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

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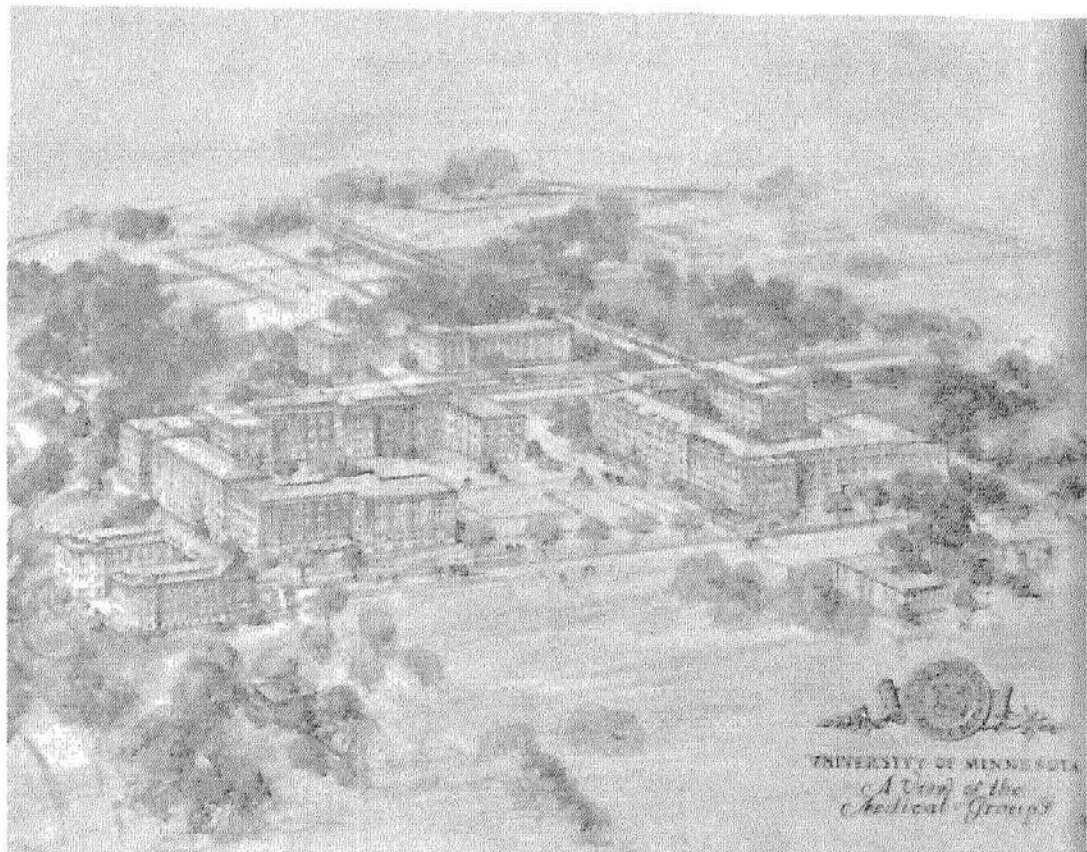
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Medical Schools of the United States

3. University of Minnesota Medical School

The Long Way Round Is the Shortest Way Home

Doctor Kobacker urges the need for cultural training in the practice of medicine

by J. Lester Kobacker, M.D.

The premedical requisites of today are rigidly fixed, and quite properly include a certain preparation in the scientific studies which are felt necessary for the proper education in the field of medicine. Biology, chemistry, physics, and languages are specifically demanded as essentials to the pursuit of a medical career. The student may, at his discretion, and so far as permitted by time, enter into the study of the arts and the more liberal subjects. In the two years which are often the limit of his college study, the amount of knowledge that can be acquired is quite naturally small, even if his judgment dictate that he attempt some familiarization with them.

Not infrequently the protest appears that the time allotted to premedical training is excessive. The statement is encountered that the long course of medical education is complicated by making it necessary for the aspirant to the title of doctor to spend added years in a preparation which should fairly and properly be devoted to the study of purely medical subjects. With such objections repeatedly occurring, it behooves medical men to pause and consider the merits of such pleas and to decide whether influence should be lent to encourage their adoption.

The vast majority of medical graduates take their places in that active portion of work known as practice. Their life is a series of contacts with their fellow humans whose ills are brought to them for diagnosis and treatment. The tremendous increase in functional ailments attendant on our financial crisis of recent years has

certainly served to focus attention on how frequent and widespread can be, and are, such problems. The doctor who has not paused and given himself to speculation regarding his best approach in these cases is probably non-existent. Here, more than in any other field of treatment, the personality, breadth of vision, and understanding of the attending physician, furnish the yardstick by which the benefit to the patient may be measured.

Philosophers are not created by a course in the subject, it is true. Sociologically, sound viewpoints cannot be created within the schoolroom alone, I grant. But how much more certainly can he, who has had the benefit of a groundwork, employ psychological dicta which otherwise represent no more than phrases from a copybook. The very willingness to spend the time needed in such cases is in part determined not alone by the preoccupation of the physician, but by the confidence he feels in his approach to the subject. Conversely, the speed of response is dependent on the realization by the patient of the quiet, secure, and informed mind with which he has made contact.

The concept does not stop with a consideration of our functional disorders. The era in which the doctor presented an example of refinement, erudition, and charm has unfortunately begun to pass—praise be, it has not disappeared. Despite the possibility of self education in the fields of the arts, and granting that the cultural influences of the home may suffice to equip those who chance to come from

(Continued on page xii)

Beaumont's Discovery

Due homage is now being paid to Dr. William Beaumont for his pioneer efforts in an uncharted field of science. The story of his achievements is told here.

by Benjamin Lieberman, M.D.

On June 6, 1822, a French-Canadian soldier, Alexis St. Martin, received a gun-shot wound in the abdomen—nothing extraordinary about a circumstance like that except that it was accidental and this untoward event brought him to the professional attention of a young army doctor, William Beaumont. There was more than mere patient-physician relationship between these two, for out of their association in the course of years, the scientific world was enriched with fundamental discoveries in human physiology.

Dr. William Beaumont was born in one of those modest frame structures that dotted rural New England in 1785 in the small village of Lebanon, Conn. Little is known of his youth, but by 1807 he had made his way to Champlain, New York, where, during the next three years, he conducted the village school, worked in a store, and was secretary to the local debating society. This period was not without its tribulations, and on one occasion the young school master was called to defend himself against the charge of beating one of his pupils. He may then have soured on the idea of teaching as his life calling, for he later moved to Vermont, became the apprentice to a local physician for two years and was then licensed to practice medicine. Soon thereafter he received an appointment as an army surgeon stationed at Plattsburgh, New York. Of his experiences in this capacity he left some vivid records describing in all too familiar language the horrors of war as he saw them, of the incessant dismembering of wounded soldiers. He must have become coldly hardened to

his duties as judged by a notation of his on April 13, 1813 which reads:

"I have no remarks worthy of communicating having had no very singular cases. Yesterday we shot a soldier of the marine corps for desertion; we could not obtain the privilege of dissecting him. Next Thursday another is to be shot."

With his army duties temporarily over in 1815 he engaged in successful private practice until 1820. In March of that year he was commissioned as post surgeon by President Monroe and ordered immediately to Fort Mackinac in Michigan. His description of the journey to this northern frontier makes fascinating reading in the light of our modern methods of travel. In a letter to his brother Abel he wrote:

"I proceeded to Albany and then directly on to Utica where I took passage on the Great Western Canal in one of the boats, her first trip. It is a most delightful way of traveling and moves at the rate of five miles an hour on perfectly smooth water drawn by two elegant horses and you have all the accommodation of a steam boat without that confusion or the least danger of accident."

Beaumont's traveling companion on this journey was a Reverend Morse, author of a popular geography of the day, who was going to visit Niagara Falls for the first time though he had written an excellent description of it in his text book without having seen it.

Having finally arrived at Fort Mackinac, Beaumont took charge of

the one story small frame structure that was the army hospital. The monotonous routine of his professional duties was uneventful until that fateful day when the gun-shot tore away a part of the abdomen and lower chest of Alexis St. Martin, exposing its contents and the very depths of the victim's stomach. At first sight the young doctor despaired of his patient's life. He thought he might live thirty-six hours. That he survived at all in those days is in itself a miracle without detracting from the tedious industry applied in the care of the patient by Dr. Beaumont. For almost two years he did daily dressings on the wound until it finally healed, but with a gaping defect leading into the stomach. This was for Beaumont an opportunity to study the function of the organ by direct observations in its process of digestion, of which practically nothing beyond theory was known in those days. To accomplish his end Dr. Beaumont even made St. Martin a member of his household, assigning ordinary chores to him so that he might keep him under constant observation.

By 1825 Beaumont had collected sufficient observations to constitute a report of his first series of experiments and with St. Martin was transferred to Fort Niagara. It was at this time that St. Martin showed himself unappreciative of his physician-host's scientific care and interest and took French leave to his home in Canada. This experience resulted later in the drawing of a contract between Dr. Beaumont and St. Martin, which, however, did not mean much to the latter, for he violated it on another occasion. In 1828 Dr. Beaumont was ordered to Fort Crawford, near Prairie du Chien, Wisconsin. Yearning again for his scientific subject he searched for him all over Canada through agents of the American Fur Company and a year later his efforts were rewarded with the arrival of his "human guinea pig." For almost three years subsequently, in Prairie du

Chien, he conducted his most extensive experiments and accumulated a mass of data pertaining to many features of the normal physiology of the stomach and its secretion; of its effect on various types of foods. He would put morsels of food into the stomach and observe the time that it required for the stomach to digest them, then remove the material and analyze it. He studied the effect of coffee and other liquids including alcohol, though it must be recorded that Alexis St. Martin much preferred to take his alcohol in the usual manner. With all this scientific data at hand, Dr. Beaumont then sought for the opinions of those whom he considered might be authoritative on the subject. For example he applied to the most famous American physiologist of the time at the University of Virginia, but he got little aid. Then he took Alexis to New York but was discouraged with the lack of interest among his medical brethren, saying that they "had too much personal political and commercial business on hand to turn their attention to physiological chemistry." Finally, at the advice of a professor at Yale University, he was directed to collect about a pint of the gastric juice from St. Martin's stomach, seal it carefully, and send it to the famous Swedish scientist, Berzelius, at Stockholm who was then the outstanding chemist in the world. He waited patiently for a reply but none ever came.

Undaunted by all these discouragements, Dr. Beaumont nevertheless set himself to the task of organizing the wealth of information he had acquired, and in 1833 published a book in which he set forth all the accumulated facts of his interesting observations. It was issued in Plattsburgh, New York, under the title "Experiments and Observations on the Gastric Juice and the Physiology of Digestion." It remains a classic to this day and formed the basis for the subsequent discoveries in the field of digestion, which were made in the middle of the 19th century by Pasteur of

France and toward the end of that century by Pavlov of Russia. It is only in the course of the century that has elapsed that the full importance of Beaumont's discoveries can be appraised and appreciated.

As a famous man he is not without honor in his own country—in fact, he has been honored many times in many ways. The most recent was the past summer when the highway approaching his birthplace in Connecticut was named after him. In the State of Wisconsin, in 1931, a memorial was erected in Prairie du Chien to honor his name and give recognition to his important discoveries at Fort Crawford. Perhaps the most signal honor was the dedication of the Thirteenth International Congress of Physiology held in Boston in 1929 to the name of William Beaumont as the "Pioneer American Physiologist" and a medal of his like-

ness was distributed to the delegates to this Congress from all parts of the world. It is significant, too, that the annual lecture for 1933 known as the Beaumont lecture, sponsored by the Wayne County Medical Society of Detroit, was given by Professor Walter B. Cannon of Harvard, himself a son of Wisconsin, under the title "Some Modern Extensions of Beaumont's Studies on Alexis St. Martin." This was due homage to a pioneer in an uncharted field of science by an eminent disciple who is himself renowned for modern contributions in the study of digestive physiology. In the words of the famous physician, William Osler, "Beaumont's work remains a model of patient, persevering investigation, experiment, and research, and the highest praise we can give him is to say that he lived up to and fulfilled the ideals with which he set out."

In military campaigns, casualties from infectious diseases usually far exceed those due to engines and weapons of war. This is more conspicuously true when the contested area is the tropics, and it is significant that under these circumstances the invading force, if white, is more affected. From these and other general considerations, it would seem likely that the chief enemy facing Italian arms may not be the forces of the Lion of Judah but rather certain selected battalions from the powerful arm of pathogenic microbes.

*J. A. Doull, M.D., in The Bulletin of
The Cleveland Academy of Medicine*

The Medical Department of the Reserves

Opportunity to render an important and necessary service to the country is offered physicians who "join the reserves"

by Harold S. Falk

The Army has been an important factor in the development of the nation. The necessary size and efficiency of its organization have enabled it to accomplish many things which were too large for private enterprise, and for which there was no other particular federal organization.

The first real effort to formulate a definite military policy consistent with the traditions, customs, and ideals of the American people was the National Defense Act of 1916. This act was amended June 4, 1920, incorporating the lessons of war experience and providing for effective cooperation between the states and the Federal Government. It is now possible to develop in time of peace a citizen army that is adequate in time of war, yet wholly democratic. Such an army of the people and controlled by them is the best security against aggression from without and against autocratic, militaristic usurpation from within.

The National Defense Act provides for the establishment of a voluntary Officers' Reserve Corps augmenting all elements of the Regular Army.

In times of emergency, one of the first branches of this highly organized reserve force to be called into action is the Medical Department, for it is the duty of this branch of the service to examine, immunize, and classify all personnel entering the military service. Thus, the responsibility for the physical effectiveness of the organized man power of the nation in any emergency rests squarely upon the shoulders of the Medical Department. Sanitation of the highest order is the primary consideration in

the collection and maintenance of large groups of individuals.

The general mission of the Medical Department in war is the preservation of the strength of the forces in the field, and the care and treatment of the sick and injured of all military forces. The specific duties may be classified as:

- (a) The initiation of sanitary measures to insure the health of the troops;
- (b) The direction and execution of measures of public health among inhabitants of occupied territory;
- (c) The care of sick and wounded in camp, on the march, on the battlefield, and after removal therefrom;
- (d) The methodical disposition of the sick and wounded so as to insure to the fighting force the retention of the effectives and the relief of the non-effectives;
- (e) The transportation of the sick and injured;
- (f) The establishment of hospitals, dispensaries, and other installations necessary for the care of the sick and injured;
- (g) The supply of material necessary for the prevention of disease among troops, and for the care of the sick and injured;
- (h) The preparation and preservation of records of sickness and injury for the immediate information of higher authority, for the increase of medical knowledge, and to assist in the adjudication of

claims with justice both to the Government and to the individual.

Considering the vital importance of the Medical Department of the Reserves, it is obvious that this branch of the service should be maintained at a high standard of strength and efficiency.

Unfortunately, however, the records reveal that the number of officers actually assigned to Medical Reserve units is short of the procurement objective.

Not only does a general shortage of Medical Reserve personnel exist,

but the distribution by grades shows an unhealthy situation. In other words, there is a surplus of officers holding the grade of first lieutenant, and a shortage in the grades of captain and major, simply meaning that very few Medical Reserve officers have done enough work either on an active or inactive duty status to qualify for promotion.

The main purpose of this article is, therefore, to appraise the members of the medical profession regarding this situation to the end that those so desiring may avail themselves of an opportunity to render a most important service to their country.

Unlike the members of most of the other professions, the doctors will not remember the depression as a period of inactivity. To be sure there was a certain reduction in the more or less unnecessary calls of our period of free spending, but in the main, people have gotten sick and have died, have had their accidents and their injuries, pretty much as they have always had them, and the doctor has continued to function. The only outstanding difference in the doctor's practice in 1935 as compared to 1928 is the fact that a very much higher percentage of his patients are now on the charity list or for other reasons fail to pay their bills.

Nassau Medical News
Mineola, N. Y.

VOL. 2, NO. 3

MARCH 1936

EVENTS FOR APRIL

Thursday, April 2nd.

Flower Hospital Staff Meeting, Flower Hospital, 8:00 p. m.
Recent Advances in Allergy.....E. R. Denny, M. D.

Monday, April 6th.

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.
Some Complications of Caesarian Section.....S. J. Bradfield, M. D.

Wednesday, April 8th.

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

Monday, April 13th.

Tulsa County Medical Society Meeting, 1207 Medical Arts Building, 8:00 p. m.
Program unannounced.

Saturday, April 14th.

Auxiliary to the Tulsa County Medical Society with Mrs. C. J. Woods, 1552
East 17th Place, 12:30 p. m.
Luncheon
Program

Monday, April 20th.

St. Johns Hospital Staff Meeting, St. Johns Hospital, 8:00 p. m.
Studies of Open and Closed Methods of Draining Empyema....J. S. Gilbert M. D.
Discussion opened by.....S. C. Shepard, M. D., D. L. Garrett M. D.

Monday, April 27th.

Tulsa County Medical Society Meeting, 1207 Medical Arts Building, 8:00 p. m.
Speaker: Allen G. Cozart, M. D., Little Rock, Arkansas.
Subject unannounced.
Speaker: M. J. Kilbury, M. D., Little Rock, Arkansas.
Subject unannounced.

Clinical Pathological Conference.

Room 31, St. Johns Hospital, Monday, 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 Friday, 7:30 p. m.

STATE MEETING

ENID, APRIL 6, 7, 8

COUNTY SOCIETY MEETINGS NORTHEAST OKLAHOMA

Thursday, April 2nd:

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

Monday, April 6th:

Muskogee County Medical Society
Oklahoma Baptist Hospital, Muskogee,
8:00 p. m.
Speakers:
Cecil Bryan, M. D.
Geo. Woodnick, M. D.
F. J. Wilkiemeyer, M. D.
Subjects Unannounced.

Monday, April 6th:

Osage County Medical Society.
No April Meeting.

Tuesday, April 7th:

Craig County Medical Society, Library, Eastern Oklahoma Hospital, Vinita, 8:00 p. m.
Speaker:
C. F. Walker, M. D., Grove, Oklahoma.
Subjects:
Infections Following Labor and Salpingitis.

Tuesday, April 14th:

Washington County Medical Society, Memorial Hospital, Bartlesville, 7:30 p. m.
Guest Night, Program to be arranged by Committee.

Thursday, April 16th:

Haskell County Medical Society, office of J. C. Rumley, M. D., Stigler, 7:30 p. m.
Program Unannounced.

Monday, April 20th:

Muskogee County Medical Society, Oklahoma Baptist Hospital, Muskogee, 8:00 p. m.
Cancer Program.
Speakers:
I. B. Oldham, Sr., M. D.
J. F. Campbell, M. D.
E. H. Fite, M. D.
C. M. Fullenwider, M. D.

Monday, April 20th:

Rogers County Medical Society, Franklin Hospital, Claremore, 8:00 p. m.
Speaker: A. W. Pigford, M. D.
Subject: Carcinoma.
Speaker: Geo. R. Osborne, M. D.
Subject: Obstetrics.



PAUL C. GEISSLER, M. D.

Dr. Geissler was born in 1889 at Wichita, Kansas, and took his pre-medical work at Park College, Kansas City. He graduated from the University of Nebraska College of Medicine in 1916, and practiced in Colorado Springs before coming to Tulsa in 1917. Dr. Geissler limited his practice to Anesthesia. He died Monday, March 16th after a very brief illness. Mrs. Geissler died in December of Pneumonia.

Dr. Geissler was a hard worker and seldom seen except "on the job". According to Robert Browning one's life is not measured in years but by the intensity of one's experience.

PERSONALS

Dr. Donald L. Mishler has transferred his Membership to the Hall County Medical Association and is with the Grand Island Clinic, Grand Island, Nebraska.

TULSA CLINICAL SOCIETY

The Spring Clinical Conference will be held June 10th and 11th. A more detailed announcement will appear in the next issue of the bulletin.

STATE MEETING

Don't forget the State Association Meeting at Enid April 6-7-8. Those boys up at Enid have something mighty good waiting for us.

The Editor's Column

Officers of the Society

W. S. LARRABEE, M. D.,—President
 J. C. PEDEN, M. D.,—Vice-President
 JAMES STEVENSON, M. D.,—President-Elect
 DAVID V. HUDSON, M. D.,—Sec.-Treas.
 MISS MAURINE CALHOUN,—Asst. Sec.-Librarian

"Every man owes some of his time to the upbuilding of the profession to which he belongs."

—T. ROOSEVELT.

Official Organ of Tulsa County Medical Society Printed By Gass Printing Company, Inc.

TULSA COUNTY MEDICAL LIBRARY ENDOWMENT FUND

At the February 24, 1936 meeting of the Tulsa County Medical Society the following motion by Dr. R. M. Shepard was carried: "That the Tulsa County Medical Society establish an endowment account and be authorized to accept donations to the Tulsa County Medical Library Endowment Fund to be invested in United States Government Bonds unless otherwise specified by the donor, and that the income be used for the maintenance of the Tulsa County Medical Library."

Balance last month.....	\$14.01
Fines for overdue volumes.....	4.51
Interest from Society funds.....	13.06
Donation for Allergy.....	.70
Donation; Dr. R. C. Pigford.....	10.00
Donation; Dr. I. A. Nelson.....	10.00
Total to date.....	\$52.28

THE ROSTER

The roster of paid up members in good standing will appear in one of the next few issues of the Bulletin. Please see that your dues are paid and your name, address and telephone number get to the assistant secretary correctly.

Copies of the roster are given out in response to queries as to membership in the society and professional standing of physicians, so it is to your interest that your name appears on this list.

ASSISTANT SEC'Y—LIBRARIAN

Miss Juanita Moore who resigned as Assistant Secretary-Librarian was married at Houston, Texas, Sunday March 15. The members of the society wish her all happiness.

Her place is taken by Miss Maurine Calhoun who will take care of the Bulletin, the Library and other details of society activities.

The Auxiliary

The Auxiliary to the Tulsa County Medical Society will meet in the home of Mrs. C. J. Woods, 1552 E. 17th Place April 14th. A luncheon will be served at 12:30.

The original date, April 7th, was in conflict with the State Medical Convention which meets in Enid April 6 to 8th.

The hostesses of the local Auxiliary meeting are Mesdames C. J. Woods, K. C. Reese, Paul Grosshart, Allen Kramer, and M. L. Napper.

The final winners in the Health Poster contest, sponsored by the Hygeia Committee will be selected at this meeting. Any student in the local schools in the 5th grade or above was eligible for the contest. The two best posters from each school have been selected. There are three prizes, each prize consisting of a cash prize for the winning student and one year's subscription to the Hygeia for the students school library.

The members of the Auxiliary are asked to bring, or send, any summer dresses they may wish to donate which may be used by High School girls for their graduation exercises.

This Bulletin is made possible by advertising. Don't forget those who are backing us.

THE LIBRARY

The Library Committee is making a strenuous effort to complete the binding of all the regular journals from 1931 to date. There is almost enough money from the library appropriation to bind all the journals of the current year but this does not take care of the gaps. Anyone who has used the library will readily admit the vast improvement of bound volumes over the loose single numbers.

Filing cases have been provided by the committee for unbound journals. These are not intended for permanent filing but for keeping the numbers of a volume together for quick and convenient reference until the volume can be bound.

The binding of approximately 100 volumes would complete the binding of the regular journals for the period 1931-1935 bringing the most active portion of the library up to date. Thereafter the current appropriation would be sufficient to bind the completed volumes of the previous year thus maintaining an unbroken series of bound volumes from 1931 up to the current year.

The larger journals cost \$1.75 per binding but most of them amount to only \$1.50. With 200 members the per capita expense of binding 100 volumes would be small. The library committee will gladly accept your donation of \$1.50 or \$1.75. If you have that kind of a cough why not cough up a binding or so? A member donating one binding will be doing his full share and two bindings will be the height of generosity.

Donations will be cheerfully accepted by the library committee: Doctors M. O. Nelson, 307 Medical Arts Building, Tel. 4-3532; C. H. Haralson 816 Medical Arts Building Tel. 3-0873 and S. C. Shepard 706 Medical Arts Building Tel. 3-0251.

If more convenient call the assistant secretary, 4-7226 and some one can call at your office.

Auto Insignia

Official Tulsa County Medical Society auto insignia have been ordered by the secretary and should be available shortly. Price \$2.00 each.

Professional Directory

E. RANKIN DENNY, M. D.

Diagnosis and Clinical Investigation
Allergy

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

JOSEPH FULCHER, M. D.

Urology

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

DAVID V. HUDSON, M. D.

Urology

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

W. S. LARRABEE, M. D.

Roentgenology

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

IAN MacKENZIE, M. D.

Orthopedics - Fractures

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

I. A. NELSON, M. D.

Tissue and Clinical Pathology

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

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

Internal Medicine

Cardiology

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

R. M. SHEPARD, M. D.

Diseases of the Lungs

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

WADE SISLER, M. D.

Orthopedic Surgery

807 South Elgin, Tulsa Tel. 4-8161

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

General Dentistry

Dental X-Ray and Diathermy

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

Timely Brevities

The Great American Institution The Saturday night bath was not always the great American institution it now is. So states Alice Hughes in a late issue of the *American Druggist*. Not the lack of facilities, but the belief that bathing was sinful kept the Pilgrim fathers strong in their attitude toward bodily ablutions. Later, a number of states even passed legislation against bathing. Boston, characteristically, passed a blue law making it a misdemeanor to bathe, except on the advice of a physician. Otherwise it might lead to "phthisis, rheumatic fever, and inflammation of the lungs." Not until 1862 was this law repealed. Virginia fought the bath tub by placing a tax of \$30.00 on every tub sold.

Democratic though we are, it took presidential sanction to popularize the bathtub. The last prejudice was removed when, in 1851, President Millard Fillmore had a bathtub installed in the White House.

In contrast to earlier Massachusetts antics, the city of Aurora, Illinois, in 1910, passed an edict making it a jail offense to fail to take a bath at least once a week. There were no known violators. After all, taking a bath should provide one with some degree of privacy.

Since 1926 the production of new tubs in the United States has reached a million a year. Today statistics indicate that there is a tub to every six persons in our country.

Industry Shifts Its Burden Irrespective of the vast amount of propaganda citing the need for a state system of medicine, the fact still remains that the responsibility for many people being unable to afford adequate medical care rests upon one fundamental factor, an in-

adequate or no income at all. Today employers throughout the United States are being approached by one group or another offering to render medical services to their employees at a stated fee, payable monthly in advance. If the employer enters into the contract, this health service is then thrown in with employment and is reckoned as one of the factors of cost of production or overhead. This is cheaper than paying higher adequate wages. Thus industry shifts its burden to the shoulders of the medical profession. This is, of course, nothing new. Bismarck sponsored the German system of state medicine and threw it to the workmen as a sop to stem the rising tide of socialism.

Most of the propaganda for state medicine was inspired by the depression years. Yet the medical profession did not cause the depression. Government and industry must answer for that. Let government and industry seek a cure for the financial ills of this country! Let them set their own houses in order! When they have done so, many of our other problems will be found to have taken care of themselves.

Theory vs. Practice "When in Russia do as the Russians do." This paraphrase of the old saying came to mind as we read a newspaper account of the illness of Mr. Edward A. Filene, one of the organizers of the Twentieth Century Fund, and one who is an ardent advocate of the socialization of medicine. Mr. Filene recently contracted pneumonia while on a visit to Russia. All the facilities of the Kremlin were put at his disposal, but Mr. Filene evidently was not satisfied with Russian medicine. He insisted on wiring Professor Fritz Meyer of Berlin to come to his aid by airplane.

Now we hold no ill will toward Mr. Filene, who is undoubtedly an estimable gentleman: in fact, we are grateful that he recovered his health. However, we are sorry that when the final test was applied to his convictions, he apparently failed. Theoretically, socialized medicine suited him, but it seems like the irony of fate that in practical trial socialized medicine was lacking as far as he personally was concerned.

"Sauce for the goose is sauce for the gander"—or so it should be!

•

Life Expectancy and Vivisection Some time ago we sat in with a group of men. The conversation started with a few remarks about the weather and then as usual touched upon the New Deal. In the course of the evening this subject eventually reached stagnation. Finally the topic of vivisection was inadvertently brought up. Someone remarked, "All doctors must be sadists at heart, since they enjoy inflicting pain upon humans and animals." We managed to choke down our wrath and present a few facts for vivisection.

Every so often there have been waves of propaganda against vivisection, but science has always won. As Ragna B. Eskill once wrote in the *Forum*, "In this country no concerted action against vivisection was instituted until the Christian Science Church was founded, although humane societies in all states of the union had secured legislation against cruelty to animals which included provision for abuse in vivisection. The sniping had been chiefly by quack doctors and pseudo-scientific cults which have to belittle everything that medicine does, in order to justify their own existence."

The life expectancy of man increased from about thirty years in 1845 to sixty years in 1935. For this animal experimentation should

receive due credit. It aided in developing the various antitoxins and antisera, insulin for the treatment of diabetes, liver extracts for the treatment of pernicious anemia, our knowledge of vitamins and nutrition, and also our knowledge of how the various body organs do their work. Without animal experimentation there could be no standardization of digitals and other drugs, the Ascheim-Zondek and Friedmann test could not be performed, and guinea pig inoculations for tuberculosis would be impossible.

If vivisection is to be abolished it would be entirely within the keeping of the medieval spirit that brought it about to abolish, also, all facts learned by vivisection. That extreme would be no greater than the law which was introduced by anti-vivisectionists into the Illinois State Legislature several years ago. According to the strict interpretation of this law, any physician who gave a patient a drug for the elimination of a tapeworm would be guilty of a misdemeanor. Even a tapeworm has his rights!

•

He Had Been Called In these days of trial and tribulation, when the medical profession is being constantly harassed by apparitions of state medicine, prepayment plans, and similar schemes, it is perhaps encouraging to know that other professions are also having difficulties.

They are telling this story about a country preacher who took permanent leave of his congregation in the following pathetic manner:

"Brothers and sisters, I have to say goodbye. I don't think God loves this church, because none of you ever die. I don't think you love one another, because I never marry any of you. I don't think you love me, because you have not paid me my salary—your donations are moldy fruit

(Continued on page xiii)

Speaking the Layman's Language

by An Observer

One wonders if the old family doctor did not feel the need for the mystery which enveloped him and his practices. He was seemingly content that patients knew little or nothing about the whys and wherefors of his methods. It was sufficient that they had implicit faith in his ability to relieve them of their physical distress. To him, for example, it was undesirable that the patient should know what he prescribed or why he did so. Prescriptions were therefore sometimes unreadable even to persons familiar with the Latin terms which he used.

With the development of preventive medicine and emphasis on early diagnosis, there has been a trend away from the mystery which formerly surrounded medical practice. Now it is all important that the public know and understand, within the limits of their training, the cause of disease and its prevention. That the medical profession's efforts in this direction have not been wholly successful, may be attributed in no small degree to indifference on the part of the public and the failure of the medical man to speak the language of the layman. It is with the latter that we shall concern ourselves.

There is no better way to learn how little some physicians know about the layman's comprehension of medical matters than to have them write an article or prepare a talk to be delivered before some lay group. To make the material at all understandable to the layman, drastic revision and editorial cuts usually have to be made. These same physicians are often severely critical of patients who are so gullible as to become the victims of quacks. What the physician fails to recognize is that the quack usually speaks the language of the people, which the medical man too often fails to do.

Medical societies all over the country are recognizing the exceeding importance of providing the public with reliable health information. This they are doing by means of radio talks, articles for newspapers, providing speakers to lay groups, and by the dissemination of printed material. Where adequate time, effort, and money are put into these projects the results have been most worthwhile. However, public health programs sponsored by medical societies are still in their infancy and much remains to be done. Even medical societies do not always prepare their material so that the layman understands. If such educational efforts are to be of value, the material presented must immediately challenge the layman's interest. If it fails to do this, no matter how splendid the intention or how worthwhile the material, it might just as well never have been done.

The medical profession can be certain of one thing, and that is that if the public generally understood fundamental facts about health there would be no place for quacks or charlatans, because they could not make a living; neither could the patent medicine advertisers afford the space which they now use in our large daily newspapers and in magazines. Irregular practitioners, also, would find the going difficult. Certainly much of the bally-hoo and medicine-show tactics which we see in evidence everywhere now would be completely out of the picture.

It is undoubtedly true that the medical profession's attitude toward current economic problems affecting them is very much misunderstood at the present time. The public reads into the opposition of the profession to many so-called plans and experiments an antipathy to change. The profession's desire to protect the pub-

lic from exploitation and inferior service has not been made clear. If the physician had the sympathetic understanding of newspapers, it would be of great help. More often than not, however, this is not the case.

Many medical organizations are still remote from the public. Certainly this is true, also, of too many individual physicians. Their minds are so saturated with scientific information that they can think and talk nothing but "shop." Fortunate indeed is the community that has physicians who can translate to the public important health information in language the layman understands. Where such conditions exist, the cooperation of the public and the medical profession is much in evidence.

In so far as the future of medicine in this country is concerned, a great deal depends on the understanding by the layman of what the physician thinks and does. The doctors may see no tangible evidence of benefits accruing because of their educational efforts. In the long run, however, the beneficial effect to both the public and the profession will not be in doubt.

Many physicians are not enthusiastic about so-called educational programs of medical societies. They do not see in these programs the returns or benefits that are claimed for them. This is a short-sighted view indeed, because if we are not understood in these critical times there will be serious difficulties ahead for the medical profession and ultimately the public.

The Long Way Round Is the Shortest Way Home

(Continued from page iii)

families wherein the springs of culture are carefully tended, it seems clear that in most instances the privilege of a planned groundwork in the arts will be a source of future inspiration and the best assurance of a cultural background which is essential to the development of the finished man. (I use the term man—for many a *gentleman* misses being the complete man.)

Surely the man who manifests an interest and a knowledge of history, literature, philosophy, and human relations can establish a more satisfactory rapprochement with his clientele than the gentleman whose conversation reveals a complete ignorance of all save golf, petty politics, and the movies. The respect and confidence engendered by the possession of the cultural mark insure a success in family circles otherwise unattainable.

Of the doctor himself—of his life—his heart—his soul, too—little is said. Are we to understand that real consideration is being shown him by this careful attempt to save him a

year or two of study in the less technical fields? Are the motives which actuate those who cry "technical studies for the medic" really beneficent? Somehow, I feel that to him who has been denied the privilege of a cultural groundwork, life omits something. The desire of man to tend his brother in sickness does not destroy his right to walk with Plato and Spinoza—to glow with Milton and Tennyson—to sense the beauty that was Greece, or analyze the spiritual elevation induced by a Gothic masterpiece.

To all and sundry, our universities extend a welcome to sit with their masters and to quaff of a wine, the glow of which is eternal. Our men of no vision and no imagination throw forth the warning "Waste not the golden moments."

If this be waste, it is the soil of waste that fills the empty moments of our lives—gives to us a motive, a joy of life that in turn endears us to our companions, our patients, and our friends.

Timely Brevities

(Continued from page x)

and vegetables—"By their fruits ye shall know them." Brothers, I am going to a better place. I have been called to be chaplain of the penitentiary—where I go ye can not come, but I go to prepare a place for you. and may the Lord have mercy on your souls."

•

The Depth of Folly Occasionally we find an article in newspapers or magazines other than those devoted strictly to humor which "tickles our funny-bone" in spite of the serious intent of the said article.

Philip Wylie, a layman, writing in the *New York American*, brought the smile to our lips with the following:

"I know, more or less intimately, about a hundred doctors, surgeons, and biological research workers. Among them all there is not a single one who is unwilling to change his opinion in the face of new discovery, more lucid theory, or improved technique. That is more than can be said of their patients. The run-of-the-mill human dope who is brought up to believe that kerosene is good for colds will go on believing it to his grave. And almost any layman ambling along the street thinks that it is his divine right to argue with a doctor. The fact that the doctor really knows something about the human carcass means nothing to him.

"He would not think of starting a debate with an engineer about the best method of bracing a bridge. He generally runs his car meekly into a garage and tells the mechanic that it

makes a funny noise when you shift gears. But he will gleefully reject the orders of his doctor and supplant them with some nut scheme of his own. 'Medicine,' he will say pompously, 'is not an exact science.' Neither is garage trouble-shooting—but you let a mechanic do it.

"The doctors have to stand for that. The Constitution guarantees to every man the right to make a fool of himself. And yet, if the common law, which makes an attempt at suicide a crime, were extended logically, it would clamp down on a few million citizens who are making chumps of themselves in the matter of self-preservation.

"In such intellectual fields as religion one man's opinion may be as good as another's, although I myself am inclined to doubt even that. But in the subject of medicine a mug's notions are not as good as a doctor's knowledge. And generally the self-swollen jape who is loudest in the disparagement of doctors is the bearer of an appendix scar or the survivor of pneumonia via serum or perhaps malaria via quinine.

"If the amateur critic of doctors could only know what an errant fool he was he would stop in mid-speech, shocked and apologetic—but, as in all matters, to understand the depth of his folly he would have to be wise enough not to be such a jackass in the first place."

No comment is necessary. In the language of the vernacular, Mr. Wylie has "said a mouthful."

A. C. H.

There is a serious amount of penny wise, pound foolish conduct on the part of people who should know better. Many a small doctor bill in good season has saved the paying of a big one later on.

Springfield Sun

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•

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** As formulated at the annual conference of the American Association of Medical Milk Commissions and the Certified Milk Producers Association of America during the American Medical Association convention at Atlantic City, June, 1935.*

AMERICAN ASSOCIATION OF MILK COMMISSIONS
and
CERTIFIED MILK PRODUCERS ASSOCIATION
OF AMERICA

Sunny Side Up

SUGGESTIONS FOR A MODERN WILL

I, Willoughby Wemp, being of sound mind (considering what it has been through), do hereby, largely as a gesture, declare this my last will and testament:

To my wife, Anastasia, my three sons, Opie, Charles and Ignatz, and my daughter, Minerva, I leave my entire estate, real and personal, share and share alike.

I ask their forgiveness for having accumulated a sum of money so large that they will get very little of it after the government takes its cut.

I leave to the above named heirs my certified list of capable and combative attorneys with the advice that they select no more than one lawyer each, as the fees will be plenty; and I urge that a time limit be put on the battle.

I request that my wife have the large oil portrait of myself made of me in the days when it was not thought I was doing anything of an ignominious nature in striving diligently to provide for the future of my wife and children. Bitter as she may feel about me in the light of present day legislation, I trust the portrait may bring compensating memories of happier days.

I request my heirs to destroy at once by fire the copy of that article I once wrote on "Success," together with any and all books in my library on thrift, ambition, diligence, budget balancing, and bookkeeping.

I direct that my heirs distribute equitably among them my collections of rubbers, galoshes, snowshoes, woolen underwear, umbrellas and fur mittens. It looks to me as if they would need them, and they are the only things the government won't try to grab. Or am I wrong again?

My son, Dudley, not heretofore mentioned, I cut off completely from any share whatsoever or eversowhat. He left home at an early age, spent many years of his life as a loafer, blew in every penny he ever earned, and has never been anything but a spendthrift and a waster. I realize now that he was right, and I congratulate him on his ability to look ahead. I now spare him the annoyances and tribulations which will fall upon those members of my family who accepted my more ethical standards of life.

—Pepper and Salt.

MIGHT ACCOUNT FOR HER ICY TONE

Jones took his aunt out riding
Tho Wintry was the breeze;
He put her in the rumble seat
To watch his anti-freeze.

JUST LIKE THE WEATHER

Boarder: Ah, your steak is like the weather this evening, madam—rather raw.

Landlady: Indeed! By the way—your board bill is like the weather, too—unsettled.

DID YOU BILL THE AUTHOR?

"Why did you tear the back part out of that new book?" asked the long-suffering wife of the absent-minded doctor.

"Excuse me, dear," said the famous surgeon, "the part you speak of was labelled 'Appendix' and I took it out without thinking."—*London Standard*.

EXPERT DIAGNOSIS

A woman went to see a doctor. "Doctor," she exclaimed loudly, bouncing into the room, "I want you to say frankly what's wrong with me."

He surveyed her from head to foot.

"Madam," he said at length, "I've just three things to tell you. First, your weight wants reducing by nearly 50 pounds. Secondly, your beauty would be improved by freer use of soap and water. And, thirdly, I'm an artist; the doctor lives on the next floor."

—*Montreal Star*.

HE SMILED

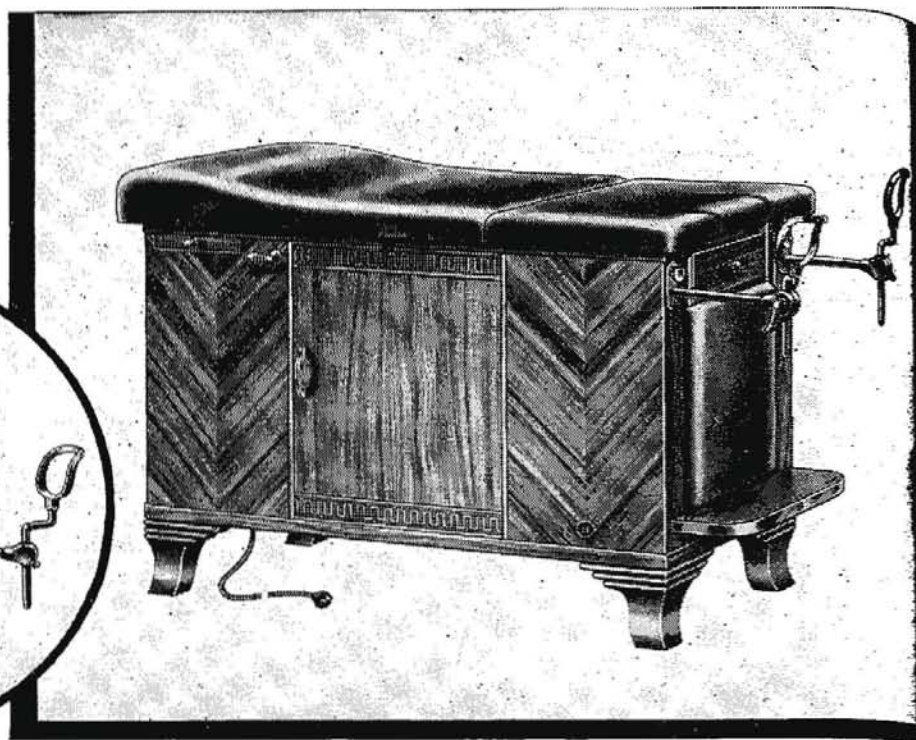
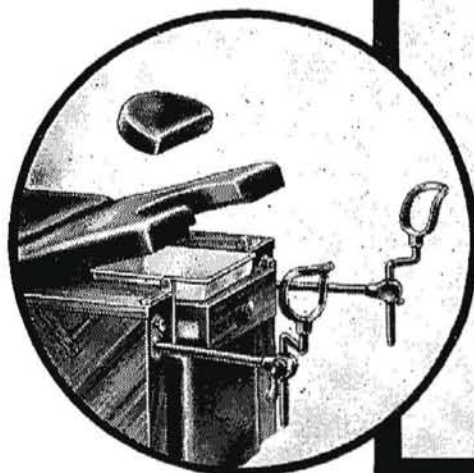
We must all agree that when it comes to the question of occupation or profession, the character of either should be of far greater importance than considerations of priority.

A doctor, an architect and a bolshevik were discussing the priority of their occupations.

The doctor said: "When Adam's side was opened and a rib removed to make woman there was a surgical operation—medicine was the oldest trade."

The architect said: "Yes, but when the earth was made out of chaos, there was the building process, the use of materials according to a plan. The architect is therefore oldest."

The bolshevik smiled and said:
"But who supplied the chaos?"



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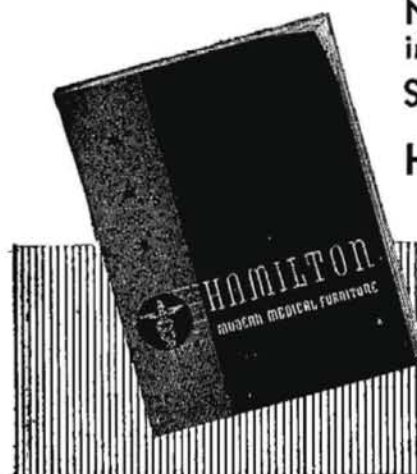
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