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

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Medical Schools of the United States

5. Marquette University School of Medicine

The Art of Medicine

From the average patient's point of view the finest medical training counts less than the physician's technic of approach and personal attitude

by Thayer A. Smith, M.D.

Dr. S. Weir Mitchell once said "However far medicine may develop as a science, the successful treatment of the sick will always be an art."

It is easy to lose sight of just what this means with our initial medical training and our professional environment. The medical school teaches much about the body and disease, but little about the patient. The hospital internship introduces us to the patient, but the emphasis is still very much on the disease and its manifestations, and we are launched on the public armed to the teeth with equipment for diagnosis and the general principles of therapy for each disease, and quite unaware that anything else is necessary to make the good physician. After we are out in practice our medical meetings are devoted largely to scientific discussions, our medical literature is almost exclusively scientific, and even our personal contacts with other physicians are likely to be productive of an exchange of technical lore.

Perhaps there is no satisfactory way of learning the art of practicing medicine except in the school of experience. In fact, it is difficult to imagine the possibility of a physician's becoming a past master in the art without a wealth of personal experience behind him and the wide knowledge of human nature and individual variations which such experience brings together with fine judgment in the evaluation of the different therapeutic procedures for each individual patient. However, whether we are just leaving medical school or in the height of a busy career, it is well to pause for an inventory of our assets and to recognize just what we

can give to our patients besides scientific knowledge.

The answer to this question is perhaps most readily obtained by mentally putting ourselves in the patient's shoes, and asking ourselves the question, "What do they want from us?" From the average patient's point of view the finest sort of a training counts less than the technic of approach and the personal attitude to the patient himself. Some of the lay comments on individual physicians, which I have actually heard, and which indicate on what bases a physician is chosen or retained, run as follows:—

"I used to have so-and-so, but he talked so loud he got on my nerves."

"Dr. — is too much of an old woman; I couldn't stick him."

"Dr. — is very good if you are very ill, but you have to be practically dying before he will take any interest in you."

"Dr. — (a young man) is nice, but if I asked him to come and see my father who is so very ill, I am afraid he would be scared to death."

"All Dr. — cares about is collecting his fee."

"Dr. — has just two kinds of pills and gives one or both to everybody."

About a surgeon: "I don't dare go to him because he wants to operate right off on everything."

About an obstetrician: "I

wouldn't dare have Dr. ——. My sister had him and went to the hospital the day before her baby came, and the intern had to deliver her, as they couldn't get hold of Dr. — at the critical time."

About a skin specialist: "Such a succession of secretaries and nurses I had to pass through before reaching the throne room! I wouldn't care to take the time to do that again."

About a pediatrician: "I took my child to Dr. — for a time, but he used to tease her every time she went. I don't think he knows children very well."

The patient wants above all things to have confidence in his physician. How do we inspire that confidence? I believe the majority of laymen who call a doctor are kind enough to assume in advance that if the doctor has an M. D. after his name he has adequate knowledge to meet the situation. To confirm this assumption, we must be decisive. The patient wants to know what the nature of his ailment is, how long it will last, and what can be done for it. Many laymen, even in the so-called intelligent class, fail to realize that these questions often require a period of observation and perhaps even then cannot be given a definite answer. Our impulse is to be honest to a fault and present the patient with the whole picture of what is going on in our own minds with regard to these points. We must remember, however, that few of them can follow medical logic any more than we can follow a lawyer in an argument on contracts, and if we say, "It may be this, or, on the other hand, it may be that," our very attitude of indecision is upsetting to the confidence of the patient.

A practitioner of wide experience and great wisdom once said to me, as I was starting in practice, "Don't hedge. It is much better to commit

yourself and admit later on, if necessary, that you were mistaken than to try to protect yourself by being too guarded in diagnosis." I have heard patients on more than one occasion criticize an able physician for not seeming to be able to tell just what the trouble was, while a much inferior man comes along with cocksureness and takes over the patient and the family's confidence.

Our own confidence in many types of therapy is justifiably shaky, but it is unquestionably a mistake to share our doubts with our patients. If we want his confidence we should not say "You might try this," but rather "You do this, and then do that," and preferably put down in writing a concrete program and announce with assurance that beneficial results will follow.

To inspire our clients' confidence we must also be thorough. The laity are getting more and more educated in the matter of what a thorough examination should cover, and not a few of them have learned to expect thoroughness, so that, if we fall short, even if the details we have omitted may actually be irrelevant, we lose confidence by their omission. This is particularly true, I think, of urinalysis, which life insurance examinations have made of such important significance in the minds of the laity. It is easy for the specialist, with the prestige which he commands by his reputation for special knowledge and experience, to drop into a habit of lack of thoroughness and to see the whole as related to the part, rather than the part as part of the whole.

Isn't it really a lack of thoroughness in handling the patient which has brought about the wholesale enucleation of tonsils in recent years? How easy it is when one is in doubt as to what therapy to offer to recommend tonsillectomy if the tonsils look at all questionable. In my opinion, there are few instances in which we are justified in recommending tonsil-

(Continued on page xii)

Interpretations of Human Conception

Dr. Owen reviews what scientists have learned through the centuries about the origin of life

by John Dale Owen, M.D.

"Some deep seated compunction has clouded man's approach to all problems concerned with the creation of life," yet we have a special right to know of that which is our origin. We need to understand the processes which created us and by which we in turn may create new life.

Adam and succeeding generations, equipped only with fears and ignorance, sought this knowledge blindly. Through centuries past the assembled scientific contributions have replaced surmise with fact: that we develop from the fusion of two cells, — the ovum and the sperm. To us, this is fundamental wisdom, but for countless eras the connection between cohabitation and birth was not understood. This was not grasped for three definite reasons: the first is the remoteness of the birth from the mating act; the second, that sexual union seldom results in conception, and the third is that the ancients cohabited very freely with sexually-immature girls.

Reproduction was accepted without thought by those who existed by adaptation to their crude environments. Conception was attributed to the forces that surrounded them. Folklore relates that the founder of the Manchu Dynasty was born to a maiden because she ate a red fruit placed on her skirt by a magpie. The Pueblo Indians taught that Montezuma was delivered by one conceived from a heavy summer shower. Two Algonquin squaws were impregnated by the foam as they bathed in the ocean. Likewise, a barren lady of high rank, an Icelander, laid herself down in a brook, and, while drinking, con-

ceived, due to a fish that swam into her open mouth. Tembinoka, the King of Apemama, according to Robert Louis Stevenson's story *SOUTH SEAS*, told the author of his origin. He said that his mother swam far out into the ocean and conceived him through an union with a shark. The sex of the newborn was attributed to the gods, and these latter, according to a Queensland tribe, fashioned infants out of mud and inserted them into the mother's womb; again, they were credited with the making of baby spirits which they left on trees wherefrom the spirits would enter and implant themselves in passing women.

The Amazons deteriorated due to their almost complete isolation from the male. Caged, single animals failed to reproduce, and thoughts were expressed as to the relationship between mates and human produce. Many who so observed were tortured and sacrificed, but each death contributed further food for thought.

In the ancient papyri of the Egyptians, written 3300 years before Christ, certain prescriptions for permanent sterilization, contraception, and abortion are found. Our Bible and its history clearly denote the husband of the family as the father of his children mentioned.

Let us now turn to the thoughts and beliefs concerning conception and the development of the embryo: the Greeks absorbed much of the Egyptian culture and wisdom. Empedocles of Agrigentum, around 480 B. C., contended that the embryo was formed jointly from the male and female seeds, and for this reason de-

sire arose when the sexes perceived each other. He believed that development began thirty-six days after conception and that it was completed on the forty-ninth day. The child resembled the parent who contributed the most at his origin. Empedocles was a philosopher, and throughout his large following prepared the public mind for the entree of a true scientist.

Arising from excellent stock, Aristotle, the first biologist and scientist, the pride of Plato and the tutor of Alexander the Great, conducted the first experiments of which written records are preserved. These were destined to influence other brilliants for centuries to come. He opened fertilized hen's eggs at different stages of development and studied the embryos. By partially castrating a male he disproved that the sex of the child was dependent upon which testicle the sperm evolved from by later observing both sexes reproduced of that given paternity. These and many other experiments led to conclusions that dominated the Greek cultural period. Aristotle stated that the male semen, plus female menstrual blood, formed the foetus; and the father provided form, animation, and soul, and that the mother contributed matter, substance, and body.

These incorrect deductions were taught for six hundred years, until the second century, A. D. At this time, Galen, special physician to the Roman gladiators, anatomist, and philosopher, contended that the female vitality was transported in a seminal fluid, originating in the uterus, instead of in the menstrual blood. This joined the male semen in the uterine cavity, became intimately mixed, frothy, and evolved the embryo. His teachings existed for 1000 years, until human dissection was recommenced. So dominant was his memory that, even then, errors found at the dissecting tables were attributed to the dead bodies rather than to the incorrect observations of Galen.

Fabricius, in 1604, identified the ovary and realized that the ova came from it. But, had not Galen stated that they evolved from the womb? Indeed! So in deference to the long dead master, he reasoned that the ovary was part of the womb.

This latter period marked the termination of Elizabeth's reign, found Shakespeare alive and active, and Baconism as a stimulus to deeper thought. Galileo's telescope had disclosed secrets of our universe. Our true anatomical construction had been described by Vesalius.

During this enlightened century, William Harvey, an Englishman, studied the reproduction of deer. He secured twelve does, all recently mated, and sacrificed them at intervals. The first showed no changes in the uterus, much to Harvey's chagrin. Those autopsied in a few weeks, however, showed white filaments in the uterus "like spider-webs, becoming conjoined and presenting themselves as membranous or gelatinous sacs." A short time later, a minute embryo was found in this sac, and the remainder, as control animals, delivered their fawns in the course of time. Harvey concluded that no male semen ever reaches the uterus, having seen none. He contended that a seminal vapour, emanating from the semen lodged in the vagina, stimulated the uterus to produce an egg. He likened this last process to an idea evolving from the brain. Harvey, unfortunately, temporarily removed the sperm from consideration as a vital element.

De Graaf, in 1672, published a monograph identifying the female ovary as the source of the egg, but he falsely identified the latter. He concluded that the embryo was created in the ovary by some mysterious influence of the semen upon the whole ovary. So far, then, the two principal characters concerned in reproduction, the sperm and the ovum itself, have remained unrecognized.

In 1674, Nicholas Malebranche offered the thesis that all ovae, destined to create mankind until our own termination as a race, were compactly stored, one within the other in the ovary of Eve. Therefore each succeeding female born possesses one less ovum. His followers, called ovists, prophesied an abrupt end of the human race after 200,000 generations. This explanation was loudly proclaimed by the Church, as it reverted all life to Eve and offered convincing proof for the inheritance of our original sin.

This theory was challenged in 1677, by Van Leeuwenhoek, a Dutch burgher and the inventor of the microscope. He saw and described the human sperm cell, and claimed that it instead of the egg, never seen to date, was in reality the forerunner of all life. He postulated that the mother served but as an incubator. Enthusiastic followers described faces, limbs, and all the organs on the sperm cells studied, and he himself believed that he could identify two sexes.

The idea that the mother contributed no portion to the developing embryo had been demonstrated in English law as early as 1545. At this time, the wife of the Duke of Suffolk was adjudged to be of no relation to her own son.

A sprightly battle waged now between the spermists and the ovists. Both theories were reconcilable to the Church, as encasement of sperms, like ovae, could occur, making Adam the father of the race, and also the route of transmission of his first sin. The spermists, recognizing the presence of the egg, acknowledged it only as a storehouse and shelter for the spermatazoon. The ovists contended that the sperm were parasitic worms and played no role in reproduction.

Von Baer, in 1827, isolated unfertilized ovae. Having reported twice and having been poorly received, he finally demonstrated his findings before the Biological Congress in Berlin a year later. So, for the first time,

the origin of the ovum was proved. In 1851, George Newport proved that the spermatazoa in the semen, and not the latter itself, were necessary for fertilization. The battle between spermists and ovists was fought; it was decided by the microscope.

Briefly, now, we shall follow the developing egg until it has been impregnated and imbedded. The mature ovum measures about one two-hundredths of an inch in diameter. Maturity is reached about thirteen days after the last menstrual period. The ripe egg is extruded from the ovary and migrates through one or the other of the Fallopian tubes. The ovum lives about three days, and most of its life, unless it is impregnated, is spent in passage through the tube. Conception occurs in the outer one third of the tube, the sperm having migrated up to meet the egg. The male sperm, about one six-thousandth of an inch in length, swims at a rate of one inch a minute. Notwithstanding, living sperms have been found around the ovary eight minutes following coitus. The fertilized egg migrates through the tube in about four days, and is thought to be implanted by the end of the ninth day into the wall of the uterus. Interference with implantation may mean the production of twins, triplets, etc., or a poly-membered monster.

Stockard has shown us, repeatedly, that heat, cold, oxygen, and other chemical compounds will interfere with the implantation of the egg, and consequently with its proper growth. If this delay leads to the death of a band of tissue completely across the egg, twin gastrulae form, and a double pregnancy results. But, however, if this delay causes destruction of a partial area of the egg only, a joined, two-bodied monster develops. Stockard can produce a series of these two extreme patterns of the same development, monsters or twins, at

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Psychiatry Leads the Way

Despite its slow and halting growth psychiatry is assuming an important role in medicine

by A. I. Rosenberger, M.D.

It is now generally recognized that the insane are sick, mentally and emotionally, and that there is no cause for shame or feeling of disgrace. Further, it is known and recognized that hospitals for the insane are institutions for healing these mental ills, often successfully. They are modern buildings, well equipped for the work they must do, often pleasant and even cheerful, and never places to conceal some dark and fearful secret.

The slow and halting growth of psychiatry as a specialized field in medicine has made this possible so that now much help can be offered to the mentally sick, and the families of these unfortunate individuals can hope that they will be returned to society to lead useful, happy lives. It can be truthfully said, therefore, that psychiatry leads the way and that medicine and the world generally are better for it.

Psychiatry, however, is still suffering growing pains, but the science is recognized as a legitimate and essential field in medicine. The mentally sick we have always had with us, but among the ancients a correct appreciation of mental conditions was lacking. There were occasional references in the Old Testament and in the poetry of the ancients to what must undoubtedly have been mental disease, but these disturbances were ascribed to supernatural influences and the secret powers of gods or evil demons. The treatment of these psychiatric conditions was limited to religious sermons, exorcism, and charms.

These conditions existed until Hippocrates, the Father of Medicine, brought decided scientific advancement in the consideration and treat-

ment of psychiatric problems. He taught that the brain was the seat of mental activity, and that mental disease arose from abnormalities of the brain. Sixty years before Christ the Greek physician, Areteus, gave medicine of that day a good description of the excitements and depressions of psychoses, but he did not improve on the "Hippocratic Theories." About 150 A. D. Galen, another celebrated Greek, added much to the advancement of psychiatry. He recognized the difference between the delirium of fever and other mental abnormality. A third ancient to add to the store of psychiatric knowledge was Caelius Aurelianus who probably lived and worked between 100 and 300 A. D. His methods of treatment of the insane were more precise than those of any physician who had preceded him. He disposed of restraint and force and especially stressed the fact that insanity is a disease of the brain and mind and not some strange condition of the soul. He argued, therefore, that mental conditions lay properly within the domain of the physician and not of the priests in the temples.

After the decline of the ancient Roman Empire and its civilization, psychiatry lay dormant for many centuries. During the early Christian era the insane were usually regarded as possessed of the devil, and were often beaten, tortured, or prayed over in an attempt to drive out the evil one. Not all the early Christians, however, were so uncharitable toward the insane.

In the 8th century A. D. there were a few hospitals under the con-

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TULSA CLINICAL SOCIETY SPRING CLINICAL CONFERENCE

Wednesday Morning, June 10, 1936

Morningside Hospital

8:00-10:00 A. M. OPERATIVE CLINICS, Fourth Floor. (Surgical, Gynecological, Orthopedic, Urological, Eye, Nose, and Throat Cases by Members of the Staff) Operations listed at Registration Desk.

Room A, Sixth Floor

MEDICINE

9:00 A. M. Neurology for the Family Physician,-----N. R. Smith, M. D.
9:15 A. M. Bedside Diagnosis of Heart Conditions-----H. A. Ruprecht M. D.
9:30 A. M. Obscure Fevers,-----B. L. Branley, M. D.
9:45 A. M. The Common Diarrheas in Adults. Lantern Slides--S. C. Shepard, M. D.

ANAESTHESIA

10:00 A. M. Spinal Anaesthesia. Lantern Slides,-----F. E. Woodson, M. D.
10:15 A. M. The Therapeutics of Oxygen and Other Gases in Office Practice. Lantern Slides,-----M. Edna Sippel, M. D.

EYE, EAR, NOSE AND THROAT

10:30 A. M. Multiple Congenital Defects of the Eye.
Case Report,-----W. O. Smith, M. D.
10:45 A. M. Acute Middle Ear Infections,-----W. M. Jones, M. D.
11:00 A. M. Glaucoma Simplex,-----C. H. Haralson, M. D.

SURGERY

11:15 A. M. Suprarenal Denervation in Relation to Malignant Hypertension.
Lantern Slides,-----R. Q. Atchley, M. D.
11:30 A. M. The Use of Papain in the Prevention of Reformation of Abdominal Adhesions,-----B. W. Ward, M. D.
11:45 A. M. Comparative Value of the Different Types of Treatment of Hemorrhoids,-----V. K. Allen, M. D.

Room B, Operating Room, Fourth Floor

DERMATOLOGY

10:00 A. M. Clinic on Skin Cancer. Case Demonstration.
10:00 Precancerous Lesions,-----James Stevenson, M. D.
10:15 Treatment of Precancerous and Early Cancerous Lesions, C. J. Woods, M. D.
10:30 Treatment of Advanced Cancer,-----M. O. Nelson, M. D.

HEMATOLOGY

10:45 A. M. Clinic on Blood Dyscrasias. Case Demonstrations.
10:45 A. M. Blood Picture in Pernicious Anemia with Marked Cord Symptoms,-----Margaret Hudson, M. D.
11:00 A. M. Polycythemia Vera,-----J. K. Lee, M. D.
11:15 A. M. Splenectomy in Thrombocytopenic Purpura,-----F. A. Glass, M. D.
11:30 A. M. An extraordinary Case of Granulocytopenia,--W. S. Nauheim, M. D.
11:45 A. M. Clinical Significance of Schilling's Differential Blood Count-----H. S. Nauheim, M. D.
12:30 P. M. Lunch, Ground Floor, Courtesy of the Hospital.

Wednesday Afternoon, June 10, 1936

Mayo Hotel

2:00 P. M. The General Management of Malignancies of the Breast,-----A. Ray Wiley, M. D.
2:15 P. M. Roentgenological Treatment of Malignancies

	of the Breast,-----	Morris B. Lhevine, M. D.
2:30 P. M.	Some Clinical Features of Foreign Bodies in the Air Passages. Lantern Slides,-----	Ruric N. Smith, M. D.
2:45 P. M.	Intestinal Parasites in Children-----	C. E. Bradley, M. D.
3:00 P. M.	The Recent Outbreak of Lobar Pneumonia in the Vicinity of Tulsa. Lantern Slides-----	Sam Goodman, M. D.
3:15 P. M.	Choice of Anesthesia,-----	H. B. Stewart, M. D.
3:30 P. M.	Prostatic Obstruction. Lantern Slides,-----	Henry S. Browne, M. D.
3:45 P. M.	Tubal Pregnancy,-----	John Perry, M. D.
4:00 P. M.	Endocrines in Gynecology. Lantern Slides,-----	Pierre N. Charbonnet, M. D.
4:15 P. M.	Dermatology and the General Practitioner. Lantern Slides,-----	Harry Green, M. D.

Wednesday Evening, June 10, 1936**Mayo Hotel, 7:30 P. M.****BANQUET****James C. Brogden, M. D. President****Master of Ceremonies****T. A. Penny, M. D., Mayor of Tulsa****Address of Welcome****Address by Guest Speaker****Edward H. Cary, M. D.,****Past President American Medical Association****Dallas, Texas****Thursday Morning, June 11, 1936****St. Johns Hospital**

8:00-10:00 A. M. OPERATIVE CLINICS, Fifth Floor. (Surgical, Gynecological, Orthopedic, Urological, Eye, Nose, and Throat Cases by Members of the Staff.) Operations listed at Registration Desk.

Room A, Ground Floor**PEDIATRICS**

9:00 A. M.	Symposium: Recent Progress in the Acute Infectious Diseases.	
9:00 A. M.	Diphtheria,-----	K. C. Reese, M. D.
9:15 A. M.	Pertussis,-----	D. J. Underwood, M. D.
9:30 A. M.	Scarlet Fever,-----	H. C. Graham, M. D.
9:45 A. M.	Meningitis,-----	G. R. Russell, M. D.
10:00 A. M.	Measles,-----	Luvern Hays, M. D.

ORTHOPEDICS

10:15 A. M.	The Etiology and Prevention of Acute Osteomyelitis,-----	Ian MacKenzie, M. D.
10:30 A. M.	The Treatment of Ankylosis by Arthroplasty. Moving Pictures,-----	J. E. McDonald, M. D.
10:45 A. M.	Diagnosis and Treatment of Compound Fractures of the Skull. Lantern Slides,-----	H. Lee Farris, M. D.

SURGERY

11:00 A. M.	The Management of Empyema,-----	P. P. Nesbitt, M. D.
11:15 A. M.	Factors of Safety in Surgery of the Biliary Tract,-----	C. C. Hoke, M. D.
11:30 A. M.	Surgical Aspects of Ulcer of the Stomach,-----	D. L. Garrett, M. D.
11:45 A. M.	Subject Unannounced-----	Edward H. Cary, M. D.

Room B, Ground Floor**UROLOGY**

- 9:00 A. M. Etiology of Hematuria,-----E. L. Cohenour, M. D.
 9:15 A. M. Diagnosis and Treatment of Hematuria,-----H. W. Callahan, M. D.
 9:30 A. M. Etiology and Diagnosis of Pyuria,-----J. W. Rogers, M. D.
 9:45 A. M. The Treatment of Early Syphilis.
 Lantern Slides,-----D. V. Hudson, M. D.

OBSTETRICS AND GYNECOLOGY

- 10:00 A. M. Indications for Forceps,-----J. L. Miner, M. D.
 10:15 A. M. Indications for and Types of Caesarian Section.
 Lantern Slides,-----G. R. Osborn, M. D.
 10:30 A. M. Symposium: Carcinoma of the Cervix
 10:30 A. M. The Clinical Picture. Lantern Slides,-----A. W. Pigford, M. D.
 10:45 A. M. Preserving the Cancerous Tissue for the Pathologist.
 Lantern Slides,-----I. A. Nelson, M. D.
 11:00 A. M. Radium Treatment. Case Reports,-----D. O. Smith, M. D.
 11:15 A. M. X-Ray Treatment,-----M. L. Napper, M. D.

Room C. Ground Floor

- 10:30 A. M. Pavaex Treatment of Peripheral Vascular Diseases. Demonstration
 of Apparatus,-----E. R. Denny, M. D.
 12:30 Lunch in Dining Room, Ground Floor. Courtesy of the Sisters.
 1:00-6:30 Golf Tournament at Avery Golf Club—Awarding of Cups and Prizes
 at Club House.
 7:00 P. M. Barbecue Dinner at the Farm of Dr. Fred A. Glass at Owasso.

TULSA CLINICAL SOCIETY**1936****OFFICERS:**

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X-Ray, Radium, and Pathology

M. B. Lhevine, M. D.

CLINICAL DIRECTOR:

R. C. Pigford, M. D.

PERSONAL

Dr. C. W. Young of Cleveland is retiring because of ill health and will dispose of his practice and equipment. Any physicians interested may write to Mrs. C. W. Young, Cleveland, Oklahoma.

NEW MEMBERS

Dr. Wm. S. Crawford was elected to membership at the Meeting of May 25.

EXECUTIVE SECRETARY'S OFFICE

At the May 25, 1936 meeting the requested contribution to the Executive Secretary Fund was passed by unanimous vote.

PARTIES

The parties given by Morningside Hospital and Oakwood Sanitarium were excellent. Did you ever see so many doctors out with their wives before?

GOLF PRIZES

Trophies and Prizes were donated by the following at the Spring Golf Tournament of the Tulsa Country Medical Society, held April 30 at Indian Hills Country Club.

A. S. Aloe Co.
 Adams Drug Store
 Alhambra Hardware Co.
 American Optical Co.
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 Riggs Optical Co.
 Roy Getman Drug Store
 Rob't. McBirney Funeral Home
 Safeway Store No. 4
 Salvation Army Maternity Home
 Skelly Oil Co.
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 Tulco Laboratories
 Vandevors
 Walk-Over Boot Shop
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Professional Directory**E. RANKIN DENNY, M. D.**

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

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Urology

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

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

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

I. A. NELSON, M. D.

Tissue and Clinical Pathology

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

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

Internal Medicine

Cardiology

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

R. M. SHEPARD, M. D.

Diseases of the Lungs

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

WADE SISLER, M. D.

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Timely Brevities

We have passed through a great depression. (We say passed, because it is our opinion that economic conditions have improved.) During those trying times everyone felt the lash of adversity; no one was spared. It is to the everlasting glory of medicine that the doctor carried on as usual. In the face of poverty and want the health of the nation was kept at a high level.

The charity of the medical profession never can be measured in terms of dollars and cents, and much of the payment for services rendered must come in the form of gratitude. It is for this reason we quote the following eulogy which appeared in the Schullsburg PICK AND GAD:

"My nomination for the man who deserves the title 'The Forgotten Man' is your doctor. Just think it over. When you have something the matter with you you rush to him and your eloquence in describing your symptoms would put a congressman to shame. You are absolutely sure that he never has come in contact with anything quite so bad before, and your anxiety is unlimited.

"The doctor listens to all this patiently, takes you in hand and turns you loose again feeling fine. Then he sends you a bill and you tear your hair out because he has charged you so much when, in reality, he has given you a very fair price. If he laid you out and told you that you were going to die, you would not hesitate to give him everything you possess for another month of life; but when he fixes you up without telling you this, it is a different story. He reaches out and pulls thousands from between the grim jaws of death; he brings your children into the world and instructs you as to their best care; he gives you confidence with a few words and makes your mind work for you instead of against you.

In short, he is a pretty wonderful guy, yet how many of us think about him when we're feeling good? Hats off to 'The Forgotten Man'."

This neither tickled our vanity nor increased our ego, but it did warm the "cockles of our heart."

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It has been sensationally reported that there are 1,000,000 drug addicts in this country. If this were true very nearly the entire world supply of narcotics would be needed in the United States. A more nearly correct figure is 100,000.

It has been repeatedly charged, also, that drugs are largely responsible for crime. To the contrary, the major criminal is rarely an addict. According to statistics furnished by Warden Laws of Sing Sing Prison only sixty-eight of the 1,562 men admitted to the prison during 1932-1933 were users of narcotics. It is the minor criminal who is the addict. However, his criminal record often consists only of petty larcenies to which he has been driven in order to obtain money to satisfy his craving for the drug.

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How often have we heard doctors bewailing the circulation of their pet prescriptions throughout the neighborhood! Yet these same doctors themselves are unwittingly encouraging self-medication by presenting medicinal samples to their patients.

This fact was brought to our attention one day as we stood gossiping in the back room of a prescription pharmacy. A customer entered and we heard her say:

"Some time ago I was sick and the doctor gave me this sample. Can I get some more like it? My husband is sick now; maybe the same stuff

will help him. If I don't call the doctor we can save the money."

Besides encouraging self-medication the doctor is playing directly into the hands of certain pharmaceutical manufacturers who use the physician merely as a means of pushing their products to the general public. In trade circles this is known as "creating a customer demand."

If we feel obligated to present the patient with a sample, let us not be too tired to remove the label from the bottle and substitute the full directions instead.

Have you dyspepsia? If so, don't take "Dr. Whoosis' Great Discovery" or "Old Quack Compound." Rather cherish each little gas pain, for you may be a potential genius.

Dr. T. Wingate Todd, anatomist of Western Reserve University makes this statement:

"Samuel Johnson is a good example of the stomach's effect on the mind. There is no doubt of Johnson's chronic indigestion and the resultant cantankerous disposition, with which there goes a brilliancy of imagery and creative thought. Benedict's quick wit and queasy stomach remind us of the indebtedness of both literature and science to indigestion. Would Darwin ever have framed the theory of evolution had it not been for the imagery created by his chronic

indigestion? Would Conrad have written his stories had the facts of experience not been sharpened and amplified by nervous dyspepsia?"

We always wanted to be a genius, but we can see now where we never had a chance. During those most formative periods of our life, the "green apple seasons," Mother was always on the job with the castor oil bottle. That's our alibi and we'll stick to it!

Persons vocationally handicapped by physical disability often excel their fellow workers. In part this may be due to the fact that these handicapped people realize that on a competitive basis they must produce at least as much work and of as good a quality in order to hold their positions with physically normal persons.

Those who are unfortunately handicapped may take comfort from the knowledge that the following achieved high places in history despite their physical handicaps:

Demosthenes stuttered; Pope was a hunchback; Caesar and Napoleon were epileptics; Steinmetz was a dwarf; Byron had a clubfoot; Shelley, Poe, Quincy, Thoreau, Sir Walter Scott, and Voltaire were tubercular; Newton, Coleridge, Schopenhauer, and Charles Lamb were victims of temporary insanity, and Beethoven was deaf.

—A. C. H.

Life teaches the doctor that success that is purchased by the sacrifice of one's ideals can never be true success. The medical profession was never intended to be a money-making profession. We physicians are licensed by the state to preserve the lives and health of its citizens in every way. Properly, we are allowed to be recompensed by the citizens for our services.

E. J. G. BEARDSLEY, M. D.,

Journal of Southern Medicine and Surgery, April, 1936.

Let Us Do Them Honor

by An Observer

In every community there are many medical men who at one time were prominent, but who, in their declining years, have been more or less forgotten, which reminds us how transitory is any eminence which most of us may hope to attain. The world seemingly passes us by, and we must be content to remember when we, at the height of our powers, received the acknowledgment of our importance in whatever pursuit we may have been engaged.

Many physicians in this country today have practiced their profession for more than a half century. We had occasion not so very long ago to examine a list of physicians in our city as it appears in the American Medical Directory. Familiar as we thought we were with our physicians we were surprised at the number we found who were not known to us. Upon closer examination as to date of birth and graduation from medical school, we learned that a large number are men who have been in practice from forty to sixty years. These are truly the forgotten men of medicine because most of them are no longer active in their medical organizations and are seldom seen at medical gatherings.

Not all of these men have been great lights in the community. They are ordinary practitioners of medicine,—most of them in general practice. With very few exceptions they have served their patients faithfully and well and have fulfilled to a splendid degree the demands of their calling.

We have in mind, for example, a physician who is typical of the so-called family doctor. This man was honored recently by his fellow practitioners, most of them many years younger than he, because for over half

a century he had served the people of the community loyally and faithfully. Nothing had distinguished his service, nor was there anything to mar it. He had continued over the many years in the even tenor of his ways, — efficient, sympathetic, and well-informed. No contributions to scientific literature have emanated from this man; nor has his name appeared on the programs of scientific assemblies. Physicians who know him, however, recognize his true worth: that of an honest and capable practitioner.

We believe that the practice which recently has come into vogue among county medical societies in this country is to be highly commended; that is, giving recognition to the faithful service of these men in the form of testimonials, dinners, and the like. In this way we can at least show they have not been forgotten. What is more thrilling than to do honor to physicians who have arrived at an advanced age in the service of their profession?

We must confess that at a dinner which we recently attended we were inspired by the fine appearance of these men and proud of the profession which embraces such men. How their reminiscences exuded sympathy for mankind! What emphasis they placed upon the true values of life! Among all those introduced there was not one who had a bitter comment to make; not one who did not look back upon his profession as the one he would choose again had he his life to live over.

We commend to medical societies thoughtfulness of physicians who have served the medical profession over a period of many years. These men have learned much which is of value to younger men, as theirs is an

experience which is rich beyond our power of comprehension. It is neither right nor proper that these physicians should be relegated to the ranks of forgotten men. We have too much to gain from knowing them and benefiting from their experiences.

Not the least of the value of such friendships is the inspiration to younger men in practice. Their lot today is, undoubtedly, a difficult one, and troublesome times perhaps lie

ahead, but no greater barriers to success lie in the paths of the younger men than of those who have gone before. Economic problems did not confront the physicians of yesterday as they do the men of today, yet they were confronted with the lack of scientific knowledge which at times handicapped them greatly.

Let us not forget our practitioners who have served long and well. Let us do them honor.

Interpretations of Human Conception

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will. I mention this just to show you how lucky, in reality, is the mother who has a fine brace of children presented to her. It is a gift of Fate that nature did not run amiss and produce, instead, an undesirable result.

In reviewing the ground covered, I trust that some misunderstood facts have been clarified. More than that, I desire to share with all of you, my intense appreciation and respect for 'Mother Nature' and all of her remarkable accomplishments.

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The Art of Medicine

(Continued from page iv)

lectomy without a careful and painstaking study of the patient over a considerable period of time, and in making our decision we should ask ourselves: "Will tonsillectomy benefit the patient?" rather than "May it have beneficial effects?"

Another attitude which the patient wants in his doctor is an attitude of optimism and cheerfulness. The only way this can be transmitted to the patient is by the physician's having a genuine subjective attitude of optimism himself, as the sick patient is much too acute and sensitized an observer to gather his impressions of the physician's attitude from what the physician says alone. How often have we all heard the patient relate,

after a crisis is over, how cold shivers went down his back as he scrutinized the serious faces of the consulting physicians, strained his ears to overhear a word, and read his fate from the very inflection of voice with which the verdict was pronounced? After all, medicine is an inexact science, and the wisest and seemingly most certain prognosis is not infrequently upset, so we have ample justification for a habit of optimism, even when dealing with desperate cases.

What should we tell the patient with the disease which we regard as incurable? It is easy for us in the pink of health to say with bravado that we would much rather know it

if we were in such a situation ourselves, but, after all, the sick person's outlook and emotional status are usually abnormal, and we should bear this in mind when we decide what to tell. My own feeling is that they should rarely, if ever, be told the whole truth in so many words. Many of them know it anyway; others deliberately blot the possibility out of their conscious mind and cling to a straw of hope, and we have no right to destroy this hope, for we don't know enough to predict with 100% accuracy.

Finally, the patient wants to feel that in the eyes of his physician he is an individual human being and not just Case No. So-and-so. This calls for an active subjective interest in the patient as a personality, aside from his disease. Many an old-time physician has been referred to as having scant knowledge of science, but abounding in knowledge of human nature. From our point of view he may have practiced bad medicine, yet he may have given far more satisfaction to his patients than many of us are giving. He understood them as human beings, and there is probably no other one thing that inspires as much confidence as a sense of being understood. We have far less excuse in these times for failing to understand our patients, for we have at our disposal an enormous amount of material on human reactions and behavior that comparatively recent studies in psychology, psycho-analysis, and psychiatry have brought out. It behooves us all, who have the intimate human relation of doctor-patient to deal with, to become familiar with this material and to use it.

A psychologic understanding alone, however, is not enough. The patient wants the feeling that the physician is interested in his individual needs and is really anxious to help him. Naturally we all want to help our patients, but this desire should be a sincere sympathy, a true giving of

ourselves, and not a desire to help merely for the purpose of enhancing our reputation or increasing our practice or giving ourselves the satisfaction of a difficult technical job well done. In such instances the patient may reap the fruits of our self-centered efforts, but he senses accurately that he is just a case, and is cheated out of a great deal that the physician has it in his power to give.

A phrase which doctors use too often and which to my mind does them great discredit is "There isn't much you can do for so-and-so; she enjoys ill health." No one really enjoys ill health even though he may enjoy the attention that ill health brings. The truth in these cases is usually that the physician's efforts are misdirected because of his complete failure to understand his patient, who may be suffering as acutely from symptoms arising from mental conflict as another who presents demonstrable signs of pathology. To get at the bottom of such a situation often requires much patience and perseverance and above all an ability to project oneself into the patient's situation with genuine sympathy.

The physician's duty, as I see it, then is not only to meet the needs of a sick body but, also, to bolster up the spirit in that body by inspiring confidence, exuding optimism, and by giving of himself in an effort to understand his patient as an individual, and get in tune with his personality. Only thus can we practice medicine as an art. We hear much of the conflict between science and religion. It seems to me that in the art of the good physician science and religion meet. The distinctive feature of the Christian religion is respect for personality. In the good physician we have, on the one hand, technical skill with all the science of medicine behind it, and, on the other, respect for personality with the complete understanding and desire to give unreservedly of one's self that goes with it.

Psychiatry Leads the Way

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trol of the Church which had psychopathic wards, but these institutions, early in the 16th century, were turned over to individuals who were both incompetent and not always interested in the welfare of their patients. Abuses crept into the system which remained for many hundreds of years. Much has been written about the horrors of Bedlam Hospital in London in the early fifteenth century. Here the sightseers paid twopence to view the insane chained to the walls and floor of the hospital. In the early Colonial days things in America were no better. There was a general belief in witches, and ducking pools were provided by law to relieve the poor creatures of their supposedly evil spirits.

Until the middle of the 18th century the lot of the insane continued to be a sad one. In 1751 Pinel struck off their chains at Bicêtre Hospital in Paris. In 1804 Wm. Tuke founded York Retreat in America for the humane treatment of the insane. Even earlier than this, in 1751, the Pennsylvania Hospital for the Insane was established in Philadelphia and in 1773 another such hospital was erected at Williamsburg, Va. Many of the best medical schools in Europe were including courses in psychiatry. It was the dawn of psychiatry as a specialized field in medicine.

These courses in mental medicine have made it possible for the general practitioner to recognize more easily the approach of a mental collapse and, if necessary, to call to his aid a psychiatric consultant. Doctors especially interested in this field of medicine have spent much time and effort in their specialized training. Hospitals for the mentally sick are vastly improved, new and more effective methods of treatment have been introduced, and, generally, the outlook for the insane is so much more hopeful that the reported numbers of cures in-

creases steadily each year. Both Europe and the United States are now dotted with hospitals for the curative care of the mentally sick and insanity is no longer a skeleton in a clothes closet.

It is estimated that there are 500,000 beds now occupied by mental cases in the United States alone. Only 525,000 beds in all other kinds of hospitals are needed. Other cases, however, remain in a hospital about 18 days whereas the average stay for the insane patient is a year and a half. If the general hospital cases remained as long as the mental cases the 525,000 beds now occupied by them would have to be increased to 12,500,000 beds. In the past 50 years the population of the United States has a little more than doubled, while admissions to state hospitals has increased ninefold. In addition, there are about 175 private hospitals for the care of the psychotic.

While the number of mentally sick apparently has increased enormously, it must be remembered that refinement of diagnosis and increased knowledge of mental ills have made it possible for the insane to receive the benefit of hospitalization. Hospitals for mental diseases, no longer generally referred to as "insane asylums," have altered startlingly in character. The modern hospital treats the patient with kindness and intelligence. Where physical restraint is necessary it is intelligently and humanely used. The "wet-pack" with its quieting and relaxing effect is used whenever feasible. The creation of a pleasant and, so far as possible, a home-like atmosphere has done much to recondition the mental patient and help to return him to society. Gay chintz curtains may be more effective than all the Greek therapies put together.

Two new factors recently have entered the psychiatric field which give promise of much additional relief for

the insane, the nervous, and the depressed. These two factors are the mental hygiene movement and psychoanalysis. Some years ago Clifford Beers wrote *A MIND THAT FOUND ITSELF* after recovering his sanity. Since then he has devoted all his time and energy to the National Committee for Mental Hygiene which is to mental disease what the National Tuberculosis Association is to tuberculosis. The work being done by this organization in schools and colleges, in the medical schools, and with the general public is invaluable and offers much consolation to the big group of the middle class who may at any time be faced with the need of psychiatric assistance.

The psychoanalytical movement is still new and very complex and is accompanied by much disagreement among the psychiatrists. In 1895, Sigmund Freud began his initial work on the investigation of the subconscious mind. Carl Jung and Alfred Adler, who originally worked with Freud in his establishment of the theory of examination of the conscious and subconscious mind, later rebelled

and founded their own schools of thought and procedure. In a broad and very general sense psychoanalysis means the use of the inspection of dream states and the method called "free association" in which the patient is urged to sit quietly with the analyst and allow his mind to ramble along, unhampered by shame or external stimuli. Thus, much that is bothering the patient, but lies buried in the subconscious mind, comes to light, is examined and found trivial and then dismissed, leaving the patient free to live a happy and unhampered life. The methods of psychoanalysis have been invaded by many psychiatrists both in this country and abroad and there is still much conflicting opinion as to methods and theories used and even as to the real value of psychoanalysis itself. Nevertheless, the ground has been broken and the first bricks laid. Much still remains to be done but psychiatry is definitely leading the way in this most important endeavor, and much hope is held forth to our nervous, depressed, and mentally sick all over the world.

Join the Golfers

at

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**Twenty-Second Annual Tournament
American Medical Golfing Association
Kansas City Country Club**

Sunny Side Up

LOOK SERIOUS

If you want to flatter somebody, just look serious and ask him what he thinks of the general situation.—*Philadelphia Inquirer*.

NATURAL CAUSES

A Scotchman seeing a dime in the street in New York stooped to pick it up, and was run over by a passing motorist. The verdict of the coroner's jury was "death from natural causes."

SICK SLICKER

Condemning her son, who palmed off sickness in preference to work, old lady Blotz says:

"He kin git the sickest the quickest an' git well the slickest of any feller I ever seed."—*Jacksonville (Fla.) Times-Union*.

TESTER TESTED

The boy was probably mentally deficient, and an examination was indicated.

"How many ears has a cat?" queried the psychologist.

"Two," replied the lad instantly.

"And how many eyes has a cat?"

"Two."

"And how many legs has a cat?"

"Say, Doc," asked the boy, "didn't you ever see a cat?"—*Mental Health*.

TOO MUCH

It is said that a Philadelphian who recently committed suicide left the following note:

"I married a widow with a grown daughter. My father fell in love with my step-daughter and married her, thus becoming my son-in-law, and my step-daughter became my mother because she was my father's wife.

"My wife gave birth to a son, which was, of course, my father's brother-in-law and my uncle, for he was the brother of my step-mother.

"My father's wife became the mother of a son. He was, of course, my brother, and also my grandchild, for he was the son of my daughter.

"Accordingly my wife was my grandmother because she was my mother's mother. I was my wife's husband and grandchild at the same time, and as the husband of a person's grandmother is his grandfather—I *am* my own grandfather!

GOOD REASONS

"Harry, why don't you smoke?"

"Because I'm not fat, I haven't a cough, never like to walk, and I'm satisfied."

THINK OF THE TURNOVER

Mrs. Brown: "The average woman has a vocabulary of only 500 words."

Druggist: "It's a small stock, but think of the turnover."

LOOSE LEAF SYSTEM

Professor: "Can you give me an example of a commercial appliance used in ancient times?"

Student: "Yes, sir, the loose-leaf system used in the Garden of Eden."

—*Staley Journal*.

HAVE YOU HEARD ABOUT—

Maybe you haven't heard of the druggist who was so extremely timid that he wouldn't keep Bunion Plasters for fear he would be arrested for harboring foot pads. Or the man who returned the bottle of medicine saying that it said on the label, "for adults," and he had never had them in his life. Or the young lady who replied to her doctor's diagnosis of the case as "acute tonsillitis" with: "Cut out the compliments, doctor, and tell me what's the matter with me."

MEDICAL MONOLOGUE

I honestly believe that patient I had last night was crazy. He paid me \$5 on account—he can't be normal. . . . Business is so bad even charity patients are deserting me. . . . I'm forgetting my technique from lack of practice. Why, I fumbled the bandage all over the place when Mrs. Cavendish asked me to hurry in changing the dressing on her thumb—because her dog was in the car outside and he doesn't like to be kept waiting. . . . And didn't that garage man burn up when I asked him to apply my bill on his bill for repairs on my car! It's a good car, too. That 1928 model is the best they ever turned out. . . . Gee, here comes the landlord again. . . . Alicia—I'm leaving right now and won't be back until morning. And—er—yes, here it is—I knew I had a dime somewhere. Here, Alicia, is 10 cents to apply on your November salary. . . . You're welcome.
—W. E. B.