"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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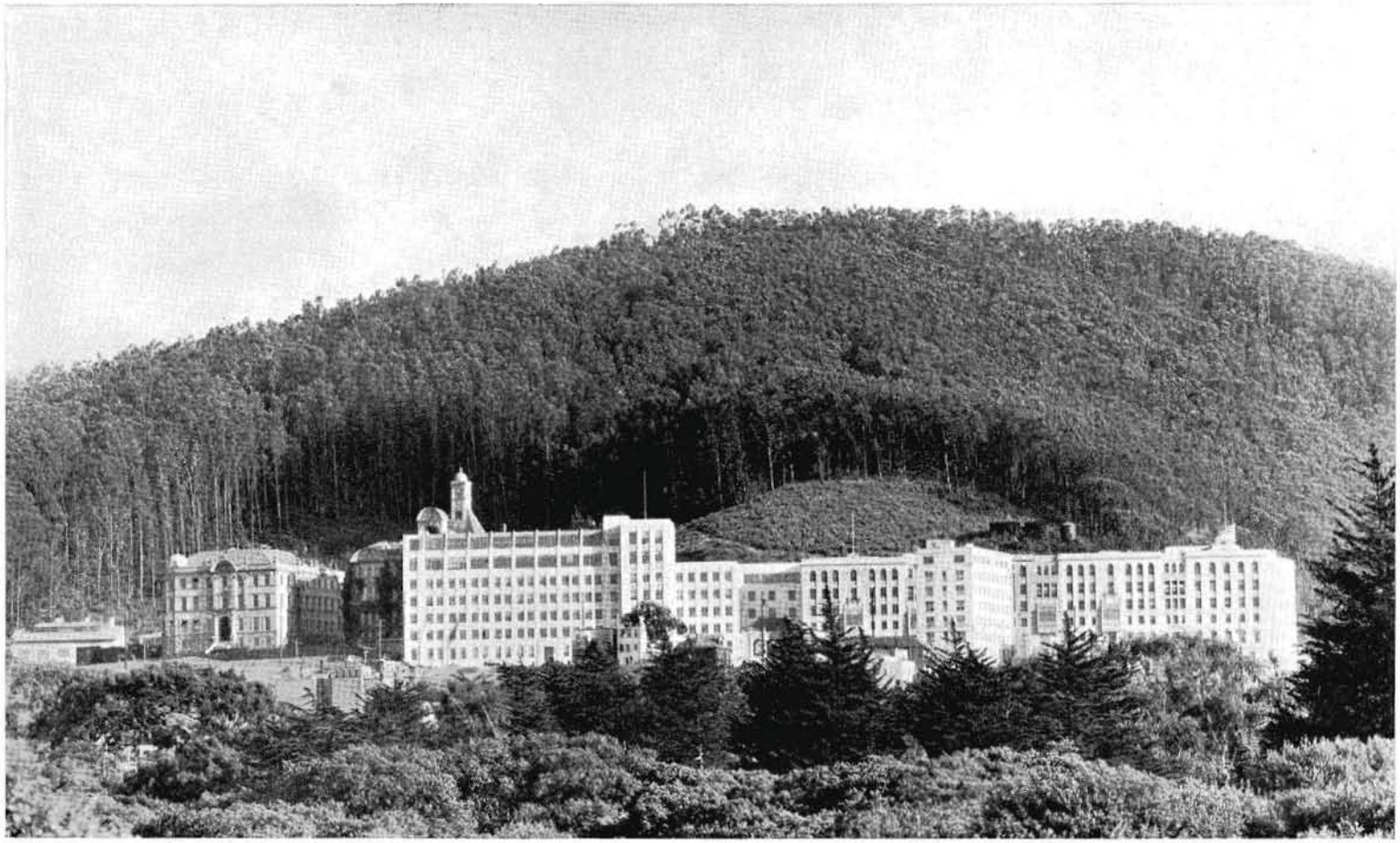


Medical Schools of the United States

12. **Hospital and Out Patient Department**
University of California Medical School

Public Health Aspects of Syphilis

Doctor Paullin places the responsibility for the eradication of syphilis upon the practicing physician, the public, and the public health official

by James E. Paullin, M.D.

Among the various obligations of local, state and national governments is that of the protection of the public health. In the event a communicable disease makes its appearance, particularly a disease with a potential crippling disability or with a high mortality, the public demands of the medical profession and the authorities of local, state and national governments that immediate steps be taken to discover the source of infection, to stop its spread to other communities and citizenry, and to establish means for the cure of the malady. Witness what would happen in your community, if tomorrow morning your board of health reported the presence in this city of ten patients with bubonic plague, yellow fever or poliomyelitis. Immediately the citizens would look to the medical profession and to their local and state health authorities to establish necessary measures, primarily for the isolation and prevention of the spread of these diseases. In carrying out these demands of the public, certain routine procedures would be utilized by the public health authorities. The cooperation of every physician would be asked in the immediate reporting to the health officer of all patients with even suggestive symptoms or signs of the suspected disease. Furthermore, the local newspapers would carry authoritative information concerning the cause, the method of spread, and the early symptoms of such a disease; the public would be informed of its nature and they would be advised to seek medical advice at once, should certain symptoms make their appearance. By the adoption of such a program there has been a reduction in the incidence of many of the communicable diseases such as diphtheria, scarlet fever, whooping cough, smallpox, and typhoid fever. Among the chronic infections such as tuberculosis, note what has been accomplished within the past decade in the astonishing and remarkable reduction in its incidence and mortality. If so much has been accomplished with these diseases, why not continue the program with renewed vim and energy, and attack with equal force and with the same methods all communicable diseases.

Success in controlling any communicable disease is due almost entirely to knowing the causative organism, finding the source of infection, determining its method of spread, discovering a curative treatment, and the adoption of the best possible methods for breaking one or all links in this chain of events. For the effective working of such an undertaking it requires the harmonious, thoughtful, intelligent cooperation of medical practitioners, public health authorities, the public, and the constituted authority of government. These groups are mutually dependent, one upon the other. Working together as a team, spectacular results can be obtained. Working as individual units, without coordinated effort, very little can be accomplished. I, as a clinician—not as a public health authority, not as a syphilologist—but as an internist and an active practitioner of medicine, who is interested in the prevention of disease, the prevention of suffering, the prevention of disability, the reduction of mortality, and the promotion of the health and happiness of all the people,

am directing your attention to the biggest and most devastating problem involving the public health. It is your problem, it is my problem, it is a problem of the taxpayer, a problem from the humanitarian standpoint involving every citizen of the United States, from the highest to the lowest, from the wealthiest to the most indigent.

Syphilis is one of the communicable diseases about which we know a great deal — we know the causative organism; we know that it is transmitted by direct contact and not through an intermediary host; we know how to make an early diagnosis; we know how to stop its transmission; we know its prevalence; we know its devastation; we know effective methods of cure; so why not courageously prepare to combat this insidious, treacherous monster?

Syphilis, like gonorrhea, is a disease which in the public mind has always been intimately associated with prostitution, vice, and immorality, and because of this intimate association it has been considered unbecoming to speak of it in public gatherings, over the radio or to write of it in newspapers. At most medical meetings attention is usually centered about the late, incurable manifestations of the disease and very little is ever said about the importance of the early recognition and adequate treatment of the initial lesion. While it is true that from 50 to 60 per cent of the patients with syphilis contract the disease from prostitutes or clandestine love affairs, the others get the disease innocently. Why should the innocent ones not be educated and instructed? In these days of so much publicity and advertising given over to feminine hygiene, birth control, the best contraceptive methods, and the influence of sex on the personality, we believe that it will not now be very long before the public will demand that authoritative information concerning venereal diseases be publicly broadcast.

The United States Department of Public Health, in cooperation with many interested organizations and physicians, has attempted to collect data concerning the prevalence of syphilis. Because of the nature of the disease, the stigmata connected with it, and the unwillingness of physicians to report all cases, I am convinced that this data underestimates its true prevalence. For the same reasons, it is not possible to paint a true picture of the havoc which is wrought by this infection in producing and prolonging disability and in causing many deaths. However, the data as accumulated is astonishing enough to demand action. The major catastrophes at the present time in furnishing high death rates are heart disease, pneumonia, cancer and syphilis—the latter, a constantly and steadily increasing menace, adding each year a greater and greater number of dependents to be cared for by private or government-supported institutions.

In considering syphilis from the standpoint of the public health it is necessary to distinguish between early and late syphilis. The early syphilitic (the case having the infection less than one year) is the one who is capable of transmitting the disease and in any control program he is the person who must be most thoroughly treated and most closely watched. Those with late syphilis (after one year) are not so dangerous from the standpoint of communicability but a considerable percentage of them add to the burden of invalidism, and cause mounting expenditures of public funds for their care.

The United States Public Health Service estimates that 1,140,000 patients annually come under treatment for the first time, of whom 518,000 have early syphilis and 596,000 have late syphilis. It is also estimated that 4.3 out of 1000 people in the United States are constantly under medical care for syphilis, making an approximate total of 683,000 patients. The

(Continued on page x)

A Hospital on Wheels

European railroads played an important role in the World War. Doctor Grill has recorded his observations of rail transportation of disabled soldiers

by John Grill, M.D.

Those whose memory goes back to the trying days of the World War remember only too keenly how wounded soldiers were cared for in temporary quarters behind the lines, later to be transferred to base hospitals. American doughboys, invalided home, were placed aboard hospital ships which plied the Atlantic. Not much was heard about the European hospital trains which shuttled here and there over a network of steel, transferring the ill and wounded from the front to hospitals or perhaps to seaports for the journey home. It would therefore seem of interest, even at this late date, to record observations made in the service of the Austrian Red Cross, aboard one of these "hospitals on wheels."

Since the War was so extensive and covered many countries, large and comfortable vehicles were essential to carry the soldiers over long distances to hospitals and permanent abodes. Trucks and airplanes were inadequate because they lacked the necessary space and comforts, so trains were equipped for this purpose.

In Austria there were three types of trains used by the army medical service. The first was the military train, furnished with equipment by regular army hospitals. Medical attendants in charge were drafted from the military hospital staffs. There were also trains privately equipped by social and civic clubs, such as the Austrian Maltese Order, which is similar to the service club in this country. Finally there were Red Cross trains which probably had by far the best facilities for traveling comfort. The Red Cross, because its program was neutral, was provided with excellent trains by the international express lines. The great coaches had roomy compartments, larger than in American Pullmans, and were as convenient for transporting severely wounded soldiers as such means could be. The cost of these trains was borne by the government and the Red Cross which obtained its support by subscriptions as is done in this country.

It happened that the train on which I served during the entire War frequently carried Russian prisoners through Germany to the seaport town of Stralsund. From there our train was ferried to the neutral Island of Ruegen where we were met by a hospital ship from Sweden which turned over to us Austrian prisoners in exchange for the Russian soldiers. All of them were totally incapacitated and could no longer serve as combatants.

Our train was controlled from a central office in Vienna, and orders awaited the train crew at the stations where we stopped, directing them to the places they were most needed. Sometimes it was to the front; then again it was to the Italian border; but more often we carried prisoners of war for exchange.

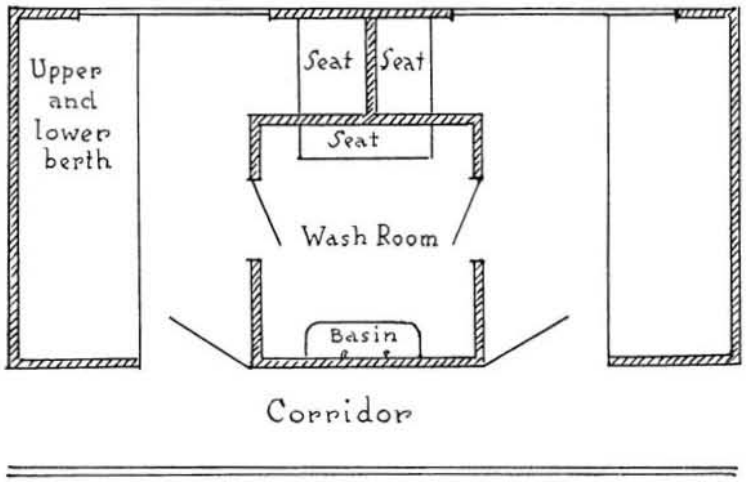
Red Cross trains had a capacity of one hundred and fifty to two hundred beds. Every effort was made to carry no more than this number, although I remember on one occasion that we had four hundred injured soldiers aboard. Naturally we had no place to put all of them and they lay in the aisles or any other place they could find.

In our train there were twelve Pullman cars, a dining car in the mid-

dle of the train, and two baggage cars, one at each end, to carry food supplies and sterilized bandages and equipment. It was necessary, by the way, to stock freshly sterilized bandages frequently for there were no sterilizing facilities on the train.

The sleeping compartments were large L-shaped rooms with a lavatory between each two. There were two berths in each compartment. The train was steam heated, and gas lamps overhead furnished adequate lighting on dark days and at night.

The dining room was divided into two sections — one the operating room, which was spacious and well-equipped, and the other, the dining and day room for the train staff. The operating table, stands, and similar equipment had to be fastened to the floor. However, the heavy well-built coaches and solid road bed prevented much vibration even while the trains traveled at high speed. Therefore operations, including amputations and general surgery, could be performed without danger or inconvenience during the course of travel.



GROUND PLAN OF TWO COMPARTMENTS IN EUROPEAN SLEEPING CARS DURING THE WORLD WAR

The coaches were connected in the same manner as ours. In case an operation was necessary the patient was placed on a specially-built stretcher and carried through the coaches to the operating room. When wounded soldiers who could not walk were taken aboard they were carried in through the window on a stretcher and placed in a berth with little difficulty.

The medical staff consisted of a chief physician, second physician, and a group of male nurses. We usually made our rounds twice daily. Two orderlies were continually in attendance in each coach to assist patients in every way possible.

Coaches were kept in excellent condition and were thoroughly inspected once a month. The staff laid over a few days during the inspection while the train was completely overhauled. International express trains were well-adapted to the exchange of prisoners of many different countries, not only from the point of convenience and comfort, but when the train schedules would permit, they traveled at high speed. Transporting of the injured was therefore carried out with greatest possible speed.

Our train, like the others, bore the Red Cross insignia. The roof of each car was painted white with a large red cross. This was not only a protection against attack but made it possible to travel from one country to another without difficulty. We had no unfortunate occurrences during the entire War and were never subject to attack although planes from opposing armies undoubtedly soared overhead at many times.

Members of the train crew—the cook, steward, conductor, brakeman, and engineer—were private citizens who had been in the past, and still were, employees of the railroad company. They were not liable for medical service, but continued on in their employment as previously.

Our chef had served with Cecil

(Continued on page xiv)

Timely Brevities

This happened in Europe: Several days ago foreign news dispatches told of one man in a dictator-ridden country who had incurred the wrath of the powers that be. He had merely turned off his radio while the dictator was speaking. And the unpardonable crime was reported to the authorities. The result? A jail sentence.

This happened in the United States: Recently during the last national campaign, newspapers carried a news item that a speech of the President of the United States would be postponed one hour in order not to conflict with the broadcast of a football game between two of our large universities.

Could anything better differentiate the political philosophies of two great nations? Nothing, unless it be the statement of the unsuccessful candidate that now he would go "duck hunting." In some other parts of the world the defeated usually begin revolutions. But the American people acquiesce to the will of the majority.

Yes, democracy is still safe in this cradle of democracy!

•

How often we hear someone say, "Laws are made to be broken!" Now this statement, of course, is not correct. We believe our legislative bodies act with good intent when enacting a law. However, many laws do have "loopholes" or can be easily circumvented. An example of this, and one which concerns every physician, is in the dispensing of narcotics.

The Harrison Federal Narcotic Act placed the responsibility of dispensing or prescribing narcotics directly upon the physician. This was a great blow to the counter servicing of cough remedies by druggists, since many cough remedies are worthless without the addition of codein. However, the Narcotic Act so reads that mixtures not containing more than one grain of codein per ounce are exempt. Thus it is that any medicinal preparation containing one-eighth grain of codein per dram may be dispensed without prescription. Now, if any manufacturer of a proprietary should desire to increase the codein content per dose of his product to one-half grain, for example, he would need only add one grain of codein to the ounce as usual but, he could then recommend four drams as the dose to be taken, although one dram of vehicle would be more than sufficient to dissolve that amount of codein. The result is that a cough mixture or "cold" remedy with a high narcotic content has been made available to druggists for counter dispensing.

The remedy, as we see it, is a return to prescription writing. Physicians have allowed their offices to become annexed to the advertising offices of pharmaceutical manufacturers and used as such. And physicians do themselves no good by prescribing those proprietaries which are advertised directly to the public. Nor are they doing the public any good by encouraging self-medication.

•

We are almost sizzling as we write this. Indignation guides our pen. If the paper doesn't catch fire or we don't "pop an artery," you will soon learn the reason for our wrath.

Last evening we made a professional call. Our patient was the employee of a national "chain" concern. During the course of our visit we learned that the weekly salary of this

man is $14.00 per week. For this amount he works as many as ninety hours a week. Now, if you will do a bit of mental arithmetic you will find that his hourly stipend is exactly fifteen and one-half cents.

This man, no doubt, is one of the individuals to whom the propagandist foundations say illness is catastrophic. Well, we agree with them. But — on a salary such as his — so is the purchase of a new suit, or the payment of rent! Either of these will wreck a $14.00 per week pay check. And yet no one is advocating free clothes and free rent for him. It seems that medicine alone is to be the "goat."

In a case such as this urging anything short of a substantial increase in salary is "putting the cart before the horse." Socialized medicine is an ingenious scheme of relieving penurious employers of their just responsibility to their workers.

Let the medical profession beware lest it be made the "cat's paw!"

•

We trust we are not committing lese majesty when we say it is less possible for the poor man to receive justice than it is to have his appendix removed. We reached this conclusion after reading an account of the court costs in one mid-western state.

It is only the civil court which can be known as the "poor man's court." Here for as low as fifty cents a law suit can be started. But carrying an appeal from the civil court to the circuit court costs more money. A two-dollar fee is charged for sending the record to the higher court, and the transcript of the testimony runs from twenty-five to fifty dollars—and even higher. If, after carrying his case this far, the litigant feels he has not been justly dealt with, he can then take his case to the supreme court. The reason for this branch of the judiciary being known as the "rich man's court" becomes obvious. It costs ten dollars to file an appeal. The transcript of the testimony in the law suit usually costs from two hundred and fifty to three hundred dollars, while the cost of printing briefs is about two hundred to three hundred dollars. These expenses, of course, do not include attorney's fees.

To those ardent advocates of socialized medicine among the legal gentry (and we know a few) we must quote the Good Book wherein it gently admonishes, "Thou hypocrite! First cast out the beam out of thine own eye, and then shalt thou see clearly to cast out the mote out of thine brother's eye."

If there is a need for socialized medicine, then from the aforementioned facts we may be forced to conclude that there also exists a need for a socialized legal profession.

A. C. HANSON, M.D.

With increasing responsibility organized medicine faces increased expense. . . . Every activity entails some expenditure. The manifold and complex duties of the County Society today were not dreamed of when present dues were fixed.

The New York Medical Week

EVENTS FOR JANUARY

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MONDAY, JANUARY 4th:

No Morningside Staff Meeting
Joint Meeting the 11th.

TUESDAY, JANUARY 5th:

Auxiliary to the Tulsa County Medical Society with Mrs. James Stevenson, 2126 East 38th Street, 12:30 p m.
Luncheon.
Program.

WEDNESDAY, JANUARY 6th:

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

THURSDAY, JANUARY 7th:

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

MONDAY, JANUARY 11th:

Morningside Hospital Staff
Tulsa County Medical Society
Joint Meeting at Morningside Hospital, by invitation, 7:00 p. m.
Buffet Supper after the Meeting.

MONDAY, JANUARY 25th:

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

Contributions to the Legislative Fund Have Been Received from the Following members.

V. K. Allen
O. C. Armstrong
R. Q. Atchley
S. J. Bradfield
C. E. Bradley
J. C. Brogden
H. S. Browne
H. W. Callahan
W. H. Calhoun
A. B. Carney
J. S. Chalmers
P. N. Charbonnet
H. C. Childs
J. W. Childs
W. A. Cook
T. B. Coulter
F. Y. Cronk
R. E. Daily
T. H. Davis
E. R. Denny
W. A .Dean
R. W. Dunlap
H. L. Farris
Joseph Fulcher
J. B. Gilbert
Fred Glass
R. K. Goddard
Samuel Goodman
H. C. Graham
Harry Green
Paul Grosshart
C. H. Haralson
M. D. Henley
G. H. Henry
C. C. Hoke
W. D. Hoover
C. J. Hotz
W. A. Huber
D. V. Hudson
Margaret G. Hudson
A. Hutchison
E. G. Hyatt
W. M. Jones
W. S. Larrabee
M. B. Lhevine
W. R. R. Loney
J. O. Lowe
J. E. MacDonald
M. McKellar
B. W. McLean
G. H. Miller
L. A. Munding
H. D. Murdock
P. G. Murray
Marvin Napper
H. S. Nauheim
P. P. Nesbitt
F. L. Nelson
L. C. Northrup
Geo. R. Osborn
Hugh Perry
A. W. Pigford
R. C. Pigford
H. P. Price
R. G. Ray
J. W. Rogers
A. W. Roth
J. D. Shipp
M. E. Sippel
Wade Sisler
R. N. Smith
W. O. Smith
M. P. Springer
James Stevenson
H. B. Stewart
F. A. Stuart
L. H. Stuart
C. S. Summers
K. F. Swanson
W. J. Trainor
W. A. Walker
J. E. Wallace
N. S. White
A. Ray Wiley
Fred E. Woodson

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.

THE AUXILIARY

Auxiliary to the Tulsa County Medical Society, met December 1, at the home of Mrs. A. W. Roth, 1616 South Peoria.

The regular business session included an interesting report by Mrs. M. O. Nelson on the work being carried on at Morningside Hospital, during the Children's Reading Hour.

Nine subscriptions to Hygeia were reported by Mrs. H. L. Farris, chairman of that committee.

Luncheon was served, after which the remainder of the time was taken up in sewing. Plans were made for a rummage sale to be held Dec. 2, and Dec. 3.

Hostesses included Mrs. W. S. Larrabee, Mrs. H. A. Ruprecht, Mrs. J. W. Childs, Mrs. F. L. Nelson, and Mrs. E. P. Nesbitt.

The president announced that the annual presentation of Christmas gifts to charity children at St. John's and Morningside Hospitals would again be held.

The next meeting of the Auxiliary will be held January 5 at the home of Mrs. James Stevenson. Luncheon will be served at 12:30.

The Hygeia Committee will be in charge of the program. which will include a talk on Posture, by Loomis (Jack) Grant, director of Physical Education at the University Club. The National Auxiliary has announced a fifty dollar prize to the Auxiliary that obtains the greatest number of subscriptions to Hygeia for the year.

Hostesses for this meeting will be Mrs. Thomas H. Davis, Mrs. Harry J. McGuire, Mrs. W. W. Beesley, Mrs. L. H. Stuart, and Mrs. Carl Hotz.

LIBRARY ENDOWMENT FUNDS

General Endowment Fund

Balance reported in March 1936 Bulletin,	$52.28
3-19 Donation Mrs. C. P. Henson	.20
3-28 Donation Wade Sisler, M. D.	2.00
3-20 Donation George Huntsman	.25
6-1 Interest on Endowment Fund	.52
6-1 Interest from General Funds	10.59
11-4 Donation Dr. H. D. Murdock	2.50
12-1 Interest on Endowment Fund	1.48
12-4 Interest from General Funds	10.00
	$79.82

Geissler Memorial Fund

June 11 Donation Dr. H. B. Stewart	10.00
Dec. 4 Interest from General Funds	2.14
	$12.14

Industrial Medicine Fund

12-15-36 Gass Printing Co. Inc.	3.00
Total Endowment Funds	$94.96

REPORT OF BY-LAWS REVISION COMMITTEE

(The following amendments will come before the house January 11, 1937 for action—please be present.)

AMENDMENT to BY-LAWS, Chapter 1, Section 2

A candidate for membership shall make application in writing and shall state his age, his college and the date of graduation, the place in which he practiced, and the date of registration in the state. He shall be admitted as a courtesy member for a period of six months, after which he may be voted on for regular membership in the same manner as before.

AMENDMENT to Section I, Chapter III, Page 15:

This shall be amended in so far as concerns the House of Delegates. Two additional qualifications for membership in the House of Delegates shall be:

1. Candidate must be a member of the society for five years.

2. He must attend the meetings. Failure to attend the meetings shall automatically end tenure of office. The vacancy is to be filled by election at the next meeting. Length of membership in the House of Delegates to be for five years with one-fifth to be elected each year.

AMENDMENT to Chapter V., Sections 1 and2. The annual dues shall be fifteen dollars (15.00) per year.

LIBRARY FUND

Your committee could not arrive at any definite conclusions regarding the library fund, but would like to present to you for your approval or disapproval the following:

To provide a perpetual fund for maintenance of the library, we suggest that a certain per cent of the dues each year be set aside to be invested in bonds or other securities as authorized by the State Banking or Insurance Laws. The proceeds of this fund are to be used in the future to maintain the library; and until this fund is sufficiently great, yearly appropriations are to be continued as at present.

James Stevenson, M. D., Chairman
S. C. Shepard, M. D.
Charles H. Haralson, M. D.
By-Laws Revisory Committee.

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A. Ray Wiley, M. D.....Vice President
Maurice J. Searle, M. D.....Pres.-Elect
David V. Hudson, M. D.....Sec'y.-Treas.
Miss Maurine Calhoun.....Ass't Sec'y-Librarian.

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Ned R. Smith, M. D., Secretary
Charles J. Woods, M. D.

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R. C. Pigford, M. D. (term expires 1937)
G. A. Wall, M. D. term expires 1939)

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W. Albert Cook, M. D.....(1937-38)
E. Rankin Denny, M. D.....(1936-37)
Marvin D. Henly, M. D.....(1937-38)
W. S. Larrabee, M. D. .....(1937-38)
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Maurice J. Searle, M. D.....(Pres.-Elect)
C. J. Woods, M. D.....(1936-37)
Ned R. Smith, M. D.....(1937-38)

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Junior Chamber of Commerce
Roy Smith, M. D.
Comopolition Club:
W. M. Jones, M. D.
Kiwanis Club:
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Bertha Margolin, M. D.
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Mary Edna Sippel, M. D.
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Charles J. Woods, M. D.

Hospital Committee
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(Composed of Chief of Staff of each hospital)

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Welfare Committee
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FINAL ROSTER FOR 1936

Tulsa County Medical Society, Inc.

Allen, V. K.
Allison, T. P.
Alspach, W. L.
Ament, C. M.
Armstsong, O. C.
Atchley, R. Q.
Atkins, P. N.

Barham, J. H.
Beesley, W. W.
Beyer, J. W.
Billington, J. Jeff
Black, H. J.
Bolton, J. Fred
Bradley. C. E.
Bradfield, S. J.
Branley, B. L.
Braswell, J. C.
Brogden, J. C.
Brookshire, J. E.
Browne, Henry S.
Bryan, W. J.. Jr.

Calhoun. C. E.
Calhoun, W. H.
Callahan, H. W.
Campbell, W. M.
Carney, A. B.
Chalmers, J. S.
Charbonnet. P. N.
Childs, D. B.
Childs, H. C.
Childs, J. W.
Clinton. F. S.
Clulow, G. H.
Cohenour, E. L.
Cook, W. Albert
Coulter, T. B.
Cronk, F. Y.

Crawford, W. S.
Daily, R. E.
Davis. A. H.
Davis, T. H.
Dean, W. A.
Denny, E. Rankin
Dieffenbach, N. J.
Dillon, C. A.
Dunlap, Roy W.

Eads, Charles H.
Edwards. D. L.
Emerson, A. V.

Farris, H. Lee
Flack, F. L. ,
Flanagan, O. A.
Ford, H. W.
Franklin, S. E.
Fulcher, Joseph

Garabedian, G.
Garrett, D. L.
Geissler, P. C. (1)
Gilbert, J. B.
Glass. F. A.
Goddard, R. K.
Goodman, Samuel
Gorrell, J. F.
Graham, H. C.
Green, Harry

Grosshart. Paul
Hall, G. H.
Haralson, C. H.
Harris, Bunn
Haskins, T. M.
Hart, Mabel M.
Hart, M. O.
Hays, Lurvern
Henderson. F. W.
Henley, Marvin D.
Henry, Gifford H.
Hoke, C. C.
Hooper, J. S.
Hoover, W. D.
Houser, M. A.
Hotz, C. J.
Huber. A.
Hudson, David V.
Hudson, Margaret G
Humphery, B. H.
Hutchison, A.
Hyatt, E. G.

Jackson, L. T.
Johnson, C. D.
Johnson. R. R.
Jones, W. M.

Kemmerly, H. P.
Kramer, Allen C.

Laws, J. H.
Larrabee, W. S.
Lee, J. K.
LeMaster, D W.
Lhevine, Morris B.
Loney, W. R. R.
Lowe, J. O.
Lynch, T. J.

MacDonald, J. E.
MacKenzie. Ian
McComb, L. A.
McDonald, D. M.
McGill, Ralph A.
McGuire, Harry J.
McKellar, M.
McLean, B. W.
McQuaker, Molly
Margolin, Bertha
Mayginnis, P. H.
Miller, G. H.
Miner, J. L.
Mishler, Don L. (2)
Mohrman, S S.
Munding, L. A.
Murdock, H. D.
Murray. P. G.
Murray, Silas ,
Myers, F. C.

Napper, Marvin
Nauheim. H. S.
Neal, James H.
Nelson, I. A.
Nelson, Frank J.
Nelson, F. L.
Nelson, M. O.
Nesbitt, E. P.
Nesbitt, P. P.
Norman, G.
Northrup, L. C.

Osborn, George R.

Pavy, C. A.
Peden, J. C.
Perry, Hugh
Perry, J. C.
Pigford, A. W.
Pigford, R. C.
Porter, H. H.
Presson, L. C.
Price, Harry P.

Ray, R. G.
Reese, K. C.
Reynolds, J. L.
Rhodes, R. E. L.
Richey, S. M.
Roberts, T. R.
Rogers, J. W.
Roth, A. W.
Roy, Emile
Ruprecht, H. A.
Ruprecht, Marcella
Rushing. F. E.
Russell, G. R.
Searle, M. J.
Shepard, R. M.
Shepard, S. C.
Sherwood, R. G.
Shipp, J. D.
Showman, W. A.
Simpson, C. F.
Sinclair, F. D.
Sippel, M. Edna
Sisler, Wade
Smith, D. O.
Smith, J. H.
Smith, Ned R.
Smith, Roy L.
Smith, R. N. ,
Smith, R. R.
Smith, W. O.
Spann, Logan A.
Springer, M. P.
Stallings, T. W.
Stanley, Mont
Stevenson, James
Stewart, H. B.
Stuart, Frank A.
Stuart, Leon H.
Summers, C. S.
Swanson, K. F.

Tucker, I. N. (3)
Turnbow, W. R.
Trainor, W. J.

Underwood, D. J.
Underwood, F. L.

Venable, S. C.

Wainright, A. G.
Walker. W. A.
Wall, G. A.
Wallace, J. E.
Ward, B. W.
White, N. S.
White, P. C.
Wiley, A. Ray
Wilks, F. M.
Witcher, Robert E.
Woods, C. J.
Woodson, Fred E.

Zink, G. W.
Zink, H. F.
Zink, Roy

(1) Deceased

(2) Membership transferred to Hall-Merrick-Howard County Medical Society, Grand Island, Nebraska.

3) Membership transferred to Racine County Medical Society, Racine, Wis.

The Doctor Speaks

by An Observer

Are doctors the poor speakers they are reputed to be? This observer reluctantly confesses the belief that doctors have merited the reputation they have acquired in public speaking. There are, of course, exceptions. By and large, however, medical men do not do well on the rostrum.

We had the occasion the other evening to drop in on a medical meeting. Being late, we took a seat in the rear of the room. The essayist was well into his subject — at least so we thought, although he could not be heard where we were seated. We asked the man next to us how long the program had been under way. He said fifteen to twenty minutes. There was considerable shuffling and whispering among those further back. The speaker seemed oblivious to these signs of restlessness and kept right on. Those in the first few rows said afterward that the speaker had little to offer.

This is an example of what happens when the doctor fails to prepare himself properly before addressing his colleagues. Physicians do not turn out for meetings to hear a rehash of what is already well known, nor do they listen patiently when the speaker cannot be heard. They expect to hear a well-informed speaker who not only presents in a clear and interesting manner the opinions of others but also observations of his own.

Not all medical groups can be talked to in the same manner. It therefore pays the speaker to make a diagnosis of his audience in advance. For example, the specialist frequently commits the error of speaking to general practitioners as he would to physicians limiting their practices to his particular field. Naturally his listeners do not take kindly to such thoughtlessness.

The doctor, whether addressing his confreres or a lay audience, cannot ignore the principles underlying effective public speaking if he wishes to be successful. Medical groups do not differ from other audiences except for the subjects they hear discussed. They are eager to hear worthwhile scientific subjects interestingly presented and prefer a speaker who dispenses with the use of a manuscript. Few doctors are good readers and when confined to a manuscript, their material becomes dry and uninteresting. It lacks spontaneity and informality which is characteristic of extemporaneous speaking. It may be necessary, of course, for the physician to prepare a written copy of what he has to say for a medical journal, but being thoroughly familiar with his subject he can with safety rely on a brief outline, or use no notes at all.

It is perhaps in delivery that the doctor's shortcomings as a speaker are most pronounced. The impression of this observer is that most physicians feel that the material which they present is most important and the manner of presentation counts but little. This, of course, is untrue, as is evidenced by the fact that physicians most in demand by medical organizations are those who are competent speakers.

Important factors in good delivery are, speaking clearly and with enough volume so that the entire audience can hear, avoiding mannerisms, being oneself, and being thoroughly prepared. There are many excellent volumes available on the subject of public speaking which physicians will find of value.

Doctors are urged to improve themselves in public speech. Most of them may never become masters of this difficult art, but they can cer-

tainly become acceptable. The keynote to success, in speaking as in other fields of endeavor, is study and practice, with emphasis on the latter.

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Public Health Aspects of Syphilis

(Continued from page iv)

annual incidence of fresh infections is 4 per 1000 or approximately 518,000 persons. Usilton says "between the ages of 16 and 20 years, 4 out of 100 males acquire syphilis and at least one of these will be added to the ever accumulating group of active syphilitics. The other three will obtain either a "spontaneous cure" or protection by a sufficient amount of treatment against the late disabling manifestations of the disease. In the two succeeding 5 year periods twice as high a rate of infection exists; 8 per 100 males acquire the disease, and there will remain at least 2 patients per 100 in each of these age groups who will have, either then or at some succeeding time, an active manifestation of syphilis." Thus one half of the infections are between 20 and 30 years; the rate of infection is highest in men — 6 for every 4 women; four times as high in the cities as in the rural areas and six times as high among negroes as whites.

There are approximately 186,000 potential mothers in this country with active syphilis, which will result in one of the disasters of pregnancy four times as frequently as in the non-syphilitics. Syphilis, thus innocently acquired by the mother, is passed along frequently to the children who, if they live, must in turn undergo prolonged treatment or suffer the disasters of the disease.

Syphilis also causes approximately 15 per cent of the diseases of the heart and blood vessels, about 11 per cent of the insanities and feeble mindedness to say nothing of the other late and disabling manifestations.

It is not my intention to burden you with a large mass of statistical data concerning the presence of syphilis in various parts of the country—the data is quite similar in all respects. The incidence is higher in those cities with a larger negro population and it is higher among the ignorant than among the educated. During the year 1935 the reported case rate for Georgia was 243.2 per 100,000 population, which was greater than the combined rates of diphtheria, measles, scarlet fever, meningitis, smallpox, typhoid fever and tuberculosis. Of 76,564 Wassermann reactions reported by the State Board of Health, 13,316 or 17.4 per cent gave positive results. At the Grady Hospital, the municipal hospital of the City of Atlanta, during the year 1935, 30,205 Wassermann reactions were done on in and out patients of the hospital—of these, 11,154 were on whites with 6.43 per cent positive and 19,051 on negroes with 25.08 per cent positive. From August, 1934, to July, 1936, inclusive, there were admitted to the medical wards of the colored division of Grady Hospital 2,956 patients; of these 19 per cent had positive Wassermanns on the blood or spinal fluid. Of this number 116 or 4 per cent had cardiovascular syphilis and 2.6 per cent had syphilis of the central nervous system. At the venereal disease hospital, conducted by the City of Atlanta Health Department in the year 1935, a total of 1,375 early primary lesions were recognized. It is safe to assume that at least 2,500 others were infected from these. What is true of the existence of syphilis in Georgia and Atlanta is true for any other state or city. Are these figures then not impressive enough or not of sufficient importance to arouse the medical profession, the public health officials, and the public to the greatness and the necessity of all three making a concerted and determined

effort to effect its eradication?

Having outlined the problem needing attention, what can be done and what should be done about it? This phase of the question can best be approached by considering separately the part which is to be taken in a program of control by each of the three interested groups: the practicing physician, the public, and the public health authorities.

The Obligation of the Medical Profession

Of greatest importance is a campaign of education among physicians, beginning in the medical schools and extending into every county, district and state medical association; stressing the importance of the early diagnosis of syphilis before the blood gives a positive Wassermann reaction. Such a diagnosis can be easily and accurately made by using the dark field in searching the serum and scrapings from any and all suspicious lesions for the spirochaeta pallida. It should be part of the instruction in all medical schools to teach students how to make these preparations and how to make these examinations.

Routine Wassermann reactions should be done on every patient who consults a physician for any cause, and should constitute a part of the physical examination. I have followed this practice for the past twenty-five years and have never had the slightest occasion to regret it. It should be realized that the Wassermann reaction is only 80 to 90 per cent efficient in any stage of the disease.

Physicians and patients must be impressed with the fact that the earlier the diagnosis is made when the blood is sero negative, the chances of a cure are greater than when the blood becomes sero positive. In the sero negative stage the average number of cures is 71.4 per cent, with best results in this stage from 83 to 84 per cent. When the patient's blood is sero positive, the chances for cure diminishes to an average of 53.3 per cent with best results of 64 to 70 per cent according to Moore.

All physicians who treat patients with syphilis should become familiar with "The Standard Treatment Procedure in Early Syphilis" compiled by Stokes, Cole, Moore, O'Leary, Wile of the co-operative clinics and by Parran, Vonderlehr and Usilton of the United States Public Health Service. (Obtained either from U. S. P. H. Service, Washington, or Journal of the A. M. A., Chicago.) Unless a physician is familiar with this report or unless he has developed a method of treatment which is as good or better than that recommended, he should adopt this method as giving, up to the present time, the greatest number of cures. Too long, we as physicians have been inclined to pass as inconsequential suspicious lesions in many of our patients and too long have we been more or less lackadaisical about intensive treatment when the disease is discovered.

The physician must further spend more time with a patient who is discovered to have syphilis in order that the nature of the disease can be explained to him; its communicability must be stressed, measures necessary for its control must be taught and the necessity for adequate treatment must be insisted upon. All of us spend a great deal of time in giving instructions to a patient with heart disease or with diabetes — why then shouldn't a syphilitic be instructed as thoroughly since he not only can be saved from harming himself but also many others.

Physicians engaged in private practice should see that all patients who have syphilis should receive sufficient treatment. This may be accomplished with some difficulty and may require the expenditure of considerable energy on the part of the doctor, however, the returns received amply justify the trouble.

The prevention of the disasters of pregnancy is a responsibility resting

entirely upon the shoulders of the medical profession. McCord in a recent study of 2,150 cases of syphilis and pregnancy has clearly demonstrated that with mild, continuous ante partum treatment, begun not later than the fifth month of pregnancy, consisting of at least ten or more injections of arspheramine, the woman is assured of a syphilis-free baby in 95 per cent of the cases, and that such therapy is safe for the mother.

The Obligation of the Public

The next step in the control of this disease, is the necessity of public education through talks, the printed page, the movies and over the radio. Children from 15 years upward should be instructed concerning this disease. Organized medicine and the public health service have done very little in furnishing authoritative information concerning syphilis to the public. They should be told that it is no respecter of society, it affects innocent women and children as well as others. We seem to have developed a conditioned reflex about syphilis which prevents its discussion. Wholesome methods of living and thinking should be stressed and the avoidance of infection emphasized. It should be taught that frequently primary and secondary lesions pass unnoticed, more often in women than in men, and that less than 50 per cent of these infections seek competent care. They should be taught that patent medicines, quack doctors, and drug store treatments are usually worthless and may be the means of keeping them from incomplete cure. The public must demand that constituted authority be given the medical profession to enforce upon all early syphilitics a sufficient amount of treatment to keep them from spreading the disease and if necessary, in those who are belligerent, the institution of proper quarantine. The public must cooperate in helping to support worthwhile, well conducted, properly supervised clinics under the control of the medical profession for the adequate treatment of every indigent person with this disease.

The Obligation of the Public Health Service

From the public health standpoint no program for the control of syphilis can be acceptable or worth while unless there is a well qualified, well trained officer at the head of this department. He must be an individual who has had considerable experience in handling patients with syphilis and who has a type of personality which will mix and mingle with medical practitioners in a friendly and cooperative manner. The venereal disease officer need not necessarily be an individual separate and distinct from the department of communicable diseases established by city, state, or national governments.

This officer should be able, because of his clinical experience, to act in an advisory capacity to other physicians who might seek his advice. He should be well acquainted with all of the factors concerning the epidemiology of this disease.

Health departments should furnish to physicians all facilities for the immediate diagnosis of syphilis, these to consist of dark field examinations of material from suspected lesions and Wassermann tests on the blood of suspected individuals. The health officer can be of a great deal of value in stimulating physicians and impressing upon them the importance and the urgency of immediate diagnosis of early syphilis and of immediate and sufficient treatment so soon as the diagnosis is made. Statistical data which have been gathered by the cooperating clinical group show that 84 per cent of all patients with early syphilis discontinue treatment before they are rendered permanently non-infectious. This is one of the most important phases to be undertaken by the public health officer. If in clinics and in private practice such

an astonishing number of patients with early syphilis, do not receive sufficient treatment to render them permanently non-infectious, how else can this be improved except by appealing directly to the public health authorities.

Moore, in a recent article, has made the statement that 50 per cent of the patients with syphilis can pay nothing for their treatment; 30 per cent can pay something; 20 per cent can pay a private physician. In other words, the 50 per cent who perhaps spread the disease most frequently are unable to pay for any form of treatment. This means that they must become charges of city or state institutions and it is an obligation of the authorities to see that they are rendered medical care. This can be done thoroughly and efficiently provided public clinics at the expense of the community are established, which are properly supervised and properly conducted for the treatment of this disease. There is nothing new about such a procedure. Practically all cities, a good many counties, and quite a number of states have erected institutions for the care of those with contagious diseases. There are hospitals for the treatment of tuberculosis at public expense, there are hospitals for the treatment of the insane and the feeble-minded at public expense, and there are contagious disease hospitals for the treatment of diphtheria, scarlet fever and smallpox at public expense. Many states and cities at the present time have public clinics for the treatment of venereal diseases. The history of these clinics is that they are overcrowded and in the majority of instances, no facilities are available for accurately following patients. The personnel is so busy giving treatment that it is impossible for proper instruction concerning contagiousness and other necessary information to be given these patients. It is the duty and the obligation of the local public health service, in cooperation with the medical profession, to assume this responsibility just as it is their obligation to assume responsibility for other contagious diseases and to institute a program to see that it is carried out effectively. The 30 per cent who are able to pay something are also an obligation of the organized medical profession. Clinics can be established by physicians in cities or counties in cooperation with the Public Health Service and can be run on a cooperative basis, for which the physician who renders the service will receive some compensation for the work that he does. It is the duty of the public health officer to respect the rights of the private practitioner of medicine in controlling the problem of syphilitic infection. On the other hand, there is as great an obligation on the part of the private practitioner to see that all persons who have syphilis and who can not pay for private care should receive adequate and sufficient treatment to give them the best possible chance to recover from this disease.

The problem as it exists today is a tremendous one. As I have stated before, with united, concentrated and vigorous effort on the part of all three organizations interested in this matter: i. e. the medical profession, the public health officials, and the public, within twenty to thirty years the prevalence of this disease can be greatly diminished.

It is only necessary to direct your attention to the remarkable results which have been accomplished by such a comprehensive program as is well illustrated in the control of syphilis which has taken place in Norway, Sweden and Denmark, and to a lesser extent in Germany and England. For the past sixteen years in these countries syphilis is becoming a rarer disease. In Sweden in one year there occurred only 431 cases as compared to upstate New York (exclusive of New York City) where 1,836 cases occurred in one month.

Such a reduction in incidence can be accomplished in this country provided we follow the suggestions as emphasized by Parran, namely:

1. Find syphilis.
2. Treat syphilis promptly and efficiently.
3. Examine for syphilis the family and all contacts of the syphilitic.
4. Prevent the birth of syphilitic babies by requiring Wassermann tests before marriage and during pregnancy.
5. Teach the facts of syphilis to all the people.

•

A Hospital on Wheels

(Continued from page vi)

Rhodes in South Africa. He not only set before us the most delicious concoctions, but regaled us with tales of his experiences with Rhodes, whom he admired very much.

The entire train was disinfected as soon as our patients had been removed. We usually had a two-day lay-over when Russian prisoners were turned over to the Swedish government and the entire interior of the train was washed with a lysol solution. This was a difficult process, for European Pullmans, at that time at least, were very ornate.

The method of carrying the train from the mainland over to the Island of Ruegen was an interesting procedure. It was divided into two sections, and one-half was transported across the water at a time.

Following the War I once figured that I had traveled over one hundred and sixty thousand miles aboard our train. Our accommodations were good and we always had such excellent food that the experience was hardly one which could be called trying.

The silverware and china and other furnishings which belonged to the railroad company were left on the train for use during the War. As a matter of fact, I am sure that with the excellent food supply, the highly sanitary conditions, and the many comforts and conveniences these trains afforded, the Red Cross worker aboard these "hospitals on wheels" fared far better than the general populace.

One never hopes to pinion the wings of the fraudulent cults and quacks who, like hawks, swoop down to bring destruction in their wake. But what about the victims? No lunatic would ask a barber to make him a pair of shoes or a shoemaker to build him a wardrobe. Yet a seemingly normal man or woman ignores those who are giving their lives to the study and cure of human ills, and places his or her life in the hands of those who have no more knowledge of the anatomy and pathology of the human being than does a shoemaker about wardrobe making, or a barber about making shoes.

American Medicine

Sunny Side Up

PROSPERITY

If times keep getting better there yet may be a car for every filling station.

•

DELEGATE-AT-LARGE

Boy: "Say, dad, what does it mean when the paper says some man went to a convention as a delegate-at-large?"

Dad: "It means his wife didn't go with him, son."

•

SWALLOWED THEIR PRIDE

New Missionary: Did you know Mr. Brown?

Cannibal Chief: Oh, yes! He was the pride of our island.

New Missionary: Why did he leave such a nice island?

Cannibal Chief: He didn't leave. You see, Sah, times got so hard we had to swallow our pride.

—*Lone Star Blue Blaze.*

•

WARNING TO TRESPASSERS

A sign which originally adorned a Kentucky farmer's acres read as follows!

NOTICE: Trespassers will be persecuted to the full extent of two mongrel dogs which ain't never been too sociable with strangers and one double br'l. shotgun which ain't loaded with sofa pillows. DAM if I ain't gittin' tired of this hell raisin' 'round my place.

•

CASE DISMISSED

His Honor, sternly: "Well, what's your alibi for speeding sixty miles an hour through the residential section?"

Meek Defendant: "I had just heard, your honor, that the ladies of my wife's church were holding a rummage sale, and I was hurrying home to save my other pair of pants."

His Honor: "Case dismissed."

•

PROTECTION

A young lawyer from the North sought to locate in the South. He wrote to a friend in Alabama, asking him what the prospect seemed to be in the city for "an honest young lawyer and Republican."

In reply the friend wrote: "If you are an honest lawyer, you will have absolutely no competition. If you are a Republican, the game laws will protect you."

FIND THE BALL

Scotch Gent: My lad, are you to be my caddie?

Caddie: Yes, sir.

Scotch: And how are you at finding lost balls?

Caddie: Very good, sir.

S. Gent: Well, look around and find one so we can start the game.

•

WILL DISSOLVE ANYTHING

A man was being shown over a college by his son. They came to the chemical laboratory, and the man said:

"What are you boys doing here?"

"We're trying," said a student, "to discover a universal solvent."

"What's a universal solvent?" the man asked.

"It's a liquid," the student explained, "that will dissolve anything."

"Humph. Great," said the man. "And when you find it what are you going to keep it in?"

•

POLITICS AND MUSTACHE

A story of Winston S. Churchill—told by Gertrude Atherton:

"Shortly after he left the Conservative side of the House (of Commons) for the Liberal, he was taking a certain young woman down to dinner, when she looked up at him coquettishly, and remarked with the audacity of her kind:

"There are two things I don't like about you, Mr. Churchill."

"And what are they?"

"Your new politics and mustache."

"My dear madam," he replied suavely, "pray do not disturb yourself. You are not likely to come in contact with either."

•

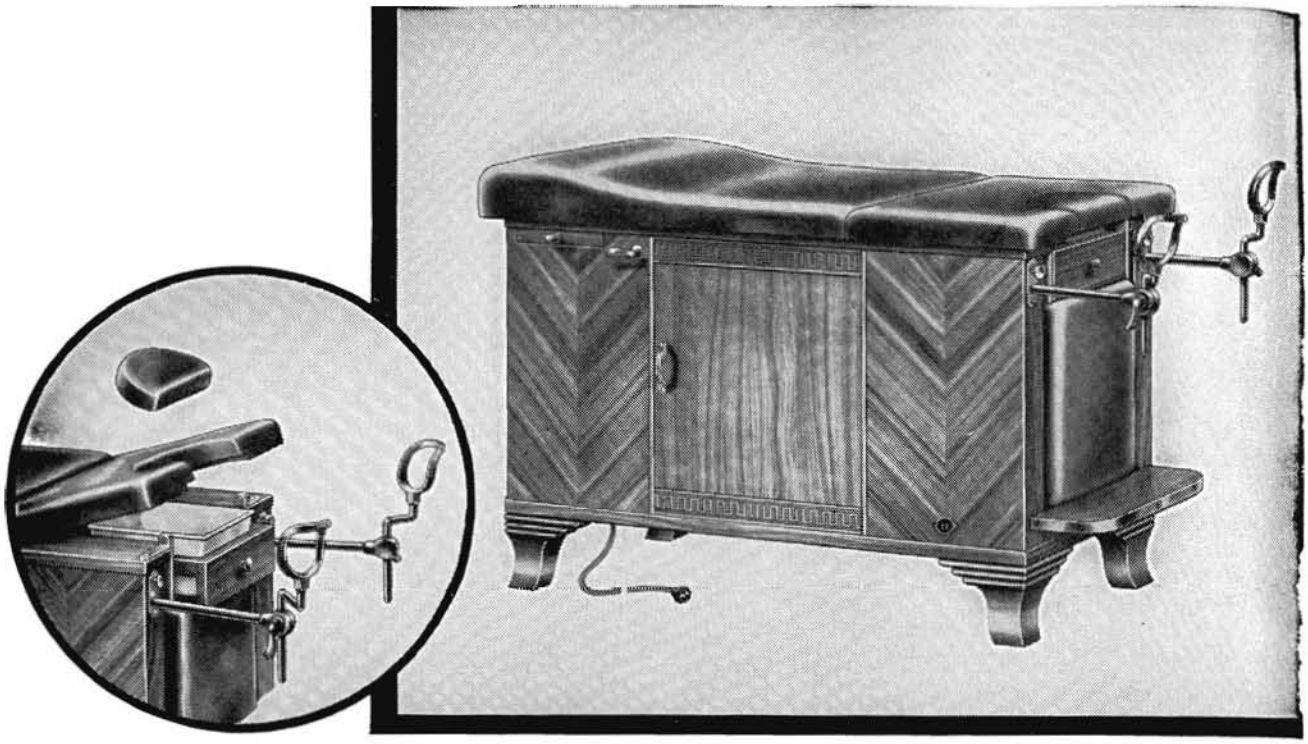
MIGHTY FINE GRAVY

A dinner guest in a Virginia home was telling his host how to prepare ham that would be even better than the famous Virginia ham.

Guest: "Place the ham in a deep pan and the first day soak it in a bottle of rye whiskey and let it cook awhile. The second day add a bottle of Jamaica rum and the third day a bottle of port wine and the fourth day a bottle of Bourbon."

Host (turning to the colored cook): "What do you think of that, Sam?"

Sam: "Ah, don't know 'bout de ham, but it sho' do sound like mighty fine gravy."



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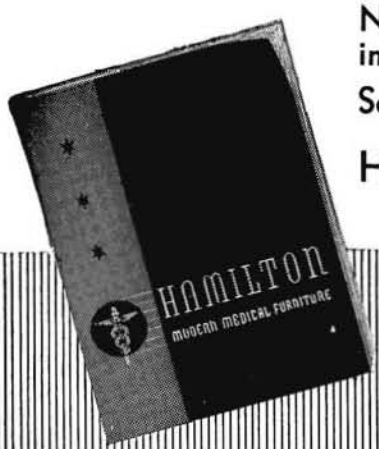

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