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Medical Schools of the United States

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Mid Shots and Pills

Thirty-five years in the army is a long time, but Colonel Hogue is still enthusiastic about it. He urges the young physician to "join up"

by G. I. Hogue, M.D.

Some years ago while army maneuvers were being held at Fort Sheridan, Illinois, I happened one Sunday to be listening to a sermon given by an eminent divine. Floyd Gibbons, the widely known war correspondent, was on hand to "cover" the event. Following the service Gibbons said he did not think much of the sermon. He suggested that a little polishing would help considerably, and in reporting to his paper proceeded to take the sermon apart, revamping it to suit himself. Shortly thereafter the clergyman met Gibbons and hastened to compliment him on his editing, assuring him that it was much superior to the sermon as actually given.

I feel the same way about these reminiscences which cover in a very sketchy manner thirty-five years of army service. Undoubtedly a more capable writer would do a better job. However, I am setting down this narrative in my own language,—incidents as I saw them, and I will have to let it go at that.

Late one afternoon last August I was motoring home from a tour of active duty at Camp McCoy, Wisconsin. It was perfectly natural, I suppose, that my mind should turn back to another August in 1900 when I volunteered my services for active duty in the medical corps of our army. This was at the time of the Boxer Rebellion in China; there had been a call for volunteers to subdue Chinese bandits who were conducting a guerrilla warfare, endangering the lives of American citizens.

The opportunity to join the army proved a good break for me as I was then a recent graduate of medicine, having just completed my internship.

Like most young physicians I was very much in a quandary as to where to hang my shingle, and prospects at that time did not seem particularly bright. All I knew about war was what I had read in the papers, and even if I had not been an ardent newspaper reader, the headlines telling of troubles in China were so large that while playing tennis on a summer afternoon I could read and play at the same time.

It did not take me long to make up my mind what to do. I wired the Surgeon General at Washington, D. C., volunteering my services. The next day I received a telegram instructing me to proceed to army headquarters at Chicago for the usual examination. I returned home to await orders which came promptly, directing me to report at the earliest possible moment to the Commanding Officer at the Presidio, San Francisco, where I was to join the First Infantry of the United States Army, there to take the transport U. S. S. LOGAN whose destination was Tientsin, China.

Of course, an important part of my equipment was a uniform which had to be ordered by telegraph from the military tailor in San Francisco. It was ready for me when I arrived three days later. Like most young men, I was proud of my uniform which was blue. The collar insignia then was a cross indicating that I belonged to the medical corps of the army.

My stay in 'Frisco was very brief, and the last two days before boarding the transport for the 10,000 mile journey over the Pacific seemed entirely too long. The course which we took to China was the same one just

completed by the plane, China Clipper, in less than three days. Our journey lasted thirty days.

The two days which we spent in Honolulu on our way to China were most enjoyable, principally because of our futile attempts to ride the surf-board. Our next stop was Guam where there was excellent bathing, if you could dodge the sharks successfully. Of course, I, as medical officer, had to report for duty each morning at the dispensary. Nothing happened on this trip to make it exciting, for there was not even a mal de mer on our sick list, the Pacific living up to its name all the way over. Band concerts and poker, with rather tall stakes, provided what excitement there was.

Each day we took a salt spray in the raw from the man washing down the decks. To say the least, this was a cooling experience. Afterward we were, of course, ready for the bacon and eggs and all that went with them. We had books about China and her people which we read diligently. I was startled to learn from a Chinese medical journal that anatomically the Chinese did not differ much from the Caucasians.

With the high expectations of returning home with at least one Chinese queue we learned to our utter chagrin and disappointment that we had missed the two-weeks' warfare, hostilities having ceased. The Colonel of the First Infantry gave us the bad news one morning after a message had been brought to our transport by a steamer out of Tientsin.

We were cheered, however, to learn that orders had been given that we proceed at once to Manila to quell the Philippine insurrection. Our good ship turned eastward toward Manila Bay where we saw the remains of the Spanish Navy which Admiral Dewey had disposed of with so little difficulty.

Manila itself was soon left behind, for we were to see active service in the field. This was my first experience

in guerrilla warfare. It was pretty much the type of warfare now being carried on in Ethiopia. Of course, there was a difference; we at that time were using equipment which was pretty ineffective compared with the high-powered rifles and machine-guns, chemicals, airplanes, and tanks which make modern war such a devastating affair.

The natives were armed with rifles or bolos, which are long knives twelve to twenty-four inches in length, with which they were very proficient. At the end of two years of more or less exciting experience in this tropical climate I was invalided home with amoebic dysentery.

There is much to be written on the subject of tropical medicine. Smallpox was rampant in the Islands when we were there. Corneal ulcers, frequently followed by blindness, were common, all due directly to the failure to vaccinate while the Islands were under Spanish rule. If Uncle Sam did nothing else during his thirty-six years in the Philippines than to make vaccination against smallpox compulsory, he would be deserving of the highest praise.

Leprosy was not only common but no one thought of isolating the victims. True, there was a hospital and a home for lepers in Manila, but there was not sufficient room to accommodate all the sufferers by any means.

Our government has reserved one of the seven hundred islands for a leper colony, and all who are affected are now compelled to reside there for the rest of their days. Venereal disease was common among the natives, but only the members of the oldest profession received adequate treatment for this affliction. I could mention many other diseases which would be of interest to medical men practicing in the tropics but these diseases rarely appear in this country: for example, beri-beri and the bubonic plague; also dengue fever, a peculiar fever resembling in some respects influenza.

(Continued on page xi)

Your Income Tax Report

Making out an income tax return is a simple task if you keep accurate financial records

by **Otto A. La Budde**

COLLECTOR OF INTERNAL REVENUE

About this time of the year the physician, like a good many others, has received the news that income tax returns are again due to be filed on March 15th. If he has not already received his forms he will within a few days.

The making out of an income tax report would be simplified if necessary records were kept up to date. In fact the law requires that such records be kept so as to reflect net income. Physicians generally keep their books on a cash basis, that is, they record cash received from all sources and expenses actually paid. If the cash basis is used bad accounts cannot be charged off for the reason that such accounts had not been previously reported as taxable income. Those physicians who desire to report on the accrual basis may report on such basis if permission is first secured from the Collector of Internal Revenue to make a change from the cash basis. It is to be noted, therefore, that a taxpayer may not change from one basis to another unless he first files an application to make a change.

By the accrual basis is meant the reporting of cash receipts plus the charges placed on the books against patients and others. Against such income the physician would be permitted to deduct not only the expenses actually paid but also expense items incurred in his business during the taxable year but not yet paid. In addition to accruing business income the physician would have to report his income from all other sources such as bond investments, rents, etc., even though they actually had not been received by the end of the year. Most physicians, however, as has been

stated above, keep their records on the cash receipts and disbursement basis and, of course, in such case the returns must likewise be filed on the cash basis.

At this point it might be advisable to emphasize again that details are necessary, particularly in showing expenses and deductions of all amounts taken on the return. While it is not the purpose of this brief article to give detailed information to aid the physician in computing his income tax report, it would seem to be of particular interest to quote from a statement released during the previous year to the press by the Bureau of Internal Revenue relative to deductions for professional expenses. Here is the statement:

"A professional man may deduct all necessary expenses incurred in the pursuit of his profession. These include the cost of supplies used in his practice, office rent, cost of light, water, fuel, and telephone in his office, the hire of office assistants, and expenses paid in the operation and repair of an automobile, based upon the proportion of time it is used in making professional calls or for other professional purposes.

"Many physicians use their residences both as their offices and their homes. In such instance the physician may deduct as a business expense the rental value of the rooms occupied for office purposes if he actually pays rent, and also the cost of light and heat furnished these rooms. Also, he may deduct a portion of the wages paid domestic servants whose time is partly occupied in caring for these rooms. Membership dues in professional societies are deductible. Physi-

cians and dentists who keep in their waiting rooms current magazines and newspapers for the benefit of their patients may deduct this item as a business expense. The cost of professional journals for the taxpayer's own use is also a deductible item.

"The cost of technical books is not a deductible item, being a capital expenditure, but a proportionate amount for each year's depreciation of the books may be deducted. Depreciation may also be taken on office furniture and equipment. Insurance premiums on office or other professional equipment and liability insurance may be deducted. Automobile liability insurance may be deducted only when the automobile is used wholly in pursuit of the taxpayer's profession, and the cost of the entire upkeep may legitimately be claimed as a professional expense."

In addition to the above facts about deductions the following information relating to Federal income tax returns should be kept in mind:

1. Professional men must use the large form on which appears the number 1040 in making their reports.
2. Anyone having a net annual income of \$2500 if married, or \$1000 if single, must make a report. If the gross income is \$5000, regardless of the net income, a report must be submitted.
3. Physicians (unless reporting on accrual basis) should report cash received from all sources and expenses actually paid. (Be sure also to complete Schedule "A" on the Form 1040 which is the Form to be used by a professional person.)
4. Income tax reports for this year must be filed in duplicate and the extra form (green) which

is sent to taxpayers along with the regular form is for that purpose. This duplicate is a substitute for the "pink slip" enclosed last year. Such duplicate copy is to be open to inspection to only authorized State taxing officials.

5. Read the instructions on the forms you receive. If you need additional information, get in touch with the office of the Collector of Internal Revenue.
6. Returns on the proper form must be in the hands of the Collector of Internal Revenue, on or before March 15, 1936, together with payment of the tax, or at least with payment of $\frac{1}{4}$ of the tax if it is desired to pay on the quarterly installment basis.

Although Congress has passed a new Revenue Act during the year 1935, such law does not become generally effective until incomes for the year 1936 are returned. Therefore, the income tax returns for the year 1935 are again to be made out and taxed on the same basis as for incomes for the year 1934.

Again let me emphasize that accurate and detailed records with respect to income received and expenses paid will simplify the task of making out an income tax report. If such simple records are kept, the preparation of a physician's income tax return should not present any difficulties so as to cause him any loss of sleep in anticipation of preparing his return. Another reason for keeping proper records is that the Government may at any time ask you for the details regarding any income shown or deduction taken on the return. Unless such details can be shown deductions which are not properly supported by facts will be disallowed.

Postgraduate Courses

County medical societies, in sponsoring postgraduate courses, it is disclosed, are attempting to bridge the gap between self-education and formal postgraduate work

by H. Van Y. Caldwell

County medical societies throughout the country are making contributions to the postgraduate education of doctors which, if the present pace continues, bid fair to become a permanent part of the educational curriculum in medicine.

The formal postgraduate courses offered by colleges of medicine and hospitals in the larger centers have met a great need. County medical societies, through their stated meetings, have met another need. Already the program of review of literature and medical procedure has brought forth the establishment of orientation courses leading to no degree or diploma, but offered by county medical societies to physicians in their communities in an attempt to bridge the gap between self-education and formal postgraduate work.

The form that these courses is taking through the country varies with the needs and facilities in the communities. A recent development has been the use of the symposium on subjects of current interest and importance, presented either in a one-day session or in a series of meetings covering two or three days. These programs are usually offered to the medical profession at large, and invitations are sent to counties surrounding the territory in which the program is offered. At times "teams" of speakers from some well known institution have been secured to present the symposium.

A somewhat different type of informal postgraduate course has been offered for the past three years by the Academy of Medicine of Cleveland for its members and for members of the Ohio State Medical Association

within driving distance. Each year the lectures are built around some general subject, such as pediatrics, obstetrics and gynecology, respiratory diseases, or diseases of the gastro-intestinal tract. The course consists of fifteen to twenty-five weekly lectures of one hour duration, presented in the Medical Library Auditorium. Subjects, attendance, and number of lectures have been as follows:

- 1932-1933 "Respiratory Diseases"
23 lectures, Average attendance 86.
- 1933-1934 "Diseases of the Gastro-Intestinal Tract"
23 lectures, Average attendance 97.
- 1934-1935 "Obstetrics and Gynecology"
19 lectures, Average attendance 93.
- 1935-1936 "Pediatrics"
22 lectures, (still in session)

The subject matter is presented by members of the Academy, many of whom are members of the teaching staff of Western Reserve University. The members give their services, without compensation, and no charge is made to the physicians attending the course with the exception of a \$1.00 registration fee for the entire course. This fee is used to cover the expense of opening the hall and mailing notices. No physician is admitted without a registration card and an attendance record is kept at each session. The subject matter is in the nature of a review and not, as most county society programs, in the nature of formal papers prepared as discussions of some particular phase of medicine. Outlines of each lecture are mimeo-

(Continued on page xiv)

Timely Brevities

*Where
Homage
Is Due* Several months ago we stood in the beautiful library of a large mid-western clinic. On the beamed ceiling, emblazoned in gold, were the names of men famous in medical history. But one space was vacant as if waiting for the name of a future immortal. We asked another visitor standing by, whether he knew the reason for this. He replied, "Perhaps it is reserved for the man who shall discover a cure for cancer." We said nothing more. However, this thought came to us: When the terrible scourge of cancer is tamed, as it undoubtedly will be, should not the honor for the discovery be shared with the innumerable contributors to our knowledge of this disease? All over the world the research in cancer goes steadily on. Men, working individually and in groups, are gradually compiling more and more information. Some day all the pieces will be there. It then will remain only for the right man to appear and fit them into their proper places. This will be the solution to the problem. We hope that when the time comes for the world to do homage to that one man, physicians at least will bow their heads in memory of the others. "They also served!"

*Regimentation
vs.
Individualism* Much has been said and much has been written regarding the so-called "machine age." Sociologists and economists in these later years have deplored the constantly increasing mechanization of the worker. Man must be the master of the machine, they cry — not the slave. Yet we suspect their tears are mostly crocodile tears, for it is these same persons who advocate a complete reversal in the practice of medicine.

From its very beginning medicine has resisted standardization (the new word is "regimentation"). "Mass production" and "chain store methods" have had no place in medicine. The patient was always considered as an individual and not as one of a group. Patients cannot be placed on an endless moving belt to receive the same routine examination and treatment. In medicine the five senses are still the working tools of the successful physician. The laboratory and all its aids are secondary to a good history and a careful physical examination.

In dealing with the "human equation" the stethoscope will continue to be more useful than the slide rule.

*Powers of
Deduction* Speaking of the five senses and the power of observation, we are reminded of the marvelous deductions of Sherlock Holmes, whose creator was Dr. A. Conan Doyle.

While a medical student at Edinburgh, Doyle was singled out to be the out-patient clerk of Dr. Joseph Bell, consulting surgeon to the Royal Infirmary and Royal Hospital for Sick Children. Joseph Bell was "thin, wiry, and dark, with a high-nosed acute face, penetrating gray eyes, and angular shoulders," and whose uncanny trick of diagnosis was a legend of the institution. After graduation young Dr. Conan Doyle was eking out the slender returns of early medical practice by writing stories for the magazines. It occurred to Dr. Doyle that if Joseph Bell had determined to be a detective he would have reduced this business to an exact science. And so Sherlock Holmes was born.

No little of the acuteness of Dr. Bell's deductions is visible in the rec-

EVENTS FOR MARCH

Monday, March 2nd.

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.
 Some Complications of Caesarian Section.....S. J. Bradfield, M. D.
 Cronic Periodontitis.....A. L. Walters, D. D. S.
 Case Reports.

Tuesday, March 3rd

Auxiliary to the Tulsa County Medical Society with Mrs. J. W. Childs, 1616
 South Madison Street, 12:30 p. m.
 Luncheon
 Program.

Wednesday, March 4th.

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

Monday, March 9th.

Flower Hospital Staff Meeting, Flower Hospital, 8:00 p. m.
 Closed Reduction of Fractures.....R. Q. Atchley, M. D.
 Discussion of Cases
 Refreshments.

Monday, March 9th.

Tulsa County Medical Society Meeting, 1207 Medical Arts Building, 8:00 p. m.
 Some Legal Problems in Medicine.....Floyd L. Rheam, Attorney
 The Fundamental Factor in the Cure of Hernia.....G. A. Wall, M. D.
 Blood Groups and Paternity.....H. S. Nauheim, M. D.

Monday, March 16th.

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

Monday, March 23rd.

Tulsa County Medical Society Meeting, 1207 Medical Arts Building, 8:00 p. m.
 Speakers: J. E. McDonald, M. D., F. A. Stuart, M. D.

Clinical Pathological Conference.

Room 31, St. Johns Hospital, Mondays, 7:00 p. m.
 Room 219, Morningside Hospital, Second and Fourth Wednesdays, 5:15 to
 6:00 p. m.

Medical Reserve Officers School.

Medical and Dental Arts Building Fridays, 7:30 p. m.

COUNTY SOCIETY MEETINGS NORTHEAST OKLAHONA

Monday, March 2nd:

Osage County Medical Society, Pawhuska Municipal Hospital, Pawhuska, 8:00 p. m.

Treatment of Latent Syphilis—
Marque O. Nelson, M. D.

Sterility, P. N. Charbonnet, M. D.

Motion Pictures:

Phrenicectomy and Phrenic Cruching.
Surgical Anatomy and the Genito-Urinary Tract.

Tuesday, March 3rd:

Craig County Medical Society, Library, Eastern Oklahoma Hospital, Vinita, 8:00 p. m.

Cancer—C. L. Caldwell, M. D.

Thursday, March 5th:

Creek County Medical Society, Bristow, 7:30 p. m.

Program Unannounced.

Monday, March 9th:

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

Program Unannounced.

Tuesday, March 10th:

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

Speakers—Doctors O. I. Green and
J. E. Crawford.

Monday, March 16th:

Rogers County Medical Society, office of Dr. F. A. Anderson, Claremore, 8:00 p. m.

Program Unannounced.

Thursday, March 19th:

Haskell County Medical Society, office of Dr. J. C. Rumley, Stigler, 7:30 p. m.

Program Unannounced.

Monday, March 23rd:

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

Program Unannounced.

The Auxiliary to the Tulsa County Medical Society will meet in the home of Mrs. J. W. Childs, 1616 S. Madison st., on March 3 at 12:30. Luncheon will be served.

A Health Education program will be given with Mrs. H. A. Ruprecht, chairman in charge. The topic will be Public Health Nursing.

The hostesses: Mesdames J. W. Childs, Fred E. Woodson, J. Fred Bolton, Frank L. Flack, James C. Peden.

A very large attendance enjoyed the musicale-tea given in the home of Mrs. Fred S. Clinton on February 4, 1936.



Walter S. Larrabee, M. D.

President Tulsa County Medical Society 1936. The president will welcome suggestions for the welfare of the society and constructive criticism. If you "can't kick forward, don't kick at all."

FISHING

Physicians who are interested in fishing are urged to support the program of establishing fish hatcheries at Mohawk. The funds supplied by the state come entirely from the sale of fishing licenses. Licenses to fish will be on sale at the office of the secretary, 214 Medical Arts Building.

Tulsa County Medical Library Endowment Fund

The library committee acknowledges with sincere appreciation the first donation to the endowment fund by Dr. D. O. Smith, February 18, 1936.

The library committee acknowledges an anonymous donation, the income from which with future additions to be applied to books or Journals on allergy and allergic diseases.

PERSONALS

Doctors Arthur Davis and E. Rankin Denny addressed the Muskogee County Medical Society at Miami, Oklahoma February 20.

PROGRESS OR RETROGRESS

(From the February issue Annals of Internal Medicine)

Physicians can be divided into two great groups, those that are learning and those that are forgetting, those that each year know more, and those that each year know less. There seems no third group, those that are stationary.

A few physicians increase in knowledge from within and grow from their own doing. These are the innate investigators. The rank and file require outside help to grow and to progress. Books, meetings, contracts, discussions, teachers, are our armamentarium for progress. Like the "spring tonic" of past days, all of us need some of this medicine, at least annually, better if it comes more frequently. A large majority of physicians know their need and seek treatment.

Things in nature rarely static; they increase or they decrease; they grow or they decay; they progress or the retrogress. Man's education in many respects resembles things of nature; rarely is it static; when knowledge does not increase, almost always it decreases. Physicians should remember this and make every effort to keep out of the static state and on the side of increase, of growth, of progress.

Contact with colleagues eager to learn, listening to discussions by those capable of teaching, witnessing demonstrations and clinics, seeing scientific exhibits lead to more reading and better observation of patients. Herein lies medical progress. The meeting of the American College of Physicians provides just these opportunities. Attendance at this meeting is a potent way for a physician to get himself out of the group of those who each year know less. The stimulus received from attendance at a medical meeting where men eminent in the profession speak lasts long after the meeting is over.

Henry A. Christian, M. D., F. A. C. P.

ANNUAL DUES

Attention is again called to the approaching deadline for the payment of dues without penalty. \$10.00 on Saturday, February 29 and \$12.00 on Sunday, March 1. Since our greatly esteemed president has had the foresight to provide an extra day this year for the payment of dues without penalty, there should be no kick if any of the members fail to get their dues in on time.



Miss Juanita Moore

Assistant Secretary-Librarian

Miss Moore graduated from the Central High School in 1931 and has worked as office assistant for physicians. She gets out the Bulletin, assists the secretary with society correspondence, receives, marks and catalogs books and journals for the library and goes to the 12th floor for the journals you want which because of the overflow cannot be kept in room 304 and serves as "information" for the society. If you want information regarding society activities call 4-7226, or "drop in" at 214 Medical Arts Building.

PAY FOR CLINIC PHYSICIANS

The Bronx County Medical Society is to be congratulated on initiating a program of remuneration for clinic work. Other medical societies will observe with great interest the results of their efforts and their successful attainment of this goal will make it easier for other medical societies to secure compensation for physicians working in clinics.

BUSINESS IN MEDICINE

The action of the Illinois Supreme Court in denying corporations the right to practice medicine as reported in the February 15 Tulsa World is of interest to physicians. The court took the stand that according to the state law a corporation was incapable of providing the personal responsibility on the part of physicians required under the law.

OFFICERS AND COMMITTEE FOR 1936

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Professional Directory

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Allergy

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Urology

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

DAVID V. HUDSON, M. D.

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214 Medical Arts Bldg., Tulsa Tel. 4-7226

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

I. A. NELSON, M. D.

Tissue and Clinical Pathology

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

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

Internal Medicine

Cardiology

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

R. M. SHEPARD, M. D.

Diseases of the Lungs

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

WADE SISLER, M. D.

Orthopedic Surgery

807 South Elgin, Tulsa Tel. 4-8161

W. H. WILSON, D. D. S.

General Dentistry

Dental X-Ray and Diathermy

305 Medical Arts Bldg., Tulsa Tel. 5-3663

ollection of one of his former students at Edinburgh.

"What is the matter with this man, sir?" Bell suddenly inquired of a trembling student, standing by. "Come down, sir, and look at him. No, you mustn't touch him. Use your eyes, sir! Use your ears, use your brain, use your bump of perception, use your powers of deduction!"

The stammering student did his best: "Hip-joint disease, Sir?"

"Hip-nothing!" retorted Bell disgustedly. "The man's limp is not from his hip, but from his foot, or rather from his feet. Were you to observe closely you would note that there are slits—cut by a knife—in those parts of the shoes on which the pressure of the shoe is greatest against the foot. The man is suffering from corns, gentlemen, and has no hip trouble at all. But he has not come to us to be treated for corns, gentlemen; we are not chiropodists. His trouble is of a more serious nature. This is a case of chronic alcoholism, gentlemen. The rubicund nose, the puffed and bloated face, the blood-shot eyes, the tremulous hands and twitching face muscles, with the quick, pulsating temporal arteries, all combine to show us this. But these deductions, gentlemen, must be confirmed by absolute and concrete evidence. In this instance, my diagnosis is confirmed by the neck of a whiskey bottle protruding from the patient's right-hand pocket."

Murderers at Large

There are 300,000 murderers living in the United States today. This startling statement is made by J. H. Wallis in the current issue of *The American Mercury*. These 300,000 are all at large except for the relatively small number in prison. In 1931, — the most recent year for which figures are available, — the total of men and women brought to state and federal prisons for homicide was 3804. The average length of sentence for men is about twelve years, but they don't stay in prison that long. In 1932, the average time served was 64.3 months, or approximately five years. In 1931, 137 murderers were executed; in 1932, 128. Thus, if 3800 killers are received in American prisons each year only 130 are executed, and less than 3700 serve the average term. By employing the figure of 3700 and multiplying by five, we find that there must be at all times in prisons about 18,500 killers. So of our 300,000 living murderers, 281,500 are actually at large. This figure represents considerably more than 0.2 per cent of our population.

What is the solution? Drastic regulation of fire-arms has been advocated by some jurists. Possibly the psychiatrist in the future will be able to detect early homicidal tendencies. However, his task is made difficult by the fact that the commission of a murder is often the first anti-social act of the murderer. A. C. H.

Two per cent of the population is constantly incapacitated for work on account of sickness. Deaths in the United States annually reach 1,175,000. One-third of these deaths are preventable; 120,000 babies die annually from preventable causes in the first year of life. At the ages of 25 to 29 the number of deaths due to preventable causes exceeds 30,000 annually. The cost through premature mortality is half again as large as the cost of medical care.

*Bulletin of the
Los Angeles County Medical Association*

What Is Your Medical Society Worth?

by An Observer

Just as many citizens are prone to look upon their local government as unimportant, so there are physicians who accord the county medical society an insignificant role in organized medicine. Of course, this is all wrong. Corrupt and inefficient local units of government can undermine a national administration to such an extent that the very life of the country may be endangered. And so with our county medical societies; unless they are strong and well organized, obviously, the national organization will suffer.

Recognizing this important fact it is essential that county medical societies be more than mere organizations in name. It is incumbent upon their officers to determine how adequately they are meeting their responsibilities, for it seems apparent that if local problems are adequately met national issues will in a large measure take care of themselves.

There are a variety of factors contributing to conditions existing in different parts of the country. Able as is the leadership in organized medicine, it is not possible for the national organization to cope with problems as they exist in various communities. For example, where there are large industries, conditions are entirely different than in the same sized communities where there are no industrial plants. Density of population in an area, climatic conditions, pursuits on which the community primarily subsists, housing conditions, nationality of citizens, and many other factors will determine the approach which must be made to medical problems in that community. No one can possibly understand the existing situation better than physicians who have resided long in the community. If they are unable or unwilling to assume responsibility for

local medical situations or initiate such measures as are necessary, nothing can be accomplished on behalf of the medical profession in that community.

How effectually the county medical society meets its obligations does not depend as much on leadership of officers as some physicians would like to believe. Harmony, understanding, and unanimity of opinion on vital matters, however, must exist among the majority of physicians. Where such spirit is in evidence much worthwhile progress can be expected even though leadership may not be all that might be desired.

There has been much written about medical society plans which would solve some of the economic problems that confront patient and physician. These plans, whatever their merit, are certainly not adaptable to all communities, and yet we see a tendency among some medical societies to try to fit the community to these plans rather than to adapt what is worthwhile in them to conditions existing in the community. Such efforts can result only in failure and they emphasize the point we wish to make, that a thoughtfully guided and progressive county medical society will, through its officers, study its local situation carefully and sponsor only such measures as seem vitally necessary and desirable for the health and protection of the people.

Difference in conditions to be found vary greatly between urban centers and rural areas. Both, however, provide opportunities for valuable service by county medical societies. In many rural areas there is little opportunity for physicians to inform themselves on the latest advances in medicine. Financially they frequently find it impossible to go to

large centers for postgraduate work. Here is an opportunity for active medical groups to provide at small cost worthwhile scientific programs and postgraduate courses. Economic problems, such as the care of the indigent, cannot possibly be met by the physician individually. The county medical society in many instances can do so effectively. Collections may not be good. Of course, the physician may improve them by better business methods, but that alone may not solve his problem. Many small county medical organizations have successfully established and operated collection and credit services.

In large metropolitan areas many physicians have found it particularly difficult to make a go of it during the depression. Persistent efforts of well organized county medical societies have improved the situation more than many physicians realize. Aside from fulfilling their primary obligation of promoting ambitious scientific programs and postgraduate courses, these societies sponsor extensive programs in preventive medicine in which the private physician partici-

pates, collection and credit bureaus, telephone services, medical relief programs (subsidized by local, state, or federal government), social service departments, nurses registries, blood donor bureaus, and extensive educational activities among the laity. The most ambitious of these, of course, require a trained and full-time personnel which a growing number of large societies employ.

The county medical society which limits itself to infrequent scientific meetings is as out-of-date as the horse and buggy. Complexities of modern society demand better organized medical groups. In times like these medical men cannot afford to take lightly the necessity for organization.

What is your county medical society worth? The answer is to be found in what it has done to meet conditions existing in your community. You must, of course, make allowance for difficulties to be overcome. Rome was not built in a day, nor can an effective county medical society program be developed in a year or two. Courage, persistence, and patience are demanded.

Mid Shots and Pills

(Continued from page iv)

I must not fail to describe Asiatic cholera because I was assigned to Santa Cruz in southern Luzon to assist in checking an acute epidemic of the disease in this city, which was successfully accomplished after a period of a few months of intensive training of the natives. There is no more deadly disease in the tropics than Asiatic cholera, and the speedy deaths which followed any known remedy in those days made the mortality rate enormous, many natives dropping dead on the street. The natives were vulnerable due to lack of resistance. Rice plus dried fish, on which they existed, is not equal to any adequate modern diet.

Our method of attack was purely a preventive one, but the natives could

not comprehend or did not have much confidence in our methods. They believed that evil spirits were responsible for the disease and on several occasions the *presidente* of the village would request our commanding officer to send a squad to the outskirts and fire a volley in order to frighten the invading hosts or spirits away. This request was complied with on several occasions in order to obtain the good will and cooperation of the natives. We asked them to boil the water they used, but even this simple measure had to be performed by our troops and the water delivered to their doors.

I had an interesting experience at Santa Cruz. On a moonlit night Colonel Stephenson and I rode over

a hill and gazed down on the little cemetery in the valley where a score of cholera victims, wrapped in the usual white sheets, without any coffins, were placed alongside open graves. We had been requested by prominent men of Santa Cruz to delay burial. They swore that during the last epidemic the Spanish had buried many of their relatives alive. The orders which I received were to see to it that the bodies remain for at least twenty-four hours above the ground, when they were to be buried in graves sprinkled with chloride of lime.

I can see Colonel Stephenson, seated on his white horse, as he remarked to me that he thought the next to the last corpse was moving too rapidly to be dead. I reasoned with him, telling him that I had seen this case two hours previously and I was sure the man was dead. Just then another corpse raised a leg to about seventy degrees, and another assumed a partial sitting position, lifting himself from the ground. That, of course, could be accounted for by the delayed rigor mortis due to the usual sudden death plus the rapid loss of fluids from the body. Despite our knowledge of the cause, it was a rather ghostly sight.

Service in the tropics is not conducive to good health. I can vouch for that after my experience, but like the English, who have lived there many years and play tennis at mid-day, one may acquire the tropical habit and live quite comfortably. Siestas or mid-day rests were taken by most natives. Nights for the most part were comparatively cool. I experienced torrential rains, typhoons, and monsoons, but never by request.

The government was most generous to me. When I contracted amoebic dysentery they sent me to Japan on the government hospital ship. Here for the first time in two years I tasted real cow's milk. At that time at least there were no cows on the islands. Good food and rest did much to restore my health and I

returned home.

When the trouble broke out in Mexico in 1916, caused by the escapades of one Villa, I was ordered to Fort Sam Houston, San Antonio, Texas, and assigned command of Wisconsin Field Hospital No. 1, with the rank of captain. The service was of short duration, — about seven months in all. During this period we all learned a lot about military affairs while under the command of that famous general, Frederick Funston.

It was not long thereafter that this country found itself involved in the World War, and I was promptly returned to my original assignment and was made Regimental Surgeon of the First Wisconsin Cavalry which was later camped at Waco, Texas, and there changed to the 120th Field Artillery. The Surgeon General relieved me of this command after six months' service with the troops and ordered me to proceed to Chicamauga Park to join Base Hospital No. 55.

After a few weeks with this unit we were ordered to Camp Merritt, New Jersey, and soon found ourselves on a camouflaged ship taking a zig-zag trip over the Atlantic, which took us fifteen days and nights, successfully eluding all submarines, finally landing safely at Brest, France. We were then promptly transferred near the front line and there we saw active service which only ended with the Armistice.

Following the Armistice I received a furlough and rested for some time at Monte Carlo on the Riviera, after which I was returned for service at St. Cloud, near Paris, where I was given command of the optical unit which supplied all lenses and artificial eyes for the American Expeditionary Forces and the Army of Occupation in Germany.

It would require much more space than I am permitted to relate my medical experiences in France during the war and after. The return trip to the United States was uneventful. My experience in France made me decide

to join the Reserve Corps, and after a five-year service I was promoted to the rank of Colonel.

There is nothing heroic about service in the Reserve Corps. It does, however, afford an opportunity to show active interest in our national defense. I urge the young physician to consider such service. He receives excellent training, an opportunity for two weeks' vacation, courses of lectures by regular army officers, and the thrilling experience of participating in mimic warfare.

My active duty as a reserve officer has carried me to Fort Snelling, Fort Sheridan, and Camp McCoy, where I have enjoyed the out-of-doors, the exercises, and the companionship of some of the finest men it has ever been my pleasure to meet. It has meant a sort of vacation to me and all at the

expense of Uncle Sam.

This article was written especially for the young medical man on the threshold of his career, and it is hoped that it will stimulate his interest in army service. Let me advise the young physician again not to ignore the opportunity of service in the Reserve Corps. After all, it is a great experience. If I had my life to live over again I should not have done differently. I have participated in four wars and near-wars and they have had a great and broadening influence on my life. Travel, too, has broadened my outlook. Through my army experiences I have had the opportunity of crossing both the Atlantic and the Pacific oceans. Certainly this experience has stood me in good stead during my many years in practice.

I still try to excuse myself from the concerts, to find some plausible reason for staying away. This place of augmented sevenths and diminished fifths, these sounds that may be a flute, clarinet or oboe, these complicated rhythms and dissonances, all vibrate in a world in which a can of ether, a pair of forceps and I are unnoticed aliens. But as I unwillingly take my seat each week, there comes a blessed relaxation and reaction away from the exigencies of my daily and nightly rounds. I am beginning to read the program notes, to notice composers and the century they represent, and to compare the musical and literary expression of their time. But even with no understanding whatever, here at least is a world of pure emotion, a central life of the spirit, a reception for the depth and brilliantly faceted beauty of the great master musicians of all time.

*Edwin P. Kennedy, M.D., from
The Bulletin of the Academy of Medicine of Cleveland*

Postgraduate Courses

(Continued from page vii)

graphed and distributed to those in attendance.

The original interest manifested by the members in 1932 has been continued and the programs have become a permanent part of the Academy's activities. They appeal, in all probability, more to the younger physicians than to those in practice for a longer period, although the age group represented is a fair cross-section of the medical profession.

The programs are designed by a special committee which changes each year, but the form of the courses does not change. A strict time limit is put upon the speakers; meetings start promptly at 5:00 P.M. on Fridays and close as promptly at 6:00. The speaker conducts himself as he would in a class room opening the meeting without any introduction or ceremony, and closing it without discussion.

Distinctly useful work has been found for some of the clerical workers on relief in Georgia by setting them to sorting and tabulating the mass of reports on file at the State Health Department relating to Wassermann tests during the years 1929-33. The findings are rather disturbing, and make one wonder what a similar investigation might reveal in other states nearer home. There were over 200,000 reports in the accumulation, 136,000 of them stating the occupation of the patient. Running the eye down the resulting table, it appears that 10 per cent of the barbers and 31 per cent of the manicurists examined showed positive reactions, not a very reassuring thought, while 30 per cent of all food handlers examined, and 41 per cent of the cooks, revealed a like condition, which is still less conducive to peace of mind. Hospital attendants curiously show the same percentages as prisoners, 36, while nurse-maids go one better, at 37. It must be remembered that the figures do not cover all the workers in these occupations, but only those examined, who may have been under suspicion, and the figures for all workers might be much lower.

New York State Journal of Medicine

Sunny Side Up

SOME DISCOVERY

Salome was the first woman to discover the relation between gauze and effect.

THE OLD MEANIE!

"I bought that dress for a ridiculous price."

"You mean you bought it for an absurd figure, darling."—*Dry Goods Reporter*.

WELL INSULATED

"I wonder why is it that fat men are always good-natured?"

"Probably because it takes them so long to get mad clear through."—*Capper's Weekly*.

OUT OF HIS LINE

Diner: "There's something wrong with these hot dogs."

Waiter: "Well, don't tell it to me; I'm only a waiter, not a veterinarian."

—*Lorain (Ohio) Journal*.

DOUBLE CHECK

Gruff father to son: Why don't you get out and find a job? When I was your age I was working for \$3 a week in a store, and at the end of five years I owned the store.

Son: You can't do that nowadays. They have cash registers.

PARALYZED

Two women were discussing married couples as women are wont to do.

"I know a man who stays home with his wife every night in the year," one said.

Second Gossip: "That's what I call true love."

First Cat: "The doctor calls it paralysis."

CHANGING THE PRESCRIPTION

"I have known you so long, doctor," said the patient, at the end of his visit, "I do not intend to insult you by offering to pay you. But I have arranged a handsome legacy for you in my will."

"That's very kind," the doctor replied. "Now please allow me to look at that prescription again. There is a slight alteration I would like to make in it."

SHOCKING

"See that girl over there?"

"Yes."

"She gets rings from men she doesn't even know."

"You don't mean it! I'm shocked."

"She's a telephone girl."

AN OLD-TIMER

A traveling man says he called the attention of a western Kansas hotel man that it was against the law to use roller towels. "I know it," said the landlord, "but that towel was up before the law was passed and the law is not retroactive." The law has been on the books over 20 years.—*Topeka Capital*.

ANTS VS. AUNTS

A school teacher asked the pupils to write a short essay and to choose their own subjects. A little girl sent in the following paper: "My subject is 'Ants.' Ants is of two kinds, insects and lady uncles. Sometimes they live in holes and sometimes they crawl into the sugar bole, and sometimes they live with their married sisters. That's all I know about ants."

FOLLOWED DIRECTIONS

The deceased furnace-installer knocked at the gates of hell and demanded admittance. "What do you want here?" asked Satan. "I want to collect from several of my customers who died before I did," was his response. "How do you know they're here?" asked Satan. "Well, they told me to come here, every time I tried to collect."—*The Kablegram*.

WHAT HE SAW

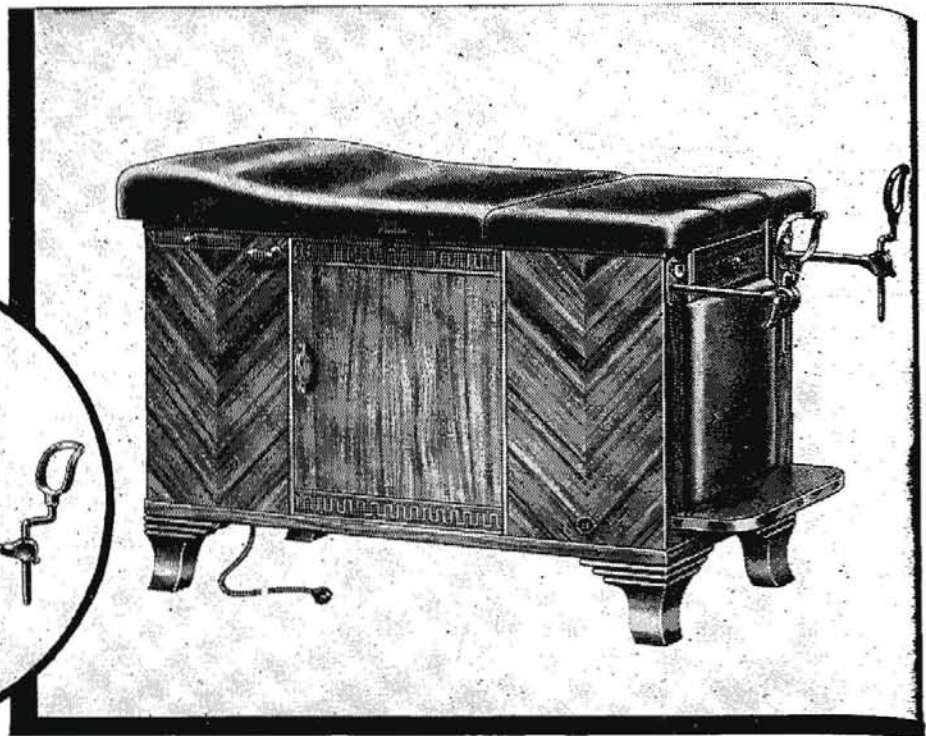
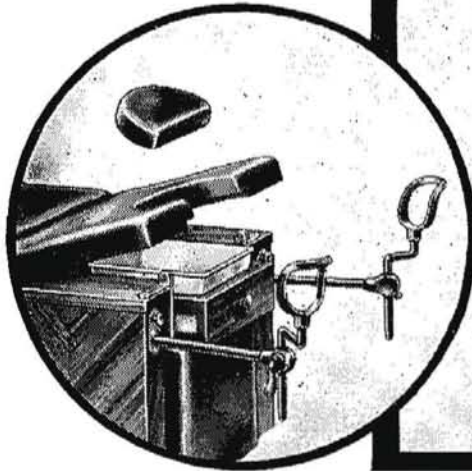
He had never played poker, but he didn't like to refuse. After the game one of his friends asked him:

"How did you come out?"

"Oh," he replied, "I managed to win a few dollars, although the other fellows cheated."

"What do you mean, cheated?" the friend inquired.

"Why," he explained, "we each got one card turned down and four turned up. I saw some of them turning up a corner of their down card to see what it was, but I didn't like to say anything, as I was winning anyhow."



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