



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

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*Medical Schools of the United States*

9. Memorial Institute

University of Wisconsin Medical School



# The Beginning of Education

**Dr. Mayo, speaking to the 1936 graduates of Notre Dame University, decries any attempt to prevent young men from entering professional schools**

by W. J. Mayo, M.D.

The outstanding feature of American public life today is reverence for education. The cost of education borne by the American people is greater than any other expense supported by the people, and this burden is borne willingly, with the expectation that finer citizenship will be the result, and with the hope that the democratic form of government, to maintain which the nation has offered life and wealth in four great wars, shall be made safe and dependable in the years to come.

As one travels through the United States one is impressed by the splendid school buildings seen in all sections. In nearly every village, no matter how remote or how poor, will be a structure, the school building, which is magnificent compared to its surroundings, a source of pride to the inhabitants, and regarded by them as a hostage for the future. The schoolhouse is the proud monument to the desire of the people that their children shall receive a better education than they themselves had. It is a visible testimonial of their loyalty to the country in which they live, and of their resolute determination that its future shall be made secure, not by efforts of arms, but by efforts of intellect. Apparently there is an unconscious feeling that if we are to have the government we desire, and prosperity for all, it must come from education.

There is a divine discontent with the existing order of things which leads to progress. Youth is ever insurgent, dissatisfied with conditions as they exist and this state of mind is necessary to progress. Youth has visions of the future which are not

shared to an equal extent by those of middle and later age; youth is a builder of images, a dreamer of dreams. When guided by scientific imagination, youth builds images to be compared with known facts, and dreams true dreams.

We of the older generation admit freely that our viewpoint has been greatly influenced by the misfortunes through which we have passed. We believe too often, as our elders believed when we were young, that youth is headstrong, unruly, without due reverence for the established order of things.

The older generation is always uncertain about the younger generation. In earlier times young people were kept innocent, perhaps ignorant, with the expectation that innocence would be a protection to their morals and ethics. The young people are more sophisticated today, and perhaps because they know more of evil they will be better protected from it than they would had the so-called innocence of last generations been maintained.

The old should remember that they represent the past, and that the young represent the future. For the best results, the wisdom of age must travel with the dreams of youth. Age carries mental scars left by experience which shorten vision, but age carries wisdom. Youth and age should travel together; each needs the other for orderly scientific advancement. Age, if it has gained something which is personal to the individual so that he has something to lose, will probably be conservative and will fear new experiences. Imagination is the gift of youth. In my hospital ward rounds

I am always surrounded by the younger men; I give them from my experience, and they give me their fresh viewpoint.

A smart column writer recently said that culture is what a person has left when he has forgotten what he learned in college. After I had had my laugh, I began to wonder whether there was not a good deal of truth in this definition of culture, for after all, college education is supposed to teach us how to think as well as what to think. It is supposed to develop the power of reasoning and observation, to fire the imagination. To repeat what we have memorized, of itself is not more in effect than is done by a phonograph record, and perhaps is just about as informative.

I sometimes question whether the present tendency to depend so much on memorizing knowledge gives a sound basis of education for the future. Knowledge is static, wisdom is active and moves knowledge, making it effective. As I think back on my own classmates in college, I am impressed with the fact that many of them who had fine memories and stood at the heads of their classes in some way in the after years missed acquiring wisdom and did not come up to our expectations. Some students can fill their minds with any given subject, book, chapter, and page, and can regurgitate this knowledge at examination and thereby win class leadership. Such memorizing of knowledge has not necessarily relation to wisdom. After all, the best the college can do is to give the students breadth of knowledge, not necessarily depth of knowledge.

As I look on the present day tendencies in higher education, I notice a remarkable difference from conditions as they existed when I was a college student. The valuation of culture for its own sake was then in the ascendancy, and our eyes were fastened almost wholly on the past. And yet, knowledge of the past gave the foundation on which has been

built the present and on which we predict the future.

Personally I have not been in sympathy with the view that because there are already so many well-trained men, something must be done to prevent younger men from entering our professional schools. It certainly is a sad commentary on our times if we introduce unnecessary obstructions and obstacles to prevent students from entering the professions or to trap unwary students — so that they may be prevented from continuing their studies after their course is started — unless such procedures result in turning out better men and are not merely evidence of an unconscious trade-union state of mind which tends to make a profession an aristocracy.

Let us not get the idea that there are too many doctors, too many lawyers, architects, engineers, nurses, grocers, coal-miners, and what not. As a matter of fact, it would appear that there are too many of all of us; yet that assumption of itself refutes the argument that we must reduce the number in each class. It is almost a paradox that when we have too much of everything collectively, we worry most because we have too little individually.

Today is commencement day for you, and it means just what it says, not the end of education but the beginning of education which comes from living with our fellow men. General adult education progresses through books, newspapers and, to some extent, perhaps, through the radio and even the movies; but it is a different kind of education from that begun in the schools and colleges. Good roads and automobiles have enabled us to become better acquainted with different sections of the country, and if we are observing, we begin to get the idea, after all, of the solidarity of the American people. As we become more civilized we are beginning to emphasize not the differences that

*(Continued on page xii)*



# On the Value of Vital Statistics

**Dr. Top, a Detroit public health official, reveals the variety of important uses to which reliable statistical data is put**

by Franklin H. Top, M.D., C.P.H.

Pedagogically, it is proper to define a term by way of introducing a subject. Broadly speaking, Pearl<sup>1</sup> defines statistics as that branch of science which deals with the frequency of occurrence of different kinds of things or with the frequency of occurrence of different attributes of things. Whipple<sup>2</sup> states that "statistics are facts expressed by figures" and, "strictly speaking, a birth reported and recorded officially is not a statistic but a vital fact; yet inasmuch as reported and recorded births are commonly counted and the results expressed numerically, it is appropriate to record such a birth record as a statistical unit or item, that is, a statistic." The public health administrator is primarily interested in those vital facts — births, physical growth, sickness, deaths, hygiene, sanitation—which have a direct bearing upon the public health. He is also interested in the relation these vital facts bear to social, political, economic, educational and religious influences.

Vital statistics were compiled in ancient times. Enumerations of people were made for purposes of taxation many years before the birth of Christ, notably by authorities in China, Egypt, Persia, Greece and Rome. Fragmentary data relating to births, deaths and marriages were recorded in the old church registers of England and were called Bills of Mortality. The most ancient Bill of Mortality is to be found in the British Museum, in manuscript form. The date reputed for it is November, 1532. Bills of Mortality had been compiled by parish priests and clerks for more than a century before John

Graunt in 1662 published his book on "Natural and Political Observations Mentioned in a Following Index and Made upon the Bills of Mortality." In the modern sense, vital statistics can be said to have had their origin from the publication of this book. Many another famous name is associated with contributions to vital statistics; included among these are—Achinwall, Susmilch, Quetelet and La Place. More recent contributions of great importance in this field are due to the work of William Farr, for years Registrar-General of England, Sir Francis Galton and Karl Pearson.

The need for statistical method has grown out of and been accelerated by the complexities of present-day life. Aboriginal life was simple with little need for vital facts. Today, the agencies devoted to human welfare are dependent upon statistics and upon statistical method for the elucidation of data.

Mark Twain, once asked concerning his classification of a liar, is reputed to have said, "There are liars, damn liars, and statistics." This trite statement voices the opinion of numerous people, including, sadly enough, many physicians. One frequently hears the statement that one can prove anything by figures. Statistics are derived from the collection and numerical classification of observations relating to certain facts or events. The first essential to the making of statistics is the recording of observations and secondarily, a numerical compilation of their frequency or of the frequency of certain of their attributes. Accuracy in recording and compilation is essential if the sta-

tistics are to be of value. Undoubted errors are to be found in both recording and compilation. These are readily correctable. One can find no criticism of figures when obtained intelligently and correctly. The real cause for contempt of statistics lies in the conclusions drawn from them. In general, statistics consist of data relating to relatively large groups or classes of events. The drawing of conclusions is the function of logic—a process of reasoning. When reasoning from statistics is limited solely to the group or event studied, the result is not so apt to be incorrect but when that which applies to the group is predicated for an individual comprising the group or what appears to be a similar individual, difficulty is encountered and the reasoning may be awry. Now, fallacious reasoning should not be charged against statistics. If the conclusion is incorrect the trouble lies not in statistics but in the manner in which they are used.

The assertion is frequently made that statistics are uninteresting and dry. They are uninteresting only when divorced from the data from which they are derived and from the facts for which they stand. Visualization is necessary for without it facts expressed in figures are actually exceedingly dry. To aid in the assimilation of facts from figures, charts, graphs and diagrams have frequently been used. Recently, large figures have been graphically illustrated in the pictorial manner. For example, 100,000 automobile accidents occurring during a year in a particular locality are represented by the figure of an automobile alongside which is sketched the figure of one man for each 50,000 accidents. By this pictorial method a reader can immediately visualize a large number and compare it with other large numbers, which illustrate in this particular instance disabilities relating to man.

Vital statistics are important to national, state, county, and city health departments. In 1935, the

infant mortality rate in Detroit was 51.8 per 1,000 live births; in 1920, 104.2 per 1,000 live births. These rates give the number of infant deaths under one year per 1,000 live births. Population estimates for the city must be fairly accurate as must be the reported deaths and live births upon which the derivation of the rate is dependent. It will be noted that there is a difference in favor of the latter year. Information of this kind is important in order to determine the city's status with respect to the infant mortality rate. Undoubtedly, improvement has been influenced by better reporting in the latter year; but this is not so important in mortality as it is in morbidity reports. The rate for the city at large is valuable but today the modern health administrator is not entirely satisfied with only a general rate. Further improvement in the rate is desirable. In order to be in a better position to bring this about he feels that rates should be ascertained for the several geographic or census areas within the city. He surmises that the rate is not the same for all parts of the city. With this information available, such areas as show higher infant mortality rates can receive added remedial attention. Detroit is divided into thirty-eight districts. When rates are compiled for the individual districts it is found that the lowest is 17.3 per 1,000 live births while the highest is 96.5 per 1,000 live births. A marked variation for districts in the same city is noted between these two rates. Given information concerning districts with high rates an investigation to determine the cause becomes less difficult for the cause and probable solution should be found following a survey. Are families with infants being visited too infrequently by a public health nurse? Is knowledge of child hygiene insufficient? Or, perchance, is the opportunity for adequate medical and clinical facilities being presented to these families? The answers to these and other pertinent

questions should be of aid in solving the problem, and a greater chance of success in lowering the infant death rate should be assured.

Vital statistics has been largely responsible for the expansion of public health work in its many ramifications. There is no branch of public health that is not indebted to it. Death returns have been the foundation upon which health departments have built and expanded. The relatively meager data furnished on death certificates contains information which supplies the health officer with a great many facts from a practical standpoint. For some diseases mortality reports have been the only reliable source of information in the past but with better reporting, notably for typhoid fever and diphtheria, morbidity reports are becoming of increasing value. In order to adequately cope with the demands of an ever-increasingly inquisitive and alert public for safe-guards to health, the administrator must look to vital facts to keep him abreast of developments in the field of public health. It is only possible for him to map out a campaign of disease prevention and eradication if he knows where and to what extent disease is rampant in his locality and its environs; and today with transportation facilities such that travel between New York and San Francisco is a matter of less than a day he must be in possession of morbidity and mortality statistics relating to all of these United States and to other countries as well. Herein lies another step to further progress—the compilation of statistics in a manner which makes them useful and comparable. To this end efforts are now being made by the Bureau of the Census. We are first putting our own house in order in these United States by asking the several states to report deaths in as like a manner as possible in the hope that soon all will report births and deaths on standard federal certificates. Some day uniformity in reporting

should be international.

It is the duty of the health officer to be cognizant of the health problems in his community. He must at all times be in touch with the work being carried on in the numerous bureaus which comprise the health department of which he is the head. He must have at hand "yardsticks" which make it possible for him to quickly evaluate degrees of progress or regression. He must be able to find weaknesses and faults in his health programs before they get too far under way. He must be able to gauge the progress in his community with that occurring in others. And, although there may be other means of determining the health status of the community, the health administrator has been and always will be dependent in large measure upon vital statistics.

The remainder of the services which contribute to well organized health departments are equally dependent upon vital facts. The epidemiologist depends upon previous and current morbidity and mortality statistics to guide him whenever undue prevalence of a disease becomes manifest and to aid in initiating measures to combat and control an outbreak. Incipient outbreaks could not be recognized without this help. Probably the greater share of his time is devoted to the study of disease as it occurs endemically, that is, between epidemics. In the course of such studies with respect to a particular disease, he determines sources of infection, modes of spread, the incubation period, carrier states, the immunity status of the population and many other characteristics of the disease as it is encountered in the field. In addition, population estimates by color, sex and age are constantly necessary. Such studies would be well nigh valueless if the results of recording, tabulation and compilation were not available to him.

The director of maternal and child

*(Continued on page xiv)*



# Eyesight Conservation Program in Brooklyn

**An innovation in the public health field is an organized effort to conserve eyesight. The project here described was initiated with the support of the medical profession**

In an endeavor to foster conditions which will protect the normal eyesight of people of all ages in the community, the Brooklyn Health Council has created a permanent, far-reaching organization. This project is in the hands of a committee of the Council known as the Eyesight Conservation Committee. Its activities will extend into the school, the factory, and even the home through the medium of a speakers' bureau.

Assisting the President of the Council in promoting this work are three subcommittees: one for professional guidance, one for work in the schools, and a speakers' bureau under the direction of the Secretary of the Committee.

In the Subcommittee on Professional Guidance is a group of representatives from member agencies who are prominent in the care of the eyes. This group is ready to advise the Committee on all problems of a technical nature.

The Subcommittee on Schools advises and assists the Committee in all matters pertaining to eyesight conservation of school children in the community.

The Speakers' Bureau is prepared to fulfill the requests for lectures and arrange programs on any subject within the scope of eyesight conservation.

The Committee Office has a full-time secretary and permanent staff, prepared to offer the community literature, works of reference, advice, and assistance on the public health aspects of eyesight conservation. Inquiries by mail or telephone receive prompt attention, or when an immediate, direct response is impossible, they are referred to the proper author-

ities. It is hoped that this organization will serve as a clearing house and a stimulating influence for the advancement of the work of eyesight conservation throughout the Borough of Brooklyn.

The Brooklyn Health Council is preponderantly a lay organization. The personnel of the Eyesight Conservation Committee reflects this fact in that it is made up of non-medical members with the exception of the representative of the Public Health Committee of the Medical Society. It depends for its professional guidance entirely on the subcommittee to which are submitted all problems and all written material for its approval from the professional angle.

The Committee is assisted by material and services from the electrical utility which has taken an unusually far-sighted attitude. This company is content to accept the program as laid out by the Committee, embracing all angles of sight conservation work without attempting to exert influence toward over-emphasis of the place which illumination should hold in such a program. It is the belief of those representing the utility that the more sound and all-embracing is the work of the Committee toward focusing the community's attention upon problems of conservation of vision, the more certain will be the lasting benefits to the community. Similarly, the more weight the Committee's opinion will carry when it advocates proper conditions for the use of the eyes which must include adequate and well-planned illumination.

The Committee, with the Medical Society and Academy of Medicine, County of Kings, and the Ophthal-

*(Continued on page xiv)*



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## EVENTS FOR OCTOBER

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All visiting physicians cordially invited to attend.

**THURSDAY, October 1st:**

Flower Hospital Staff Meeting, Flower Hospital, 8:00 p. m.

**MONDAY, October 5th:**

Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.

**TUESDAY, October 6th:**

Auxiliary to the Tulsa County Medical Society with Mrs. Harry P. Price, 2160 East 38th, 3:00 p. m. -----  
Membership tea.

**WEDNESDAY, October 7th:**

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

**MONDAY, October 12th:**

Tulsa County Medical Society, Hotel Tulsa, 125 East 3rd, 8:00 p. m.

### SPECIAL PROGRAM

**Introductory Remarks.**

**Introduction of Mr. Jess Harper, Executive Secretary,**.....  
.....L. S. Willour, M. D., Secy-Treas-Ed.

**Our Legislative Program** McLain Rogers, M. D., **Members Legislative Comm.**  
**Efforts and Accomplishments,** H. K. Speed, M. D., **Chairman Legislative Comm.**  
**General Discussion.**

### SMOKER

**MONDAY, October 19th:**

St. Johns Hospital Staff Meeting, St. Johns Hospital, 8:00 p. m.  
Paper presented by Staff. Case Report by Interne.

**MONDAY, October 26th:**

Tulsa County Medical Society Meeting, 1207 Medical Arts Building, 8:00 p. m.  
Some Pointers in Professional Liability.....Mr. Hal Crouch.  
Injuries of the Lower Forearm and Wrist.....J. E. McDonald, M. D.

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## County Society Meetings Northeast Oklahoma

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**Friday, October 2nd:**

Washington County Medical Society  
Memorial Hospital, Bartlesville, 7:30  
p. m.  
Gonorrhoea in Male—T. O. Crawford,  
M. D.  
Discussion—B. F. Staver, M. D.

**Monday, October 5th:**

Muskogee County Medical Society  
Oklahoma Baptist Hospital, Musko-  
gee, 8:00 p. m.

Speakers—Howell A. Scott, M. D.  
Frank Campbell, M. D., and L. M.  
Thomas, M. D.

**Tuesday, October 6th:**

Craig County Medical Society, Library,  
Eastern Oklahoma Hospital, Vinita,  
8:00 p. m.  
Tuberculosis, Doctors J. B. Darrough,  
and Johnson.

**Monday, October 19th:**

Muskogee County Medical Society  
Oklahoma Baptist Hospital, Musko-  
gee, 8:00 p. m.  
Speakers—H. T. Ballantine, M. D.,  
Lawrence McAlister, M. D., and John  
Kupka, M. D.

TULSA COUNTY MEDICAL SOCIETY CREDIT FORM

Tulsa, Okla. -----

Name in Full (Married) -----  
(Single ) (Wife) -----

Last Previous Residence ----- How long there -----

Address Present Residence ----- Phones, Res. ----- Bus -----

Occupation Husband ----- Firm ----- How Long -----  
Wife ----- Firm ----- How Long -----

Previous Emeplo Previous Employment -----

Income: Husband \$ ----- Wife \$ ----- Other \$ -----

Real Estate Owned. Location ----- Value \$ ----- Encumbrance \$ -----

Kind of Auto ----- Bal Due \$ ----- Payments \$ ----- per month

Bank (Checking) ----- Savings -----

How Long a Resident of Tulsa ----- Came from ----- Town ----- State -----

Relative ----- What Relation ----- Street -----

Amount of Credit Desired \$ -----

COMMERCIAL REFERENCES -----

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REMARKS: -----

MEDICAL REFERENCES

## 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.



Vol. 2 SEPTEMBER, 1936 No. 9

### Legislative Program

The Tulsa County Medical Society has invited the State Legislative Committee the October 12 meeting of the society, to present their legislative program at This is one of the most important meetings of the year and you are urged to attend. The members of the neighboring county societies have been invited to attend and discuss the subject.

The Medical Practice Art will be presented and discussed in detail. You have the opportunity to have your questions answered and any part that is not clear will be explained.

Don't forget the date. This is your program and your meeting. Come out and put it over in a big way.

### Invitation

All members of the Oklahoma State Medical Association are very cordially invited to attend the special legislative program on October 12 at the Hotel Tulsa. Dr. H. K. Speed would like very much to have the presidents and secretaries of the county societies at the meeting and as many of the members as possible who can get away from their work long enough to attend.

It will be much easier to explain the program in person than by letter and the legislative committee is very anxious to give you a complete report on the plans and activities of the committee and profit by your discussion.

The secretary will be glad to make reservations for any physicians who wish

to stay overnight. Rooms at the Hotel Tulsa are \$2.00 up. Send in your reservations to the Hotel Tulsa or Dr. David V. Hudson, 215 Medical Arts Bldg., Tulsa, Oklahoma.

### Personals

Dr. W. S. Larrabee has been on vacation in Massachusetts and is now taking a special post graduate course in the X-ray treatment of Cancer in Chicago.

Dr. Mary Edna Sippel after vacationing at Estes Park, Colorado finds Tulsa rather warm.

Dr. Paul N. Atkins dreamed this summer that he died and went to the lower regions. The large Tulsa delegation present prevented his being lonesome and except for a bad cold contracted while waiting for his fur coat and woolen underwear to be forwarded by air mail his stay was very pleasant indeed.

Doctors J. Fred Bolton and Judah K. Lee have removed their offices to 212-13-14 Medical Arts Building.

Doctors P. N. Charbonnet and E. O. Johnson have enlarged their offices at 206-7-8 Medical Arts Building and announce their association in practice in Obstetrics, Gynecology and Abdominal Surgery.

Dr. A. V. Emerson has removed his offices to 317 Medical Arts Building.

Dr. David V. Hudson has removed his offices to 215 Medical Arts Building.

### CREDIT FORM

In the last issue a credit form was carried and you were requested to look it over and send in your suggestions for the final form which would be available in small quantities. You probably did not see it or did not like it for we have not heard from you.

In this issue we are printing another form suggested by the Retail Merchants Association and would like to know how many you need. If you have any suggestions to make please send them in.



## The Auxiliary

Members of the Auxiliary to the Tulsa County Medical Society will entertain at afternoon tea Tuesday, October 6, in the home of Mrs. Harry P. Price, especially honoring the 53 new members who have joined this summer. With 85 members from last year's roll, the Auxiliary, with a membership of 138 for 1936-37, is planning to undertake some worthwhile projects for the community.

All members of the Auxiliary are urged to start a rummage collection at once for the annual rummage sale in November. From last year's proceeds of \$64, milk is being provided a Tulsa baby for a year and \$30 was contributed to the senior high school class to assist in the graduation expenses of boys and girls. This year we hope to double the amount of rummage and also the sales.

We hope to provide transportation, as far as possible, for those members who wish to attend meetings this year. A committee for that duty will be named by the president, Mrs. F. L. Flack. Those having cars available for service to bring members in their neighborhood, please call Mrs. Flack at once.

The membership committee urges all new and old members to attend the first get-acquainted tea, and to make an especial effort each month to attend the luncheon meetings. They will be kept short and interesting.

There will be no dues collected at any meeting, as all dues for the coming year have been paid in full.

The year-books will be distributed at the tea, those not attending receiving theirs by mail at a later date.

This promises to be the most successful year the Auxiliary has known. The wife of every Tulsa County Medical Society member has been contacted and invited to join. The response has been gratifying, indeed to the membership committee.

So, the tea in the Gorrell home is the place, and date is October 6.

## Professional Directory

### E. RANKIN DENNY, M. D.

Diagnosis and Clinical Investigation  
Allergy

1105 Medical Arts Bldg., Tulsa Tel 4-4444

### JOSEPH FULCHER, M. D.

Urology

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

### DAVID V. HUDSON, M. D.

Urology

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

### W. S. LARRABEE, M. D.

Roentgenology

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

### IAN MacKENZIE, M. D.

Orthopedics - Fractures

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

### I. A. NELSON, M. D.

Tissue and Clinical Pathology

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

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

Internal Medicine

Cardiology

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

### R. M. SHEPARD, M. D.

Diseases of the Lungs

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

### WADE SISLER, M. D.

Orthopedic Surgery

807 South Elgin, Tulsa Tel. 4-8161

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

General Dentistry

Dental X-Ray and Diathermy

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

## Timely Brevities

Last week we journeyed back to our little home town. We met the Old Soak, holding up his favorite lamp post. He was much the worse for wear. Not that he had imbibed more than usual from the cup that cheers, but rather that he had the appearance of one who had come out second best in an encounter with a wild cat. We offered our condolence, and inquired as to the reason for the accident. The Old Soak lost no time in explaining, for he felt himself a sorely abused man. It seemed that on this evening in particular his weary footsteps had carried him to his favorite soft drink emporium and therein he had leaned himself heavily against the piece of furniture generally known as the bar. As he partook of the foaming brew which the bartender placed before him, there crept into his befuddled brain scraps of conversation going on about him. It had so happened that the aforementioned bartender had on that very day invested one buck in good coin of the realm in the local pre-pay clinic. He was informing all and sundry that he soon would be the personification of health, that is, after he had had his tonsils fulgurated, his appendix removed, and his flat feet elevated, along with some other minor repairs on the chassis. And all this for one dollar! Now the bartender and the Old Soak were not exactly of the same school. The Old Soak had always been a firm exponent of the theory that homeopathic doses of spiritus frumenti were a waste. When it came to the use of alcohol, the Old Soak most certainly could not be called a therapeutic nihilist. He believed in it much and often. All for one dollar! That phrase he turned over and over in his mind. At last it dawned upon him. He had it—the wonder of the century. Away with your Townsend Plan, away

with your Union for Social Justice, and third parties. All for one dollar! That would be the rallying cry for Americans to strike the blow for life, liberty and the pursuit of happiness. Eagerly he broached his plan to his friend, the bartender: for a dollar a month you can drink all you want. But, alack and alas, no cry of approbation greeted his brain-child. In fact, the silence was heavy — too heavy, and the next thing the Old Soak was picking himself from the sidewalk outside. As he told us this tale of woe, two tears of disappointment slowly coursed down his cheeks. However, we hurried onward lest we, too, should break down in sorrow. As we turned to take one last look at the Old Soak, we noticed that he had slumped a bit farther against his favorite lamp post, a beaten, dejected figure.

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War! There perhaps has never before in the history of the world been so much discussion of war and rumors of war. Fear and hate, suspicion and greed, all have reared their ugly heads. Nations are increasing their armies and their navies. Bigger and more deadly implements of warfare are being built. The armament race is on. For what? And all this in the light of the horrible experiences of the last war to end war.

Occasionally, however, we do see a glimmer of rationalism and hope peeping through the clouds. We take hope when we learn, for instance, that memorial services for the late Prof. Lafayette Benedict Mendel of Yale University were held in the hall of the Dietetic Laboratory in Tokyo on March 24, 1936. Tribute was paid to a great scientist of one nation by the scientists of another. Dr. Mendel had many prominent former students in Japan as his followers, and his death is much lamented there.

Thus it is with science, as well as art and literature. There is one common ground. All three speak one language. All three dispel nationalistic barriers like the morning sun, the dew. Shakespeare is read the world over, and the paintings of Rembrandt admired. The hope of the world lies in the promotion of mutual understanding of all peoples. The love of a Japanese mother for her child is no less than that of the French mother. Nor is the grief of the German mother any different than the sorrow of the English mother when the news comes of the death of her first-born on a distant battlefield.

Let us hope that after these thousands of years man has inhabited the earth, he will finally learn that in the game of war nobody wins. Everybody loses, even the victors.

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Quackery is as old as the hills. What we may think is new will oft-times be only one of the frauds of another day in a new dressing. We can almost say that there is nothing new under the sun in quackery.

Selwyn-Brown in his book, *The Physician Throughout The Ages*, gives a history of some of the charlatans of the past. Quintus Serenus Saronicus, who lived in Rome about 211 A. D., wrote an herbal book in poetry, and with it attempted to banish disease. Serenus also did a great business with a cabalistic charm that consisted of the word, abracadabra. He directed his patients to write it on parchment and wrap it around their necks for nine days and then throw it backward over the left shoulder into an eastward flowing stream. This was an infallible cure. In Celtic times in Europe, the druids and their wives practiced medicine. The druids cured diseases by magical incantations and the druidesses prophesied, or cured by herbs and charms.

Uroscopy was popular throughout

the middle ages, diagnosis being made by the inspection of urine. Even in the sixteenth century barber-surgeons were called upon to determine by the stars the proper times for bleeding and purgation. Astrology also flourished in the sixteenth and seventh centuries, and no household was without at least one astrological almanac issued by some quack. The princes of the mountebank physicians traveled through Europe in great state with many physicians. Some had as many as twenty assistants. Their practice was to follow the village fairs and give lectures to lure patients with fervent promises of cures for all ills. They took side shows, educated fleas, dancing girls, Punch and Judy shows, singers, and others with them. Some were even licensed.

Today legislation has served to eliminate much of the quackery, although there are still many medical frauds being perpetrated on the American people. The Pure Food and Drug Act at least attempted to establish some truth in patent medicine advertising. But the annual visitations of Indian yogis go on. All sorts of colored lights, electric belts, and radium jugs are sold to the gullible. Concoctions high in alcoholic content and primed with laxatives are peddled as tonics.

The reason for this sad state of affairs is that the sick need care and they look for aid to all who give care. The charlatan plays on that human motive and frequently succeeds far more than the skillful doctor. He asserts with the fullest confidence that he will cure the sick. This permits him to dominate his patient, for, like drowning men, the sick seize upon anything that may relieve their distress or save their lives.

Education, of course, is the weapon with which to fight quackery. However, there will always be "some people who like to be fooled."

A. C. HANSON, M.D.



# Drive Out the Fakers

by An Observer

In the coming months the political pot will be boiling, and many a strange brew will be offered the public. Lofty phrases and not always complimentary adjectives will be hurled from opposing camps. We will hear much about "economic royalists," "new dealers," and "brain trusters." We will be reminded of the promise to "drive the money changers from the temple." Wall Street, labor organizations, and the "forgotten man" will figure prominently in charges and counter charges.

It occurred to this observer that the medical profession might borrow some of the political jargon, paraphrasing the challenge to "money changers," to "drive out the fakers." Unscrupulous capitalists may endanger the country's well being, but no more so than quacks, cultists, and nostrum promoters, who prey upon the credulity of our people. Unfortunately these parasites are not all outside the medical profession. Although few in number, unscrupulous and irregular practitioners of medicine, protected by licenses granted by states to practice, are the most reprehensible of the lot. They are however, inconsequential racketeers compared with nostrum promoters, who are responsible for the most objectionable so-called "patent medicines." Over the radio networks, through the daily press, they hawk their wares, making claims which have no semblance to the scientific truth. The health of the people does not concern them. Their only interest lies in profits.

More than a word of condemnation is due those responsible for the management of independent radio stations and networks, newspapers and other publications who lend their

support to this humbuggery. Without their assistance this fraud upon the people would not be possible. They are equal parties to "the modern medicine show" and must share the guilt with the promoters. To them, too, profits come first.

Doctors have learned by experience that the quack finds it less difficult to sell a cure-all than the physician does a treatment based on scientific knowledge. People want to believe the impossible. Black magic in the healing art is still accepted, and the ingratiating manner of the salesman, whether it be on the radio or in print, generally results in a good haul of suckers. Unfortunately many pay a terrible price for their gullibility. When and if they realize they have been duped, they condemn those whom they feel should have protected them. Usually the blame is laid at the door of the medical profession.

A few weeks ago we received a communication from a physician inquiring what the organized medical profession was doing about this situation. A little investigation would have disclosed to him the nation-wide effort being put forth to protect the public. From the national organization down to the smallest county unit every means within their power has been put to use. The American Medical Association through its Bureau of Investigation has thoroughly investigated and fearlessly exposed those making false claims for supposed cures and so-called "patent medicines." Their findings have not only appeared in the Association's Journal, but the public has been invited to make inquiries. Thousands have taken advantage of this opportunity. The Association has also been represented at Washington, where attempts

have been made by legislators to frame legislation which would make fraudulent claims a violation of the law.

State and county medical societies are constantly exposing the chicanery of the fakers. Some have found it possible to convey their messages over the radio. Usually, however, this is not permitted over commercial stations. In some instances newspapers have cooperated with local medical organizations in an attempt to limit their advertising to decent copy. Many publishers, however, cannot see such an arrangement because of the dollars which may be lost.

Certainly no one with any knowledge of the situation can accuse the medical profession of not doing its part. Not infrequently criticism arises because it is charged that the profession is interested for selfish reasons. Legislators are sometimes impressed by this argument.

Despite all that has been done by the medical profession, more is needed. If conclusive results are to be obtained, not only must we have an enlightened people but fearless and

courageous public officials. At present health officials through their departments are concentrating on disease prevention, but to our knowledge few have invaded the field of protecting the public against quacks or the "patent medicine" racket. Sanitation, immunization, and vaccination are all important health measures which cannot be dispensed with. Delivering the unsuspecting public from fraudulent cures which delay the detection of serious ailments is, we believe, equally essential to public welfare.

If a crusade is to materialize, we must have public servants in our legislative halls and public health officials who are unafraid. Political considerations may disturb them, but we believe public opinion will give them support.

Money has talked long enough and quacks, cultists, and "patent medicine" promoters should learn that their day has passed. If money changers are to be driven out of the temple, the fakers and cultists should go with them. They are far more dangerous.

### *The Beginning of Education*

*(Continued from page iv)*

lead to antagonism but the common impulses and desires which lead to better understanding.

What holds us together fundamentally is respect and affection for our country. We love the American flag because it symbolizes that we are joined together for certain definite life purposes. Let us not be discouraged by the fact that some of those among us, and especially young people, profess to scorn the Stars and Stripes and thereby refuse, by implication at least, to do their share in maintaining the welfare of all of us. So many who are discontented with their lot and condition believe that by criticism they are testifying to their natural desire for betterment. What they really are testifying to is that for the

time being they are not content to share the collective responsibility of the people as a whole.

The large majority of the citizens of the United States are reasonably intelligent and, as far as their knowledge goes, reasonably fair-minded. Let us admit that we are governed by the average man doing the best he can to adjust governmental procedures to do justice to all, but subject to all sorts and kinds of propaganda. Many of the proponents of the various schemes and projects to cure our political ills, because they cannot marshal facts to appeal to the intelligence, must therefore, to gain a hearing, appeal to the emotions, which are only too easily aroused by prejudice, invective, and misleading

statements. As a matter of fact, it appears at the present day to be quite the thing for some of the intellectual high-hats to try to prove that all the beliefs and institutions we hold dear are delusions. The so-called intelligentsia have been most vociferous in this direction. As an intelligent observer defined them, they are people who have been "educated beyond their intelligence."

It is easy to philosophize; the philosopher is said to be the one who bears with equanimity the sufferings of others. Dr. Morris Fishbein, in discussing the present social, political and economic trend, told the story of the philosopher and the psychologist: The philosopher is like a blind man, who in the middle of a dark night, goes down into an unlighted cellar and hunts for a black cat that is not there; the psychologist is a blind man who, under the same conditions, makes the same search but finds the cat.

It is easy for all to recognize that a change is coming in the social condition of the people of the United States which in a way is comparable to the change that is taking place in older countries through the elimination of hereditary royalty and nobility. Fortunately it does not take the average American citizen long to recognize that radical change from a government "of the people, by the

people, and for the people" which permits of free debate and expression of opinion would be disastrous. As a people, we realize how much better we are situated than are those peoples under the governments of communism, nazi-ism, or fascism, which promptly become tyrannical in order to enforce, through fear, the viewpoint of an organized minority and eliminate debate, free thinking, and other fruits of education. But we must ever recognize that the majority of our people must have so satisfactory a social condition that they will not become so desperate as to be misled by pernicious propaganda of this description.

One thing we all can agree upon is the value of education and faith that education will enable the young, who are to take our places, to solve their problems as we of the older generations solved ours. Out of this composite education we finally accept the idea that man does not live for himself alone but as an integral part of society.

My father lived in the time of the pioneer. My brother and I have lived through the time of the development of a great country: wasteful, profligate, yes, but still a great country. Today the people at large are pinning their hopes of the future on the Stars and Stripes, the flag of education.

Actually, we are not living under conditions that require a radical change. No one is dying for the lack of medical care. Improvements can and are being made in distributing more evenly the heavy economic burden of severe illness without governmental interference and domination. Our present method is self-respecting, adequate, practical, and American—let's keep it.

—*Detroit Medical News.*



## *On the Value of Vital Statistics*

*(Continued from page vii)*

welfare will find that the important use to which he can apply vital facts is in connection with the preparation of his community program. At the present time, such data are extremely important because of the Social Security Act. The allotment of funds to state health departments is largely on the basis of the number of live births and on infant and maternal mortality data. Included would be births and deaths by race, color, age and deaths by cause.

Vital statistics are the "sine qua non" of the director of health education. The education of the public in health matters is largely dependent upon the ability to present an adequate picture of the health status and needs of the community. This can best be done and is most conducive to results if statements of fact are accompanied by simple statistical data. The populace in general is enamored of numbers and can more readily vis-

ualize the problem if figures are used to illustrate facts.

The need for vital statistics could be presented "ad nauseam."

The registrar, the tuberculosis controller, the sanitary engineer, the public health nurse and others connected with a health department, all depend upon information furnished by vital statistics. Other agencies are also interested in vital statistics although these have a less direct influence on betterment of the public health. Among them may be listed newspapers, speakers' bureaus, safety councils, social workers, schools and insurance companies. All contribute in greater or less degree to better health. To all, facts in the form of figures are an essential to their "raison d'etre."

### BIBLIOGRAPHY

1. Raymond Pearl—Medical Biometry and Statistics—W. B. Saunders Co. 1930.
2. George Chandler Whipple—Vital Statistics—John Wiley and Sons, Inc. 1922.

## *Eyesight Conservation Program in Brooklyn*

*(Continued from page viii)*

mological Society, sponsored the Institute of the Conservation of Vision. All arrangements were made by the State Department of Social Welfare's Bureau of Prevention of Blindness of the Division for the Blind. The Institute was held at the Hotel St. George in Brooklyn, April 16 and 17, 1936. At that time the Committee offered to schools and organizations in the Borough interested in the subject, its official booklet, "Seeing," sets of charts and a textbook published by the Better Vision Institute entitled, "Why We See Like Human Beings." The material was furnished for classroom use in such numbers as might be necessary.

Ten thousand reprints of Mrs. Hathaway's article, "Room Design and Equipment for Sight Saving

Classes," and 5,000 reprints of Miss Hershey's article, "An Eye Health Study of Texas School Children," published by the National Society for the Prevention of Blindness, are being distributed by mail to persons and agencies in the community interested in public health. All members of the medical profession in the community are being sent copies of this material with individual letters soliciting their attention and cooperation in the sight conservation movement. Organizations in Brooklyn are being offered speakers and material for programs on this subject.

A survey questionnaire prepared by the National Society for the Prevention of Blindness will be sent out this fall to all private and parochial schools in the community. The re-

ports will give data on periodic eye examinations in the schools, the conditions disclosed thereby, whether or not special provision is made for the partially seeing child, and what are the seeing conditions provided for the pupils.

A mailing to all industries and employers in Brooklyn is being prepared to arouse their interest in examinations of workers' eyes and the provision of proper seeing conditions for efficiency, accident prevention, and sight conservation.

The experience of the Committee is that the further the subject is studied, the greater seem the opportunities for effective community action. No solution has been found to the problem of providing corrective lenses and treatment for children in the community with known defects and without financial means of obtaining little relief. This is a problem common to all communities and has yet been very little considered by the public agencies for relief.

The work has been carried on without any serious conflicts arising between the individuals, organizations, and agencies cooperating. It is believed that the probability of difficulties arising in the future decreases in direct proportion to the time and effort spent in furthering the work. The major problem in the execution

of such a program lies in the proper weighing of the different parts of the work so that pathology, refraction, and the provision of proper seeing conditions are all given adequate attention. It is believed that such an organization as this should not undertake any direct work with individuals. Its task is to coordinate and stimulate the work of existing organizations and agencies in the community as far as possible to focus attention on its objectives, educate the public and the professions as much as possible and thereby create a well rounded interest and an energetic activity not merely toward the prevention of blindness as such but primarily toward the conservation of normal vision.

The Eyesight Conservation Committee is the coordinating agency for the Council's member organizations in the field of eyesight conservation work. The organizations whose representatives make up the Brooklyn Health Council are, the Board of Education, Brooklyn Chamber of Commerce, Brooklyn Council of Social Planning, Brooklyn Tuberculosis and Health Association, Department of Health, Department of Hospitals, Hospital Council of Brooklyn, Medical Society of the County of Kings, Second District Dental Society, and the Visiting Nurses' Association.

It will be a sorry victory for the public if it is ever misled into action that will compel physicians and medical societies to turn aside from their tested traditions and devote their main attention to economic problems. There has been far greater progress in preventive medicine in this country than in any nation in which medical care has been dominated by political and economic interests.

—R. G. Leland, M.D.

# Sunny Side Up

## HIS IDENTIFICATION

"Are you a college man?"  
"No; a horse stepped on my hat."

## NOTHING ALTERED

Guide: This castle has stood for 600 years. Not a stone has been touched, nothing altered, nothing replaced.

Visitor: Um, they must have the same landlord we have.—*The Bee-Hive.*

## MISTAKEN IDENTITY

Frosh (bumping into grey-haired man on campus): Say, where d'ya think you're going?

Man: Listen, I guess you don't know who I am. I'm the assistant football coach.

Frosh: Pardon me, I thought you were the Dean.—*Minn. Ski-U-Mah.*

## SEEN COWS HURT WORSE

A cowpuncher ordered a steak at a restaurant. The waiter brought it in rare—very rare. The cow-puncher looked at it and demanded that it be returned to the kitchen and cooked.

"It is cooked," snapped the waiter.

"Cooked—nothing," replied the cow-puncher. "I've seen cows hurt worse than that and get well."

## CALL YOUR SHOTS

It seems that two boxers were fighting the main bout at a small club.

At the end of the first round, the kid who was taking a bad beating limped back to the corner and was ready to call it a night. His manager shouted, "Don't be a fool. He ain't laid a glove on you."

The same thing happened in the second round and the soft-hearted manager repeated his speech. "That's swell. See, I told you he ain't laying a glove on you."

In the third, the blows bounced off the poor kid's head like a ball around a roulette table, and he managed to stagger to his corner. He looked up at his manager and roared. "Don't tell me. I know. He ain't laid a glove on me. Well, watch the referee then, because somebody in that ring is giving me a hellova beating." — *Carnegie Tech Puppet.*

## CLASSICS

"You're quite right, grandpa, about the 'Music Goes 'Round' thing. But, 'Ta-ra-ra-boom-de-ay' was no intellectual treat."

## "UH-HUH"

Bier—"The Weavers are so quiet tonight. Is there anything wrong?"

Gardiner—"No; they're always that way. When he proposed he just held up a diamond ring and said 'Eh?' and she looked at it and said 'Uh-huh.'"

## WHY CAIN'T YE?

"Yep."  
"Wal, air ye comin' home?"  
"Nope."  
"Why ain't ye?"  
"Cain't."  
"Why cain't ye?"  
"Standin' in a b'ar trap."

## NONCHALANCE

Lids off to the lad out on the golf course who struck a new high in sang froid recently. He was teeing off at the first hole, and about three foursomes were waiting for him. At the first stroke which had a world of power behind it, he missed the ball completely. The waiting crowd shifted on its feet. Once more he missed the teed ball. This happened four times. The crowd was embarrassed but not so the chap with the club. With an engaging smile, he turned on them all. "Tough course," he remarked.

## WHO'S THERE

The keeper of the Celestial Gate asked from within who the first applicant might be.

"It's me," a voice replied, and St. Peter bade him come in.

Another knock. Another question. "Who's there?" Another answer, "It's me!"

"Come in!"

Then another sharp rap. "Who's there?" asked St. Peter.

"It is I!" a voice replied.

"Another of those darned school teachers!" grumbled St. Peter.—*Tid-Bits.*