



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

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

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

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## *Medical Schools of the United States*

### 4. Columbia University—Presbyterian Medical Center

# **The Present Trend in Medical Economics**

**An interesting and informative analysis  
of the economic problems which confront  
physicians and efforts made to solve them**

**by James C. Sargent, M.D.**

The various economic aspects of sickness and its care already have been given the benefit of considerable study both within and without the profession. Many experimental efforts actually have been applied to test this or that of the more promising notions concerning plausible changes that might be made in the economic structure of medical care. There is ample basis, therefore, for one to correlate the multitudinous theories and judge, with some clearness, certain basic ideas concerning what is wrong in the economic structure of medical practice in America and what modifications might reasonably be expected to be necessary and wise.

Reams of material, colored naturally by the particular point of view expressed, are written concerning the economic maladjustments that have evolved in sickness and its care. While all of this is clouded with the greatest divergence of detailed opinions, certain observations of fundamental nature are, by unanimous consent, cast out in bold relief. Let us examine them.

The income level of the large mass of our American people, even in normal times, is not adequate to provide the prevailing high standard of living and leave room for sizable savings against the proverbial rainy day. Or might it be put in reverse? The American system of liberal credit and installment buying has tempted the masses to high living beyond the point of even ordinary thrift. Reasonable adjustment prevails while employment continues, but there is no room for the building of a substantial reserve to meet the economic exigencies of life. The smooth tempo

of modern social thought, impressed more by effect than by cause, leads easily to the expedients of old age pension, unemployment insurance, workman's compensation, and state medicine.

With the remarkable present day development in medical science, the care of the sick, particularly in serious illness, has come to involve costs that are at times quite sizable and occasionally prohibitive to any but those few of substantial means. Even among those who love so to harp upon "the high costs of medical care" none can be found who would deny the sick any of the many wonderful and costly adjuncts to modern medical care. The Committee on the Costs of Medical Care expressing the studied opinion of those opposed to private medical practice took pains, even, to make a point of the fact that physicians as a class are underpaid! There is perfect agreement everywhere that the care of the sick should be what it is or even better regardless of its inherent and necessary costs.

And, finally, sickness,—especially serious and costly sickness,—is an unpredictable hazard, not only striking when least expected but with an unevenness, so far as costs are concerned, that is quite remarkable. Whole families go for years, even through life, with nothing but the most casual doctor bills, while misfortune will befall the occasional home with dramatic seriousness and frequency that precludes completely the possibility of private purchase of the necessary hospital, nursing, and medical care. Here, more than in any other regard, lies the real crux of the whole problem of the disturbed economics of



sickness and its care. The professional viewpoint rightly stresses the fact that the great bulk of our self-supporting citizenry (85% to 90% of them) suffer only minor or infrequent illness, the costs of which remain well within their own private means. By the very same token it should be willing to include frank and open recognition of the equally true fact that the other 10% to 15% of these same self-supporting citizens at times suffer illness the proper care of which involves costs that are truly beyond private means.

These, then, are the well recognized and generally agreed basic facts concerning the present disturbed economics of the care of the sick: low wage and high living standard, accompanied by lack of substantial savings; the inescapable large costs entailed in the proper care of serious sickness; and the quite unequal distribution of the costs of these serious sicknesses throughout the population.

As the old economic structure of private medical care comes up for remodeling, years of study and analysis have compromised many earlier differences until now substantial agreement has occurred concerning its weak and outmoded parts. There still remains the seemingly impossible task of agreeing on what to do about it. At the extreme right of the profession there are those who would leave it sacredly alone—stand or fall if it please. At the extreme left of the social reformers are those who would wreck it to its foundation, if in fact they would even preserve that. Sometime, somehow, these ridiculous extremes must be composed in order that an age-old institution of exceptional beauty and worth may live on in the service of mankind.

There is something of incongruity in seeing American capital gone socialist. Offhand, it is difficult to understand our great foundations, endowed as they are by the profits of industry, marching in the vanguard of the movement to socialize the practice of medicine and the care of

the sick. There is a reason, however. Capital, always eager to maintain a wage scale as low as possible, gets along better when labor is docile and unfettered by the exigencies of sickness costs. While in all likelihood nothing can be accomplished beyond that of calling off the dogs, let the profession point with righteous scorn to the hypocrisy of some of the great American Foundations offering, as did Bismarck to his working people, the lure of free medical care that they might no longer complain. Social justice, if it is to be social and just, demands, rather, a wage that will permit some savings and, then, enough less of over-convenient installment credit to allow for reasonable thrift. A little of that and a great deal might be gained in taking the economic catastrophies out of sickness.

While it is perfectly true that proper and adequate hospital, nursing, and medical care in serious sickness are unavoidably costly, the question arises if it is not possible to lessen these excessive costs at times. Dependent as a patient naturally is upon the intelligent advice of his physician, this comes to be very largely a medical problem. True it is, that outside the profession there are many who see in the scheme of group purchase under a panel system a means of bartering down these costs of sickness, but even they themselves must understand that a quarter will buy only twenty-five cents worth of sugar. What little there is possible to do in reducing the cost of these expensive services lies wholly in their curtailment if and when they are unnecessary. There are distinct luxuries in medical care that can and should be avoided, tempting though they may be when dear ones are in danger.

Any solution to our economic problem that holds promise of substantial and worthwhile results, therefore narrows down to some effective answer to the third of the three underlying causes; that of the unequal distribution of the costs of illness and the

occasional case in which serious sickness brings costs that are unbearable. Here is a truly fertile field and one in which wide experimentation, even now is proceeding.

Of all the many proposals suggested to meet this particular phase of the disturbed economics of medicine, several have been sufficiently discussed and tried to permit reasonable assay.

Like Abou Ben Adhem, complete socialization of all medical care "leads all the rest." Despite its present wide popular acclaim in America such a system has one unanswerable objection; not in theory, but by the actual proof of past performance. Throughout the rest of the world, wherever it has come to be generally adopted, the date of adoption has marked the beginning of decay in the professional services rendered under the plan. No one, not even the loose-talking reformers, would dare to extol the present level of medical care in the socialized countries of the world.

Aside from this, great weight attaches to the fact,—and the profession must forever emphasize it,—that private medical care is perfectly convenient and workable in 85% of all sickness suffered by those employed and self sustaining. There is no earthly reason for any change whatever in the time-honored and proved present system of private medical care except it be limited to that relatively small group of patients who occasionally suffer serious sickness, the proper care of which requires services beyond private means. The whole movement toward state medicine unblushingly brushes this pertinent fact aside.

Health insurance, either of the lodge type, industrially sponsored, or state inspired, has long sought to meet the economic and professional needs of the sick. It is as old as the hills and consistently true to type. Like state medicine, its viewpoint is invariably social—not medical. Always there are cash disability benefits attached and always the professional service is rendered under a panel

system. While occasional examples may be selected here and there to show a reasonably high class of medical service prevailing, the enormous preponderance of long experience has proved that the patient receives a far inferior type of medical care under the system. This, clearly, is due to two major defects: the whittling down of payments for professional services necessary to keep costs within bounds, and the unfortunate position that confronts the panel doctor in having to protect the company (and his own job) by a consistent effort at cutting down the disability benefits (and, therefore, the medical care) to the most meager proportions possible.

There are many within the profession who see great possibilities in meeting present economic difficulties in sickness care by an entirely new and different application of the insurance principle. They insist that, in order to avoid the proven weaknesses of health insurance as operated heretofore, it shall be divorced completely from the confusing factor of cash disability benefit, leaving it purely a matter of supplying the bare necessities of sickness care if and when the cost of that care to the individual becomes hopelessly beyond his own individual means. Also, they insist that control and management shall lie wholly within the organized profession of the community, both to insure free choice of physician and to avoid the calamity of cut throat competition within the profession. Tempting as this idea is, it is confronted by the very real difficulty of a professional organization adequately cohesive to accomplish such a large business venture. The idea of some such form of health insurance under strict professional control and providing nothing but proper sickness care (and then only in case of catastrophic illness) remains one of the promising possibilities for careful development in the future.

With "State Medicine" disgraced

*(Continued on page xiii)*



# **We Must Never Surrender**

**Excerpts from an address  
on the crisis which con-  
fronts the medical profession**

**by J. G. Crownhart**

In times of depression the physician's financial reward, in common with others, has been cut and cut again, but rarely, indeed, does the community fail to reward the practitioner who earnestly, devotedly, and with progress, serves his people. Ample evidence already is available to show that the physician's former income status is being regained, and will continue to increase as the people regain their means of making a livelihood.

During these depression years, as a means of promoting their own income, there are, I know, those who would have us mark out the American people into real estate subdivisions, with flags flying over so-called income groups to indicate what extent of medical service each group should receive and what they should pay for services A to Y. Some would do this by legislation and others by voluntary insurance plans to insure that which actuaries cannot compute on an insurance basis,—for a given group the incidence, the degree and kind of illness they may suffer, and the costs thereof. Each such plan, bill, and experiment that we have studied,—and our files are full of such careful and comprehensive studies,—each of these I say are held forth as being a cure-all because they will be cheap.

If we are to make cheapness the hall-mark of medicine, then would we return our people to the dark ages when life itself was cheap, for no less than life itself is involved in medical service. As you so well know, the common cold within hours can be pneumonia; the common fracture can result in a disability for life reducing

earnings by a half; diabetes can be lived with or improperly treated, a cause of too early death; improper diagnosis can mean a life from cancer or prolonged periods of invalidism from any of many causes. When you abandon present standards for fixed sum payments, you enter upon a principle in the operation of which the physician profits most from performing the minimum service,—a practice wherein the man who pays hard-earned money for months and years may find the institution that took his payments non-existent when he calls upon it in his time of need.

Medicine as a business would be more certain in its immediate financial rewards. Medicine, if operated as a business, would require certain numbers of patients in order that the machine of mass attention might function. Medicine, in competition as business, aware of the difficulty of laymen judging poor service from good, would say through competing groups: "Come to us and we will do more for less." Medicine as a business would, of course, be concerned first with profits and payments in advance.

But medicine as a profession, as it has been and is now practiced, will have none of this. You recognize that illness is peculiarly individualistic and is capable of no mass diagnostic or mass treatment methods. Medicine as a profession serves no master but the science and art of medicine and your utmost knowledge of both is brought to bear for the service of all.

Finally, you hold that in illness there can be no flags laying out the American people in subdivisions. The

*(Continued on page xii)*

# Good Investments Are Not Accidental

**An investment organization  
executive offers some sound  
financial advice to physicians**

**by William H. Brand**

In the course of an interview arranged for the discussion of a personal investment plan, a busy physician recently complained that although he had always been able to earn a satisfactory number of dollars, he had had a difficult time keeping any reasonable proportion of them.

Like all others of his profession, he has often had just cause to wonder why he is called upon at a late hour to exercise his skill upon a case made unnecessarily difficult by delay. He is perplexed by that element in human nature which causes many people to defer calling upon a doctor and to place first reliance in back fence consultations and accidentally chosen nostrums. Yet this same physician sacrificed much time and money before giving active recognition to the fact that the intelligent and remunerative investment of funds is a task requiring specialized knowledge, costly facilities, and constant study.

The greater part of a physician's time and energy is necessarily expended on matters having no relation to business and finance. Yet all manner of persons will attempt to interview him and offer advice and investments, good, bad, or indifferent. Whom he sees and what action he takes is often largely accidental. Because the results of such a haphazard investment policy are usually disappointing, the prudent physician will seek investment counsel in whom he can rely with confidence. The choice of such counsel is a matter of first importance and calls for careful discrimination.

One of the most difficult tasks that an investment organization faces is that of persuading its clients to follow consistently a conservative mid-

dle-of-the-road policy. *Such a course requires self control and a disregard of current popular practices.* The events of recent years have confirmed the wisdom of an investment plan which involves placing a larger proportion of funds in bonds and other fixed interest-bearing obligations.

A well balanced investment account that affords the owner both safety of principal and protection against future fluctuations in interest rates cannot be built up in a day. In addition to diversification as to industry for the protection of principal, there must be an arrangement of maturity dates so that later reinvestment of funds will be evenly distributed in point of time. Only in this manner can an ultimate fair average return be obtained and the investor be assured that he will not later be required to reinvest an abnormally large proportion of funds in a period of low interest rates.

The present is such a period. Average yields on sound bonds are near the lowest point since the turn of the century. It is true that the current situation offers a problem in the management of even the best constructed investment accounts. For the person who is faced with the problem of rebuilding an unbalanced investment account or of presently investing new funds, patient conservatism is now essential. There is the temptation to avoid the low yields on high grade investments by the purchase of inferior securities offering a rate of return in line with a preconceived notion of what yields should be. The past five years have conclusively demonstrated the error of such a policy. Investors of ten years ago who



placed first emphasis on the rate of return found themselves the owners of bond portfolios containing an alarming number of securities selling at twenty-five per cent of par or less in the Spring of 1933. Though many such securities have recovered in spectacular fashion, the mortality has been high and the consequent anxiety great.

In the construction of a sound investment account, an important factor is the possibility of inflation. Rising commodity prices and resultant higher cost of living may be accompanied by higher stock prices. The purchase of sound convertible bonds and a reasonable percentage of carefully chosen common stocks offers a measure of protection in this direction. A quest for market profits as such is not a part of a sound investment program. New legislative policies, industrial and scientific developments, changes in supply and demand, and many other factors are continually impinging upon our total economic picture. The junior position which common stocks occupy in corporate structures make their earn-

ings and market values highly sensitive to such forces.

It is these factors that make it essential that common stocks occupy a secondary and supplementary position in an investment portfolio. Nevertheless, their inclusion is justified in amounts sufficient to offset possible changes in the purchasing power of the dollar. All of which goes to prove that, just as there is no "specific" for the majority of physical ailments, there is no single ideal investment security. Adequate diversification, a conservative and consistent middle-of-the-road course, and a constant study of both major trends and individual situations is the only solution.

The prudent investor will seek out an investment organization capable of giving him such technical and personal service as will enable him to translate sound investment principles into consistently efficient action. It is from their ability to demonstrate the value of these principles in individual cases over a period of time that the members of such an organization derive their greatest satisfaction.

The proponents of socialized medicine have based their arguments on the false premise that there is a lack of available medical care. Defenders of organized medicine, thus deftly drawn into an absurd argument, have expended useless efforts in denouncing an obvious fallacy. Such discussions have done much to obscure the crux of the issue — the question of how *good* medical care can best be provided. Quantity versus quality. Not *many* pills, but the *right* ones!

*Detroit Medical News*



VOL. 2, NO. 4

APRIL 1936

## EVENTS FOR MAY

**Monday, May 4th.**

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.  
 Symptoms of Kidney Involvement . . . . . Joseph Fulcher, M. D.  
 Case Reports . . . . . W. R. Turnbow, M. D.  
 Chorea Minor in a Boy of 12.  
 Acute Rheumatic Myocarditis in a Girl of 13.

**Tuesday, May 5th.**

No Meeting of the Auxiliary.

**Wednesday, May 6th.**

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

**Thursday, May 7th.**

Flower Hospital Staff Meeting, Flower Hospital, 8:00 p. m.  
 The Accessory Nasal Sinuses . . . . . Roy W. Dunlap, M. D.

**Monday, May 11th.**

American Medical Association Meeting, Kansas City.  
 No Tulsa County Medical Society Meeting.

**Monday, May 18th.**

St. Johns Hospital Staff Meeting, St. Johns Hospital, 8:00 p. m.  
 Nasal Conditions . . . . . W. O. Smith, M. D.  
 Discussion opened by . . . . . Arthur Davis, M. D.

**Monday, May 25th.**

Tulsa County Medical Society Meeting, Oakwood Sanitarium.  
 Annual Round Up and Barbecue-Action begins at 6:00 p. m.

**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.

**SPRING GOLF TOURNAMENT**

The Tulsa County Medical Society Spring golf tournament will be held April 30 at Indian Hills Country Club. Play in afternoon, dinner after the

19th hole. Two bucks per buck. If your arm is broken or your clubs in hock, come out and eat for \$1.25. If you didn't hear me the first time read this over again. If you don't believe it—ask the Comitticus Golphicus.

## COUNTY SOCIETY MEETINGS NORTHEAST OKLAHOMA

Monday, May 4th:

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

**Osage County Medical Society.**  
Pawhuska Municipal Hospital, Pawhuska, 8:00 p. m.  
Dr. Felix M. Adams, Eastern Oklahoma Hospital, Vinita, Oklahoma.  
Subject: To be announced.  
Motion Pictures:  
Salpingo-Oophorectomy with Appendectomy.  
Low Forceps Delivery.

Tuesday, May 5th:

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

Tuesday, May 7th:

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

Tuesday, May 12th:

**Washington County Medical Society.**  
Memorial Hospital, Bartlesville, 7:30 p. m.  
Speakers: W. H. Shipman, M. D., and W. H. Kingman, M. D.

Monday, May 18th:

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

**Rogers County Medical Society.**  
Office of Dr. F. A. Anderson, Claremore, 8:00 p. m.  
Business Meeting.

Tuesday, May 21st:

**Haskell County Medical Society.**  
Office of Dr. J. C. Rumley, Stigler, 7:30 p. m.  
Program Unannounced.

### PERSONALS

Dr. R. M. Shepard attended the National Tuberculosis Association, New Orleans, La. April 22-25.

Dr. I. N. Tucker has been ill with "flu". We hope to find him well again when the Bulletin hits the mails.

A sweet young thing called up and wanted to know why all the fuss about Charbonnet washing his hands.

## THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

David V. Hudson, M. D. Editor  
Miss Maurine Calhoun Asst. Editor

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

### STOP!

Read the list of names on the opposite page and if your name is not included you are not a member in good standing of the Tulsa County Medical Society unless a mistake has been made and we have checked the list five times.

### CONGRATULATIONS MRS. HUGH PERRY

At the recent state meeting, Mrs. Hugh Perry, President of the Auxiliary to the Tulsa County Medical Society was chosen as the State President-Elect. She will take office in 1937.

### A. M. A. MEETING KANSAS CITY

The following information has been sent in by the Frisco Lines.

#### Schedule (daily)

Lv. Tulsa - Frisco - 12:15 P. M. or 11:40 P. M.

Ar. Kansas City - Frisco - 8:10 P. M. or 7:30 A. M.

#### Return.

Lv. Kansas City - Frisco - 8:20 A. M. or 11:20 P. M.

Ar. Tulsa - Frisco - 3:59 P. M. or 6:25 A. M.

Sleepers at Tulsa Union Depot may be occupied until 8:00 A. M.

#### Rates—Tulsa to Kansas City

Round trip 10 day limit	\$9.90
Lower berth each way	2.50
Upper berth each way	2.00
Single section each way	3.50
Parlor car seat each way (Day trains only)	1.15

Sleeper service may be secured during the meeting (if there are sufficient reservations) at the rate of \$62.60 per car per day. The sleepers will be parked about 12 blocks from the Municipal Auditorium.

Special trains may be secured. For further information call Mr. P. F. Atkinson, Division Passenger Agent, Frisco Lines, Philcade Bldg. Tel. 3-3151.



## ROSTER

TULSA COUNTY MEDICAL SOCIETY  
(Paid up members in good standing)

Allen, V. K.	Hart, Mabel M.
Allison, T. P.	Haskins, T. M.
Ament, C. M.	Hays, Luvern
Armstrong, O. C.	Henderson, F. W.
Atchley, R. Q.	Henley, M. D.
Barham, J. H.	Henry, G. H.
Beesley, W. W.	Hoke, C. C.
Beyer, J. W.	Hoover, W. D.
Billington, J. Jeff	Hotz, C. J.
Black, H. J.	Houser, M. A.
Bolton, J. F.	Huber, W. A.
Bradfield, S. J.	Hudson, D. V.
Bradley, C. E.	Hudson, Marg't G.
Braswell, J. C.	Humphrey, B. H.
Brogden, J. C.	Hutchison, A.
Brookshire, J. E.	Hyatt, E. G.
Browne, H. S.	Jackson, L. T.
Bryan, W. J. Jr.	Johnson, C. D.
Calhoun, C. E.	Johnson, R. R.
Calhoun, W. H.	Jones, W. M.
Callahan, H. W.	Kemmerly, H. P.
Carney, Andre B.	Kramer, Allen C.
Chalmers, J. S.	Laws, J. H.
Charbonnet, P. N.	Larrabee, W. S.
Childs, D. B.	Lec, J. K.
Childs, H. C.	Lhevine, M. B.
Childs, J. W.	LeMaster, D. W.
Clinton, F. S.	Loney, W. R. R.
Clulow, G. H.	Lowe, J. O.
Cohenour, E. L.	Lynch, T. J.
Cook, W. A.	MacDonald, J. E.
Coulter, T. B.	McComb, L. A.
Cronk, F. Y.	McDonald, D. M.
Dailey, R. E.	McGill, R. A.
Davis, A. H.	McGuire, H. J.
Davis, T. H.	McLean, B. W.
Dean, W. A.	McKellar, M.
Denny, E. R.	McQuaker, Molly
Dieffenbach, N. J.	Margolin, Bertha
Dillon, C. A.	Mayginnis, P. H.
Dunlap, R. W.	Miller, G. H.
Eads, C. H.	Miner, J. L.
Edwards, D. L.	Mohrman, S. S.
Emerson, A. V.	Munding, L. A.
Farris, H. L.	Murdock, H. D.
Flack, F. L.	Murray, P. G.
Flanagan, O. A.	Murray, Silas
Ford, H. W.	Myers, F. C.
Fulcher, Joseph	Napper, Marvin
Garabedian, G.	Nauheim, H. S.
Garrett, D. L.	Neal, James M.
Gilbert, J. B.	Nelson, F. J.
Goddard, R. K.	Nelson, F. L.
Goodman, S.	Nelson, I. A.
Gorrell, J. F.	Nelson, M. O.
Graham, H. C.	Nesbitt, E. P.
Green, Harry	Nesbitt, P. P.
Grosshart, Paul	Norman, G. R.
Hall, G. H.	Northrup L. C.
Haralson, C. H.	Osborn, George R.
Harris, Bunn	Pavy, C. A.
Hart, M. O.	Peden, J. C.

Perry, Hugh	Smith, R. L.
Perry, J. C.	Smith, R. N.
Pigford, A. W.	Smith, R. R.
Pigford, R. C.	Smith, W. O.
Porter, H. H.	Spann, L. A.
Presson, L. C.	Springer, M. P.
Price, Harry P.	Stallings, T. W.
Ray, R. G.	Stanley, Mont
Reese, K. C.	Stewart, H. B.
Reynolds, J. L.	Stevenson, James
Rhodes, R. E. L.	Stuart, F. A.
Richey, S. M.	Stuart, L. H.
Roberts, T. R.	Summers, C. S.
Rogers, J. W.	Trainor, W. J.
Roth, A. W.	Underwood, D. J.
Roy, Emile E.	Underwood, F. L.
Ruprecht, H. A.	Venable, S. C.
Ruprecht, Marcella	Wainright, A. G.
Rushing, F. E.	Walker, William A.
Russel, G. R.	Wall, G. A.
Searle, M. J.	Wallace, J. E.
Shepard, R. M.	Ward, B. W.
Shepard, S. C.	White, N. S.
Sherwood, R. G.	White, P. C.
Shipp, J. D.	Wilks, F. M.
Showman, W. A.	Wiley, A. R.
Simpson, Carl F.	Witcher, R. B.
Sinclair, F. D.	Woodson, F. E.
Sippel, Mary Edna	Zink, G. W.
Sisler, Wade	Zink, H. F.
Smith, D. O.	Zink, Roy
Smith, N. R.	

TULSA CLINICAL SOCIETY MEETING  
JUNE 10 and 11.

Plans are well underway for the second Annual Meeting of the Tulsa Clinical Society. Although the date is later, and in spite of the proximity to the meeting of the American Medical Association, the exceptional program is expected to attract an even larger crowd than was our honor to entertain last year.

The same general outline will be repeated this year. The mornings will be devoted to operative clinics, and brief but pointed presentations of various subjects and case demonstrations at the hospitals. The first afternoon will be given to didactic papers at the Mayo Hotel. A dinner at the Mayo will follow the afternoon program, at which time our guest of honor will lecture.

The second afternoon will see the golfers competing for a large number of prizes. After the golf tournament all those who have not yet developed diplopia will hike out to the farm of Fred A. Glass and enjoy a barbecued dinner, served only as Fred A. can serve.

**THE COST?** The only expense to the visitors will be gasoline and one night in a hotel. Come and mix a little work and pleasure with us.

## The Auxiliary

The Auxiliary to the Tulsa County Medical Society met Tuesday, April 14, in the home of Mrs. Chester A. Pavy, 2132 East 25th St. Those assisting the hostess in serving luncheon were Mrs. K. C. Reese, Mrs. M. O. Nelson, Mrs. G. R. Russell, and Mrs. Paul Grosshart.

Convention reports were given by Mrs. Hugh Graham, and Mrs. A. W. Roth, and a large silver service tray was displayed to the members present. This tray, presented by the Executive Board of the State Auxiliary, will be awarded each year to the County Auxiliary having the best report of progress and activity. Tulsa Auxiliary received the award this year, and has the privilege of using the service tray for teas during the coming year, and for the 1937 Convention, at which time the next winner will be announced.

Mrs. Frank A. Stuart was named State Hygeia Chairman for the ensuing year. The judging of the Health Posters sent in by students of the fifth grade in all of the Tulsa Public Schools preceded the business meeting. First prize of \$3.00 and a year's Subscription to Hygeia was awarded to Irving School; second prize of \$2.00 and a Subscription to Hygeia was awarded to Whittier School, and third prize of \$1.00 and subscription to Hygeia was awarded to Osage School entry. These posters are being displayed in the window of the Medical Arts Prescription Shop.

The clothing donated by Auxiliary Members for High School students has been delivered, and was greatly appreciated. A sum of thirty dollars was voted by the Auxiliary for High School Scholarship Work; fifteen dollars for use by the Dean of Girls, and fifteen dollars for use by the Dean of Boys.

It was voted that an Auxiliary Member be placed on the Advisory Board of the Government Nursery Schools of Tulsa. The Executive Board has named Mrs. H. Lee Farris to fill this position.

Auxiliary Members are urged to attend the National Auxiliary Meetings in Kansas City May 11-16. Information on the program is given in the Medical Journal.

The May Meeting will be a picnic for Auxiliary Members and Husbands at the home of Mrs. Fred Y. Cronk, 2626 East 25th St. The date has not yet been set, but Members will be notified by telephone. Please keep it in mind and plan to attend.

## 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

*Origin of Cures* Our contemporary, the *American Druggist*, raises this question, "Does man know by instinct what will cure his ills?" If we trace back some of the outstanding medical cures it is startling to find that many were first successfully used by illiterate peasants.

The latest example of such intuitive treatment, according to an article appearing in that journal, deals with the use of allantoin (a fluid excreted by maggots) instead of the actual maggots themselves in necrotic wounds. Yet here is an interesting fact: for decades European peasants have been healing ulcers with the roots of a plant called comfrey which is rich in allantoin. The writer asks, "How did they discover its healing virtues? Did a voice from within guide them?"

More than 300 years ago, in the homes of fishermen on the island of Shetland, cod liver oil was given to persons in poor health, especially for "old pains." The oil taken fresh from the livers, without benefit of refining, was served as butter and was considered a great delicacy. The "old pains" are now known to have been symptoms of adult rickets, yet not until 1922 was it realized that cod liver oil had a definite relation to rickets.

Leprosy has been a long dreaded disease because of its incurability. So when doctors in the United States Public Health Service found, a few years back, that chaulmoogra oil cured certain cases of leprosy, there was much rejoicing, but an old manuscript from the fourteenth century mentions this oil for the treatment of lepers.

The miraculous powers of iodine in treating goiter were known also. Sponges, which are a rich source of iodine, were burned by the early Phoenicians and ancient Greeks and

the ashes fed to goitrous persons. Many centuries ago some South American tribes, among whom goiter was present, chewed the stems of sea weed. Thousands of years before the birth of Christ the Chinese observed that by feeding a seaweed broth to persons afflicted with goiter the swollen throat and bulging eyes returned to normal.

Pernicious Anemia had been incurable until a few years ago when it was found that its progress could be checked by feeding the patient liver. Dried hog stomach has a similar action. Over 1500 years ago, however, the Talmud offered this advice: "For anemia have patients eat the viscera of creatures."

•

*Let Us Pay Tribute* History as it is taught deals with political events and glorifies political and military leaders. Our parks are crowded with statues of departed generals and defunct politicians. Textbooks eulogize men of war but pay scant attention to the men of peace. The development of medicine is scarcely mentioned among the forces which have elevated the race from a condition of savagery to a higher plane of civilization. The French attempt at building the Panama Canal resulted in failure; the American, in success. Under the French the death rate among the workers was appalling; the American death rate was almost negligible in comparison. This difference between failure and success is attributed to the eradication of malaria and other tropical diseases by American medical science.

While we do not agree with the Russians in all things, they do have some customs worthy of emulation. Russia recently lost by death one of

her great scientists, Dr. Ivan Pavlov. He was internationally acclaimed for his research into brain processes and for his theory of condition reflexes. In recognition, the Soviet Government has proposed a monument to be erected to Pavlov on one of the central squares of Leningrad. In this we should learn a lesson. Let us likewise honor the creative effort of those of our scientists working for the common good.

•

*Medical Education in the United States* Prior to 1847, medical education in the United States was corrupt and degenerate. During the fifteen years intervening between 1830 and 1845, the number of medical schools more than doubled, leading to active rivalry and a competition which aimed mostly at an increased number of students and fees for the pockets of the teachers. These schools gave their matriculants no more than a smattering of the science and art of medicine. There were no preliminary requirements for entrance and no uniform requirements for the degree. The college term generally covered a sixteen-week period; often it was completed in only thirteen weeks.

With the inception of the American Medical Association on May 5, 1847, these conditions changed. The standards of medical education were elevated and a strict licensing of physicians became effectual. The medical profession was on its way to a new dignity.

Today the American Medical Association comprises approximately 100,000 members. It is the parent organization of medicine in the United States. It is the only organization with its fingers on the pulse of the entire medical profession, and, therefore, should be the only organization to speak as a representative for the profession as a whole. Like every worthwhile organization, the As-

sociation has been severely criticized at times, but most of the criticism has come from the quacks and the cultists. We might well say, "We cherish it for the enemies it has made." The American Medical Association always has stood for the betterment of the medical profession, with the single purpose in mind that anything for the betterment of the profession is for the betterment of the American people. And—"In union there is strength!"

•

*Directors of Our Destiny?* Today, more than ever before, this country of ours is overrun by self-appointed and self-styled directors of our destiny. We have in mind some of the so-called philanthropic foundations, but better called propagandist foundations, which were endowed by dollars from an era in American industry, the sooner forgotten the better. Their founders usually have been old gentlemen who were more "obituary-minded" than "social-minded." Early industry in the United States was cruel and merciless. Big corporations drove their small competitors to bankruptcy and their owners to suicide. No quarter was given in the struggle for power. Before the advent of compensation laws injured workmen oftentimes were induced to sign a release with their last dying effort, and their widows received hardly enough for a decent burial. In some instances the injured workmen paid their own medical expenses and lost their jobs besides.

Fortunately, all this has been changed for the better. However, we, as physicians, do resent the efforts of these propagandist foundations (endowed as they are by spoils of the past) to make the medical profession do penance for the sins of its departed founders. It is not for the medical profession to expiate the past wrongs of industry through a system of socialized medicine!

A. C. H.



# Barnum Is Still Right

by An Observer

On one of the coldest nights last winter an "eminent scientist" held forth in one of the largest auditoriums of our city. His claim to fame lay in the fact that he had made a "discovery" that the use of certain colored lights made it possible for him to hibernate in full view of the audience in an igloo made of cakes of ice. Some four hundred people braved the wintry blasts to see the so-called demonstration. We attended the performance with a friend whose disgust with the performance far exceeded ours, for he had not had our opportunity to learn how really gullible people can be in matters of health. In looking about one was impressed with the fact that a surprising number of those present were well dressed and appeared somewhat above the average in intelligence.

The whole affair was staged in the manner of the old medicine show, although the trappings were up-to-date. There was a "master of ceremonies" who ballyhooed the so-called scientist, assisted by four or five young women in nurses' uniforms. In the intervals when the "professor" was not doing his stuff, the young man in charge kept up his patter.

A heavy-set, dark-complexioned gentleman who took his seat next to ours leaned over confidentially to tell us how wonderful and beneficial were the lights being demonstrated. He informed us, too, that he was a doctor and had used lights to good effect over a period of years. On inquiry we learned that he was a "doctor of physiotherapy."

At the close the "professor," having successfully completed his demonstration, informed his listeners that he was prepared to offer the lights to them at a scandalously-low price. About a fourth of the audience appeared to take advantage of this offer.

Performances such as this take place frequently all over this country. We thought this show, however, was very crude, but we have seen worse. Certainly we became more confident than ever that Barnum was right. Here were people, some apparently intelligent, falling for the weirdest sort of claims.

It is a peculiar thing that intellectual people with many degrees to their credit frequently are so credulous when it comes to seeking treatment for their physical ills. For some reason they do not seem to have gathered from their extensive reading even a fundamental knowledge of what is necessary to protect one's health. When someone comes along with a ready smile and a glib tongue to tell them how a miracle can be worked and thereby benefit their health, they seem to lose all power of reason and accept promises of the impossible. Discouraging as this all is to true scientists who have made modern existence possible, they must keep up the fight to save human lives and protect health, no matter what difficulties stand in the way.

A question which has been asked often by medical men is how to overcome the damage inflicted on the public by quacks and charlatans and the "patent medicine" racket in this country. Business does not seem to be anxious to do anything about it; neither do politicians. Legislation is possible but public ignorance cannot be overcome by laws where health is concerned. We are forced to come to the conclusion that the battle against disease can be won only if we have, in addition to a well trained medical profession, an informed public.

Those who have labored in the field of public health education for many years know what a slow process it is to inform the public. We

believe that every county medical society in this country has a responsibility insofar as the education of the public in health matters is concerned. Each society should so organize itself that physicians will be available to lay organizations when speakers on health subjects are needed. Furthermore, the radio and the press should be used where possible. Many state and county medical organizations are now doing this, but they are still in the minority. Even some of those who have such programs under way

are carrying on in an inadequate manner. Medical organizations must concentrate on this task, and physicians must not only be willing to give of their time but of their funds as well.

We believe that too much emphasis cannot be placed upon this responsibility of the medical profession. When public opinion has been crystallized and a better understanding of health results, there will be no difficulty in protecting the health of our citizens.

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### *We Must Never Surrender*

*(Continued from page vi)*

most costly medical service is that which devotes its attention to purchase price. No financial catastrophe is so great as that arising out of needless invalidism or too early death caused by substituting quantity service for quality. Progressive adequacy of medical care for the American

people, already far in advance of other nations, has given to our industrial population in 1935 the lowest death rate ever recorded. Continued success lies in never surrendering to those forces which would make a poor business out of a truly great profession.

The attitude of our people towards certain political conditions in Europe is very tritely expressed in the advice given by those who have been to Europe: to take a slow boat over and a fast one coming back. Notwithstanding the great depression, financial and social, through which we have been and still are passing, we still have confidence in the patriotism, sagacity, and poise of our American statesmen.

*The Medical Bulletin*  
*Sedgwick County Medical Society,*  
*Wichita, Kansas*



## *The Present Trend in Medical Economics*

*(Continued from page v)*

by its own experience, with health insurance under lay control a proved failure, and with profession-controlled health insurance untested and somewhat dubious, what, then, remains as a plausible and safe answer to the admitted difficulties that surround that small group of self-supporting people, at times finding themselves in the dilemma of serious sickness needing care entirely beyond their individual present means?

The profession over the country is already busy feeling its way to a solution of this question by careful experimentation along three general lines. While neither of these, alone suggests fulfillment, the three combined offer considerable promise of meeting most, if not all, of the demands for readjustment without the necessity of any radical change in the fundamental structure of private medical practice.

There is a movement to consolidate all of the agencies for social investigation within a community and to bring such agency under control and, therefore, in the confidence of the local profession. Such a movement, fully developed, not only insures against abuse of local facilities for free service rendered by the community to its indigent sick, but it permits intelligent handling of those borderline cases in which private facilities during sickness can be used if rates are lowered and made conveniently payable. So far as the patient is concerned this prevents the humility of pauperization and offers the large advantage of a private form of sickness care. So far as those serving the patient are concerned (hospitals, nurses, and doctors) this allows a more intelligent application of the age old system of insinuating these unpayable balances into the bills of the more fortunate of their clientele. Where better might one find a more effective, yet harmless, bit of social justice!

There is another movement wherein local medical organizations are setting up bureaus for the post-service collection of the larger sickness bills through a system of monthly payments spread over a conveniently long period of time. Large bills frequently can be met by regular small monthly payments when payment in lump would be impossible. Especially in those instances in which such bureaus have been able to tie the employer into the scheme so that convenient payments might be deducted from the pay check, experience is proving the system to be a real service to patient and doctor alike. (It may be worth noting in passing that experience already has shown that the employer, under such circumstances, is quite willing to help further by continuing, often increasing, the patient's employment.)

And finally, as experience offers justification, the profession throughout the country is looking with greater favor upon hospital insurance of a certain and clearly defined type. Invariably where one hospital in a large community has led out with an independent prepayment plan for hospital care, it has set off cut-throat and disastrous competition among the hospitals of that community. In smaller communities, however, where but one hospital exists and in cities where a large group of existing hospitals have entered such a plan on a cooperative basis, we have a situation which theoretically should avoid this destructive competition. The early future will surely prove or disprove any other unforeseen weakness of such a plan.

It takes no argument to understand that when serious sickness falls within the family of the average wage earner, much of the economic dilemma that ensues is due to the necessity of sizable hospital bills. That custom exacts the payment of these services before all else is responsible

largely for the fact that the physician is paid extremely late, if ever, when serious illnesses occur in families of very limited means. It would seem, therefore, to the benefit of patient, hospital, and physician to work for the development of a proper type of insurance to cover hospital costs only; one in which perfect cooperation rather than open competition prevailed, insuring thereby a high standard of hospital service and at the same time guaranteeing the patient perfect freedom in choosing to which hospital he is to go when sick.

These, then, are the three main

lines along which the profession at the moment is approaching the disturbing economic problems that have grown up in connection with sickness and its care. Much experience is developing here and there over the country in all three regards. Whether the final answer lies here or elsewhere, of course rests with the future. The encouraging part of it all is the simple fact that careful and intelligent experiment is being tried indicating that the profession is now assuming leadership and intends no longer to wait for the march of events.



Probably initiated from the standpoint of hospital economics, the substitution of nurses for physicians in administering anesthesia has become widespread during the last twenty years. In many localities it was first necessary to change state laws before nurses could be granted this privilege. Departments of anesthesia were set up to train nurses and dentists along with physicians. Thorough, supervised instruction in the theory and practice of anesthesia preceded full responsibility during actual operative technique.

Whether or not the employment of nurses is discontinued in this capacity, these well organized teaching departments should be preserved under the department of surgery.

*The Bulletin of  
The Academy of Medicine of Cleveland*



# Sunny Side Up

## ONE REASON

The reason some girls win bathing beauty contests is because they have more on the judges than they have on themselves.

## DRY UP

"Dad," said the youngster, just as his father had settled down to enjoy his magazine, "am I made of dust?"

"I think not," replied the patient parent; "otherwise you would dry up now and then."

## HOPE IT ISN'T AN EPIDEMIC

"Hello, Smith, old man, haven't seen you for some time."

"Been in bed seven weeks."

"Oh, that's too bad. Flu, I suppose?"

"Yes, and crashed!"—*Montreal Star*.

## ATTA BOY, BILL

(From the Clayton, Texas, *Herald*.)

Six members of the Mayfair Hiker's Club took the train Saturday to Dower's Grove for a long hike through the woods. The girls wore the conventional knickers. Billie Walker was on hand to see them off.

## A FAITHFUL PORTRAIT

Samuel F. B. Morse was an eminent painter before he invented telegraphy. He painted a scene showing a man in death-agony once, and asked a physician friend to examine it: "Well?" Morse inquired after the doctor had scrutinized the picture. "What's your opinion?"

The physician removed his spectacles, turned to Morse and commented: "Malaria!"

—*American Humorist*.

## HERE'S A GOOD TIP!

The young insurance agent had gone out with a prospect for a round of golf and could do no better than an approximate 116.

"But you've not been playing anything like your usual game," suggested his opponent.

"O, yes," replied the agent, "this is my usual game."

"Well! Bring 'round that application tomorrow morning and I'll sign it. You may be no golfer, but you are at least an honest man!"

## SILENCE IN THE COURT

The exasperated judge finally banged his gavel and said, "Silence in the court! Half a dozen men have been convicted without the court's being able to hear a word of testimony!"

## HANDY

"Can you serve company?" asked the housewife when she was hiring the servant.

"Yes, mum; both ways."

"What do you mean?" asked the puzzled one.

"So's they'll come again, or stay away."

—*Wall Street Journal*.

## "OBEY THAT IMPULSE"

An executive who is a great believer in efficiency hung a sign in his office one day last week. It said, "Do It Now." Within 24 hours the cashier had bolted with the contents of the safe, his stenographer eloped with his oldest son, the office boy threw the ink bottle into the electric fan, and the whole office force struck for a six-hour day.

## TOO MUCH

A Scot was engaged in an argument with a conductor as to whether the fare was 25 or 30 cents. Finally the disgusted conductor picked up the Scotsman's suitcase and tossed it off the train, just as they passed over a bridge. It landed with a splash.

"Mon," screamed Sandy, "isn't it enough to try and overcharge me, but now you try to drown my little boy."

## ANALYSIS OF TOWNSEND PLAN

Population of the United States 124,000,000  
Eligible under Townsend Old

Age Pension ..... 50,000,000

Balance ..... 74,000,000

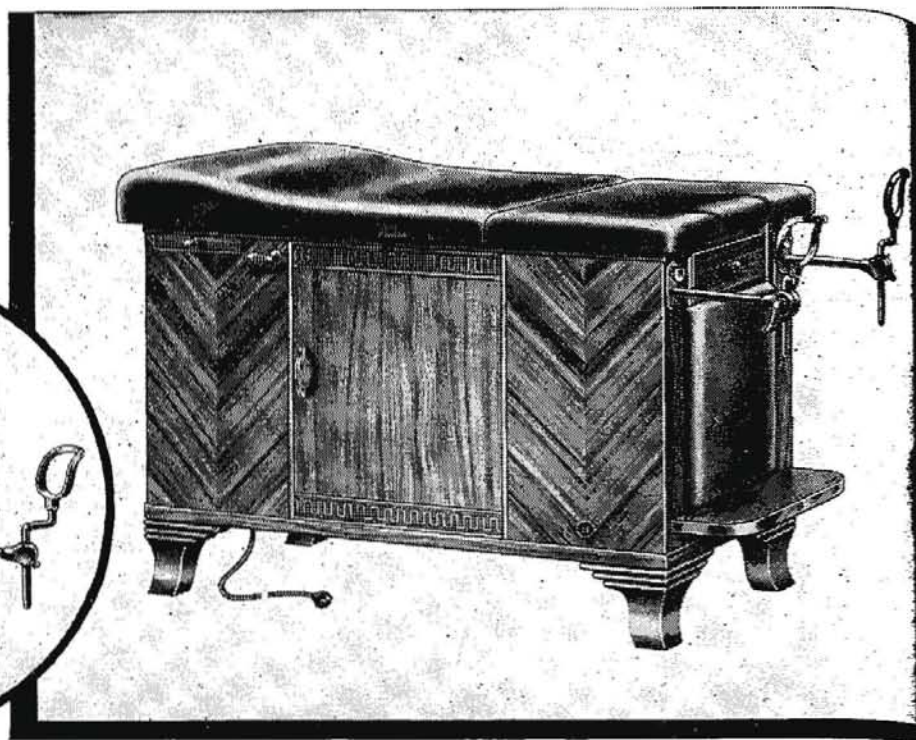
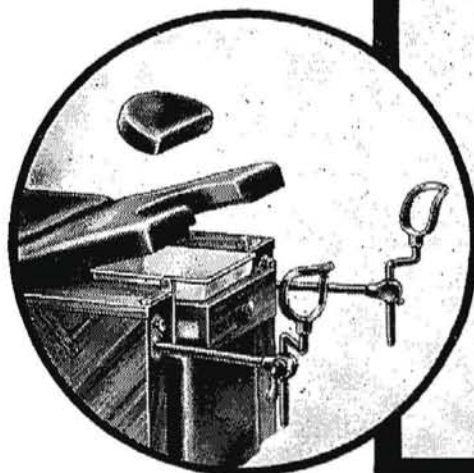
Prohibited under Child Labor  
and Government Employ-  
ment ..... 60,000,000

Balance ..... 14,000,000

Unemployed ..... 13,999,998

Left to produce the Nation's  
goods ..... 2

Apparently this leaves things up to you and me, and as I am not feeling so well, that pretty much puts the burden on you.



Examining Chair-Table No. 9466-A with special treatment unit consisting of convenient, concealed treatment pan, at foot of table, which operates on a slide arrangement. May be easily removed for draining, or equipped with special drain at slight extra cost. Also note removable top section over pan, and convenient electric outlet.

## Every Modern Convenience in this Treatment Table of Nu-Classic Design

Actually, this is an Examining and Treatment Chair-Table Combined. In style, construction, and finish it is the same as the Hamilton Nu-Classic Examining Chair-Table, No. 9477, but includes the special Treatment Unit, described at the left, and a number of other features which greatly increase its usefulness.

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

See it at your dealer's or mail the coupon:

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