"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.

In any formula

The ready digestibility, safety, convenience, economy, and availability of Irradiated Carnation Milk specially recommend it for use in the construction of all types of feeding formulas. Enrichment with vitamin D is an important added factor, further justifying the marked favor with which Irradiated Carnation Milk is regarded by pediatrists generally.

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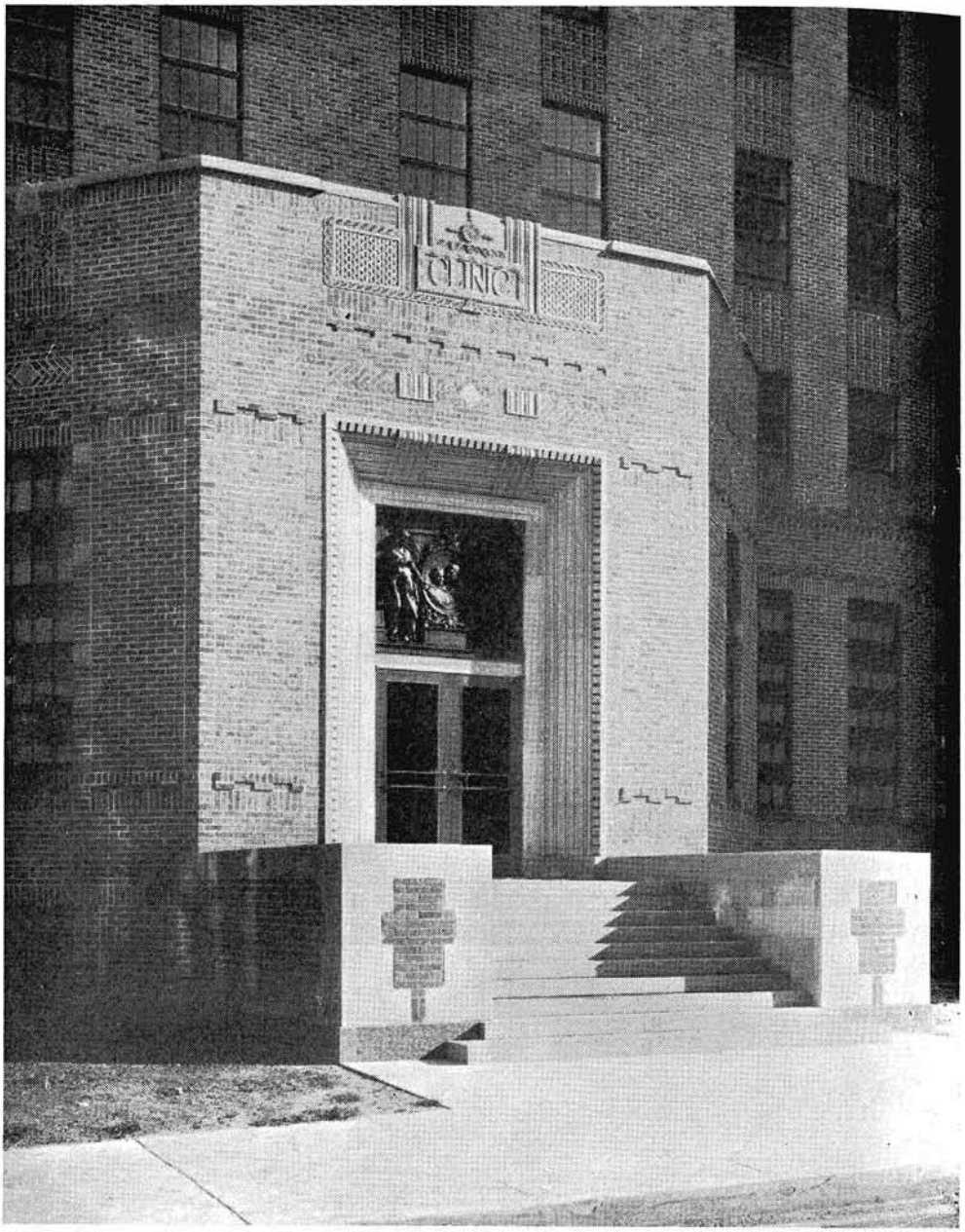

Medical Schools of the United States

11. Entrance—Hutchinson Memorial Building
The Tulane University of Louisiana School of Medicine

Speaking of Social Service

An address given before the Auxiliary to The Medical Society of Milwaukee County

by Chester M. Echols, M.D.

"How can the medical profession render the most efficient social service?"

This is what you have asked me to talk about. The subject is not of my own choosing and not entirely to my liking; but it fits in with your program today which, I understand, has to do with the annual drive to raise our community fund. You have asked my views, so here they are:

Social service means service that is beneficial and useful to society. To be classed as social service, it must be carried out in an altruistic spirit, either without any selfish motive, or with the selfish motive in abeyance or in the background.

With this definition in mind, it appears to me that members of the medical profession can render the highest type of social service only by attending diligently and conscientiously to their own business: namely, by giving their patients the best care of which they are capable, and by preaching and practicing preventive medicine.

By way of illustration, let us examine a few of the activities, past and present, of the medical profession and see how they rank as social service activities.

The doctor who exercises good judgment, skill and meticulous care in the treatment of broken bones, and is able to restore his patient to perfect, or nearly perfect, physical function in a minimum of time, instead of permitting the victim to become permanently incapacitated and a burden to his family and to society, — that doctor, I say, is rendering the highest kind of social service.

Infections of the hand which get out of control, may lead to amputation or tragic permanent crippling. By their knowledge of what to do and by their skill in prevention, physicians are daily heading off countless tragedies of this sort,—and all without even thinking of the social service aspect in their work.

The prevention of blindness by the simple device of instilling antiseptics into the eyes of the new-born, is a routine practice properly credited to the medical profession. The sum total of benefits accruing to society from this item alone is so great as to make most so-called social services pale into insignificance.

Time was when lung tuberculosis was treated in some parts of the world by shutting the patient up in a darkened room and excluding the outside fresh air. In other countries it was treated by active exercise. Most of you are familiar with Rostand's play L'AIGLON, immortalized by Sarah Bernhardt, wherein Napoleon's only son, a youth of eighteen or thereabouts, dies of tuberculosis at the Hapsburg's Court in Vienna. The young man was a cavalry officer in the Austrian army, and up to the day of his death was permitted by the court physicians to race his spirited horse over fences and ditches at the maneuvers notwithstanding his hemorrhages and fever. Contrast this treatment in the then most enlightened country of Europe with our present conception of the care of tuberculosis which has been put into effect by the medical profession, and you will have a fine example of real social service.

In Queen Elizabeth's day, a beautiful woman was one whose face was

not pitted with small-pox scars. A smooth and unscarred face, we are told, was the exception and not the rule in those days. If you have that school-girl complexion today, do not give thanks to some kind of widely touted soap, whose radioed merits may be 99-44/100 percent pure bunk, but rather thank Dr. Jenner, the discoverer of vaccination, who was the Number One social service hero of his century. Yet, strange to relate, our country teems with rabid anti-vaccinationists.

DeFoe in his *History of the Plague* in London; Bulwer-Lytton in *Rienzi*, George Eliot in *Romola*, and Boccacio in his *Decameron* have all given us the most vivid pictures of the horrors of the plague. These writers point out the most fantastic notions then prevalent as to the causes of plague and its treatment. The favorite antidote, especially in Italy, was to smell flowers; and Florentines, stumbling over corpses, not only crossed themselves, but carried around bouquets of roses like some holy talisman. The medical profession has since discovered that the plague, like typhoid, is a filth disease; that it is produced by a definite germ or bacillus; and that this germ is transmitted chiefly by rats and vermin. The plague today is no longer a scourge in the presence of enlightened medical men.

The slaughter of the innocents by Herod was a spectacular and dramatic tragedy in history; yet Herod's slaughter was but a drop in the ocean compared to the age-old annual slaughter of babies and young children, by causes which the medical profession now has under control. As recently as the mid-Victorian era, the birth rate in England and Wales was 35 per 1000 of population. In recent years, with a birth rate of about 12 per 1000, English and Welsh are able to hold their own in numbers. Why? Because the terrible infant mortality has been abolished and it takes only a third as many babies to maintain the population now as it did 75 years ago.

The medical profession has made the tropics habitable for white men. It made the Panama Canal possible by conquering malaria and yellow fever. How's that for social service on a large scale? But, believe it or not, there are cults in Wisconsin made up of men and women who deny the existence of germs as a cause of disease. Some of these same cults are constantly seeking the legal right to treat the sick on equal terms with the medical profession. Politically, they have been influential enough to sway an alarmingly large group of our elected legislators. The very mention of this disgraceful state of things ought to suggest to the minds of every one of you, certain ways in which you can be exceedingly useful in safeguarding the credulous but unsuspecting public. You will thus be indulging in a preeminent type of social service.

I have recited a very few of the outstanding things which the medical profession has done and is now doing. By this time I hope you are sufficiently impressed with the fact that it is a noble profession which you have married into,—a profession dedicated to the relief of suffering, and the prolongation of life.

If physicians limited their work merely to taking care of patients who call upon them or are sent to them,—and made a good job of it,—they would still be giving superlative social service. But organized medicine is not content merely to attend to its perfunctory duties of caring for the sick. Any physician worthy of the name will do all he can to prevent people from getting sick, even if by so doing he cuts off the source of part of his income. We attempt to maintain high standards of efficiency in medical practice. We do our best to protect the populace from charlatans and healing fakirs,—even though our efforts in this direction constitute a

(Continued on page xii)

State Medicine — Britain's Modern Burden

A newspaper correspondent's observations of the British sickness insurance system. National health, he asserts, has declined under state medicine

by John S. Steele

Twenty-five years ago Lloyd George, then chancellor of the exchequer under Asquith's premiership, and not yet "the man who won the war," startled Great Britain and frightened its possessing classes by his great campaign for "social reform." He was regarded as a dangerous demagog, and there is no doubt at all that the series of measures which he introduced in 1911 and succeeding years started Britain on the road to socialism, on which it has traveled so far since then.

Chief among these measures was health insurance, which the chancellor introduced to the people in a raging, tearing campaign in which he promised the British workingman "ninepence for fourpence." The British workingman took the bait and the system was inaugurated which for good or ill has been part of British policy since then and probably will continue to be in one form or another.

The system of state medicine inaugurated then with such a flourish and with so much enthusiasm today has few defenders even among its so-called beneficiaries. It has—and this is not only my own opinion but the publicly stated opinion on many occasions of doctors, coroners, hospital officials, and others who are engaged in working the system—reduced the practice of medicine from a profession to a trade, made slaves of doctors and chemists, and has bred in the people a dangerous reliance on hurried and inefficient doctoring which has caused a serious decline in the national health average.

But before going into the weaknesses of the system it is necessary to explain what it is: Under the original health insurance act, which has been amended and modified several times in detail but not changed in essentials, every employed person in Britain earning less than a certain amount yearly is compelled to become insured against sickness. He or she is supplied with a health insurance book in which a stamp must be stuck every week. The employer is responsible for sticking in the stamps, which are obtained at the postoffice and which cost 9 pence weekly in the case of men and 8½ pence in the case of women, or about 18 and 17 cents. The employer is then entitled to deduct from the current week's wages 4½ pence, or 9 cents, in the case of men and 4 pence in the case of women. In practice this deduction is seldom made in the case of domestic servants or others where there are only one or two employes, but in large establishments, of course, it is a substantial item and the deductions are made automatically.

The stamp feature gave rise to many amusing incidents in the early days of insurance. Dowager duchesses and other "old ladies" of both sexes and similar opinions wrote to the newspapers swearing they would never "lick stamps for Lloyd George," and some of them actually risked fine and imprisonment for refusing. There was even a movement to organize a non-stamp-lickers' league, but it never got beyond the newspaper correspondence stage. The "ninepence for fourpence" slogan, of course, referred to the fact that the working man or woman paid only 4 pence and got 9 pence in benefit, the other 5 pence, or 10 cents, being paid

by the employer. The state also makes a small contribution to augment the insurance fund.

The benefits to which the insured persons are entitled are free medical attention when ill, either at home or at the doctor's office, or surgery, as it is called in Britain; maternity benefit, free drugs, and various minor benefits.

Medical treatment is provided by what is known as a panel of doctors and chemists, hence the name "panel system" by which the arrangement is known. Any qualified doctor is entitled to have his name on the panel in his district, and every insured person is entitled to choose his panel doctor.

If, as is usually the case, the insured person has no choice, he is assigned by the administrative authorities to a doctor, care being taken to divide the available patients as fairly as possible among the doctors. Chemists, or druggists, are chosen in the same way, and the panel doctor is not allowed to dispense drugs, as he was in the habit of doing before the panel system. If the patient is dissatisfied he can change his panel doctor for another by giving a month's notice.

There is elaborate machinery for inspection, investigation of complaints against doctors, and an intricate administration system which is said to be far too costly for the service it renders. Doctors, in fact, complain that most of the evils with which the inspectors are constantly dealing are inherent in the system itself and would disappear if greater freedom were given to the doctors. For this service the doctor receives a capitation grant per patient of 9 shillings—roughly about $2.25—a year. About 5 cents of this is deducted for administrative costs but $2.25 per patient a year is near enough the doctor's remuneration. The chemist, or druggist, as he would be called in America, receives about 3 shillings, or 75 cents, per patient a year, for which he must supply all ordinary drugs prescribed by the doctor. A special allowance is made for specially expensive drugs.

This brings us now to the working of the system and its weaknesses. A sum of $2.25 a year for unlimited medical service seems farcical, and it would be if every patient called on the doctor for his services. It must be remembered, however, that this is insurance and that the doctor's panel includes healthy as well as sick. In actual practice he never sees the majority of members of his panel, but he gets his 9 shillings a year for sick and well just the same. It is also fair to say that the same doctor before the insurance scheme never would have seen many of the poorer of his panel patients at all. When they were overtaken by illness these people either went to the out-patient departments of the charitable hospitals, to the poor law infirmaries, or to the sixpenny doctor, who then flourished in the slums and who was generally either a philanthropist or a quack and who if he were dependent on his practice for his living could not give even the attention which panel patients now receive from their overworked insurance doctors.

Overwork for the doctors is the great evil of the system and is what has reduced medicine from a profession to a trade. In spite of the fact that practically every general practitioner in Britain outside the wealthy areas in some of the large cities belongs to the panel there are not enough doctors to go around.

Excluding men and women in the army, navy, and air force medical services, but including all specialists, all those holding permanent hospital, insurance, or other appointments, and those who have retired but still keep their names on the register, there are just over 40,000 doctors registered in Britain. Fifteen thousand of these are "on the panel," which means that 15,000 doctors in general

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The Medical Witness

Dr. Work offers some helpful suggestions to the physician called upon to appear in court

by Philip Work, M.D.

With the ever widening scope of industrial insurance and the tragic increase of traffic casualties, the medical man is finding himself more frequently in the forensic witness chair. The average physician views this contingency with extreme distaste and not infrequently goes to absurd lengths in his efforts to avoid it. That this is so is due largely to two factors—a lack of awareness on his part of his rights and privileges on the stand, and an uneasy feeling that he will become the pawn of practitioners of an art he does not understand, as an outcome of which he may emerge from the court room in some mysterious way discredited in his community. Not infrequently he feels and occasionally he says that his efforts were misconstrued and the cross examiner has "made a monkey out of me." Your essayist has seen events in the court room that would lend color to such an impression, but it is his considered opinion that by his own conduct or words the witness usually contributed his full share to that unique biological transmutation.

In the hope that the path of the doctor in court may be smoothed a few observations and suggestions are tendered. The prospective witness can do no better than to remember the warning in a great book on one phase of legal medicine: "The medical man when he enters the contentious atmosphere of a court, must beware of being inoculated thereby and made a partisan—and, leaving the legal rights to be safe-guarded by the law, he must deal impartially with the abstract medical questions alone[1]."

To mitigate further his intra-psychic tremor let him remember that:

He is a witness, not an advocate.

He must not allow his sympathy or his emotion to bias his judgment nor color his utterances.

He has or should have no selfish interest, financial or otherwise, in the outcome of the action.

He is expressing under oath the scientifically grounded opinion of a member of an honorable and dignified profession.

He should not attempt to utilize the judicial scenery for his own aggrandizement.

He has certain definite rights as well as duties before the Court.

The doctor may enter a legal case either by request of counsel, by subpoena of the Court to testify on one or the other side, or as "amicus curiae," a friend of the Court, in short, the Court's witness. The amicus curiae is a suitable physician appointed by the trial judge to examine the patient and report his conclusions directly to the judge in open Court. The physician thereafter becomes the witness for the side his opinion favors. Having accepted employment or been ordered "under penalty" his time on the day appointed is entirely at the disposition of the attorneys or the Court. In more than twenty years your essayist has never found counsel or Court unreasonable or improperly arbitrary in this regard.

Terms of employment and remuneration are matters of private contract to be agreed upon prior to trial. Suffice it to say that there is no provision in Colorado statutory law compelling the payment of special fees to experts though it is customarily understood

that "the workman is worthy of his hire." In criminal cases there is usually some special fund for such expense. Once on the stand never wrangle for increase of compensation. One should be able to foresee the implications of his probable testimony, and arrange in advance. If one feels entitled to more, a social call on counsel or judge after trial is more dignified and, incidentally, more often productive.

Never testify on a contingent basis; nothing is more fatal to the value of testimony. If asked if you are not being "paid for this," answer in a dignified manner that you certainly are, or expect to be, or that you have charged and expect to receive a reasonable fee for your knowledge and time. This question, rarely asked, borders on insult and is asked for one of two reasons only, as a foundation for impeachment of testimony or because counsel is on a "fishing expedition."

If in the heat of cross examination, counsel appears to impugn the witness' veracity, a quiet appeal to the judge that the witness is under oath or that he is not on trial will have the desired effect. It is an old story to the judge, and he is probably more tired of it than you are. Judges are human.

A physician may be called to testify to questions solely of fact, in which case he is but an ordinary witness and paid as such. Testimony that he attended or performed an autopsy on John Doe is but fact; testimony as to the nature or probable effects of the illness he found is, as Sherlock Holmes would say, "another story." The doctor is not regarded as an expert witness until he has qualified; i. e., shown that he is a physician, duly licensed and in good legal status where the service was rendered. If the doctor be imported for this special case, it is sufficient that he be registered in his home state and county. If he be a witness in a special field, his explanation of his peculiar qualifications, his education, his special training and his experience must be shown and admitted by Court and counsel. The Court and the jury, not to mention opposing counsel, will look with a jaundiced eye upon the doctor who attempts to qualify as expert in widely diverse specialties. The clearest medical testimony your essayist ever heard was given by a country doctor sixty miles from a railroad and the most confusing came from a most erudite specialist.

The witness should look at and talk to the jury in a clear audible voice, unhurriedly but dignifiedly, unhesitatingly and firmly. Avoid technical terms if possible. If not, explain promptly and simply. To a layman 104 degrees is a high fever, not a hyper-pyrexia; to him an ecchymosis is a bruise. Put yourself on an apparent mental parity with the jury. Speak their language. Nothing will so quickly or so effectively antagonize a jury or render it sublimely indifferent as a learned discourse in a, to it, foreign language. After one hears such a lecture a rural juryman was heard to say that no high hat doctor in a white collar from the big city could tell him about the mental capacity of the man he had lived neighbor to for years. The use of similes drawn from the vocation of the locality will clear up many points in the minds of the jury. A comparison between a cerebral hemorrhage and a break in the bank of an irrigation ditch will obviate a tiring lecture on anatomy and physiology of the brain.

Never lose your temper. Answer briefly. Very few questions cannot be answered yes or no. If counsel wants you to explain, he will ask you. Do not go farther than the question intends. Volunteer nothing beyond the scope of any question without previous conference with your attorney. Not infrequently, however, an experienced witness will find on cross examination an oppor-

(Continued on page xiv)

EVENTS FOR DECEMBER

TUESDAY, DECEMBER 1ST:

Auxiliary to the Tulsa County Medical Society with Mrs. H. B. Stewart, 2500 East 27th St., 12:30 p. m.
Luncheon.
Program.

WEDNESDAY, DECEMBER 2ND:

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

THURSDAY, DECEMBER 3RD:

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

MONDAY, DECEMBER 7TH:

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.
Election of Officers.
Orthopedic Case .....Frank J. Stuart, M. D.
Case Reports.

MONDAY, DECEMBER 14TH:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.
Annual Meeting.
Election of Officers.

MONDAY, DECEMBER 21ST:

St. Johns Hospital Staff Meeting, St. Johns Hospital, 8:00 p. m.
Reading of theHospital Reports.
A Scientific Paper by the Interne.
Interesting Discussion.

County Society Meetings Northeast Oklahoma

FRIDAY, DECEMBER 4th:

Washington County Medicial Society. Memorial Hospital, Bartlesville, 7:30 p. m.
Election of Officers.
Influenza—J. P. Vansant, M. D.
Discussion—C. J. Wells, M. D.
Present Status of Preventive.
Pediatrics—G. W. Crawford, M. D.
Discussion—W. H. Kingman, M. D.

MONDAY, DECEMBER 7th:

Muskogee County Medical Society, Oklahoma Baptist Hospital, Muskogee, 8:00 p. m.
Speakers — Doctors, Kaiser, Hamm, and F. W. Ewing.

MONDAY, DECEMBER 21st:

Muskogee County Medical Society, Muskogee Country Club, Muskogee, Oklahoma, 8:00 p. m.
Dinner, $1.25 per plate.
Election of officers.

Final Committee Reports

The President requests that a brief written report be presented at the Annual Meeting, December 14 covering the activities for 1936.

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 Printing Company, Inc.

Vol. 2 NOVEWBER No. 11

The Recording and Recognition of Charitable Services Rendered By the Medical Profession

Charity is a voluntary contribution made by individuals to people who are in need of help. It voluntary bestowed by citizens upon indigents. When a city or a state supports its indigents it is not charity in an unadulterated sense; it is self preservation and protection. When a city takes care of the ill, it not only helps the individuals but protects itself in preserving the health of the community. The city builds hospitals, engages the administrative and executive officers and it expends great sums of money for health and welfare of the patience. However, the city does not pay for the actual medical care. It is being supplied by the medical profession as a voluntary contribution to the community; and this a case of genuine charity on the part of the physicians.

It was difficult to evaluate the services rendered by a physician or surgeon. But, since the enactment of the state compensation law, the value of every medical service rendered has been legally established. Provision is made not only for the maximum fee, but also for the minimum fee to be charged for each specific service. Therefore at the present time, we can convert the service rendered by the physician to the general public in to actual cash value. The Federal and State government permit a taxpayer to deduct a certain percentage of his income which he donates to charity. It then behooves us physicians to demand the same deduction for services donated by us to the city and its citizens.

We therefore recommend that all hospitals and dispensaries, where physicians rendered free services, record the number of visits and treatments rendered, in order that we may have a complete knowledge of the actual savings to the city and community through the charitable acts of the medical profession.

The publicity of such a condition is very important. A large percentage of the public is not acquainted with the fact that medicial services are rendered free in public and sem-public institutions.

While the Federal government, the Army, and the Navy pays, and pays well for its medicial service it is peculiar that ctiies should rely solely upon charity and the good will of the physicians to take care of its citizens. The anomaly of such a state of affairs can only be explained by the inactivity of organized medicine in acquainting the general public with the situation. It is time that we here in the Bronx become more active and make this phenomenon known."

The above article is reprinted from the November 1936 issue of the Bronx county Medical Bulletin but applies very aptly to other localities.

Dr. W. S. Larabee, President,
The Tulsa County Medical Society,
Tulsa, Okla.
Mr. Chairman:

In making my formal application for transfer of my membership to the Racine County Medical Society of Racine, Wisconsin, I would appreciate the privilege of being present in your meeting by proxy.

In the pursuit of my chosen field in medicine. it has become necessary for me to sever my connection with your organization. However, I shall always treasure the associations and friendships which have been so valuable and pleas ant during the past seventeen years. I feel a debt of gratitude to those members who have labored so unselfishly in accomplishing the many things which are so vital to my profession.

With best wishes for the continued success of the Tulsa County Medical Society and each member, I remain

Fraternally yours,
I. N. TUCKER, M. D.

The Officers and Trustees
Tusa County Medical Society, Inc.
Tulsa, Okla.
Dear Sirs:

Attached herewith is my donation of $ ..... Dollars for the

....General Library Endowment Fund

....Geissler Memorial Endowment Fund

to be invested in.....

.....

.....

Signed .....

Address .....

Eradication of Congenital Syphilis

The following resolution presented by Dr. George R. Osborn at the October 26 meeting of the Tulsa County Medical Society was adopted by unanimous vote.

Whereas, statistics show that the early diagnosis and treatment of syphilis in the pregnant woman is the surest way to eradicate congenital syphilis, and

Whereas, it is for the benefit of the patient and unborn child that every pregnant woman have a Wassermann test, be it

Resolved, that the Tulsa County Medical Society recommend that the physicians of the county secure blood for a Wassermann test from all pregnant patients, and be it further

Resolved, that this resolution be given dignified publicity.

Our Contemporaries

The Bulletin is on the exchange list of a number of Bulletins published by other societies. These are on file in the secretary's office and you will find very interesting articles and excellent suggestions in them well worth your reading. The Bulletins now received are: Bronx County Medical Society, Garfield County Medical Society, Nassau County Medical Society, Oklahoma County Medcal Society, Sedgwich County Medical Society, The Orleans Parish Medical Society, and the Westchester Medical Bulletin.

Annual Meeting December 14

The annual Meeting is here again with the election of officers and the "discussion of the business affairs of the profession of the county, with the view of adopting the best methods for the guidance of all." If you have something to present for the common good let's have it.

Officers to be elected are President-Elect, Vice-President, Secretary-Treasurer, one member to the Board of Censors, four delegates and nine alternates.

TULSA COUNTY MEDICAL LIBRARY JOURNALS FOR 1936

The American Journal of Cancer.
The American Journal of Digestive Diseases and Nutrion.
American Journal of the Diseases of Children.
The American Journal oft he Medical Science.
American Journal of Obstetrics and Gynecology.
American Journal of Syphilis and Neurology.
Annals of Internal Medecine.
Annals of Surgery.
Archivies of Dermatology and Syphilology.
Archives of Internal Medicine.
Archives of Neurology and Psychiatry.
Archiveso f Pediatrics.
Archives of Ophthalmology.
Archives of Otolaryngology.
Archives of Pathology.
Archives of Surgery.
Bulletin of the Johns Hopkins Hospital.
Chinese Medical Bulletin.
Endorcrinology.
The Journal of Allergy.
The Journal of the American Medical Association.
The Journal of Thoracic Surgery.
The Journal of Clinical Investigation.
The Journal of Experimental Medicine.
The Journal of the Oklahoma State Medical Association.
The Journal of Bone and Joint Surgery.
The Journal of Immunology.
The Journal of Contraception.
The Journal of Uroligy.
New England Journal of Medicine.
Lancet.
Physiological Reviews.
Psychiatric.
Psychiatric Quarterly.
Southern Medicial Journal.
Surgery, Gynecology and Obstetrics.
Quarterly Cumulative Index Medicus.
Urology. and Cutaneous Review.

The following members have attended 50 per cent of the meetings during the year 1936 and are eligible for the office of President-Elect:

Allen, V. K.	McLean, B. W.
Atchley, R. Q.	Munding, L. A.
Brookshire, J. E.	Napper, M. L.
Browne, H. S.	Nelson, M. O.
Carney, Andre B.	Nesbitt. P. P.
Chalmers, J. S.	Osborn, G. R.
Cook, W. A.	Perry, Hugh
Davis, T. H.	Peden, J. C.
Dean, W. A.	Pigford, A. W.
Denny, E. R.	Pigford, R. C.
Dunlap, R. W.	Porter, H. H.
Farris, H. L.	Ray, R. G.
Ford, H. W.	Rogers, J. W.
Gorrell, J. F.	Russell, G. R.
Haralson, C. H.	Searle, M. J.
Hart, M. O.	Shepard, R. M.
Henly, M. D.	Shipp, J. D.
Henry, G. H.	Sinclair, F. D.
Hudson, D. V.	Smith, N. R.
Hudson, M. G.	Smith, R. N.
Larrabee. W. S.	Stanley, Mont
McDonald, D. M.	Stevenson, James
McDonald, J. E.	

The Auxiliary

Auxiliary to the Tulsa County Medical Society held its second meeting of the year November 3, at the home of Mrs. Charles H. Haralson, 1 East 27th St.

Luncheon was served at 12:30, followed by the usual business session. Mrs. C. J. Woods, chairman of the program committee,introduced Mrs. H. A. Ruprecht, a member of the Auxiliary, who have a splendid paper on "Public Educationin Social Diseases." Following the rendering of this paper, Mrs. Ruprecht answered questions on her lecture and the topic was discussed by members of the Auxiliary.

This meeting marked the largest luncheon-meeting the Tulsa Auxiliary has ever held, ten new members being prsent.

Plans were made for the rummage sale to be held the latter part of November. Mrs. F. L. Underwood was appointed chairman of this enterprise.

Hostesses included Mrs. James L. Miner. Mrs. F. Underwood, Mrs. George Osborn, Mrs. L. A. Munding, and Mrs. O. C. Armstrong.

The next meeting will be December 1, with Mrs. H. B. Stewart, 2500 East 27th St. The Philanthropic Committe will be in charge and the hostesses will include Mrs. S. J. Bradfield, Mrs. W. S. Larabee, Mrs. H. A. Ruprecht, Mrs. J. W. Childs, and Mrs. F. L. Nelson.

Timely Brevities

Labor rides the saddle in any election year. All aspiring politicians curry its favor. Many promises are made with but one thought in mind: get the labor vote. These promises usually incur no sacrifice on the part of the politician. He is by nature generous with the other man's purse and privilege.

There are those political demagogues who for reasons of their own have advocated a system of socialized medicine. They have dangled this bait before the American workingman and vociferously informed him that here at last was the solution to all his troubles, the inference being that he could not insure himself a more abundant life due to the so-called high cost of medical care. Their reasoning, of course, only attacks the problem from the middle. The American physician believes with other clear thinking citizens that the best social security for labor is a guarantee of regular work at wages that permit the maintenance of decent living standards.

Labor must also remember that a state controlled system of medicine is the forerunner of state control of all other lines of human endeavor. Call it Fascism or call it Communism! Both are the same as far as the individual is concerned, for in each the individual becomes merely a creature of the state. The road to socialized medicine is the beginning of a one way road. It leads to a complete Fascist or Communist state from which there is no return save by the devious path of revolution.

For labor to consent to socialized medicine of the European type is for labor to acquiesce to socialization of itself. What that prospect holds for labor we cannot predict. We can only judge from what has gone on in the world about us. In Italy with its Mussolini, Russia with its Stalin, and Germany with its Hitler, labor unions were dissolved. Their members were inducted into government organizations in which they virtually have become slaves of a dictator. Under the American system labor still has its freedom. In Russia the only epitaph to the comrade who organized the last strike for better working conditions is a blood-spattered bullet hole in an old stone wall.

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Recently a prominent physician was quoted as saying, "There are too many generals and not enough privates in the practice of medicine." In other words, he inferred that the medical profession of today is becoming a composite of specialisms. The successful practitioner of the past was the family doctor. He was the first to greet the newborn whom he afterwards vaccinated, cared for through the diseases of childhood and adult life, examined as to his sanity, testified as to his ability to execute a will, and postmortemed.

How different the present picture! "We now witness the newborn child first greeted by the obstetrician, followed in turn by the services of the health officer for his vaccination, the pediatrician for his measles, the oculist for his conjunctivitis, the aurist for his otitis, the surgeon for his appendicitis, the orthopedist for his genu valgum, the internist for his hypertension, the urologist for his stricture, the neurologist for his neuritis, the dentist for his teeth, and the pathologist for his postmortem." An even dozen to take the place of one.

The charge is frequently made that there is an overemphasis on specialism in medicine, although in the field of general practice lies the bulk of the work of the medical profession. Many lament the passing of the old family physician. Long ago Oliver

Wendell Holmes wrote,

"The family doctor has gone his way,
And so has his wonderful one hoss shay,
Both carried burdens heavy and well,
E'en better than we, who of us can tell?"

Of course, Holmes was borrowing upon poetic license, for the family doctor did not literally pass away. But it was the years of increasing prosperity in the previous decade that dealt him the worst blow and gave specialism its greatest impetus. Then it was, too, that the migration of doctors from the rural communities to the cities began, many of them seeking the higher fees of specialists. With the advent of the depression this trend was reversed so that once again the general practitioner-guide counselor, and the friend of the family returned. Today the well-qualified general practitioner is capable of caring for from 80 to 90 per cent of the cases of illness. The remaining 10 to 20 per cent fall to the specialist. If good will and understanding exist between the general practitioner and the specialist, both stand to reap deserved success in their medical careers.

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Comparatively few physicians accumulate much wealth by their labors alone, although they may at times work twenty-four hours a day. Those most favored by fortune's smile have been the few who made fortunate investments. It is a well known and accepted fact that doctors occupy a very prominent place on sucker lists. The reason for this is the desire of hard working doctors to take a short-cut to financial security. But the average physician does not have the business training nor the time to investigate and direct his investments properly. He, therefore, leaves this for others to do and only too often with disastrous results.

The following was gleaned from *The New York Medical Week*, and we pass it on to you:

"He died at 3:40 this afternoon. . . . Two nights ago a frantic young lady insisted that I come right down to see him . . . 'Dr. X. M.D.' read the sign in his dusty window. . . . The narrow, black hole that served as his office, sickened me with its dreadful hopelessness and poverty. . . . The cheap little desk, two broken chairs, an ancient examining table, books, books, books everywhere, pitiably cheap rugs covering a dirty floor. . .

"In a mid-room, a junky brass bed. . . . A colorless, raggy blanket covering a giant of a man, drooling, whispering a 'Hello!' Eighty years old. . . . Fifty-one years a physician. . . . Formerly editor of this and that. . . . Reads and speaks six languages fluently. . . . Until ten years ago a successful practitioner. . . . 'If I could collect half of what folks owe me, I'd be a rich man. . .' The beginning of the long and yet short road to failure. . . . Frantic but futile efforts to regain a foothold. . . . A short trip to the mid-West, back to Brooklyn, Long Island, New York. . . . Hopeless. . . . His present office and home in a dirty tenement for $30 a month. . .

"Life is ebbing . . . cardiac and general debility . . . forty-eight hours alone in this dive . . . niece drifts in by accident . . . I phone Mt. Sinai—he lives within two blocks of this richly endowed hospital—I carefully explain the circumstances, the extreme poverty, the dire need of hospitalization and nursing to the admitting office. . . . He is sorry but his 'medical wards are all filled.' . . . No place for an old doctor. . . . Mount Sinai getting millions of dollars worth of free service from doctors but can't spare a cot for a man who had given fifty years to the service of humanity. . . . 'Sorry

(Continued on page xvi)

Serving on Committees

by An Observer

Serving on a committee of a county medical society is a task which should be taken seriously or the appointment not accepted at all. This premise takes for granted that the committee appointed has something to do and has not been created merely to give some physicians an assignment.

Each committee member is under an obligation to serve faithfully and contribute something of real worth to his organization. Many do not realize this and are perfectly willing to let one or two on the committee do all the planning and the work that is necessary. Are you that kind of a committeeman?

It might be interesting to consider the ideal member of a committee. What are his qualifications and how does he meet his responsibilities?

First, he should have the interest of the medical profession at heart. This may seem a platitude; however, the doctor who fulfils this qualification is rarer than is generally thought, for he must often submerge his personal feelings to aid in the accomplishment of what is best for the profession.

Second, he will give thought and study to the subjects which come up before the committee and will not just be one of those present. It is surprising how few people will assume responsibility or feel it their obligation to do more than is absolutely demanded of them. No committee can do much on behalf of the profession which is not made up of members who are genuinely interested in the tasks to which they have been assigned and are willing to give the time necessary to put through the plans they have evolved.

Third, he will make it a point to be on hand for all meetings unless his professional duties require him elsewhere. So many physicians accept committee appointments and fail to attend. These are often practitioners who for some time have felt that they deserved appointment to a committee.

Nothing is so demoralizing to a committee as to have two or three out of ten or fifteen members present. There is no quorum; therefore, no action can be taken. Those on hand become discouraged and unless interest is somehow stimulated they also drop out and the committee becomes dormant.

Fourth, he will not allow one or two men to assume entire burden for developing plans but will contribute ideas of his own. It is easy to find fault and not contribute oneself. Unless the physician has worthwhile contributions to make to the committee, he should not serve on one. This does not mean that he must be in agreement with other members of the committee, but when a thorough discussion has been held the majority opinion should rule and he should subscribe to it.

Fifth, he will do what he can to contribute toward an orderly and not overlong meeting. Many committee members take up time with unnecessarily long discussions of unimportant details or if the subject is of importance, too much time discussing it. Nothing is so discouraging to a committee as long and tiresome sessions.

Committees can do much to improve the efficiency of medical societies because most of the planning is in their hands. Their personnel, however, should be carefully selected from among those men who will meet the qualifications here described. Only then can they justify their existence. At least that is the opinion of this observer.

Speaking of Social Service

(Continued from page iv)

form of social service that is not always fully appreciated by the public. Through our Committee on Child Welfare and our Health Council we strive to keep child mortality at a minimum. Through our Committee on Public Policy we seek to prevent the enactment of any legislation that would remove the safeguards to public health. Through a special committee we are investigating the matter of issuing licenses to drivers of automobiles with a view to putting a restraint upon the driving of cars by epileptics and others with such physical and mental defects as make them dangerous at the steering wheel.

Our Committee on Public Nursing, Committee on First Aid, Committee on Crippled Children, Committee on Mental Hygiene, and finally our Committee on Public Education which has general supervision over our radio addresses and our speakers bureau, — which stands ready to furnish speakers on health subjects before clubs and social groups,—these are a few of the committees of our County Medical Society which will convey some idea of the extent to which we are participating in social service work.

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State Medicine—Britain's Modern Burden

(Continued from page vi)

practice do not neglect to have their names registered under the insurance act and do not scorn to collect the 9 shillings per head per year.

There are 15,000,000 insured persons, so that the average panel is about 1,000 patients per doctor. This means an average income for the doctors of about $2,250, which is not so bad a starter for a young doctor in a busy neighborhood, particularly when it is remembered that this has nothing to do with his regular practice at regular fees among those whose incomes are above the insurance level.

Remember also that this is an average. There are hundreds of country doctors with only a handful or a few dozen panel patients, and this, of course, raises the average in the towns. The town average is estimated at between 2,500 and 3,000 patients, and there have been cases mentioned in the coroners' courts and elsewhere of doctors with panels of between 4,000 and 5,000 patients.

It is officially estimated that a doctor with a panel of 2,000 patients must have about 8,000 attendances at his surgery and must make 1,000 home visits every year. This works out at twenty-two surgery visits a day and between three and four home visits. Again this is an average for healthy and unhealthy neighborhoods. In many towns the number of attendances will be twice as many per thousand as in others and there are panel doctors who see as many as forty or fifty patients a day at the surgery and call on a couple of dozen at their homes. Of course, the answer is that it can't be done, or rather that "seeing" means just what it says and cannot include proper examination and diagnosis.

It is usual for the British doctor to have from one to two regular surgery hours every evening, generally between 7 and 9 p. m. He usually also is to be found at home for an hour in the morning, but as a rule sees only more or less urgent cases or patients by appointment then. The rest of the day is devoted to visiting, hospital work, etc. How, then, can a man, even in the full two hours, attend properly to even twenty patients, or still worse, forty? Twenty to the hour means three minutes each,

and some obviously must have more time than others. Add to that the fact that the British workingman dearly loves a "bottle" and doesn't think the doctor has done his duty unless he gets one.

This necessitates spending a minute or two in writing a prescription, and even the most commercial doctor must give a bit of advice as well as a bit of paper. The result, of course, is that panel practice has degenerated into a quick look for the more obvious symptoms. If a patient is obviously seriously ill he is usually recommended to go to a hospital and given a note to secure admission. This, of course, is the best thing for him, but for every case of acute illness detected thus many are missed in their early stages when preventive measures might have saved the patient much suffering and the state some money.

Almost daily the system is attacked by coroners and by eminent medical authorities. A coroner in Britain, it must be remembered, is not an unqualified politician. He must be either a doctor or a lawyer, and he has a full-time, well paid job. One of the most constant critics is Dr. Edwin Smith, one of the senior coroners for London and an eminent medico-legal authority.

In a recent case in Hoxton, a poor district of London, a man who had been visited at his home by his panel doctor and told to come around to the surgery next day, according to Dr. Smith, was rushed to a hospital a few hours later and was dying when admitted. "Generally speaking the home treatment of panel patients is very inadequate," Dr. Smith declares. In a recent report E. H. Worth and Dr. S. G. Askey, joint secretaries of the National Medical Union, say: "It (the panel practice) puts a premium on hurried and imperfect work. It destroys the proper personal relationship between doctor and patient and lowers the standard of medical work."

So much for the patient. In spite of the fact that the insurance system has made it possible for the young doctor to earn a living quickly, the doctors are complaining, chiefly of too much supervision. They are limited in their prescribing to certain drugs and are not allowed to use modern and expensive medicines. If they do so they are liable to be summoned before the administrative board for their district and fined or reprimanded. Doctors have had as much as 250 pounds withheld from their remuneration for extravagant prescribing.

In cases of alleged carelessness they are also liable to arraignment before the committees and to fine or reprimand or even to being struck off the panel. While some control may be necessary in such a service, the general medical opinion is that it has reduced the panel doctor from the status of an independent professional man to that of a servant of the state who must do not what he considers best for his patient but what the state will allow him to do.

The late Lord Riddell, who was chairman of one of London's largest hospitals and a good friend of the medical profession, shortly before his death described the panel doctors as "medical slaves who must prescribe according to certain rules or be fined," and in the same speech he declared that but for the voluntary hospitals the panel system would have broken down long ago.

One curious effect on medical practice has been the evolution of the doctor who is nothing more than an employe of a loan shark. Purchase and sale of practices is the ordinary rule in Britain. When a doctor wants to retire or move to another neighborhood he sells his practice to a successor, usually for about two or three years' income. When a young doctor wants to start in practice he usually has to buy an established practice. A panel practice with a thousand patients is an asset on which money can

be borrowed. A tribe of loan sharks has grown up who finance young doctors in the purchase of panel practices, taking from them an undertaking to turn over all or the greater part of the income until the loan is paid, and at the same time making them sign an undated bill of sale for the practice. The loan shark can turn the doctor out and resell the practice at any time that the debtor falls into arrears.

Perhaps one of the worst results of the panel system is the destruction of that personal friendship and mutual confidence which should exist between the patient and his family doctor. The patient feels that the doctor is his servant, paid anyhow and is liable to demand treatment for trivialities which in the old days would have been cared for at home. The doctor feels that his panel patient is exploiting him and causing him to neglect his private paying patients, who get him when he is tired and worried by an overwhelming panel practice.

Many patients of the better class who nevertheless come within the panel system resent being herded in a cold and often dirty waiting room with repulsive companions while waiting to see the doctor, who is turning them off at the rate of one every two or three minutes. The moral effect on the doctor is bad also, and overwork seems to have led to an increase of drink and drug taking among doctors. It is impossible, of course, to get any figures on this, but there is a steady flow of complaints to the insurance committees against drunken or drug-addict doctors. They are always sternly dealt with.

Perhaps in these modern days and conditions some form of public doctoring for the poor is necessary, and America may have to come to it, but if she does I hope she will benefit by the mistakes made by Britain when she set up the panel system.

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The Medical Witness

(Continued from page viii)

tunity to amplify a statement made in the direct examination with redoubled effect. You cannot be cross examined on anything you have not said, except occasionally to discuss testimony of earlier witnesses. You have a right, in which the judge will sustain you, to qualify your answers, if necessary, but this may sometimes be interpreted, perhaps properly, as evasion, ignorance, or as an effort to show off. Do not be distressed if the cross examiner approaches you with a gleam in his eye and says, "Now, Doctor, is it not a fact that you—." Do not hedge—yes or no is usually sufficient. If not, "Not exactly" will bring you help on redirect examination, if you deserve it.

Do not be stampeded by a bullying cross examiner; take your time. You have a right to finish your answer, if it be pertinent. As a last resort an appeal to the Court will usually be sympathetically received. Do not be in a hurry to answer. Counsel may want time to make objection or for some other legal purpose. Watch the attorney while he is stating his question. Many surprises may be thus avoided. Watch your own attorney during framing of cross examination questions.

Once on the stand be placid and dignified. Keep your hands still; don't drink water frequently. Sardonic examiners have been known in such contingencies to ask if the witness, not the patient, is not the nervous one.

Never, never go into court without refurbishing your memory on everything that could possibly have any bearing on your testimony. Brush

up on anatomy, locate your records (do not amplify them), refresh your memory on related circumstances.

A certain type of attorney likes to ask about books. Never unless in most exceptional circumstances admit that any book as a whole is authoritative. You do not have to. It is no disgrace not to have read one certain book, and he might give you a phony title. It has been done. You have a right to and probably do disagree with some things you read. You have had experience yourself. After all, a book is merely a written opinion of another man.

Do not permit yourself to give opinion on a single sentence read to you. Demand the context.

Do not take it too much to heart if the cross examiner infers that many of your patients with the ailment in question have died. Counsel loses cases, too, but it is scarcely diplomatic to remind him of it.

Enter into no verbal fencing with the cross examiner. It is his game, not yours. Occasionally there is a golden opportunity to discomfit him by your retort, but it is a dangerous pastime even for those of experience and poise. If the examination be unjust, or you feel that you are being goaded, the reply that the question is not clear or that it is not in your opinion fair will bring your attorney to your rescue. A technical witness is assumed to be able to take care of himself on cross examination and most attorneys will let their witness alone till they recognize distress signals.

It does no harm to say occasionally that a given item is outside your province and favorable recognition of occasional points made by the other side is interpreted as evidence of fairness and of an open mind. Do not antagonize or humiliate your colleague on the other side unduly. Many a lifelong enmity has been born in the court room.

Bear in mind that the sole purpose of cross examination is to stress points favorable to your opponent or to get you into a state of mind wherein you will contradict your previous testimony.

From the beginning of testimony be not eager to answer. Haste to answer direct examination contrasts very unfavorably with hesitation on cross examination. Do not too frequently ask the reporter to "read the question;" the jury may think you are "stalling for time," and probably you are.

You have the privilege of referring to your notes "made at that time" to refresh your memory. Reading from them, however, you may be in for a distressing few minutes rigidly safeguarded. Information received while engaged in actual care of a patient is inviolate except insofar as these restrictions may complicate terribly your cross examination. It is courteous to ask the judge, for it may be abrogated in insurance cases where a waiver is part of the contract, or in special cases where the Court will rule upon the matter. Information tending to injure the reputation of others may not be divulged. In certain circumstances or communities it will prove a protection to the doctor later if he asks to be subpoenaed even though he be willing to appear without it.

In examining a patient against his interest prior to trial be certain that the patient knows for whom you are examining.

Rights of privileged communication are permission to refer; he may ask a few questions, but will usually give permission.

If the patient refuses examination or declines to give history, courteously depart, making proper notations on your record. Do not argue or attempt to force the issue.

Never prior to or during trial discuss your testimony with outsiders, especially as to what the outcome should be.

In conclusion, and in brief the rules are simple. Remember your

oath, to which might well be appended the words, "without fear or favor." Be fully prepared, be dispassionate, be deliberate and keep your temper.

REFERENCE

[1]Jones, A. B., and Llewellyn, L. J.: Malingering. London, 1917, page 109.

Reprinted from Colorado Medicine

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Timely Brevities

(Continued from page x)

. . .' I am a bit dazed. . .

"The stationery store man suggests, 'Call up police for an ambulance!' When the Flower Hospital 'Bus' arrives, I repeat my story. . . . The young interne is compassionate but, 'He has no money?' . . . 'No he has no money . . .' Time out while we ruminate. . . . 'I'll take him to Bellevue, if you will give me an admission. . .' It is a long trip for the old fellow, but Mt. Sinai and Flower have no room for a poor old doctor. . .

"Thank God for Bellevue . . . there is always room for one more, high or low . . . rich or poor . . . ditch-digger or doctor. . . . Some hours, and peacefully and mercifully comes the end. . .

" 'Am I my brother's keeper?' Yes, I am, and you are! It is shameful that in an organization comprising 140,000 men, a brother physician should be permitted to die in poverty and misery and when in dire need to be told, 'Our medical wards are full!' Can't we put hearts into the marble edifices of Mt. Sinai and Flower and all the other hospitals whose 'wards are all filled up' for our brother physicians who 'have no money!'

"Peace be with you, old friend! In life we failed you. . . in death we'll send you flowers. . ."

God speed the day when no doctor with a long record of honorable medical service shall be permitted to be in want or to accept charity!

A. C. HANSEN, M.D.

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Sunny Side Up

WHAT AN ANGEL

"My wife is like an angel."

"Really?"

"Yes. She's always up in the air, always harping on something and she never has anything to wear."

•

HIS EYES GOOD

Doctor—"Are you bothered with things dancing before your eyes?"

Tired Business Man (ardent musical comedy first nighter)—"No, in fact, I rather like it."

•

RECOLLECTIONS

Pat: That was a foine sintiment Casey got off at the banquet last night.

Mike: What was it?

Pat: He said that the swatest mimories in loife are the recollections of things forgotten.

DON'T TELL ME—

A man saw a baby deer at a zoo, and asked the keeper what it was called. The keeper replied, "What does your wife call you every morning?" And the man replied, "Don't tell me that's a skunk!"

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SCANDALOUS

Doctor: "What you need, my dear young lady, is a little sun and air."

Sweet Young Thing: "Why, Doctor, how dare you! Why, I'm not even married."

•

NOTHING

Mother—to son wandering around room: "What are you looking for?"

Son: "Nothing."

Mother: "You'll find it in the box where the candy was."