Otto L. H. Hine, D. D. S.; and C. V. Rice, M. D.

Friday, November 6th:

Washington County Medical Society, Memorial Hospital, Bartlesville, 7:30 p. m.

Dietetics and Dietic Foods—E. M. Chamberlin, M. D.

Discussion—J. V. Athey, M. D.

Present Trend of Medical Economics—H. C. Weber, M. D.

Discussion—O. I. Green, M. D.

Monday, November 16th:

Muskogee County Medical Society, Oklahoma Baptist Hospital, Muskogee, 8:00 p. m.

Speakers—W. R. Joblin, M. D.; Tom Harmon, M. D.; and R. N. Holcombe, M. D.

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Name

This note form will be printed and made available at the secretary's office if requested. A similar note form is already available.

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

David V. Hudson, M. D., Editor
Russel C. Pigford, M. D. Associate Ed.
Miss Maurine Calhoun, Ass't Editor

Official Organ of Tulsa County Medical
Society Printed By Gass
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Vol. 2 OCTOBER, 1936 No. 10

CO-OPERATION

The call for a special meeting on very short notice to consider the anterior poliomyelitis cases was marked by the prompt response of the members of the society and their solid backing of the health commissioners at whose request the meeting was called.

Very noticeable was the presence among the pediatricians, general practitioners and internists of physicians in other lines ready to help with any program undertaken by the society.

A very general discussion followed and a "Poliomyelitis Committee" was elected consisting of Dr. J. J. Billington, City Health Commissioner, Dr. Allen C. Kramer, County Health Commissioner, Dr. Ned R. Smith, Chairman of the Publicity and Public Relations Committee and the members of the Pediatric Society to advise and co-operate with the health officers, prepare suggestions for uniform management of cases and through the newspapers to supply the public with reliable information.

Suggestions for Uniform Management.

(Reprinted from Special Bulletin Oct. 14, 1936).

Symptoms and Diagnosis.

(Incubation period 2-3 weeks).

1. Irritability.
2. General malaise.
3. Headache.
4. Sore throat.
5. Fever—variable—frequently low—sometimes high.
6. Muscular pains.
7. Gastro—intestinal symptoms.
8. Reflexes increased early in course

of disease.

9. Abdominal reflexes are first to disappear.
10. Reflexes of affected part disappear.
11. Spine test (important—see note below).
12. Paralysis of affected part—late.
13. Blood picture—no marked change—slight leucocytosis.
14. Spinal puncture optional—does not contribute to diagnosis.

Note: Spine test. Valuable in pre-paralytic stage. Let child sit on hard surface. Child with polio will support weight with hands and will not allow the spine to bear all the weight.

Treatment:

1. REST in bed.
2. General measures—restricted diet.
3. Picric acid spray may be of value for prophylaxis.
4. Magnesium sulphate saturated solution in large doses according to age of child.
5. In the preparalytic stage the adult or convalescent serum may be used.
6. The affected part to be put at physiologic rest until there is entire remission of all pain, tenderness and fever. Tell parents to keep hands off the affected parts. Absolutely no massage while pain, tenderness and fever are present.
7. Quarantine patient and family contacts three weeks.

Serum donors are requested to register with the City Health Dept.

(Signed) J. J. Billington,

City Health Comm.

Allen C. Kramer,

County Health Comm.

M. J. Searle,

Chairman Polio Comm.

At the time of going to press 13 cases of anterior Poliomyelitis have been reported. Although no widespread epidemic is anticipated every precaution is being taken.

The campaign has been marked by close co-operation between the newspapers, health and school authorities and the Tulsa County Medical Society.

THE AUXILIARY

The Auxiliary to the Tulsa County Medical Society will meet at the home of Mrs. Charles H. Haralson, 1 East 27th Street, on Tuesday, November 3rd, at 12:30 o'clock. There will be a luncheon followed by a short business meeting. The program will consist of a talk by Mrs. H. A. Ruprecht, M. D., on Public Education in Social Diseases. Plans will be made at this meeting for a rummage sale to take place in November, the proceeds of which will be given to charity. The hostesses will be Mrs. James L. Miner, Mrs. George R. Osborn, Mrs. F. L. Underwood, Mrs. L. A. Munding and Mrs. O. C. Armstrong.

The Auxiliary last met at the home of Mrs. Harry P. Price on the afternoon of Tuesday, October 6th. There were sixty-two members present and all manifested an interest in the proposed work of the organization for the coming year. The membership this year is the largest in the history of the Auxiliary. There are 143 active members. A number of special functions have been outlined to be carried out during the next year.

At some of the future meetings especially prepared papers on particular subjects of medical interest will be presented by members of the Auxiliary.

The year books have been printed and partially distributed. Members who have not received a copy may obtain one at any of the monthly meetings.

Committees have been appointed to care for the various divisions of work. The chairmen of the standing committees are as follows:

Mrs. Charles J. Woods,
Program Committee.
Mrs. T. H. Davis,
Membership Committee
Mrs. J. F. Gorrell,
Social Committee.
Mrs. F. L. Underwood,
Philanthropic Committee.
Mrs. H. Lee Farris,
Hygeia Committee.
Mrs. Hugh Graham,
Health Education Committee.
Mrs. John Perry,

Telephone Committee.
Mrs. W. J. Trainor,
Visitors Committee.
The special committee chairmen are:
Mrs. Paul Atkins,
Transportation Committee.
Mrs. M. O. Nelson,
Children's Hour Committee.

Professional Directory

E. RANKIN DENNY, M. D.

Diagnosis and Clinical Investigation
Allergy

1105 Medical Arts Bldg., Tulsa Tel. 4-4444

JOSEPH FULCHER, M. D.

Urology

417 Medical Arts Bldg., Tulsa Tel. 3-4429

W. S. LARRABEE, M. D.

Roentgenology

411 Medical Arts Bldg., Tulsa Tel. 4-3111

IAN MacKENZIE, M. D.

Orthopedics - Fractures

511 Medical Arts Bldg., Tulsa Tel. 2-6995

I. A. NELSON, M. D.

Tissue and Clinical Pathology

1107 Medical Arts Bldg., Tulsa Tel. 4-1835

RUSSELL C. PIGFORD, M.D., F.A.C.P.

Internal Medicine

Cardiology

1001 Medical Arts Bldg., Tulsa Tel. 5-3762

R. M. SHEPARD, M. D.

Diseases of the Lungs

306 Medical Arts Bldg., Tulsa Tel. 4-1821

WADE SISLER, M. D.

Orthopedic Surgery

807 South Elgin, Tulsa Tel. 4-8161

Timely Brevities

These are turbulent times for the church. And when we speak of the church we mean the churches of all creeds collectively — not those of any one form of religion. In Russia religion has been called "the opium of the masses," and as such eliminated by bullet and bayonet. Today in Spain a bloody civil war is raging. Here again the church is being subjected to all sorts of horrible atrocities.

In this country of ours we are at loss to explain the reason for this surge of hatred against religion which for centuries has been an inherent part of man. Can it be that religion has failed mankind? No, it isn't that, for the Ten Commandments and the Sermon on the Mount are still a wishful part of man as in his blind way he gropes about for the path to a more intellectual and ideal life. Can it be that those in whose care is entrusted the responsibility of administering religion by means of the church have failed? That may be closer to the truth of the matter.

The world is a changing world. At present it is passing through a period of social unrest. Possibly the failure of many of the clergy to recognize this fact has contributed to the antagonism displayed against religion. When man is hungry or sick of body he wants more than the doctrines of "Hell-fire and Damnation" preached at him.

It is time that all social-minded individuals realize that the inability of man to provide himself with medical care is due to this one fundamental: he has too little income or no income at all. As we see it, the solution lies not in elaborate schemes of socialized medicine or the other panaceas. For the church to endorse these in the hope of improving our social order is comparable to shooting elephants

with a pea-shooter. The problem is how to guarantee every American a steady job at adequate wages. When this is done, he will be able to provide himself and his family with the necessities of life; and his cares will melt away as does the dew from the morning sun.

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The title of doctor has an ancient and honorable heritage. It is generally believed to have been first adopted in the 12th century, and to have originated with the University of Bologna. The University of Paris followed immediately after, and, in 1145, conferred the first doctor of divinity degree on one Peter Lombard. In England the degree of doctor was not introduced in the universities till the reign of Henry III. The modern title of doctor has become the highest degree in the faculties of theology, law, and medicine. It is only in the United States that the title is conferred upon those of eminent learning or ability in their profession, without demanding from them any trial or thesis. However, there is one exception: in the medical profession the degree of doctor is only bestowed after a course of study.

Perhaps it is no wonder in a land such as ours where auctioneers are "colonels" and dance instructors are "professors" that the title of doctor has been appropriated by other cults pretending to practice the healing art. By its means they have attempted to enter the field of medicine through the basement window. We have with us Doctors of Chiropractic, Doctors of Naprapathy, Doctors of Metaphysics, and others too numerous to mention. To the unsuspecting public anyone called "doctor" must be a doctor. It is for this reason that as physicians we should impress on patients the meaning of M.D. — Doctor of Medicine.

The year of the big wind is with us again. Once more we are exposed to the hot blasts of campaign oratory; and the woods are full of politicians seeking to save the nation at so much per annum. The average citizen, after being unimpressed by their caliber and pretty much disgusted by their insipid arguments, stays at home on election day and prays that the country may survive the shock. This is where he makes his greatest mistake.

We are passing on to you an editorial published in the RACINE JOURNAL TIMES. We feel certain after reading it that hereafter no physician will allow anything to interfere with the casting of his ballot.

An Open Letter

To Mr. and Mrs. Citizen

Dear Sir or Madam: A good many people have applied to you for jobs in recent weeks. They are political jobs, and you won't be the applicants' only employer, but regardless of who you are, what you do for a living or how much money you have, you will pay your share of these people's salaries. You will benefit or suffer from the kind of work these people do just as surely as though they were to work in your home or

your business.

Tomorrow you will be called upon to eliminate some of the applicants in a test called the primary election. Choose wisely on the basis of what you know about the applicants, their record, ability and honesty. In November you will hire some of them, but remember this: unless you make a careful, intelligent selection tomorrow, the most capable applicants may not even be in the running.

We have been too inclined to consider political officeholders as being only remotely connected with us; as working for somebody else. That, of course, is entirely wrong. Whether the aspirant wants a seat in congress, the district attorney's office or any other post, he will be on your personal payroll. In other words, he will take money out of your pocket-book.

If he is a good man, you will get value received; if he isn't, you will be as thoroughly penalized as though you had hired an incompetent workman to paint your home, keep your books, or fix your car. In fact, the incompetent officeholder has a greater capacity for damage to you and yours.

Please hire carefully.

A. C. HANSEN, M.D.

The main hope of organized medicine lies in the integrity of the basic unit—the county medical society. One's medical allegiance is to the county society first; the hospital staff meeting, the informal cloak room conference, the specialist group meeting, the section or branch societies, where they exist should not be permitted to usurp loyalty to the county medical society. They are primarily for the advancement of scientific medicine. By and through the county medical society, the general interests of the profession must stand or fall. Without strong cooperative county societies, neither the state nor national medical associations can render their most effective service. In the common interests of all, never were the active support of and loyalty to the county medical society of greater moment.

—*The Journal of the
Michigan State Medical Society.*

The Doctor's Financial Records

by An Observer

About a month ago a representative of the income tax division of the United States Treasury Department related to this observer numerous instances where physicians disclosed the inadequacies of their financial records. Some of the stories he told were humorous, but revealed only too clearly various reasons for the economic difficulties of many physicians.

He told of one instance where a physician extracted from the pigeon-holes of his desk numerous slips of paper on which he had recorded receipts and disbursements for the year. It was impossible for the investigator to determine the doctor's financial status from these scraps of paper. The result was that he arbitrarily estimated the doctor's receipts and the deductions to which he was entitled under income tax laws. Undoubtedly there was a loss to the physician, for chances are he paid more than he would have been obliged to had adequate records been kept.

An eminent clergyman who had made the acquaintance of numerous doctors, because of his association with medical schools, confirmed these observations. In his opinion a real need of the modern medical man was adequate business training.

Doctors generally are wary about venturing into the field of figures. They become easily confused and would rather leave this task to the office girl who frequently has no more ability in this direction than the physician.

The doctor who neglects his financial affairs is unfair to his patients, his family, and to himself. The patient has a right to expect that the doctor will deal with him not only justly but methodically as well. The physician's family also is entitled to

the protection that good financial records afford the doctor and those dependent upon him. The doctor himself is often harassed by financial worries because of his negligence.

Records of the type necessary to the physician are neither difficult to keep nor hard to understand. The doctor's books can be and usually are kept on a cash basis. They show in detail the source of income and disbursements. Although no detailed description of essential records can be presented here, a list may prove useful to physicians who do not "keep books."

DAILY REGISTRY. In this book is recorded the source of income, charges made against the patient, cash paid on account, and cash for service. Discount allowances and income other than that for professional services are also shown. A column is devoted to each of the above sources of income.

CASH RECEIPTS AND DISBURSEMENT RECORD. This record shows income from all sources and the expenditures in detail. A columnar loose leaf journal for this purpose can be purchased at any stationers. Many journals now obtainable include illustrations as to how this record is kept.

PATIENTS' ACCOUNTS RECORD. A simple card, 4 x 6, on which charges made for services to the patient and cash received on account are entered, is usually adequate and efficient. The balance due on account is carried in the last of the three columns on the card. Payments made at the time service is given are also shown.

Cards, of course, are filed alphabetically.

PROPERTY LEDGER. This is a very essential record of the property owned by the doctor. A page should

be set aside for each kind of property and depreciation taken each year. Setting up of this ledger will require the advice of someone familiar with bookkeeping methods.

No records other than those described here are necessary for the average physician. If he will keep these

up to date, he will eliminate some of his financial difficulties.

Whether or not he does his own bookkeeping the doctor should know the mechanics of keeping financial records so that he can give intelligent supervision and know that his accounts are correctly kept.

Ramon y Cajal

(Continued from page vi)

as bacteriologists disarm a pathogen by converting it into a vaccine.

"The joviality of friends is the best antidote for the venom of the world and the fatigues of life. In the words of the old song: 'He loves me who makes me laugh.'

"Man is an illogical animal, whose reactions correspond less with his sentiments than with his interests.

"In youth we say: 'I am immortal.' In age, we say: 'I die without having lived.' And it would be the same if we lived the three hundred years of the crocodile or the two hundred of the elephant.

"Genius, like the inhabitants of the depths of the sea, moves by its own light.

"Take care when an adversary does you justice in public; in that case, you need it.

"People are neither good nor bad but spiritless, distracted, lazy and generally tardy or forgetful of duty.

"A woman venerates her parents, esteems her husband but adores only her sons.

"Try to honor your children lest they dishonor you.

"Civilization, like life itself, arose on the seashore.

"Injustice would not be so fearful were it not more audacious and dili-

gent than justice. The first collects, the other pays.

"To be right before the right time is heresy which is sometimes paid for by martyrdom.

"If business is 'other people's money,' then power and happiness are other people's misery.

"The greatest tonics for will-power are truth and justice.

"The weak succumb, not from weakness, but from ignoring that they are weak. It is the same with nations.

"Physical pain is easily forgotten but a moral chagrin lasts indefinitely.

"Libraries are successively the cradles and the sepulchres of the human mind.

"The human brain is a world consisting of a number of explored continents and great stretches of unknown territory. Its vast potentialities are ignored and unsuspected by the commoner run of laymen. The cultivated man tries to discover its occult treasures.

"The desire for fame is of two kinds: to seek it as an end or to use it as a means.

"Let the vicious and idle say what they choose, agreeable and useful work remains the best of distractions.

"In spite of the efficiency of mod-

ern medicine, our intellectual or intelligent people do not live as long as in antiquity.

"The saddest thing about old age is that its future is behind it.

"Like an earthquake, true senility announces itself by trembling and stammering.

"It is notorious that the desire to live increases as life itself shortens.

"A mature fat man excites pity, like a ship well stocked for its last voyage."

Cajal's legacy to the world aside from his own contributions is the founding of a school of histology. His pupils are now carrying on the work of their master in various centers in every civilized country in the spirit of his belief that, "The ideal of science is to elucidate the dark mysteries and unknown forces which invest us, for the benefit of our descendants and to make the world more agreeable and intelligible, while we ourselves are forgotten, like the seed in the furrow."

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The Physician in the Forties

(Continued from page viii)

this modern world even the scientist has been touched by the love of notoriety or the joy of gain, emotions which will mar his usefulness, will cloud the agar in his test-tube and blur the glass of his microscope. Such men there have been, but not many. Better than such a man the dullness of inanimate dust! Better the roadside pond which at least reflects in its stagnant bosom the glories of the firmament! Better the pine trees singing 'neath the stars! Our fathers did wonders with the resources they could command. The

lesson of their lives is largely one of dignity, self-sacrifice, devotion to science, and regard for the bonds of professional conduct and duty, and carelessness as to wealth or fame.

This is our heritage. Let us prize it justly. To be always retained if we are worthy. To be ours until we weigh the precious gold of the starlight, draw to earth the serene azure of the skies, take the heat from flame, steal the beauty from the rose, capture the glory from the sunset or strip the splendor from the radiant brow of morning.

As the psychiatric viewpoint and training pervades medicine and the general hospitals, there will be an increased development of psychiatric care in the general hospitals and, therefore, there will tend to be a decentralization from State hospital care to local general hospitals. This may be one solution of the increased burden of State budgets. Furthermore, as physicians become better versed in the treatment of psychiatric problems in general practice, there may be a decreasing tendency to send psychiatric patients immediately to State hospitals and more of an inclination to care for them in their homes, under private or clinic medical supervision, public health nursing and social service care.

—*Mental Hygiene News*, June, 1936.

The Hospital and the Community

In 1875, there were less than 600 hospitals in all of the United States. In 1935, the report of the Council on Medical Education and Hospitals of the American Medical Association reveals that there were 6,246. This is almost 100 less than were reported in the previous year. But, though the years of economic stress have taken their toll of hospitals, the number of hospital beds has continued to increase, largely because of the extension of governmental facilities. In the last quarter century, a period which our memories can clearly visualize, the number of hospital beds has more than doubled. The increase, though less rapid in recent years, has been at the rate of over 25,000 beds each year. More than seven and one-half million patients were admitted to hospitals in 1935 (an increase of over one-half million over the previous year), and there were more than 875,000 patients in the hospitals each day in the year.

The capital funds invested in American hospitals exceed three billion dollars, of which approximately one-half has come from government funds and one-half from private sources. Less than 10 per cent of the total investment has been made with any hope of return to the investor, or in other words "on a business basis." This huge sum has come primarily from generous citizens or from tax

funds authorized, for the most part, by the voters at elections in which the issue carried by large majorities. Seldom has the taxpayer refused to approve proposals for the expenditure of tax funds for hospital projects when the need was clearly established. Seldom have campaigns to raise funds through voluntary subscriptions failed of their goal.

Similarly, in the case of operating expenses, large amounts are subscribed annually for the support of voluntary institutions and enormous sums of tax money are expended for the operation of governmental hospitals. Few of the voluntary hospitals have sufficient endowment to cover operating deficits resulting from the service provided for patients who cannot pay the cost of their care. Few hospitals that render a comprehensive service to the community earn sufficient revenue to cover their operating expenses. Practically none of them include the cost of depreciation of buildings or permanent improvements in their operating expenditures.

The very large sums annually contributed by individual donors, through community funds, and through gifts and bequests reflect in no uncertain terms the attitude of the public toward hospitals and the regard in which they are held.

ARTHUR C. BACHMEYER
in Colorado Medicine

Too often the so-called modern physician travels the beaten path to the laboratory to prove or disprove something without first taking a good look at his patient. . . . Laboratory tests should be performed and should not be discredited, but more careful study of the signs and symptoms of disease is required if one keeps faith with the old masters in medicine.

The Journal of the Medical Association of Georgia.

Sunny Side Up

FACTS OF LIFE

Mother: George, dear, you know Joan is seventeen years old now and I just had a long talk with her about the facts of life.

Father: Ah, good. And did you learn anything new?

LAST REQUEST

His wife lay on her death bed. She pleaded: "John, I want you to make me one promise. Will you ride in the same car with mother to my funeral?"

He sighed, "O. K., but it's going to spoil my whole day!"—*Ohio Sundial*.

A GENTLE HINT

They had been sitting in the swing in the moonlight alone. No word broke the stillness for half an hour until "Suppose you had money," she said, "what would you do?"

He threw out his chest in all the glory of young manhood. "I'd travel." He felt her warm, young hand slide into his. When he looked up she had gone. In his hand was a nickel.

HER AIM WASN'T GOOD

A man wounded in the head was rushed to the hospital, where the doctor asked him how it happened. "My wife threw a stone and hit me," murmured the man.

"Well, that's the first time I ever heard of a woman hitting anything she aimed at," said the doctor.

"Oh," said the patient wearily, "she wasn't aiming at me. She was throwing at a dog and I was behind her."

INSIDE LOOKING OUT

"There! He's got a peanut. Let's see what he does with it."

"Well, what do you know about that? He knows enough to take the shell off before he eats it, just like we do."

"That's a female alongside him. Listen to her chatter at him. He doesn't seem to be paying much attention to her, though."

"She must be his mate."

"They look kind of sad, don't they?"

"Yes, I guess they wish they were in here with us monkeys."

CONSPIRACY

"I can't marry him, mother, he's an atheist, and doesn't believe there is a hell."

"Marry him, my dear, and between us we'll convince him he's wrong."

HE DID HIS STUFF

He showed every promise at school except that he always muddled his past participles.

After saying "I have wrote," the master explained to him how wrong it was, and told him to write "I have written" 100 times.

The lines were left on the master's desk with the note: "I have wrote 'I have written' 100 times, as you told me, and now I have went home."

ADMIRABLE DEFENSE

Someone reported that a minister in a rage went to a meeting, which his wife attended against his will, dragged her from the hall, and forced her to go home with him.

In the columns of the local paper the minister made this admirable defense: "In the first place, I never attempted to influence my wife in her views or her choice of a meeting. In the second place, my wife did not attend the meeting in question. In the third place, I did not go to the meeting myself. In the fourth place, upon diligent inquiry, I am informed that no such meeting was held. Finally, I never had a wife. The report is probably not true."

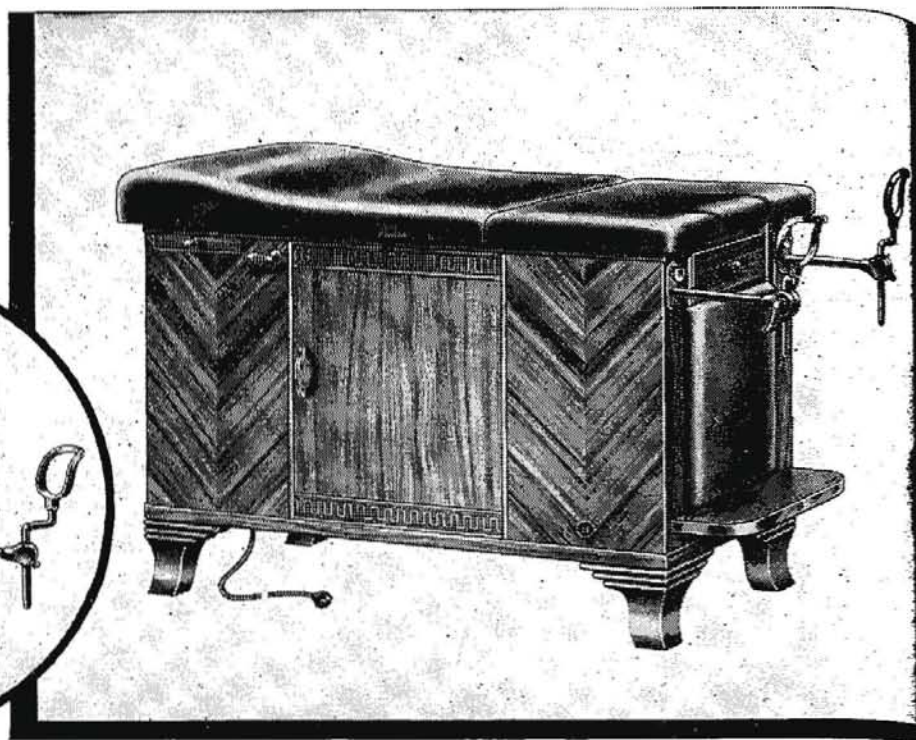
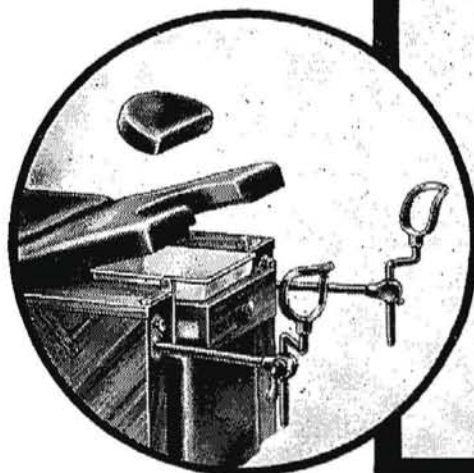
"—GET ONE THAT WILL LAST"

There is an old saying that the rich have money and the poor have children. As for the rich having money, that, of course, is obvious. And as for the poor having children,—well, read the story yourself.

Jim Scott, a poverty-stricken back-woodsman, had become the father of his twelfth child. The cradle in which the child lay had served its purpose for eleven preceding children and its rockers were so far gone, there was no more rock in them.

"Guess we gotter git a new cradle, Jim," said the wife with a plaintive sigh. "This one's erbout all used up." Jim looked over the delapidated crib that was ready to fall apart.

"I guess you're right, Sal," he drawled. "I guess we gotter git a new one. Here's two dollars. Next time you go ter town, git one at the store—but this time git one that will last."



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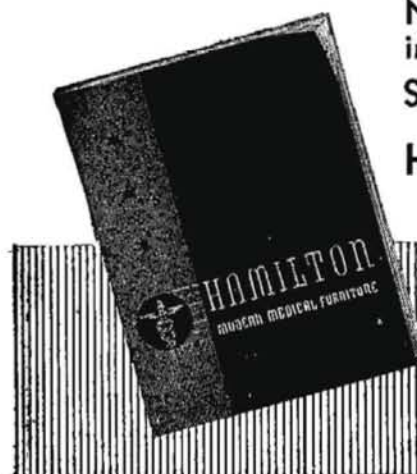
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Here is a table which will solve many of your treatment problems and serve as an examining table as well. Its handsome Nu-Classic Design lends new tone and dignity to the examining room.

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