



“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 pediatricists generally.

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

C I R R A D I A T E D
Carnation
Milk
"FROM CONTENTED COWS"



(Medical Schools of the United States

8. Harvard University Medical School

Government Philosophy in a Sick World

**Plato's ideal ruler was the philosopher.
Would the ideal statesman of the
modern society be a physician?**

by Walter Lippmann

Since the statesman deals with living things, he had better take his analogies and his inspiration from those who deal with living things, from farmers, and animal trainers, and teachers, and physicians rather than from astronomers, and engineers and architects. For analogies, images, working hypotheses, patterns, whatever you choose to call them, which come from man's dealings with the world of living organisms will at least have the virtue of keeping vividly in his mind a sense of what he is handling. Governing is an art. It requires, as all arts do, a sense of touch, an intuitive feeling for the material, a kind of sixth sense of how it will behave.

The masters of any profession know something more than it is possible to communicate; they are so sympathetically at one with their subject that instinctively they possess the nature of it. Before they have reasoned consciously, they have smelt, have felt, have perceived what it is and what to do. It used to be said that you did not have to be in the ring with Jack Dempsey for fifteen rounds in order to learn that he was a champion. Likewise, the master of a subject, whether he is a carpenter or the rider of a horse, a diagnostician, or a surgeon, will quickly disclose in the inevitable emergencies of any human activity whether he possesses that intimate feeling, that flair, that uncalculated aptitude which distinguishes the first-rater from the second-rater.

Now among public affairs as elsewhere, since everything cannot be reasoned out *a priori* in each emergency, it is of the utmost importance

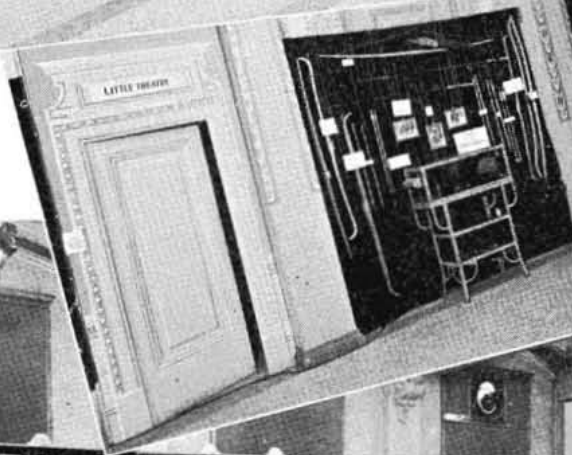
that the political tradition of a country should predispose men toward a true and reliable sense of how living men in a living society behave. That is why the dominant imagery is so important.

The image of a planned and engineered society has the effect, I believe, of destroying the intuitive feeling for what society actually is and of the sense of touch in dealing with human affairs. The grosser consequences of it are evident enough; in the supreme impertinence with which communist and fascist states treat human beings as if they were animate materials to be fabricated by the dictators; in the ruthlessness with which they cut human nature to the shape they desire and nail together in designs of their own the living spirits of men. This notion that society can be engineered, planned, fabricated as if men were inanimate materials becomes in its extremist manifestations a monstrous blasphemy against life itself. It can also take milder forms which merely produce temporary confusion and inconvenience as in the fantastic attempts, now happily concluded, to write in three or four months some five hundred codes for the detailed conduct of all business throughout continental America.

The man who approaches public life with a feeling for living organisms will not fall into the illusion of thinking he can plan or fabricate or engineer a human society. He will have the more modest aim of defending it against the invasion of its enemies and of assisting it to maintain its own balance.

Remembering that a society is an

(Continued on page xii)



DOCTORS' HOBBY EXHIBIT—MILWAUKEE, SEPTEMBER 17-20, 193

Doctors and their Hobbies

Medical men display unusual talents at New York and Milwaukee hobby exhibits

That many doctors know how to play and that others possess unusual talents in fields outside their profession have been thoroughly demonstrated in the past few years. Hobby exhibits, sponsored by medical organizations, which have come into vogue in many parts of the country are proof of this. These exhibits have been quite extraordinary because of the variety and quality of the hobbies shown.

Recently the Woman's Auxiliary to the Medical Society of the State of New York, in cooperation with the State Society, put on an exhibit which was most enthusiastically received. Mrs. Ethel G. Griffin, representing this Auxiliary, reports on some of the unusual hobbies shown which were products of both physicians and their wives.

"An eye, ear, nose, and throat specialist built a doll house for his little girl and a fort for his boy. The doll house was complete to the most minor details. There was a fish bowl in the living room, and a maid serving dinner in the dining room. The doll family not only enjoyed the luxury of electric lights but a standing shower. During the time the doll house was in New York, many a physician and his wife sat down on the floor to examine its contents which must have brought back memories of their childhood.

"The fort in its own way was just as complete, and men and boys wound up the drawbridge, let it down again, and peered into all the dark places where prisoners were supposed to be lodged in time of war.

"Nearby were to be found the wild animals that had been captured by a surgeon. These had been

mounted, and attracted many visitors. Hung on the wall in another section of the exhibit were the visiting cards of famous men which had been collected by a psychiatrist. Their shapes and sizes denoted the passing of years since they had been in use. Then there were the photographs which a young intern, now a busy physician, had taken of New York City, the crayon sketches by another doctor of subjects familiar to his colleagues who passed judgment on the excellent likeness to the originals.

"One of the outstanding exhibits was a vase made of 3,434 pieces of different kinds of wood, which had taken 140 hours of work to put together. Its perfection caused many to linger and wish to touch it. The finish resembled marble and revealed excellent and painstaking workmanship." (In a communication from the Medical Society of the County of Kings, New York, we are informed that the value of this vase was placed at \$5,000, and a policy in that amount was taken out to protect its owner.)

"The serious-minded could be seen poring over the stamp collections which could not fail to be interesting even to the layman. The pen-and-ink sketches by a busy man who had only taken up his hobby during the past eighteen months called forth many words of praise and wonder at the clearness of subjects and the fact that colored inks had been used for the first time."

Wives of physicians were represented, Mrs. Griffin says, by "hooked rugs, dishes designed and made, and articles of pewter which it would indeed be hard to tell from that which

(Continued on page xiii)

High School Football Injuries Can Be Prevented

Mr. Neverman, an authority on interscholastic athletics, is chairman of a national committee now developing safer equipment for participants in sports

by P. F. Neverman

The Wisconsin Interscholastic Athletic Association, during the period from 1928-1930, made a study of athletic accidents, their causes as well as methods employed in the payment for care of those injured. While the information secured during this period was incomplete and represented at best only a fraction of the total, it nevertheless convinced the Board of Control that some plan should be initiated which would assist those injured in paying for medical attention and which would also make possible a fact-finding study as to cause of injuries, and suggest methods for prevention.

The plan was initiated for the purpose of developing a service for the boys who participate in athletics, by protecting them against expense due to injuries sustained in competition or in preparation for competition. Courts have ruled, without exception, that educational institutions and organizations within these institutions have no financial responsibility in case of injury. If claims are paid by organizations within the school, or by boards of education, such payments are illegal and upon protest those paying out the funds will be held personally liable for the money so expended.

With the foregoing in mind and also in full realization of the fact that a program of athletics for all is practically impossible unless some provision is made for the care of those injured, the Wisconsin Board of Control began to develop a plan which could be financed with the funds available, which could be ad-

ministered through the regular organization and which would also meet with the approval of the State Insurance Commission. The advice of an insurance expert was obtained and the initial plan resulted.

A limited schedule of benefits was approved for the first year. It was also decided not to ask for additional funds from the schools, but to finance the plan by taking the money required from the surplus, which on July 1, 1930, amounted to \$14,000. The requirements for participation were made as simple as possible, requiring merely the filing of an Examination and Permit Card for each boy. This card recorded the examination by a physician on the physical fitness of the boy. The signature of the parent or guardian was also required, granting permission to compete. The sports for which permission was granted were checked. The card also contained the birth record of the boy, giving date and place of birth as well as character of evidence on file. This card constituted the coverage or policy for the individual boy.

The Wisconsin plan was the first which attempted to secure complete and accurate data on athletic injuries. Coaches and high school principals cooperated with the result that during the past six years complete information is available on more than 100,000 boys who participated in 6,000 inter-school football games and in more than 24,000 practice sessions. While the benefit schedule covered all sports, it was soon determined that football casualties ex-

ceeded both in number and severity the combined injuries of all other sports.

During the first two years the plan totaled actual injuries and began to seek their causes. The Wisconsin injury ratio per 1,000 participants was 92 from 1930-35. The information accumulated on causes of injury was used for the first time during 1934-35. The figures were sufficiently extensive by that time to justify their use in a program seeking to reduce athletic injuries by removing or at least reducing the obvious causes of injury. That the information secured was accurate is attested to by the fact that the Wisconsin high school football ratio was reduced in 1935 to 32 per thousand. It is significant to note in this connection that the injury ratio in other states still stands at about 90 per thousand.

Prof. Floyd Eastwood of New York University undertook the study of football injuries for the N. C. A. A. in 1932. His figures and findings, which cover the entire country and therefore present a true cross section, show that high school football injuries still stand at about 90 per thousand except in Wisconsin. The ratio of college and university injuries is higher than for high schools, ranging between 120 and 140 per thousand.

In making a detailed study of football injuries, it is essential that we definitely keep in mind the fact that between 650,000 and 700,000 high school boys play the game while only about 65,000 participate in collegiate football.

Much has been said during recent years about making football safer for the participants. The forward pass

was introduced to eliminate mass plays. Actual facts show that the forward pass is the most dangerous play in the game as about 36% of all injuries occur on this play.

The Wisconsin study covering a period of six years approached the problem from three very definite angles. The first was to secure statistical information on injuries, where they occurred, number of injuries produced by different type of play, and when they occurred. The latter point was studied from two angles: first, during what period of the game were injuries most frequent; and, second, during what part of the season were the participants most susceptible to injury.

The second point of study concerned itself with administrative problems in connection with the game. Athletics, including football, are being maintained for the physical improvement and benefit of the participants. If football is of no physical benefit, then it is the duty of school administrators to do away with the game entirely or to bring about changes which will at least make participation less dangerous.

The third point of study concerned itself with definite recommendations which would make football a safer game. The following shows clearly that the forward and lateral pass plays are by far the most dangerous. The game was "opened up" to make it safer. The opposite situation has apparently resulted. If football is to endure, it is essential that facts be established before rule changes are made and that proved facts rather than coaches and rule makers' opinions govern. The boy for whom the game was intended and developed must be given the first consideration.

TYPE OF PLAY AND RATIO OF INJURIES

Forward and lateral pass plays	36% of all injuries
Kick Off plays	12% of all injuries
Returning of punts	10% of all injuries
End around and off tackle	22% of all injuries
Line plays of all kinds	8% of all injuries
Unclassified	12% of all injuries

DISTRIBUTION ACCORDING TO ZONE OF PLAY

65% of all injuries occur between the 20 yard and end line.

Actual checking of 100 games showed that only 30% of all plays were called in this zone. In other words practically two-thirds of all injuries occurred within the 20 yard zone.

This offers a real problem for study. A more vicious offense, more forward passing and more tenseness on the part of the players, no doubt, account for this situation.

PLAYER ACTIVITY OR ACTION

The following statistics indicate a definite necessity for more thorough coaching on fundamentals and possibly better protective equipment.

42% of all injuries were suffered by the tackler.

13% of all injuries were suffered by the blocker.

5% occurred on pile ups.

15% were incurred by those tackled.

11% were the result of boys being kicked.

14% were unclassified.

TIME OF INJURY

A comprehensive study on this point revealed the fact that most injuries, especially the more serious ones, occurred during the first two-thirds of the first half and shortly after the second half kick-off. This fact should result in both conjecture and study. The improperly prepared boy suffers first. An early game tenseness and a "die for the old school" spirit may also be partially responsible for the early game casualties. Failure to warm or limber up the boys properly before the beginning of the second half may be the main contributing factor for early second half injuries.

SEASONAL RATIO

The seasonal injury ratio offers a real problem.* It is evident that more time and not less should be devoted to "practice before the first game." High school boys of today are more limited than ever before in securing work during the long vacation. Idleness has a tendency to soften up the boys. Football is a strenuous game and a thorough conditioning period should precede the first scrimmage. Too much time is devoted to "plays" and not enough to "players." That early scrimmage and the hurrying of the boys in early training period produces more injuries than should occur is evidenced by the table giving seasonal distribution. The difference between the injuries during the first half of the regular season and the last is also significant. More boys participate in high school football during the first half of the season than during the latter part. In spite of this, injuries show a 50% increase for the last period over the first. Is the season too long? Have the boys been "over footballed?" Is the competition getting more tense? Do these figures indicate an accumulation of minor injuries of the season to date? This is a subject worthy of careful study.

OTHER FACTORS

1. Failure to give adequate training in fundamentals.

2. Failure of coaches and officials to remove promptly from the game boys injured. A significant fact developed showing that the more serious injuries occur after the boy has had one or two previous "time outs." Each time out reduces vitality and the boy who is allowed to remain in the game is facing a greater hazard than his team mates. The winning of a game is not worth the added risk.

*SEASONAL INJURY RATIO

	1932	1933	1934	1935
Pre-Season injuries	36%	38%	40%	37%
First half season injuries	26%	24%	26%	24%
Second half season injuries	36%	38%	34%	39%

(Continued on page xiv)

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

David V. Hudson, M. D., Editor
Russel C. Pigford, M. D. Associate Ed.
Miss Maurine Calhoun, Ass't Editor

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



THE EVENT OF THE MONTH

The most important and practically the only medical event for the month of September is the Tulsa County Medical Society Meeting September 28.

Because of the heat no meeting was planned for the second Tuesday and there seems to be general approval. The hospital staffs have adopted the same plan and no staff meetings have been scheduled for September.

You may now save your pep for the meeting and your ideas for the clinical society. Officers will be elected and plans for next year discussed. If you get overheated with so much mental strain there will be enough liquid refreshments to bring your temperature back to normal. There will also be enough sandwiches and "tater salad" to hold you until breakfast the next morning. In case you are really hungry and have deliberate and premeditated intentions to eat, you will have plenty of company on the first three rounds. After that you take your own chances.

The program committee was unable to secure Mae West but will try to make up for it in other ways. Watch the bulletin for coming meetings.

LOST INSIGNIAS

Insignias S-13076, S 13077, S 13083 and S 13089 have been lost. If found please notify the secretary.

APPLICATION FOR MEMBERSHIP

The application for membership of Dr. Wm. R. Turnbow has been received.

CLASSIFIED DIRECTORY

Please send in your information for the classified directory. So far four members have sent in the information requested in the last bulletin.

PERSONALS

Dr. Flanagan is combining vacation and post graduate study in Chicago and points east. He expects to return in October.

We finally received more details on the alleged accident reported in this column last month. It was the cow and not Fred Glass that was hurt so the account goes. The bovine pedestrian left the scene of the accident slightly disfigured, in fact the steaks were said to bear cross striations resembling the radiator of an automobile.

Dr. I. N. Tucker was left out of the last directory by mistake. His address is 149 Hollywood Drive, New Orleans.

Dr. Allen C. Kramer has removed his offices from room 415 to 515, Medical Arts Bldg., Telephone 3-8874.

FALL PROGRAM

The dates of regular meetings this fall are as follows:

September 28—no papers.

October 12.

October 26.

November 9.

November 23.

December 14—Annual Meeting.

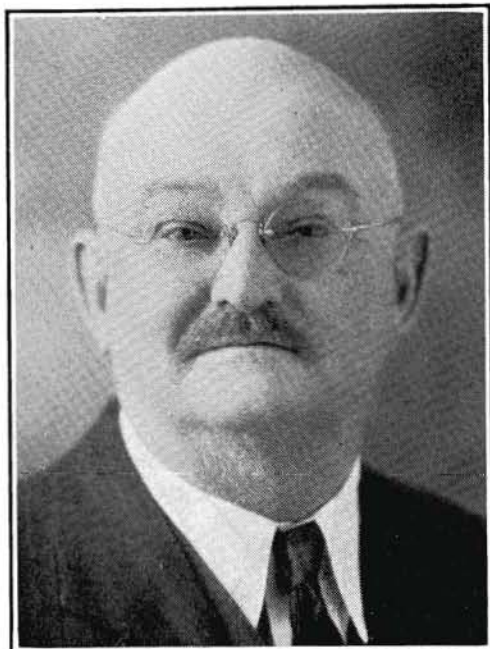
No scientific program—Election of Officers—Business.

If you have any suggestions for the program please see Dr. J. E. McDonald. The first and last meetings will be devoted to business, leaving only four meetings for scientific programs. If you know of some out-of-town speakers who can be here see Dr. McDonald early so arrangements can be made in plenty of time. If you have a *good* paper to present come across with it.

CREDIT FORM

The proposed form appears in this issue. Please look it over carefully and if you have suggestions or criticisms to make please send them in before you forget. Also please let the secretary know if you care to use this form and how many you need. The form will be printed on 6 x 9 1-2 sheets which can be punched to fit loose leaf ledgers and may be supplied either loose or in pads.

IN MEMORIAM



M. L. Perry, M. D.

Dr. M. L. Perry was born in Troy, Alabama, in 1870, and his parents moved to Greenwood, Arkansas when a mere youth; his father later died leaving him, a widowed mother and two younger brothers. He being the oldest, the mantle of responsibility was at once his banner and guide and he fell to his task like a true soldier. Like the average family of very moderate means, they were confronted with sickness, troubles, and disappointments. His heart being burdened by seeing his loved ones in their hours of affliction and sickness, he admired those loveable old characters known as the family physician as they administered unto them who inspired him with zeal and the determination that if his Creator would be kind enough to allow him to reach maturity and manhood, he would like to dedicate his life and service in administering and alleviating the pain and suffering of his fellowman. This privilege being granted him, he left the farm, the plow and the old mule saying: surely life held a better prospect for him.

So he would go to school a year practice medicine a year, and after such procedure was graduated from the College of Physicians and Surgeons at Dallas, Texas in 1906. He pioneered in the Indian Territory around Bokoshe in the practice of medicine, later in Arkansas moving from Greenwood, Ark. to Tulsa in 1915. Dr. Perry was one of the founders and builders of the Immanuel

Baptist Church and contributed heavily to its support. He was a thirty-two degree Mason and Shriner, and a member of the Tulsa County Medical Society until his retirement.

The biography of all good men is a beautiful revelation when once told and in their departing leaves only that; and another footstep upon the sands of time. What greater heritage can a father bequeath his sons than a life well lived? With the dictum I have fought a good fight, I did the best I could. I have finished my course. I have tried to push forward in the high calling of my profession—do likewise. Surely the Portals of Eternity will be blest by the entrance thereof of such simple and sublime souls.

A tribute of a son to his father
John C. Perry, M. D.

Medical Schools Represented by Members of Tulsa County Medical Society

Atlanta College of Phys. and Surgs.	2
Baltimore Medical College	1
Barnes Medical College. St. Louis	7
Baylor Univ. College of Med., Dallas	2
Bennett Coll. of Ecl. Med. and Surg., Chicago	1
Birmingham Medical College	1
Central Medical College of St. Joseph	1
Chicago Coll. of Med. and Surg.	1
Coll. of Phys. and Surgs. of Baltimore	2
Coll. of Phys. and Surgs., Dallas	1
Creighton Univ. School of Med., Omaha	1
Eclectic Medical Coll., Cincinnati	1
Eclectic Med. Univ., Kansas City, Mo.	1
Emory Univ. School of Med., Atlanta	3
Ensworth Medical College, St. Joseph	1
Epworth College of Med., Okla. City	1
Fort Worth School of Medicine	2
Georgetown University School of Med.	1
Indiana University School of Med., Bloomington-Indianapolis	8
Jefferson Med. Coll. of Philadelphia	4
Johns Hopkins Univ. School of Med., Baltimore	5
Kansas City Coll. of Med. and Surg.	3
Kentucky School of Medicine, Louisville	1
Kentucky University Medical Dept., Louisville	1
Louisville Medical College	1
Maryland Medical College, Baltimore	1
Medical College of Ohio, Cincinnati	1
Medical College of the State of S. C., Charleston	1
Med. College of Virginia, Richmond	1
Medico Chirurgical Coll. of Philadelphia	1
Memphis Medical College, Lawrence-	

Kansas City	1
Miami Med. College, Cincinnati	1
Milwaukee Medical College	1
Mississippi Med. Coll., Meridian	2
Missouri Medical Coll., St. Louis	1
N. Y. University Coll. of Med., New York	2
Northwestern Univ. Medical School Chicago	8
Ohio State University College of Med., Columbus	1
Rush Medical College, University of Chicago	6
Southern Methodist University Med. Department, Dallas	1
St. Louis College of Phys. and Surgs.	6
St. Louis Univ. School of Med.	4
State University of Iowa Coll. of Med. Iowa City	1
The Hahnemann Medical Coll. and Hospital, Chicago	1
Tulane Univ. of Louisiana School of Medicine	9
University Med. Coll. of Kansas City	3
Univ. of Arkansas School of Medicine Little Rock	9
Univ. of Buffalo School of Medicine	1
Univ. of Cincinnati Coll. of Medicine	1
Univ. of Illinois Coll. of Medicine, Chicago	7
Univ. of Kansas School of Medicine	4
Univ. of Louisville School of Med.	4
Univ. of Maryland School of Med. and Coll. of Phys. and Surgs., Baltimore	3
Univ. of Michigan Medical School, Ann Arbor	3
Univ. of Minn. Med. School, Minneapolis	3
Univ. of Nashville Med. Dept.	1
Univ. of Nebraska College of Med., Omaha	3
Univ. of Oklahoma School of Med., Oklahoma City	27
Univ. of Pa. School of Medicine Philadelphia	3
Univ. of Tenn. Coll. of Medicine., Memphis	9
Univ. of the South Med. Dept., Sewanee	1
Univ. of Virginia Dept. of Medicine Charlottesville	2
Univ. of Vermont Coll. of Medicine Burlington	1
Washington Univ. School of Med., St. Louis	5
Western Reserve Univ. School of Med. Cleveland	5
McGill Univ. Faculty of Medicine Quebec	1
Queens Univ. Faculty of Med., Ontario	1
Medical Faculty Univ. of Heidelberg, Germany	1
University of Glasgow Medical Faculty, Scotland	1

Professional Directory

E. RANKIN DENNY, M. D.

Diagnosis and Clinical Investigation
Allergy

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

JOSEPH FULCHER, M. D.

Urology

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

DAVID V. HUDSON, M. D.

Urology

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

W. S. LARRABEE, M. D.

Roentgenology

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

IAN MacKENZIE, M. D.

Orthopedics - Fractures

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

I. A. NELSON, M. D.

Tissue and Clinical Pathology

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

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

Internal Medicine

Cardiology

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

R. M. SHEPARD, M. D.

Diseases of the Lungs

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

WADE SISLER, M. D.

Orthopedic Surgery

807 South Elgin, Tulsa Tel. 4-8161

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

General Dentistry

Dental X-Ray and Diathermy

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

**TULSA COUNTY MEDICAL SOCIETY
CREDIT INFORMATION FORM**

Name_____	Age_____	Social State_____
Address_____	Employed by_____	
	Address_____	
_____ _____ _____		
Telephone_____		
_____ _____		
Salary per week_____	month_____	Pay day_____
Number dependents_____	Person responsible for paying this account_____	
_____ _____		
Nearest relative_____	Total indebtedness_____	
	Terms_____	
_____ _____		
Commercial References	Medical References	
_____ _____ _____ _____ _____ _____ _____ _____		

I hereby agree that if this account is turned over for collection that any reduced rates or discounts will be void and standard charges will prevail.

Signed_____

Timely Brevities

The question so often asked by laymen is, why do doctors oppose state medicine? Of course, there are a number of reasons; but, perhaps, the most important is the one engendered by fear—fear of a politically controlled bureaucracy for the administration of medical care to the American people. Do not make the mistake of believing this would be impossible! Should the entire medical profession of the United States suddenly be drafted into a huge scheme of state medicine, the placement of over 100,000 physicians into government jobs would be a plum too luscious for the politicians to overlook. We are cynical enough to believe that in a system of state medicine professional standing, ability, and merit would not outweigh party loyalty and contributions to the party funds. In politics no job is too small for patronage. There are always the faithful to be rewarded. As proof of this statement, we quote the following from a recent issue of the *Saturday Evening Post*:

"A great light had been thrown on the Tammany system of running the New York beaches in the preceding year; fifteen lifeguards had been discovered who couldn't swim. When pushed into a bathing pool, they had shot to the bottom like battleship anchors. Some of the Tammany lifeguards could scarcely wade. When Moses took over the Tammany setup at one beach, he found lifeguards who could not swim, but who could row; they rowed the lifeboats far out from the beach and spent their time fishing. This controversy epitomized the whole issue of civil service vs. spoils. If you are drowning do you want your cry for help to be heard by a politician who doesn't understand swimming, or to be heard by a swimmer who does not understand politics?"

We hasten to say that we have no deliberate intention of besmirching the great city of New York, which may not be any worse than other large cities. In fact, its politics may be "lily-white" compared to the manipulations of political machines in other localities. The point is that politics is the same the nation over. Like the octopus it spreads its tentacles over every form of human endeavor and slowly strangles initiative.

•

"Taxation has become both tragic and absurd." To Mary Roberts Rinehart goes credit for this statement which she wrote in an editorial for the *Ladies Home Journal*, excerpts of which follow:

"Once people lived within the family income and saved or invested any margin, or saved to educate their children and to leave them something with which to start in life, or to carry them through in case of inability to work and earn. Due to taxation there is now no such margin of safety in the average American home. Now between twenty-five and thirty-five cents out of every American dollar goes to the tax collector. Thus, an income of twelve hundred dollars a year is now really only one of from eight to nine hundred dollars. The so-called rise in the cost of living is nothing more or less than the tax burden, skilfully concealed. And the pay envelope or salary check pays it all. Time was when some of these taxes were called painless ones. That time has passed. They are no longer painless. They hurt! And they are already resulting in a lowering of our standard of living. What happens to a family when it pays—even if it does not know it—more in taxes than for food? Our total annual tax bill is now nine billion dollars,

and our food only seven. What happens when we pay three times as much for taxes, direct or indirect, as we spend for rent? And nine times as much as we spend for all types of medical care? We are doing that now.

"Women spend the bulk of the home income. The cost of all governmental activities is handed on to her in everything she buys; the grocer, the butcher, the department store, the man from whom she rents her house—all pass on to her and her dollar the taxes they must pay. They must, or go out of business; since the wholesaler or the manufacturer has passed his taxes on to them. In addition, her attenuated dollar pays an almost unlimited number of direct taxes. It pays a tax on telegrams and cables, on letters, on cameras and all sporting goods, on matches and candy, on cosmetics and toothpaste, on tires and gasoline for the car, on theater and motion-picture tickets, on her safe-deposit box at the bank and on her stocks and bonds if she has any left to put into it. Even the family dog pays a tax! As to the family automobile—what with the car itself, the materials that go into it, the fuel to run it and the annual taxes on it, the cost in taxation is estimated at about thirty-one per cent each year of the value of all the cars in the country.

"As if this is not already enough, some groups of individuals want to establish a great bureaucracy of state medicine. Where will the money for this come from? From the same place all taxes must come, the family purse. And, if a scheme of state medicine should come to pass, the doctor will be placed in the peculiar position where he will pay taxes to provide medical care for his own patients."

•

The insurance business is by no means a recent establishment. Its beginnings were amusing and humble as well as ancient. Even before the

birth of Christ there were guilds in old Rome where one paid an entrance fee of 100 sesteri, together with a jug of good wine as a "down premium" against a first class funeral. The monthly rate was about two shillings, and at death your estate received 300 sesteri for your burial.

The year 1583 is said to be the earliest date on record for a formal life insurance policy. It amounted to \$2,000 and was a policy for the period of one year on the life of one William Gibbons . . . and it appears to have been a wager by sixteen London gentlemen. When Mr. Gibbons died, twenty days before the end of the year, the "gentlemen" contested payment of the obligation on the ground "that twelve months are legally twelve times four weeks of twenty-eight days," and by this form of figuring Mr. Gibbons died nine days after the expiration of the "policy." The courts ruled, however, that the gentlemen had to pay.

In the early days of insurance life expectancy was determined by personal appearance and normalcy of habits rather than mathematical certainty, and that is why a teetotaling Englishman was refused a policy because his London confreres felt it was by no means normal to abstain from liquor! Annoyed and enraged with this censorship of his sobriety, the Londoner founded his own insurance company which dealt only with those consecrated to abstinence from liquor.

According to information from the National Association of Life Underwriters, the first permanent insurance business established in America was the Philadelphia Contributionship, a fire insurance company, organized in 1752. Benjamin Franklin was on the board of directors.

Today it is estimated that the insurance companies with their various forms of policies have insured nearly one-half of the total American population.

A. C. H.

The Patient Goes Shopping

by An Observer

Many patients, particularly those of the fairer sex, enjoy shopping for medical services just as they do for clothes, food, and other necessities for existence. We do not blame them, for it is human nature to get all one can for the least expenditure of money. Physicians, however, who encourage this shopping practice by cutting fees below that which is fair and reasonable for their services are in no small degree responsible for the demoralization of the medical practice in many communities.

More important than the physician's welfare, of course, is that of the patient, who not infrequently is under the impression that by going from doctor to doctor he will obtain better service at the lowest possible rate. The truth is that in adopting this method he is receiving a hodge-podge of medical advice, without which he would be better off. Not infrequently one doctor will institute one sort of treatment and the next, another. This is not the fault of the doctor, because there is usually little or no opportunity to know much about the patient. He may possibly obtain a history. If he does, so much the better. This type of patient, however, is not interested in providing the doctor with a background about himself. He has the wanderlust, frequently becoming a confirmed shopper. Incidentally he is very often "poor pay." Obviously, it is an obligation of the doctor to curb this sort of practice.

Some of the shopping which is done can be charged to the fact that many people do not have a family physician. They go from specialist to specialist, diagnosing their own ailments and deciding for themselves the type of treatment they need. Even-

tually they are up against it, requiring a real overhauling whereas if taken in time, minor repairs would have sufficed. Fortunately a back-to-the-family-physician movement is gaining momentum, which will prove beneficial to both patients and specialists.

A few weeks ago the writer had occasion to visit with one of the younger physicians. Questioned as to how he was getting along, he said that he was very well satisfied, considering the length of time he had been in practice. His major complaint was the cutting of fees by some doctors in the industrial section in which he is located. A number of persons, he said, had called him by telephone, asking what he charged for certain surgical operations. He had obligingly estimated the cost in each instance, suggesting, however, that the patient come in to determine the need for the work. More often than not, nothing further was heard from the inquirer. In some instances he later learned that the patient had gone to another physician and that surgery was being done for an unreasonably low fee, making fair competition out of the question. The young man was at a loss to know what to do.

We are not suggesting that this situation exists generally throughout the country, but it is found frequently enough to cause concern. Members of the medical profession in any community where this shopping habit has been encouraged by doctors may well take heed of the dangers involved to both the public and the profession. Practitioners well-established financially and of considerable experience should hesitate to cut fees below their usual charges except where justified by the circumstances

of the patient. Younger practitioners should be reminded that such methods may lead to serious complications in the future. It can be said, too, that nothing destroys the confidence of the public nor is so unworthy of the profession as unfair competition.

Medicine in this country is deeply concerned with the quality of medical care and the cost of such services to the patient. Everywhere in the country today medical organizations are endeavoring to raise the standards of

medical practice. They are putting forth every effort to the end that the patient obtain the best medical service within his ability to pay. Attainment of these objectives has been difficult because of the complexity of our modern existence, but there is a relentless drive onward toward this goal. The eventual success of medical organizations will depend to no small degree upon how physicians cooperate with each other. Unfair competition, encouraging shopping by patients, certainly will not help.

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Government Philosophy in a Sick World

(Continued from page iii)

association of living persons, and not an arrangement of inanimate materials, he will never imagine that he can impose upon those living persons and their descendants his private preferences. He will recognize that the function of government is not to decide how men shall live, what kind of men they shall be, what they shall spend their energies upon. Government cannot direct the life of a society. Government cannot shape the destiny of the human race.

There are some who think that government should use all its powers of coercion to make the social order correspond with their own ideal of the nobler and more satisfying social order. But this is as if a doctor dealt with a patient on the assumption that he must use drastic medicine if he finds that his patient is not as strong as Hercules, as beautiful as Apollo, and as wise as Zeus. He would be an absurd doctor. The sound physician, I take it, is not attempting to make a superman out of his patient. He takes measures to protect him against the invasion of hostile bodies. He cultivates habits which improve his resistance. He intervenes with medicines and surgery when he thinks he can assist the patient in recovering his own equilibrium. Always, if I

understand the faith of the physician, he regards himself not as a creator, designer, and dictator of the nature of man, but as the servant and the ally of nature. There are times to be sure, when his patient is prostrate and the doctor must be the master of his whole regime. But even in these times, the good doctor will be continually seeking for ways, not to make a new man of his patient, but to encourage those recuperative powers which may at last enable the patient to walk again on his own feet.

There is a vast difference between those who, as engineers dealing with animate materials, can dictate to nature and those who, as physicians dealing with living organisms, must respect nature and assist her. My thesis is that statesmen had better think of themselves as physicians who assist society than as engineers who plan and fabricate it. They will understand these problems better if they realize that society has not been invented or constructed by any man or any set of men but is in fact the result of the infinitely complex adaptations by innumerable persons through countless generations. Its destiny is beyond the power of the human mind to imagine it. Its reality is complex beyond the mind's

power to grasp it. Its energies are beyond the power of any men to direct it. Society can be defended. Its adjustments can be facilitated. Its various purposes can be clarified, enlightened, and accommodated. Its aches and pains can in some measure be relieved. But society is not and never will be a machine that can be designed, can be assembled, can be operated by those who happen to sit in the seats of authority.

To know this, to realize the ultimate limitations of government, and to abide by them, is to have that

necessary humility which, though for the moment it is at a discount in many parts of the globe, is nevertheless the beginning of wisdom. Without it men will use political power for ends that government cannot realize, and in the vanity of their delusions fall into all manner of cruelty, disorder, and waste. They will have forgotten to respect the nature of living things, and in their ambition to be as gods among men they will affront the living god. They will not have learned that those who would be more than human end by being less than human.

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Doctors and their Hobbies

(Continued from page v)

comes from one of our best shops." There were a number of other exhibits such as oil paintings, a beautiful quilt of many colors, studies done in crayon, and a collection of antique, beaded glassware.

These and many other products of spare time were reviewed by Mrs. Griffin in her excellent report. The exhibit was under the direction of a committee of the Auxiliary, headed by Mrs. Thomas B. Wood, who, all agreed, did a most excellent job.

A similar exhibit was sponsored by The Medical Society of Milwaukee County at the annual meeting of The State Medical Society of Wisconsin in September, 1935. The actual supervision and work done in connection with the exhibits were in the hands of a committee of the Auxiliary, headed by Mrs. Eben J. Carey. There were 36 participants, displaying paintings, etchings, an amateur broadcasting station, woodwork and handicraft, stamp collections, model ships, and metal work. Ample space was provided in the Milwaukee Auditorium. Hundreds of visitors were attracted by the excellent paintings in oil and water

color which were hung against velour drapes about the exhibit room.

An amateur radio broadcasting station had been installed in the center of the large room, set aside for the exhibit, by a Milwaukee psychiatrist who had devoted many years to this hobby. Naturally, there were many inquiries as to the manner in which it was operated and the distant stations with which the doctor communicated. Excellent model ships were shown, also. These seemed to hold a fascination, particularly because of their detailed construction. Aside from the many articles which doctors themselves had made there were antiques, flowers, and butterfly collections.

At the conclusion of the State meeting all were genuinely enthusiastic about holding the exhibit another year, and it is planned to make this a regular event. Physicians who did not regard the exhibit seriously, and therefore did not participate, have signified their desire to take a part in the future.

The writer has seen other exhibits which were most excellent, and, except for the fact that they are a repeti-

tion with some variations of the exhibits reviewed here, might well be included in this brief description. Certainly it is most interesting that doctors devote their leisure time to such uniformly excellent hobbies.

It would prove beneficial if more medical organizations would show interest in such projects, not alone for the purpose of displaying the ability and varying interests of local physicians, but to aid in bringing

about better feeling among the profession. When practitioners find that they have interests in common, misunderstandings are usually swept away.

There is another virtue in the doctor's adopting hobbies. Frequently he prescribes outside interests for patients, with the view of giving balance to their lives. The physician quite evidently is, in this instance at least, a good example to his patient.

High School Football Injuries Can Be Prevented

(Continued from page viii)

3. Failure to demand adequate physical examination. Altogether too many of the fatalities reported show death by heart failure or from other organic cause. A thorough examination should be made before the first practice and a second examination should be given after from ten days to two weeks of training.

4. The failure of having a physician available at regular practices and games since immediate and trained care is essential.

ADMINISTRATIVE PROBLEMS

School administrators have certain very definite obligations in connection with high school athletics. The following are worthy of serious consideration. The suggestions are based on the findings as developed through both the Eastwood and Neverman studies on football injuries:

1. School administrators should see that the preliminary training period is adequate for the proper training of the boys. Kansas and Wisconsin prohibit regular games until after three weeks of training. Interscholastic competition before three full weeks of practice should be prohibited.

- a. Advise no scrimmage during the first ten days of training.
- b. Advise emphasis upon fundamentals, especially correct tackling and blocking.

2. School authorities should see that a thorough physical examination is made of every boy desiring to compete in high school athletics. Experience has shown that it is desirable for the family physician to make the examination. The family physician has a responsibility to the boy and family which should be welcomed by the school administrators.

3. School administrators should take a definite stand on the removal of injured boys from the game. The coach is often under pressure to win. The administrator can be of help if he would insist upon prompt removal. Any boy sufficiently injured to have a time out should not be allowed to continue and should not be returned to the game except upon approval of the attending physician and in a subsequent quarter.

4. The school must provide proper equipment for the protection of the boys. Expensive equipment is not always the best. The name of a well known or successful coach on equipment is no assurance of its protective qualities. Coaches should be required to prove their case on equipment to those responsible for paying the bill.

A National Federation Committee is at work on equipment and hopes soon to release a set of minimum requirements for proper protection. It

is hoped that the Committee can place these recommendations in the hands of all responsible for the welfare of high school boys.

5. School officials should insist upon the best trained officials. Many states have undertaken a program for the training of officials. Well trained officials are of real assistance to the boys playing the game. Officials must have authority to remove from the contest boys injured in the game.

6. Administrators alone are responsible for the coaching in our schools. Wisconsin since 1917 has required coaching qualifications

equivalent to that of other teachers. This is not sufficient. Coaching qualifications should include physical education standards and at least some training in the examination of the boys and the care of injuries.

7. School authorities should arbitrarily limit the football schedule to not more than eight games. Seven, according to available information, would be still better.

8. Administrators should give serious study to the problem of reducing the age range for high school competition. The following Wisconsin figures are evidence of this fact.

AGE, INJURY AND PARTICIPATION
TABLE

Age	14	15	16	17	18	19
% Participation in age groups	3	4	14	30	37	12
% of Injuries in age groups	6.8	17.4	31.4	26	14.4	4

From the foregoing it will be seen that the hazard of the 19 year old is only 1/12 that of the boy of 15 and 1/6 that of the 16 year old.

DEFINITE RULE RECOMMENDATIONS

1. Return of posts to goal line and increase value of field goal to four points.

Sixty-five per cent of high school injuries occur within the 20 yard line while only 30% of actual play occurs within this zone. The return of the posts to the goal line and the increase in value of the field goal would encourage kicking and thereby discourage the desperate forward passing and vicious around end and off tackle plays. The posts could be so erected as to set back at least two yards with the cross bar directly over the goal line. This should be tried in order to cut down the numerous injuries within the twenty yard line.

2. The rest period between quarters should be increased to at least two minutes and possibly even three. The time between halves should be lengthened to at least fifteen minutes and possibly eighteen, the last three minutes of which should be devoted

to a definite warming up period for the competing teams. This warming up period would relieve tension and place boys in better mental and physical condition for the second half and might reduce the numerous injuries occurring on kickoff plays and within the first few minutes of the second half.

3. Instruct officials to penalize more promptly rushing of kicker or passer and interference with receiver. Passes from anywhere back of the line of play has tended to reduce pass injuries.

4. High school rules of play should set up a very definite standard for minimum protective equipment.

5. High school rules of play should provide a very definite protective zone around the entire field of play. A ten yard zone would be desirable although a five yard zone would be of real help. Many boys are injured by falling or rolling into the players' bench, pails, fence or yard sticks.

The Wisconsin plan has reached the stage where close cooperation between the State Medical Society and the W. I. A. A. can develop the pro-

gram to a point of still greater benefit to high school boys. The physical education program within our schools must become a corrector of physical faults and a builder of stronger young men rather than an entertainer of the public. We have

used our boys to entertain the public. Through cooperation and understanding the beginning made by the W. I. A. A. can be utilized to assist in the building of a sane sports program and a real physical education curriculum in our schools.

Sunny Side Up

SOME SIZE

A recruit wearing size 14 shoes enlisted in the army. One day his officer missed him.

Officer: Has anyone seen that raw recruit?"

Voice from Rear Rank: "Yes, sir. He's gone down to the cross-road to turn around."

HE OBJECTED

"Why do you object to people calling you 'Colonel'?" a friend asked.

"Well," responded Uncle Si Podsnap, "I never was in the army, I never acted as usher in a movie theater, I don't make speeches and I never took a drink of liquor in my life."

WHICH ONE?

"I see, Miss Smithers, that you have spelled 'receive' with 'ei' in one place and 'ie' in another."

"I'm sorry, sir. One of them was a slip."

"Well, correct it."

"Certainly, sir. By the way, which one shall I correct?"

"M'm—er—why, the one that is wrong, of course."—Tid-Bits.

WILL DISSOLVE ANYTHING

A man was being shown over a college by his son. They came to the chemical laboratory, and the man said:

"What are you boys doing here?"

"We're trying," said a student, "to discover a universal solvent."

"What's a universal solvent?" the man asked.

"It's a liquid," the student explained, "that will dissolve anything."

"Humph. Great," said the man. "And when you find it what are you going to keep it in?"

—Milling.

FOOLED HIM

"I turned the way I signaled," said the lady, indignantly, after the crash.

"I know it," retorted the man, "that's what fooled me."

INITIAL PLEASE

Hotel Page: "Telegram for Mr. Neidspondiavanci, Mr. Neidspondiavanci!"

Mr. Neidspondiavanci: "What initial please?"

PAGE DADDY!

Teacher: Spell "straight."

Pupil: S-t-r-a-i-g-h-t.

Teacher: Correct. What does it mean?

Pupil: Without ginger ale.

FIND THE BALL

Scotch Gent: My lad, are you to be my caddie?

Caddie: Yes, sir.

Scotch: And how are you at finding lost balls?

Caddie: Very good, sir.

S. Gent: Well, look around and find one so we can start the game.

WHO'S THAT CHAP?

Coming around a bend he saw a large gang of men dawdling at some road work. They were giving a very creditable imitation of how not to work. "What's going on here?" he asked. "Oh, this is a PWA job," said the foreman. Looking down the road a short distance he saw a man who was making the dirt fly like a doughnut tire in a mud hole. Pointing to the energetic worker, he asked, "Who's that chap who's making the dirt fly?" "Him," said the foreman, "—oh, he's a Republican."

—Louis Allis Messenger.