"The average gain in weight of the children fed on the buffered lactic acid evaporated milk for the first ten days of life was 110.5 Gm., which surpassed that of any other group. In this period the infants fed on buffered lactic acid milk showed approximately seven times as great an increase in weight as the other artificially fed infants. This increase in weight was reflected in the excellent tissue turgor and muscle tone of these infants. Furthermore, the morbidity in the group was almost as low as that recorded for breast fed infants."—SMYTH, FRANCIS SCOTT, and HURWITZ, SAMUEL: J. A. M. A., Sept. 7, 1935.

In any formula

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

C A R N A T I O N C O M P A N Y

Milwaukee, Wisconsin Seattle, Washington

ACCEPTED AMERICAN MEDICAL ASSN.

WRITE FOR "Simplified Infant Feeding," a new and authoritative publication for physicians

IRRADIATED

Carnation Milk

"FROM CONTENTED COWS"

Medical Schools of the United States

6. University of Michigan Hospital

The General Practitioner and Clinical Investigation

Dr. Gilbert discusses the opportunities for clinical investigation by the physician in general practice

by N. C. Gilbert, M.D.

Just as the man who is working in one of the fundamental sciences in the laboratory has special advantages in his field, just as the man who has a large hospital service, with laboratory facilities, and leisure at his command has special opportunities for investigation, so, also, does the man have special opportunities who is in daily and intimate contact with his patients over long periods of time, who personally knows his patients, their families, and their environment. Better than anyone else he has opportunities to evaluate minor symptoms and findings early, to observe the evolution and the involution of abnormal processes, to see their broad relationship to other infections, and the effect of environment and social conditions. He may see early, when they are of the greatest value, the varying factors, some apparently small and insignificant, which may determine the onset and the course of disease.

It is not necessary for him to rely upon a more or less accurate or more or less complete history or the report of some social worker. It is his to see with his own eyes, to evaluate and to see the whole picture, not the narrow vision obtained by a fleeting glimpse of some single phase, as during a period of hospitalization.

"The progress of medicine," said Sir James Mackenzie, "will be delayed until the general practitioner becomes an investigator." "As a result of my experience," he says further, "I assert with confidence that medicine will make but halting progress, while whole fields essential to the progress of medicine will remain unexplored until the general practitioner takes his place as an investigator. The reason for this is that he has opportunities which no other worker possesses: opportunities which are necessary to the solution of problems essential to the advance of medicine."

It is to further just this type of investigation that the memorial to Sir James Mackenzie was established at St. Andrews. This memorial will give opportunities for the type of investigation which he planned and which was so fruitful in his own hands: opportunities which are already in the hands of every man in general family practice.

I do not wish to be understood as making a golden calf out of research, so-called. The patient in your daily work is the most important of all. I am not advocating research for research's sake, but investigation to serve definite objectives which you meet in your daily practice: problems immediately concerned with the care of those for whose welfare you are responsible. Problems arise daily in your routine work. There are unknown fields to be explored and charted for those who are to follow. If nothing else is gained except the additional satisfaction and pleasure which you will find in your work, it is worth while.

It is this recognition of problems met in daily routine practice which has resulted in many (one could almost say most) of the important advances in medicine.

Stop to think over only a few of the most important advances in medicine. Angina pectoris had been observed by Hippocrates and probably

earlier. Seneca described the typical attack in himself. Attacks were well described by Morgagni and by the first Lord Clarendon, yet it was not until Heberden described his cases taken from his daily practice that it was established as a definite syndrome and a clinical entity.

Not until another one hundred and fifty years had passed was coronary thrombosis differentiated as a distinct and separate entity, clinically and pathologically, by another practicing physician, Dr. James B. Herrick of Chicago. Cases had been described earlier and even diagnosed ante-mortem and proved at autopsy, but it was Dr. Herrick who gave coronary thrombosis its place in medicine. Much of the clinical knowledge of heart disease, all gained in practice in a small town, we owe to James Mackenzie, who observed his cases over periods of years and kept careful records.

Jenner was a physician in daily practice when he recommended vaccination against smallpox and laid the foundation for much of our present-day preventive medicine.

Robert Koch was the district physician in Wollstein, an isolated town of 4,000, in Posen, remote from scientific contacts. Here, he had a salary of 900 marks a year, supplemented by a few marks earned daily in hard general practice, but a corner of his office was partitioned off by a curtain for a laboratory. Here he had an old microscope, out of date even for 1872, a home-made incubator, and a microtome. Here, too, he kept his animals. Later, his wife saved enough money to buy him a new microscope for his birthday. Here, all by himself, he solved the problem of anthrax and its spores, and Cohnheim, who was sent by the enthusiastic Cohn to see Koch and his work, was to say to his assistants, "Drop everything and go at once to Koch! This man has made a splendid discovery which is all the more astonishing because Koch has no scientific connection and has worked entirely on his own initiative and has produced something absolutely complete. There is nothing left to be done. I consider this the greatest discovery in the field of bacteriology." Other important work was to come from this same humble laboratory. The tubercle bacillus was discovered later in his new laboratory in Berlin. One cannot help but feel that the same discovery would have come from his humble laboratory in Wollstein, or wherever Koch was.

Trudeau was ill and without special training when he laid the foundation for our modern treatment of tuberculosis in America.

Pasteur was, it is true, a chemist and a laboratory worker, but he carried the practical problems of every day contact to the laboratory.

Lister was altogether a practicing surgeon. Only very recently a physician in practice in a small town in Minnesota, supporting his laboratory by his practice, was the first to obtain the active extracts of the parathyroid gland and of the thymus. I refer, as you know, to Dr. Hansen.

In our own day, among other examples, let us consider diabetes, a field where some of the most outstanding work has been done. Two names come to mind at once: those of Joslin and of Banting. Dr. Joslin's contributions have been entirely the result of solving problems encountered in daily contact with diabetic patients and the result of an earnest desire to help them. The real inception of Dr. Banting's work began in his own head as he lay awake trying to solve the problem of just what role the pancreas played in diabetes. The laboratory work came later.

The work of Dr. Minot and Dr. Castle on pernicious anemia was primarily clinical.

As Dr. J. B. Murphy said of diagnosis, the problems of medicine are solved first of all in your cortical cells. The work of the laboratory is not only useful but absolutely es-

sential, yet we should not look to the laboratory for a sign from heaven to obviate some very necessary thinking on our part. A great deal of essential research must come from the laboratory. Investigation, however, does not necessarily mean microscopes and test tubes. It means painstakingly observed facts, carefully recorded and accumulated, and the interpretation of these observed facts.

At the dedication of the Lilly Research Laboratories in 1934, Dr. Irving Langmuir, the associate director of the Research Laboratories of the General Electric Company, spoke on the "Unpredictable Results of Research." He told of his start with Dr. Whitney who suggested that he spend some time in looking through the laboratories and seeing just what was going on, and selecting some problem in which he was interested. Dr. Langmuir chose the vacuum, and started to find out all that he could about it. The results you know, and one of the many results is the light in which you are now sitting, but these results could not have been foreseen when he began to observe and to record.

The practicing physician is in a not altogether dissimilar position. He is daily in a big clinical laboratory, confronted with problems of which he does not know the solution. He cannot confine himself to any one single phase as he might in laboratory work. It is much better that he should not be able to, for his greatest contribution is to see the problem in its broader aspects and in its relation to the whole.

Disease is not the single function of just one, two, or three factors. It is the result of a great many varying factors, many of which are as yet not evaluated or even known. It is not only the question of the infecting organism; there are other factors: the soil into which the infecting organism finds its way; different biochemical and physiological conditions; outside environment,—climate, altitude, and a host of determining factors, not the least of which is the doctor and his efforts to relieve.

Why, in a family of six, all with an upper respiratory infection due to exactly the same organisms, should only one person develop rheumatic fever and the others escape? Or, similarly, why should only one develop an acute glomerular nephritis and the others escape? There was something in the environment into which the organism found its way, but we do not know what.

In pneumonia, apart from the specific therapy in type I and type II infections and, to a lesser extent, some of the other types, we know very little. We attempt various therapeutic procedures, but we do not really know whether they help or hinder. Certainly some of the things which we do to relieve actually hinder to the extent that some cynical observers see the best results in the cases of pneumonia which are not treated at all. We are not certain what oxygen does, or whether it helps, or under just what circumstances it helps. We do not really know what sedatives are best, or to what extent they should be used; to just what extent it is best to quiet the cough; whether fluids should be pushed or whether too much fluid does harm, and so on, with almost every move that we make, aside from specific therapy. The same is true of many other conditions besides pneumonia. Think of the many, many things which we all do daily, of the therapeutic measures for this or that which we do largely because they have been done before, —not because of real knowledge. The blessing is that so much that we use is inert, or that a kindly Nature neutralizes our efforts.

It is not alone in such problems that opportunity lies. Doubtless there are opportunities in diagnosis and in classification and treatment which are as yet undiscovered. Von Gierke's disease is a very definite en-

(Continued on page xiii)

My Collections

An interesting account of one physician's method of collecting accounts

by W. B. D. Van Auken, M.D.

After ten years of general practice and nine years of practice limited to obstetrics and gynecology, I have come to the conclusion that a method for the collection of accounts is ideal only when it is prompt in getting complete returns, is easy to administer, is without cost, and when it does not incur the displeasure of the patient.

There are three requisites for the attainment of this ideal: *First*—The patient must be charged an amount that is well within his or her ability to pay. A creditor will not pay an account which, it seems to him, will floor him financially. In many instances he will not even start to pay the account. On the other hand, if he knows that he can readily pay the account charged he will usually do so at once, and will enjoy the effort.

Second—The amount to be paid must be made clear to the patient at the earliest possible moment after the physician-patient relationship begins, and it must be specifically stated or printed just what the fee does or does not include. No creditor enjoys paying on an account the items of which he is not aware. Too often the patient seeks more than the amount includes, but in the absence of a clear understanding to the contrary the physician must be the victim in order to keep the good will of the patient.

Third—An inducement must be offered for the prompt payment of the account. Every creditor has accounts outstanding for the prompt payment of which he can realize a cash discount, and it is obvious that the accounts to be placed in the background are the ones which offer no inducement for prompt payment.

It is difficult for one to formulate in detail a plan for the collection of accounts covering all phases of medical and surgical services. I, therefore, will confine myself to personal experiences with the collection of fees for the care of obstetrical cases.

My experience in the first six years of practice limited to obstetrics and gynecology were no different with regard to the collection of accounts than that of the average physician. I dare say that my results were poorer because patients often thought that they never would need to employ me for any other service. So why hurry about paying the account? In those years I tried to seek the good will of my patients by telling them not to be concerned about my charges, and by sending them the bill after the service had been completed.

Later my viewpoint on collections underwent a radical change, and from that time on until the present time my records show that more than one-half of my fees for maternity care are paid for in advance of the time of the delivery; nearly one-quarter of them are paid before the fourth week postpartum, and only an average of about six per cent remain unpaid longer than one year.

How did I do it?

It always has been my belief that when patients first seek their doctor they have confidence in him. They believe in him and are willing and, in most cases, able to pay him what seems fair. It is my belief, also, that most people desire to know in advance what is expected of them in return for services rendered. Further, I believe that most people are honest and will pay their doctor if they can.

Finally, I am quite certain that most people are educated to the principle that they should pay on the installment plan, and unless they can see that it is to their advantage, they will not pay until their account is due or long past due, nor will they pay if in their opinion they are not getting good value for the cash they pay.

With these facts in mind, I set about to devise a plan whereby I might realize a prompt return for my services by catering to the usual type of mind that confronts one in the practice of medicine.

Since June of 1930 every prospective mother or father who has engaged me for the care of an obstetrical case has been handed one of the instruction sheets which is worded as follows:

INSTRUCTIONS FOR MATERNITY PATIENTS

To avoid misunderstanding arising from verbal statements, this is printed for your benefit. You should read a booklet on pre-natal care: also "Infant Care" obtained by writing to The Superintendent of Documents, Washington, D. C.

At each office visit your weight, blood pressure and urine examination will be recorded. You may bring a bottle of fresh urine with you, if you prefer, but a specimen voided in the examining room is sufficient. As you leave the office always secure an appointment card for your next visit. Better care and greater safety is afforded you by keeping these appointments. If you become ill before your next regular visit, you may phone me for an earlier appointment at any time. I arrange to see patients at my home office on the corner of Burdett and Peoples Avenue, in the morning or evening as well as in the afternoon.

Please make no plans for your hospital care without first consulting me. I believe it is better and safer for you to have your baby in a properly equipped hospital rather than in your own home, where I am obliged to charge one-third more.

I have no set fee for maternity work because the service and time required is variable. Each case is rated individually. After your first examination a statement for my services will be given you. This statement will include all necessary office and hospital visits from the first up to and including the final examination six weeks after your baby is born. It also includes any unusual care that I may have to give as a result of complications arising during the labor or puerperium, but does not include my charge of $10.00 for infant circumcision.

I shall expect one-third of the amount of this fee to be paid at the end of the seventh month of pregnancy, another one-third at the end of the ninth month, and the remainder within thirty days after the baby is born. These amounts may be paid in small installments at each visit if desired. If the full amount is paid before the baby is born you may deduct ten per cent. Any unearned portion of the amount above paid, due to unexpected removal from town, miscarriage or my inability to attend your case, will be refunded. If this arrangement is not satisfactory to you, I will be glad to have you discuss it with me at any time.

It must be clearly understood that my fee does not include the cost of a special nurse or any charges of the hospital whatever. Hospital charges generally include room and board, special fees for delivery room, etc., charges for the care of the baby and for its food, as well as for any medicines prescribed for the patient and furnished by the hospital. These charges are approximately $50.00 for ward patients and about $85.00 for private room patients, for the first twelve days.

My aim is to give you the best care possible at a price within your ability to pay.

In the majority of instances I give them this sheet at the time of their first visit to my office. At this visit a complete history and thorough examination is made which takes more than one-half hour and is packed full of advice and words of assurance which tend to build confidence. By the time the history and examination are completed and the urine examined, the husband has already read the instruction sheet and is prepared for the presentation of the fee. This amount is made out by me in his presence and handed to him directly. In order to minimize the time required for the transaction I have a special statement sheet which ties the fee charged to the Instruction Sheet. They are as follows:

———, N. Y. ———19——

M ———

TO ———, M. D. DR.

OFFICE HOURS BY APPOINTMENT TELEPHONE ———

TO PROFESSIONAL SERVICES FROM———UNTIL

THE FINAL EXAMINATION ACCORDING TO THE INSTRUCTION SHEET

WITH DELIVERY AT——— $

TOTAL

RECEIVED PAYMENT

DEDUCT 10% IF PAID IN FULL BEFORE ———

The amount charged is, as nearly as possible, within the patient's ability to pay and is determined by carefully noting the essential facts which are elicited during the history and the examination.

I have long ago ceased charging what I think I am worth. I am convinced that to charge a fee which is within a person's ability to pay and to collect it promptly is much better than to boast about the high cost of one's services and expect to get only a portion of the fee or force the balance from the creditor by legal or other unpleasant methods.

By having the amounts clearly set forth, with the methods of payment and the nature of the services covered by the fee, and by giving it to the husband in person rather than an intermediate person or by mail, I give the recipient the opportunity to discuss the account with me in a manner which gives satisfaction to all parties concerned. He knows from that time on just what expenses are before him and he can plan his income and out-go accordingly. There are no chances for financial surprises in store for the suffering husband at the time of the delivery when the bills for hospital and nursing care and other necessities begin to mount high. The physician being the one who renders his service first is the one who should receive payment first.

I am practicing in a city with a population of about 75,000 with a number of smaller towns on the outskirts of the city. The vast majority of my patients are of the wage-earner type with a few business and professional men thrown in.

The table below shows what results have been obtained over a period of years:

Year	Percentage paid in full before delivery	Percentage paid in full within 30 days after delivery	Percentage paid in full within one year and after 30 days	Percentage still paying, but not yet paid in full
1931	55%	19%	11%	15%
1932	52%	21%	14%	13%
1933	62%	13%	5%	20%
1934	63%	7%	2%	27%

After an account is ignored for more than one year, unless I am well aware that the party is without the necessities of life, I turn it over to a local collecting agency. Since I began with my present method, I have given up the habitual and, I dare say, chronic habit of monthly bill sending. About three times a year I go over every account in my file and send statements or some reminder, in the form of a letter, telephone call, or delinquent statement, to those in ar-

(Continued on page xii)

TULSA CLINICAL SOCIETY

The second Annual meeting of the Tulsa Clinical Society was held June tenth and eleventh. Due to the late season and the proximity to the American Medical Association convention in Kansas City the registration was not as large as might otherwise have been anticipated. However, those who did attend expressed themselves as well pleased with the various phases of the meeting.

The two day program was well filled. There were activities which consumed every minute of the time.

This meeting may be considered a tribute to the capabilities of the profession of Tulsa. In addition to the operative clinics, there were fifty two papers on the program, which represented every branch of medicine. Without exception the presentations were excellent, and the essayists are to be congratulated upon their efforts. If the enthusiasm continues, Tulsa can rest assured of increasing support of this worthwhile undertaking, both from the local and outside medical world.

At a called meeting of the Society on June fifteenth the future policies of the organization were discussed. It is certain that a change in date is necessary. The question of changing to a one day full program was brought up. Should we have more than one outside speaker? And many minor changes were considered. It was decided, however, that these matters should be left open till the first meeting in September, at which time they will be discussed further.

The election of officers will be held at the September meeting.

Each and every member is urged to be thinking over these matters during the summer, and to be on hand at the September meeting to help in the crystallization of future policies.

MEMBERSHIP LIST TULSA CLINICAL SOCIETY JUNE 20, 1936

—A—
Allen, V. K.
Ament, C. M.
Armstrong, O. C.
Atchley, R. Q.
Atkins, Paul N.

—B—
Beesley, W. W.
Billington, J. Jeff
Black, H. J.
Bolten, J. F.
Bradfield, S. J.
Bradley, C. E.
Brogden, J. C.
Browne, Henry S.
Bryan, W. J. Jr.
Byer, J. Walter

—C—
Callahan, H. W.
Carney, Andre B.
Chalmers, J. S.
Charbonnet, P. N.
Childs, Darwin B.
Childs, H. C.
Clulow, G. H.
Cohenour, E. L.
Cook, W. Albert
Cronk, F. Y.

—D—
Davis, A. H.
Davis, T. H.
Davis, W. A.
Dean, W. A.
Denny, E. R.
Dillon, C. A.
Dunlap, R. W.

—E—
Emerson, A. V.

—F—
Farris, H. L.
Flack, F. L.
Flanagan, O. A.
Ford, H. W.
Fulcher, Joseph

—G—
Garabedian, G.
Garrett, D. L.
Gilbert, J. B.
Glass, F. A.
Goodman, S.
Gorrell, J. F.
Graham, H. C.
Green, Harry
Grosshart, Paul

—H—
Haralson, C. H.
Hart, Mabel M.
Hays, Luvern
Henderson, F. W.
Henley, M. D.
Henry, G. H.
Hoke, C. C.
Hoover, W. D.
Hotz, C. J.
Houser, M. A.
Huber, W. A.
Hudson, David V.
Hudson, Margaret
Hyatt, E. G.

—J—
Johnson, C. D.
Jones, W. M.

—K—
Kemmerly, H. P.
Kramer, Allen C.

—L—
Larrabee, W. S.
Lee, J. K.
Lhevine, M. B.
LeMaster, D. W.
Loney, W. R. R.
Lowe, J. O.
Lynch, T. J.

—Mc—
MacKenzie, Ian
McComb, L. A.
McDonald, D. M.
McGill, R. A.
McGuire, H. J.
McLean, B. W.
McKellar, M.

—M—
Mayginnis, P. H.
Miller, G. H.
Miner, J. L.
Murdock, H. D.
Munding, L. A.
Murray, P. G.
Murray, Silas

—N—
Napper, Marvin
Nauheim, H. S.
Nelson, F. J.
Nelson, F. L.
Nelson, I. A.
Nelson, M. O.
Nesbitt, P. P.
Norman, G. R.

—O—
Osborn, George R.

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

—R—
Ray, R. G.
Reese, K. C.
Rhodes, R. E. L.
Roberts, T. R.
Rogers, J. W.
Roth, A. W.
Roy, Emile, E.
Ruprecht, H. A.
Russel, G. R.

—S—
Searle, M. J.
Shepard, R. M.
Shepard, S. C.
Sherwood, R. G.
Showman, W. A.
Simpson, Carl F.
Sinclair, F. D.
Sippel, Mary Edna
Sisler, Wade
Smith, D. O.
Smith, N. R.
Smith, R. L.
Smith, R. N.
Smith, W. O.
Springer, M. P.
Stallings, T. W.
Stanley, Mont
Stewart, H. B.
Stevenson, James
Stuart, F. A.

Stuart, L. H.
Summers, C. S.
—T—
Trainor, W. J.
—U—
Underwood, D. J.
Underwood, F. L.
—W—
Walker, William A.
Wallace, J. E.
Ward, B. W.
White, N. S.
White, Peter Cope
Wiley, A. Ray
Witcher, R. B.
Woods, C. J.
Woodson, F. E.

CONTRIBUTORS

Brown, Paul R.
Farris, R. C.

HOSPITAL PRACTICE OF MEDICINE

At the May 25 meeting of the Tulsa County Medical Society the question of hospitals receiving compensation for professional services came up again and the following action was taken:

"Motion: That the Tulsa hospitals be informed that the members of the Tulsa County Medical Society will not practice medicine in hospitals that charge a fee which includes medical services, either by the internes or by members of its staff, except in cases where they have a letter from the patient's family physician telling them that this patient is not able to pay a medical fee. Otherwise all service cases, as well as all cases treated by internes, must not pay the hospital any fee."

Members of the society are requested to keep this in mind when referring patients to the hospitals.

VACATION

It is a relief to know that there are no regular meetings to miss until September. One may take it easy Monday night without trying to remember what meeting one should have been attending and the conservation of nervous energy in not having to placate a guilty conscience is collossal.

The program committee has been in a huddle to determine some plan to elevate the attendance toward the higher percentage brackets. Some voiced objection to the prevailing type of papers presented so the program committee immediately issued subpenas on all objectors conscientious or otherwise and placed them on the program in the hopes of improving the general tonus. Objections abruptly decreased and are now only faintly audible, distant and with no second sound. However the attendance showed but slight improvement and too frequently simulated the diastotic pulse of aortic insufficiency.

Among the contemplated plans was that of holding Bank Nights but here the copyright became the obstacle. The program committee has considered numerous plans some of which are tabulated below. Will you kindly check the items which you feel would induce you to attend some of the meetings and send in your ballot to the contest editor care of the Bulletin or Dr. J. E. McDonald. The first prize will be a ring cushion and rocking chair in the front row. Second prize lounging pajamas. Third prize a bottle of "sody pop."

1. Concert by one of the following: state choice.
   Fritz Kreissler
   Lawrence Tibbett
   Lilly Pons
2. Wrestling match. Make out your own card.
3. Floor Show.
4. Smoker.
5. Dinner Meetings. Make out menu preferred.
6. Motion pictures.
   Medical subjects
   Adventure
   Love stories
7. Refreshments at meetings. State choice.
8. Lectures: State choice
   Mussolini
   Hitler
   Haille Selasse
9. Out of town speakers.
10. Local speakers
11. Symposium.
12. Varied subjects.
13. Number of meetings: state choice
   A. One meeting per month
   B. Two meetings per month

NOTICE: Voting limited to one vote per 25 pounds of body weight or fraction thereof.

Get busy and send in your suggestions for next fall.

WEATHER

Warm weather-shirt sleeves-cold drinks and electric fans. Some temperature-even Russell Pigford can't take it. He actually had his coat off ten seconds the other day.

EXECUTIVE SECRETARY FUND

Members are reminded that payments on the Executive Secretary Fund are in order and will be cheerfully accepted by the Secretary-Treasurer. In case you were not present at the May 25th meeting the amount due from each member is $10.00.

BOARD OF TRUSTEES

Tulsa County Medical Society, Inc.

Henry S. Browne, M. D.
W. Albert Cook, M. D., President
Charles H. Haralson, M. D.
Ned R. Smith, M. D., Secretary
Charles J. Woods, M. D.

OFFICERS:
W. S. Larrabee, M. D., President
J. C. Peden, M. D., Vice-President
James Stevenson, M. D., President Elect
David V. Hudson, M. D., Sec'y-Treas.
Miss Maurine Calhoun, Asst-Sec'y-Libr'n

EDITORIAL STAFF—The Bulletin
David V. Hudson, M. D., Editor
Russel C. Pigford, M. D. Associate Ed.
Miss Maurine Calhoun, Ass't Editor

ROSTER

TULSA COUNTY MEDICAL SOCIETY JUNE 20, 1936

—A—
Allen, V. K.
Allison, T. P.
Ament, C. M.
Armstrong, O. C.
Atchley, R. Q.
Atkins, Paul N.

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

—C—
Calhoun, C. E.
Calhoun, W. H.
Callahan, H. W.
Campbell, W. M.
Carney, Andre B.
Chalmers, J. S.
Charbonnet, P. N.
Childs, Darwin B.
Childs, H. C.
Childs, J. W.
Clinton, Fred S.
Clulow, G. H.
Cohenour, E. L.
Cook, W. Albert
Coulter, T. B.
Crawford, Wm. S.
Cronk, Fred Y.

—D—
Dailey, R. E.
Davis, Arthur H.
Davis, Thomas H.
Dean, W. A.
Denny, E. Rankin
Dieffenbach, N. J.
Dillon, C. A.
Dunlap, Roy W.

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

—F—
Farris, H. Lee
Flack, F. L.
Flanagan, O. A.
Ford, H. W.
Fulcher, Joseph

—G—
Garabedian, G.
Garrett, D. L.
Gilbert, J. B.
Glass, Fred A.
Goddard, R. K.
Goodman, Samuel
Gorrell, J. Franklin
Graham, Hugh C.
Green, Harry
Grosshart, Paul

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

—J—
Jackson, L. T.
Johnson, Charles D.
Johnson, R. R.
Jones, W. M.

—K—
Kemmerly, H. P.
Kramer, Allen C.

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

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

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

—O—
Osborn, George R.

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

—R—
Ray, R. G.
Reese, K. C.
Reynolds, J. L.
Rhodes, R. E. L.
Richey, S. M.
Roberts, T. R.
Rogers, J. W.
Roth, A. W.
Roy, Emile E.
Ruprecht, H. A.
Ruprecht, Marcella
Rushing, F. E.
Russell, G. R.

—S—
Searle, Maurice J.
Shepard, R. M.
Shepard, S. C.
Sherwood, R. G.
Shipp, J. D.
Showman, W. A.
Simpson, Carl F.
Sinclair, F. D.
Sippel, Mary Edna
Sisler, Wade
Smith, D. O.
Smith, John Henry
Smith, Ned R.
Smith, R. R.
Smith, Roy L.
Smith, Ruric, N.
Smith, Wm. O.
Spann, Logan A.
Springer, M. P.
Stallings, T. W.
Stanley, Mont
Stewart, Harry B.
Stevenson, James
Stuart, Frank A.
Stuart, Leon H.
Summers, C. S.

—T—
Trainor, W. J.
Tucker, I. N.
—U—
Underwood, D. J.
Underwood, F. L.
—V—
Venable, S. C.
—W—
Wainright, A. G.
Walker, William A.
Wall, G. A.
Wallace, J. E.
Ward, Benjamin W.
White, N. Stuart
White, Peter Cope
Wilks, F. M.
Wiley, A. Ray
Witcher, Robert E.
Woods, Charles J.
Woodson, Fred E.
—Z—
Zink, G. W.
Zink, H. F.
Zink, Roy

GOLF TOURNAMENT

Firms and individuals contributing cups and prizes for the clinical society golf tournament.

Armour and Co., 1 North Detroit, Face Lotion and Powder.
Beesley, W. W., M. D., 510 Medical Arts Bldg., Putter.
Deep Rock Oil Co., Mr. C. K. Smith, 2902 East 11th, Five Quarts of Oil.
Flower Hospital, Cup.
Forsythe Surgical Supply, 11 East 6th, Bard-Parker Knife.
Getman's Drug. 526 South Main, Syphon
Goodman, Samuel M. D., 603 Medical Arts Bldg., Dozen Golf Balls.
Glass, Fred M. D., 404 Medical Arts Bldg., Cup.
Jack Rowley and Shelley Taylor Station 6th and Cheyenne, Five Quarts Oil.
Knoblock-Woods Laboratory, 511 Medical Arts Bldg., Slacks and Hose.
McNulty, M. J. Jr., 1559 Swan Rrive, Cup.
Medical Arts Prescription Shop, Medical Arts Bldg., Golf Bag.
Murray, Silas, M. D., 501 Medical Arts Bldg., Head Covers and Polo Shirts.
Murray, Silas, M. D., 501 Medcal Arts Bldg., Thermos Bottle.
Muzingo's Flower Shop, Medical Arts Bldg., Vase.
Oakwood Sanitarium, Cup.
Palace Clothiers, Palace Bldg., Sweater.
Public Service Co., 6th & Main, Dozen Golf Balls.
Riggs Optical Co., Medical Arts Bldg., Glasses.
R. B. Downing Ins. and Loans, Mayo Bldg., Three Childs Bibles.
Wolgamot Drug Store, 1812 South Cincinnati, Thermos Bottle.

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

Timely Brevities

The calendar once contained seven days in a week and fifty-two weeks in a year. But, in the last decade or so, it has been much augmented by the addition of a multitude of special periods of time such as "Eat More Spinach Week," "Go To Church Sunday," "Insurance Week," and many others. At the rate the commercially-minded gentry are going, there is a possibility that there soon will be a shortage of available dates. Therefore, we hasten to second the motion of Peter B. Kyne which long since appeared in the CHICAGO HERALD AND EXAMINER.

"Few persons realize how hard earned is the doctor's fee which nine times out of ten is surprisingly modest. (It has been estimated that the cost of a medical education is about $20,000, including both the time and money spent.) The doctor is the last relic of civilized slavery.

"He goes to the theater, telling himself he shouldn't because Mrs. Blank is sick and she's just the sort to whom a minor gas pain will mean a major operation.

"So the doctor leaves his seat number and name at the box office, and in the middle of the second act an usher comes in and whispers that the doctor is wanted on the telephone. And it's Mrs. Blank!

"If a doctor is the proprietor of a half decent practice he seldom eats a meal in peace, and in his middle years, what with hastily eaten meals and broken rest and overwork, he surrenders to angina pectoris, the scourge of the medical profession. He works for the joy of the job and gets little thanks and much criticism for it, and is never really appreciated until a grave emergency arises.

"Some sentimentalist (I suspect he was a florist) invented Mother's Day. I believe we ought to have a Doctor's Day, and on that day send in our checks for all we owe our doctor in cash and try to express something of what we owe him for the things that money can never buy."

•

The purpose of all medical legislation is to protect the public, not the doctors. The legitimate doctor needs no protection, nor does he ask for it. However, the medical profession has ever carried on the fight against the charlatan, although at times efforts have met with rebuff. One of those times was in 1861, when a bill to curb the activities of all not having adequate medical training was presented to the legislature of a midwestern state, but to no avail. The reply of the committee to which the bill was referred remains a masterpiece in behalf of "personal liberty." It is as follows:

"Your committee has had the same under consideration, and believes it is not the true policy of the legislature to pass a law for the regulation or protection of the practice of those physicians who have a diploma, or for the protection of the people who will employ irregular practitioners, charlatans, and quacks. While your committee feels that they can fully appreciate the wrongs to the people from such ignorance, charlatanism, and quackery, they believe the remedy is fully and entirely with the people. In this free country of ours the people must and will exercise their own free choice in matters of that nature. Finally, your committee is of the opinion that there are plenty of means by which all the people may judge by the education, fitness, and regularity of their doctors. If they wish to employ ignorant, boasting, and visionary men as medical practitioners, *they must take the consequences.*"

Certainly there was nothing in this

which smacked of government paternalism! It was each man for himself, and the devil take the hindmost.

•

We have always avoided any suggestion of religious intolerance, rather respecting the religious beliefs of others. But the recent newspaper accounts from Florida of the young fanatic, who in a moment of religious frenzy allowed a poisonous snake to bite him and thus caused his own death, provokes this outburst. We must confess we expect to be scathingly denounced by the exponents of "Mind over Matter," "Faith Healing," and the various and sundry other "isms." However, we have the courage of our convictions.

Cultists are invariably extremists. Like the pendulum they first swing one way and then the other. The mentality of the leaders of these fads is a bit warped because they have been engaged in thinking, which has led them into muddled and erroneous conceptions of health; yet, unfortunately, they have many followers. They refuse to recognize a germ theory of disease,—or even disease in itself,—and, as Dr. Edgar L. Gilcreest has said, "They would have you believe there is a conflict between religion and science. There is no conflict. It is organized ignorance to which we are opposed. It is just as logical to assume that God reveals himself in science as He does in religion."

The cultists furnish us with our most desperate cases. This in itself would not be bad were it not for the fact that so many of them are children. Innocent victims of misguided adults! Before Jenner introduced vaccination, most of the children of London had smallpox before the seventh year. In 1518, smallpox reached America and three and a half million persons died in Mexico. From 1893 to 1897, 275,502 persons died in Russia of the disease. In 1873, Germany made vaccination compulsory, and in 1897, in a population of 54,000,000 there were only five deaths.

After all, we will not agree that a little child is capable of being in "error" or having "lack of faith."

•

The view that discoveries for the treatment of disease should not be patented but be available to all to use for the benefit of humanity long has been the common concept in medicine. Although in no way altering this concept, the granting of a patent in 1925 to the Wisconsin Alumni Research Foundation on a process of irradiating food to produce vitamin D started other similar patentee groups and aroused much discussion pro and con.

A most illuminating article on this subject, entitled, "Science and Profits," has been written by George W. Gray in HARPER'S MAGAZINE. He comments as follows:

"Patent policies are responsible for a considerable wordage in scientific journals of the past five years. . . . Three years ago Dr. Alan Gregg presented the case against university patents in an article in the weekly SCIENCE. . . . In a later issue of this publication there appeared on one page a letter from Dr. Yandell Henderson, under the title 'Patents are Ethical,' in which the author contended that it was entirely proper and equitable that the individual scientist should patent his inventions and profit personally therefrom; while on an adjacent column of the same journal there appeared a letter from Dr. Abraham Flexner, under the title 'University Patents,' in which the author argued with equal conviction against the propriety of any utilization of research as a source of profits." The controversy goes on without any lack of great scientific personages on either side.

A.C.H.

Mail That Is Never Read

by An Observer

We have a great deal of respect for the statistician. His understanding of figures and their significance has at times produced astounding, if somewhat dubious, results. Not infrequently his conclusions arouse us to action.

We should like to assign to him a task which, impossible though it may seem, would answer a disturbing question. The question is "What percentage of physicians' mail is never read?" An adequate answer would be of value not only to medical organizations who are seeking to inform their members but to many commercial concerns who try to make buyers out of the physicians. We believe that if the facts were known, the physician himself would be amazed, for we can visualize the tops of many desks which we have seen in doctors' offices. Littered with mail that must have been untouched for several weeks, it is a discouraging sight. Undoubtedly, when the doctor does get to it, much of this material is consigned to the waste basket, and perhaps it is just as well so. However, in this mass of correspondence something which is of real value may be lost. At any rate, this method of handling mail is highly unscientific and not worthy of the physician who very often prides himself on his fine histories and adequate financial records.

We remember seeing a motion picture comedy some months ago where the principal actor had risen to the top of the concern employing him. He was soon discovered for what he was,—a highly inefficient man. Among other things, he filed all his correspondence on the top of his desk. Whenever he desired a letter relating to the business at hand he would fish around on a desk piled high with letters. Exaggerated as this incident was, it was intensely humorous and we again recollected the many similar desks that we had seen in our experience.

By the way, physicians are not alone in haphazard handling of mail. We have observed that lawyers have notoriously untidy desks. How in the tangle of envelopes, books, and typewritten material they could make any headway with what they were trying to do is a mystery we haven't solved.

If statisticians ever can determine what mail doctors do and do not read we are sure that they will find that tons of communications which are sent them are so much wasted effort and are used, if at all, to feed the furnace fire. This is a rather sad state of affairs when it comes to the doctor's own medical organization. If the secretaries of medical organizations over the country could be polled we are certain it would be found that they are very dubious as to the number who actually read the communications sent from their offices. A liberal estimate would be fifty to seventy per cent. Small wonder then the difficulties encountered in bringing the message of organized medicine to the rank and file of the medical profession.

Some experiences illustrative of this are illuminating. For example, one physician called about a dinner which he wished to attend, stating that he had received his notice but had failed to make a reservation. He was informed that the dinner had been held the week before.

Another physician desired to be on a list of physicians to do a certain type of work for which he would be compensated. The list had been published for a month when he called.

He had had several weeks in which to return the form sent him. In this instance there was a financial loss to the physician.

Courses have been given by our Medical Society for which physicians have enrolled after the courses have been concluded. Letters have been received about matters long after their usefulness is past. Inquiries have been received indicating that communications touching on the subject written about had never been read. Of course, there are physicians who read their correspondence carefully. To them Medical Society officers are deeply grateful.

Doctors should keep in mind that correspondence is sent them by their medical organization for a specific purpose. Costs mount rapidly enough without sending unnecessary communications. Physicians should at least examine the communications sent them carefully enough to determine whether or not they directly affect them personally. Seventy-five per cent of the communications from medical societies do.

What is the solution? We suggest the advisability of a campaign. The slogan might well be "Read Your Mail."

•

My Collections

(Continued from page viii)

rears. Thus, my bookkeeping is reduced to a minimum.

About five days after the baby is born, I send my patient her second instruction sheet which is worded as follows:

INSTRUCTIONS FOR POST PARTUM PATIENTS

Four to six days after your baby is born, you should begin to strengthen your muscles that have been so stretched while carrying and giving birth to your baby. Every morning and night lie flat on your back without a pillow and with your hands beside your hips. Then raise your hips off the bed, at the same time draw up on the rectum as though you were trying to hold a bowel movement in. Then replace your hips on the bed. Repeat this up and down movement, gradually increasing the number of times each day from five to forty if possible.

These exercises will help you to regain your natural form, whereas inactivity with tight binders restricts movements and tends to keep the muscles soft and flabby.

From the fifth day till four weeks after the baby is born you should not lie on your back any more than is absolutely necessary. This will help to prevent backward misplacements of your womb. Resting on the abdomen awhile each day is desirable and when up and about, walking around on your hands and feet for five minutes each a. m. and p. m. is very helpful to prevent misplacements, especially when followed by a rest in the knee-chest position.

You should report to me any bloody or other vaginal discharge that continues longer than one week after leaving the hospital. Do not wait until the sixth week visit. It is inadvisable for you to walk up and down stairs before the third week and only once a day during the third week after the birth. Your regular household duties must not be resumed till after your sixth week visit at my office.

As soon as possible after the baby is born, you should have the doctor whom you expect to have for the baby's later care see and examine it. In doing so, a better knowledge and understanding can thus be obtained which will help the doctor during his later care of the child.

I do not include home visits in my original agreement with you, but if you care to bring your baby to my office I shall be glad to help you with the feedings or any disorders during the infant's first six weeks of life. Each baby who has been circumcised should return to the office with his mother at the sixth week visit to have the operation completed at that time.

With the use of this sheet I have reduced the annoying house visits to a minimum inasmuch as my patients are led to realize that an extra charge is added for these visits.

(Continued from page v)

tity, and not so uncommon but that it may come into the experience of any of us. Yet it was not described until 1914. The unusual condition was noted in the first described case by the family physician, but was not described until the pathologist described it after autopsy. It is only in the last few years that it has been described in this country, yet we have doubtless had such cases among us all of the time.

Similarly, Simmons' disease was not described until 1914, before which time it must have been overlooked. It, too, has been observed in this country only within the last five or six years and it, likewise, is a definite clinical entity. Many others come to mind. One wonders how many other such entities are passing us by, unobserved. Such observations do not make medicine more complex; they tend eventually to simplify, as does new knowledge generally.

In emphasizing the observation and recording of clinical data I do not wish to seem to minimize the value of laboratory data. We cannot possibly do our daily work by means of clinical studies alone. We must have the use of the laboratory at every step to help and to confirm. The more laboratory work that we do ourselves, the better for us, and the more pleasure we will get from our work. Much of that which we must learn will have to come from the laboratory; much will have to come, too, from the clinical investigator with hospital beds and laboratory help at his command, but a great deal must come from the man in daily and general practice.

There is another aspect, also, another relation of laboratory to practice. Workers in the fundamental sciences,—in biochemistry, in physiology, and in other fields,—are furnishing us with basic facts which are not always used as promptly as they possibly might be. One wonders if we are making the fullest use possible of their contributions and if, also, there is not another opportunity for the man in general practice.

A special preparation is not necessary for investigation to be carried out in general practice. The best preparation is the practice itself,—practice with an inquiring mind and a mind which is not too easily satisfied. Dr. Sydenham said in his letter to Dr. Mapletoft, "I began the practice of medicine, and when I studied curiously, with the most intent eye and utmost diligence, I came to the conviction that our art is not to be better learned than by its exercise and use, and that it is likely in every case to prove true, that those who have directed their eyes and their minds the most accurately and diligently to the natural phenomena of disease will excel in eliciting and applying the true indications of cure."

What is necessary is a lively curiosity and imagination and faith in yourself and in your work.

Doubt is necessary, too; that is, a critical consideration of what you read and of what you are told, of yourself, and of what you do. We marvel at the credulity of our patients. We might occasionally express just a little mild surprise at our own. If all that we read were so, we could diagnose and cure every case. I cannot speak for you, but I see many cases which I cannot diagnose, and many which I think I can diagnose but which I do not know exactly how to cure. It is well, also, to doubt yourself just a little. When a case does not do well, instead of placing the blame upon the patient or the Lord or some act of Providence, it is always a good plan to review in your own mind what you have done and have not done and consider hon-

estly how this may have influenced the case. Many a problem will present itself as a result of this simple exercise.

Leisure is essential. The opportunity to sit down quietly and ponder, to weigh, to think over your own work quietly and by yourself is necessary. One envies the opportunities which our predecessors had to think over their cases, going about leisurely from case to case in a buggy and with a horse who took some of the responsibilities for the road. Such reflection cannot be recommended in a motor car. This needed leisure can best be gained by having an easily accessible place of retreat away from patients and telephone.

All of your thinking should not be done alone. Part of it should be done in the company of a few friends who know you well enough to speak critically, and where observations and deductions can be gone over from every aspect. Much is to be gained, also, from listening to these same friends. Ehrlich once said that he had gained more knowledge from conversation with his friends than from any other one source.

One of the best examples of such a group is that which met for dinner in the Fleece Inn, where Hunter, Heberden, Jenner, Parry, Haygarth, and others discussed their daily work and their observations. Here, among other things, were discussed vaccination, angina pectoris, and the relation of mitral disease to rheumatic fever.

Current medical literature, too, should be discussed in such groups, systematically and critically.

But what is needed most of all and what is the greatest desideratum is records, and records, and records! Records of every case should be carefully made; they should be complete in every detail, and carefully filed so as to be accessible for as long as you live. I can speak with feeling, for of many sins of omission this is one of those which I most regret. We envy others such and such a series of cases, but we do not realize how our own would pile up if records were kept as carefully as they should be. It may take us a longer time to accumulate a series of cases, but the series is the better for some aging and for the more prolonged observation of individual cases. Our own view becomes more seasoned and our outlook, broader. Every contribution to medicine has been based on records, recorded facts, and recorded observations. Let me urge again more perfect personal records and more complete and perfect hospital records.

We should regard each day's work as the new adventure into unknown fields, which it really is, for one of the pleasantest features of medical practice is the infinite variety, the new aspects, the new outlooks met daily. If we do this, we may not make any great contribution to the world's store of knowledge, but we are certain to contribute greatly to our own pleasure in our chosen work. In medicine we should "love the game beyond the prize," for the game affords more pleasure than any prize possibly could.

Let us remember that each day's work does present new problems, problems which we do not know but which are ours to solve. It is this honest and wise not knowing which is the greatest thing we can learn. "Human wisdom," quotes Dr. John Brown, "has reached its furthest point when it gets to say, 'I do not know.'" And we should add I do not know, but I will do my best to find out.

Read "Publicity and the Doctor" in the July issue.

Sunny Side Up

A FAST ONE

Manager, pointing to cigarette-end on floor —"Smith, is this yours?"

Smith, pleasantly—"Not at all, sir. You saw it first." —*Tid-Bits.*

•

HOT STUFF

"Did you test this stuff, Joe?"

"Yes, I poured some in the ash tray to burn it."

"Did it burn green?"

"I don't know—I can't find the ash tray."

•

GOOD LUCK

Mrs. MacTavish—"My little boy has just swallowed a ten-dollar gold piece."

Neighbor—"Gracious, is the child in danger?"

Mrs. MacTavish—"No, thank goodness, his father's out of town."

—*Fifth Corps Area News.*

•

OH! OH!

An old lady who was about to die told her niece to bury her in her black silk dress but to cut the back out and make herself a dress. "Oh, Aunt Mary," said the niece, "I don't want to do that. When you and Uncle Charlie walk up the golden stairs, I don't want people to see you without any back in your dress," to which the old lady replied—"They won't be looking at me. I buried your Uncle Charlie without his pants."

•

IN THE MINISTRY

Two parsons were having lunch at a farm during the progress of certain anniversary celebrations. The farmer's wife cooked a couple of chickens, saying that the family could dine on the remains after the visitors had gone. But the hungry parsons wolfed the chickens bare.

Later the farmer was conducting his guests around the farm when an old rooster commenced to crow *ad lib.*

"Seems mighty proud of himself," said one of the guests.

"No wonder," growled the farmer: "he's got two sons in the ministry."

•

THEIR ONLY CHANCE

The squad of recruits had been out to rifle range for their first try at marksmanship. They knelt at 250 yards and fired. Not a hit. They moved up to 200 yards. Not a hit. They tried at 100 yards. Not a hit.

"'Tenshun!" the sergeant bawled. "Fix bayonets! Charge! It's your only chance."

•

AT THE MOVIE

He: Is that seat next to yours reserved?

She: Well, it hasn't said a word since I came in.

•

DICTIONARY AMERICANA

Hypocrite: A man who goes to work on Monday morning with a smile upon his face.

Optimist: One who pretends things are not as bad as they look when he knows darned well they are worse.

Pessimist: A man who wears a belt and suspenders at the same time.

Dry Dock: A physician who will not hand out prescriptions.

Discretion: Something a person gets when he is too old for it to do him any good.

•

FORESIGHT

Patron: "I'll take a box of those extra special pills you're advertising, and make 'em double strength."

Druggist: "Yessir, here you are sir. That will be 35 cents, sir."

Patron: "Hey, what's the idea of giving me my change in nickels?"

Druggist: "You'll need the nickels, sir—with those pills!"

•

UNDER SUSPICION

Between stations in Pennsylvania a certain train came to a sudden stop with a tremendous grinding of brakes. Immediately a worried-looking man rushed down the track and demanded of the brakeman the reason.

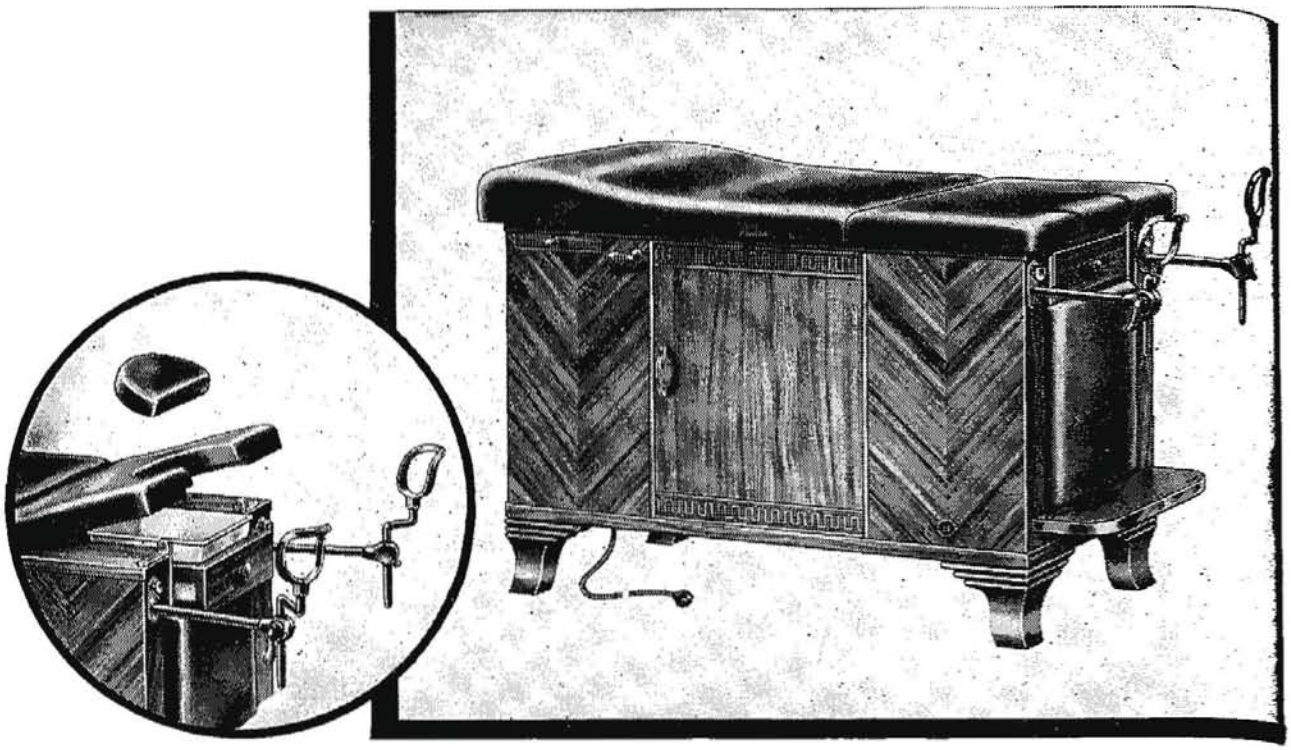
"What is it?" he asked. "An accident?"

"Somebody pulled the bell rope," was the reply. "The engineer put on the brakes too quickly, and one of the cars went off the rails. We'll be tied up about four hours."

"Four hours!" exclaimed the passenger. "But I'm to be married today!"

Instantly the brakeman turned on him with suspicion.

"See here," he ejaculated, "you aren't the guy who pulled the bell rope, are 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.

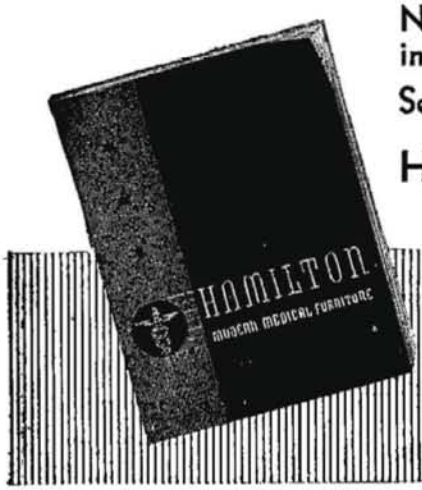
Every Modern Convenience
in this Treatment Table of Nu-Classic Design

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:

HAMILTON MANUFACTURING COMPANY
TWO RIVERS, WISCONSIN



HAMILTON
Modern Medical Furniture

Two companion pieces---an Instrument Cabinet and Treatment Cabinet also available in the Nu-Classic design. Paste the Coupon on a Post Card. . . . .

HAMILTON MFG. CO., Two Rivers, Wis.
Please send NEW CATALOG---MP 10-35.

Dr. _____

Address _____

City _____ State _____