

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3

TULSA, OKLAHOMA, JANUARY 1937

NO. 1

TULSA COUNTY MEDICAL LIBRARY
1202 Medical Arts Building
TULSA, OKLAHOMA



Old Way . . .

CURING RICKETS in the CLEFT of an ASH TREE

FOR many centuries,—and apparently down to the present time, even in this country—ricketic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

Frazer* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.

*Frazer, J. G.: *The Golden Bough*, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

New Way . . .

Preventing and Curing Rickets with OLEUM PERCOMORPHUM

NOWADAYS, the physician has at his command, Mead's Oleum Percomorphum, a natural vitamin D product which actually prevents and cures rickets, when given in proper dosage.

Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say that when used in the indicated dosage, Mead's Oleum Percomorphum is a specific in almost all cases of rickets, regardless of degree and duration.

Mead's Oleum Percomorphum because of its high vitamins A and D content is also useful in deficiency conditions such as tetany, osteomalacia and xerophthalmia.

Mead's Oleum Percomorphum is not advertised to the public and is now obtainable at drug stores at a new economical price in 10 c.c. and 50 c.c. bottles and 10-drop capsules.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.



“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.

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

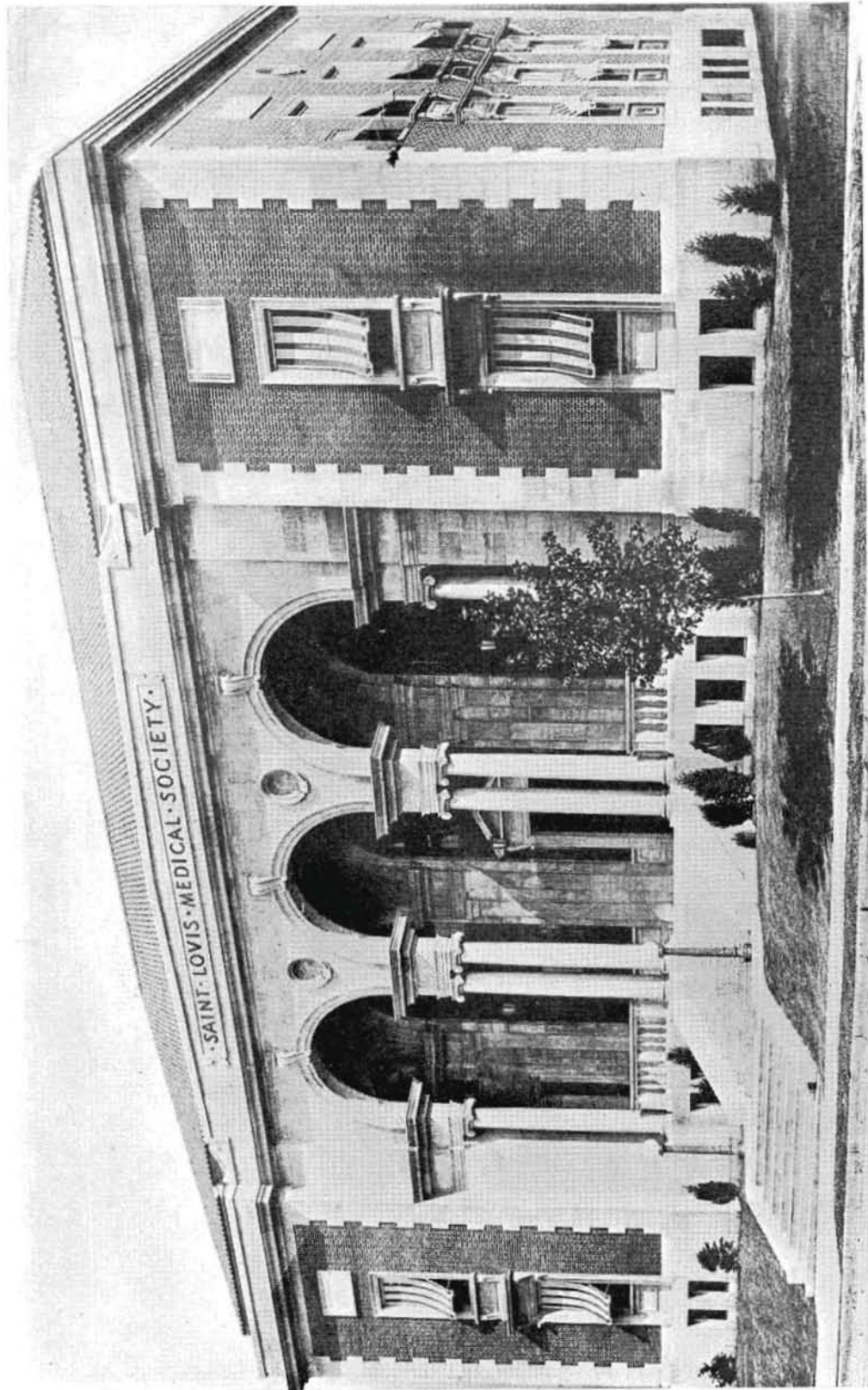
Milwaukee, Wisconsin

Seattle, Washington



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

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



Homes of County Medical Societies
1. St. Louis Medical Society

Public Health Lectures

The Academy of Medicine of Cleveland has become a real force in health education. Public health lectures, given under its direction, have attracted wide attention

by H. Van Y. Caldwell

Health education of the public by the organized medical profession has become such a commonplace and accepted activity that any discussion of this phase of public education must necessarily emphasize details rather than purposes. Nearly every county medical society engages in education of the public by one method or another, chiefly through the use of speakers bureaus and informal meetings. Organized medicine, however, actively entered the field of public education so late that lay groups were already presenting programs of varied quality and quantity. The purpose of organized medicine, therefore, was either to guide these programs into new and more effective channels, or to develop programs of its own, so far superior to those in existence, that eventually the county medical societies would become known as the logical, and actual, sources of public information on problems of health and disease.

The experience of the Academy of Medicine in Cleveland was, in this respect, no different from the experience of any other county medical society. The Committee on Health Education provided the public with lectures through the medium of a speakers bureau, and cooperated with lay groups in preparing their own programs. However, it was felt that some type of program should be developed by the Academy which would more largely center the attention of the public upon the Academy as a *force* in health education. Therefore, several years ago the Academy inaugurated an annual series of four Sunday afternoon free public health lectures, presented by members of the

Academy, and well publicized.

In order that the lectures might accomplish the purpose for which they were devised, the Committee established certain standards to which it has adhered through the years, with varying, but on the whole, acceptable success. Summarized, these standards were as follows: (1) The lectures should be presented in a hall in which the seats were comfortable and the surroundings attractive. (2) The lectures should be on popular subjects, presented in a manner attractive to the audience of average intelligence (adult audience). (3) The speakers should be chosen from the local profession for their ability as speakers, as well as for their position of authority in the subject which they present. (4) The lectures should always be given at the same hour (3:00 P. M.) on the same day (Sunday); and should always be limited to one hour. When the Committee specified "limited," it meant just that. The Cleveland public is assured that the lectures will begin on time and will end promptly.

The original lectures were scheduled in the auditorium of the Medical Library building, which seats nearly six hundred. The size of the audience at the first lecture necessitated moving to Severence Hall (Symphony Hall) which seats twenty-two hundred. This latter hall has, on several occasions, been filled to overflowing. Financial circumstances of the past few years, however, made it impossible to pay rental, so that the lectures have been returned to the Medical Library auditorium, which is ordinarily filled to capacity.

During the past few years the

Academy has joined forces with the Albert Fairchild Holden Foundation of Western Reserve University in sponsoring the lectures. By this means, additional funds for publicity purposes have been made available.

The first two years of the lectures resulted in exceptional newspaper publicity preceding the lectures; however, as the novelty wore off from the newspaper point-of-view, sizeable advance notices have been difficult to obtain. The Committee realized that this would happen, so from the beginning it has carried on a publicity campaign of its own without regard to the success or failure of newspaper notices. Attractive folders to the number of approximately five thousand are mailed out to individuals whose names and addresses are obtained from various mailing lists, such as the mailing list of the University, Parent Teachers Association, clubs, Welfare Federation agencies, Adult Education Association, etc. The Academy thus secures the help of other agencies in addressing the notices. In addition, groups and other organizations occupying property with available bulletin boards are supplied with the folder for posting. These institutions vary widely from educational organizations to labor unions.

Realizing that such mailing lists would, after all, only reach certain groups, which might not be typical of the general populace, five hundred notices are mailed each time to names in sections checked at random from the criss-cross directory. Thus for the first lecture, a block of stores in the heights might be covered, while in the second lecture, an area back of the down town office buildings would be bulletinized.

This year the Academy and the Holden Foundation are planning a slight shift in the type of program. The number of afternoons has been set at three instead of four. The lectures have been set at two instead of three weeks apart, beginning after

the holiday season and closing prior to the coming of Spring. Two of the three programs will be in the nature of symposia with three speakers at each program presenting papers of not more than one-half hour in length. The subject of two symposia now under consideration are "Syphilis" and "Cancer." Since the Medical Library auditorium is at the disposal of the Academy of Medicine without additional cost, and since the speakers give their time without financial compensation, the only expense is about three hundred dollars for printing and mailing of notices. The labor of addressing and mailing is, of course, performed by the executive staff of the Academy.

It is hard to separate the effect of the Sunday afternoon health lectures from the effect of other forms of health services in which the Academy engages, but it is obvious to the Committee on Health Education that the Academy is becoming increasingly known as the center for health education in Cleveland. This leadership the Committee believes has been attained by adopting the policy of aiding and guiding other groups instead of competing with them. We supply speakers freely to lay groups who themselves are performing health educational services, and by this means guide their thinking as well as winning their support. The quality of the papers presented in the Sunday afternoon programs has been of a comparatively uniform high standard of popularity, as well, we hope, as of authority. The Cleveland Plain Dealer has consistently carried a lengthy summary of the Sunday afternoon Health Lecture in its Monday morning edition, many of these recapitulations being first page news. Subjects covered to date by these lectures are as follows: "Tuberculosis," "Glands," "Maternal Health," "The Role of Germs in Modern Life," "The Care of the Eyes in Youth and Age," "The Skin in Health and Dis-

(Continued on page xii)

The Man Past the Forties

In an address before the Mayo Clinic staff, Dr. Calver, Captain of the Medical Corps, U. S. N., relates how he keeps members of Congress physically fit

by G. W. Calver, M.D.

The biggest opportunity in medicine today is that of health conservation. A sound body makes for a sound mind. How can we physicians take care of a man who is providing a living for his family or who is filling a peculiar position in an organization and keep him so that his work is effective? He must protect his business and provide for the future. In the study of these cases it might be well for me to tell you about this job of mine. I have been with Congress for eight years. I am in the Capitol during the sessions of Congress. I do not have to be on the floor but I must be available at all times. Shortly after I took this position I found that the biggest field was not first aid, the purpose for which I originally was detailed. I was called to attend men who had passed out on the floor of the House, men with acute cardiac conditions, men with circulatory accidents that resulted chiefly because of the strain of the work they were doing. With these experiences it came to mind that I had better follow the Navy system. In the Navy an annual examination is made. This examination is quite thorough. The officers who could not stand active service, those who might be a liability and cause damage later are sorted out, rehabilitated and returned to duty whenever possible. In this matter of health inventories, or health preservation, whichever term you prefer, the detailed study of each individual as a separate and particular problem is most important. By that I mean that many things besides clinical findings must be taken into consideration. In the first place, what is the patient's fam-

ily background? Is the family hypertensive, is it a cardiac family or a family in which pneumonic conditions have occurred? The next factor to consider is the number of hours of work. How much time does a man put on his job? That is most important, because if a man has a job to carry on, he has to put in a certain effort to accomplish his objective. One of the most pernicious elements is bad eating habits. You have no idea how irregular the hours of a man in public life are and how it affects his intake of food.

Another point to be covered is his intake of fluid. It is surprising how many people do not drink enough water. I think one of the biggest causes of constipation is reduction of intake of fluid, with the resultant dehydration of the intestinal content.

Diversion is another matter for attention. What does a man do in his play time? What chance has he got to get away from office worries in the evening?

Last and not least, what is his medical background? Does he have a history of infectious diseases? Has he had rheumatism? What is the condition of the prostate, particularly if men are more than forty? Does he give a history of old infections of the nose and throat and particularly, has there been any trouble with his teeth? I ask about accidents with any sequelae.

We do not look for what you call clinical signs. There are no diagnostic criteria. We are trying to find something that is a preclinical sign, a diagnostic straw that will start us on the right track so that we will be

able to help the man and he will be better able to carry on his job.

The examination is divided into two parts. First is a physical examination in my office. I take the history, examine the heart and lungs. I have a very simple test of cardiac function. I ask the man to hop twenty times on one foot and then twenty times on the other. His activity is a good measure of how fit he is. If the man's blood pressure rises slightly after the exertion and the pulse rate goes up, but returns to normal, his heart is compensating for the load. If the pressure remains the same and the pulse rate increases, that is not so good. If it drops, the man lacks cardiac reserve. Various examinations are carried out: a hemogram is made; a urinalysis is performed; chemical examination is made on the blood; a Kahn test is made; sedimentation time is determined and an electro-cardiogram is made. A dental examination, both clinical and roentgenologic, is made to see if there are any foci of infection. Having completed the examinations I correlate the reports, trying to get in my mind the physical value of the man. I like to know his family just to see what the psychologic background is. I try to inform myself of some of the political situations. He may be "agin the government." It may be hard on him because of the emotional conflict between what he thinks and what his party requires. If a man has a home to go to in the evening, in which he can relax and rest, he can recuperate from his work. If he is a bachelor, the tendency is to sit around the lobby of his hotel, perhaps take a drink or two, smoke and discuss the events of the day. Usually it is late at night before he retires. In the study of laboratory reports I pay the most attention to hematology, the evaluation of nonprotein nitrogen, urea and uric acid; I see that the cholesterol and the carbon dioxide combining power are near the proper proportion. These give valuable in-

formation. A graphic curve of the sedimentation rate is most desirable and helpful. If it is reported only as 15 or 18, it may not mean a great deal. The man may have been ill. If the curve shows a sudden drop and then it levels off, with the same rate it means something is wrong that is worth investigating. Electro-cardiograms are always good but we cannot depend on them too much or read too much in them. There is much that is of value but when you handle men and try to keep them alive, it is better to discount the laboratory tests and consider the human problems. Your recommendations must be based on his life. We must use a lot of common sense. He is a producing and earning individual and if you affect his life so that he cannot make his living, you have destroyed his usefulness to society and his chief means of support. There are a great many men whose business is politics. If they are drastically circumscribed, it means the end of their effectiveness in that field. We must compromise but never beg the question.

The usual recommendations cover five subjects. The first is sleep. A man must obtain relaxation and a definite amount of it every day. He should go to bed and rest at least eight hours each night. Whether he sleeps all the time is unimportant, but if he is taking a load off his circulation, the rest accomplishes something. I do not insist that a man stop smoking unless I have definite evidence that tobacco is affecting his heart. There is nothing that relaxes a man as much as a comfortable chair and a good cigar. It irons many humps and hollows out of the day's work. It is difficult to get a man to drink enough water. To get around that I tell him to take a couple of large glasses of water when he gets up in the morning while he is dressing and it will help him to have a bowel movement before he leaves the house, also telling him to take raw fruit, a

(Continued on page xii)

Recording Births and Deaths

Mr. Dundon reviews the history of the registration system and suggests to physicians how reports should be made

by George A. Dundon

Aside from the compilation and use of vital records after they have been registered, a great deal of consideration and effort has been directed by organized medicine and registration officials toward the development of complete and uniform reporting, the adoption of standard certificates, and the refinement of terms used therein.

The development of the United States registration system reached a high point in 1933 when the director of the federal census bureau announced that the last state in the Union outside the registration area had been admitted during that year, marking the completion of both the birth and death registration areas, and the inclusion therein of all states and territories of the United States.

This was one of the objectives set by the American Medical Association as early as 1846 when it appointed a committee to make a study of birth and death registration and to draw up a program urging the appointment of state registrars of vital statistics. In 1855 the Association adopted a resolution which stated, "that the members of the medical profession throughout the Union be urgently requested to take immediate and concerted action for petitioning their several legislative bodies to establish offices for the collection of vital statistics;" and that, "a committee of one from each state be appointed to report upon a uniform system of registration of marriages, births, and deaths."

Later, a model bill for the registration of births and deaths was recommended for enactment by the several state legislatures. The bill was en-

dorsed by the American Medical Association in consultation with representatives of the Bureau of the Census, the American Public Health Association, the American Bar Association, the federal Children's Bureau, and a number of other organizations and societies which were national in scope.

The development of the program was difficult and protracted. As late as 1915 there were only four states outside of New England in which registration of births was uniform and extensive enough to warrant admission to the United States birth registration area. Likewise with death registration, as late as 1900 only four states outside of New England were included in the death registration area. The death registration area was established in 1880 and includes states which effectively enforce satisfactory registration laws and, in the opinion of the director of the census, have at least 90% of all deaths registered.

In urging the importance of birth registration it is said that there is hardly a relation of life, social, legal, or economic, in which the evidence provided by an accurate registration of birth may not prove to be of the greatest value, not only to the individual but also to the public at large.

In legal proceedings especially, it is necessary that the individual produce a certificate of birth to establish his legitimacy and age as an heir. People are constantly searching for birth certificates as proof of age in cases where the determination must be made as to the validity of a contract entered into by an alleged minor; as evidence of legal age to marry; as

evidence to prove the claims of a widow or orphan under the widows and orphans pension law; as evidence to determine the liability of a parent for the debts of a minor; as evidence in the administration of an estate, and the settlement of insurance; and as evidence to prove the responsibility or irresponsibility of a child for crime and misdemeanors.

People find that exercising the right to vote sometimes depends upon properly certified birth registration as evidence of age and proof of citizenship and descent. Many of the professions and important public offices have minimum age qualifications which must be established by the evidence of a birth certificate. The certificate is also used as evidence in the enforcement of laws relating to education and child labor, and in determining the relations of guardians and wards.

Some people are first impressed with the importance of proper birth registration when they make arrangements for foreign travel and are obliged to produce a certificate of birth in the process of obtaining a passport. The certificates are also used as evidence in claims for exemption from, or the right to, jury and military service.

Proof of the facts which must be established in the type of proceedings mentioned above are found in the standard certificate of birth. The standard certificate also calls for the recording by the attending physician as to whether the silver nitrate solution used to prevent infant blindness was applied to infants' eyes. It includes provision for a statement as to congenital deformities and their nature in the newborn. When these statements are omitted or incomplete, registration officials are obliged to obtain the information from the attendant before the birth is recorded.

Despite all the care and effort that physicians and registration officials have applied to the recording of vital facts in the lives of human beings,

there are still thousands of people applying at vital statistics offices who encounter difficulties of a serious nature, because there is no properly recorded certificate of their birth. Some of the country's most prominent citizens cannot produce a legal record of their birth, and hardly a day passes in the routine of vital statistics work without the necessity for straightening out some such difficulty. Parish baptismal records, family histories, and, as a last resort, affidavits of older relatives, are resorted to, in order to meet the demands of the statutes for proof of ordinary facts to be found in a properly recorded certificate of birth.

Death certificates, or certified copies thereof, are constantly required in legal proceedings to establish necessary facts. These certificates are of great legal and social importance. Pensions and life insurance may depend on properly substantiated proof of death, and of the cause of death. Titles and rights to inheritance may be jeopardized by the failure to produce a satisfactory record.

State law prohibits registration officials from issuing burial permits until the certificate of death is completely and satisfactorily filled out. But occasionally a death certificate is presented, as a basis for obtaining a burial permit, without a statement of the cause of death, and of course there is a resulting delay, confusion, and inconvenience to the family of the deceased, until the matter is straightened out. Years of experience have taught that an accurate record can not or will not be made unless the law requires it to be made at once.

In regard to the inscribing of certificates of death, registration officials point out that, although there is no single item so important as a satisfactory statement of the cause of death, the physician's interest is solicited also in noting the correctness of the statement of age, special occupation and industry, as well as other

(Continued on page xiii)

Events for February

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE														
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S								
..	1	2	1	2	3	4	5	6	..	1	2	3	4	5	6	1	2	3	1	2	3	1	1	2	3	4	5
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12								
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19								
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26								
24	25	26	27	28	29	30	28	28	29	30	31	25	26	27	28	29	30	..	23	24	25	26	27	28	29	27	28	29	30								
31	30	31								

JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
..	1	2	3	1	2	3	4	5	6	7	1	2	3	4	1	2	1	2	3	4	5	6	1	2	3	4	
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31	26	27	28	29	30	24	25	26	27	28	29	30	28	29	30	26	27	28	29	30	31	..

Monday, February 1st:

Joint Meeting Muskogee, Okmulgee and Tulsa County Medical Societies at Okmulgee.
 Clinics Morning and Afternoon, Dinner and Addresses at Night.
 Morningside Hospital Staff Meeting changed to Monday, February 8th.

Tuesday, February 2nd:

Auxiliary to the Tulsa County Medical Society with Mrs. Frank L. Flack, 1747 South Florence Avenue, 1:30 p. m.
 Membership Tea.
 Program.

Wednesday, February 3rd:

No meeting of Tulsa General Hospital Staff.

Thursday, February 4th:

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

Monday, February 8th:

No Meeting of Tulsa County Medical Society.
 Morningside Hospital Staff Meeting, Morningside Hospital, 8:00 p. m.
 Program Unannounced.

Monday, February 15th:

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

Monday, February 22nd:

Tulsa County Medical Society Meeting by Invitation at Tulsa General Hospital.
 8:00 p. m.
 Present Status of Vitamine Therapy.....Luvern Hays, M. D.
 Discussion by.....Maurice J. Searle, M. D., and D. J. Underwood, M D
 Refreshments.

Official Nurses Registry

Tulsa has the only nurses registry in Oklahoma that is recognized by the American Nurses Association. This is the Nurses Official Registry, 4-3737. It is owned and operated by the District Nurses Association, is governed by a registry board composed of seven members of the Association, and the registrar is a Registered Nurse who is elected from year to year by the Association.

Beulah Norton Beil, the present registrar, serves the entire state as well as the immediate vicinity around Tulsa

with nurses, and nursing information. In addition to eight and twelve hour duty she furnishes an Hourly Nursing Service and also fills many positions in hospitals, physicians offices, department stores, etc.

When you wish a nurse, or information regarding any registered nurse,—whether she be a private duty nurse, a public health nurse, or an office nurse—the same may be obtained by calling this number. It is always well to stop, look and listen when employing a “registered nurse” who cannot be identified by the registry.

DUES FOR JANUARY \$14.00

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

Russell C. Pigford, M. D.
R. M. Shepard, M. D.
Ned R. Smith, M. D.
David V. Hudson, M. D., Managing Editor
Miss Maurine Calhoun, Assistant Editor

Official organ of the Tulsa County Medical Society, Inc. Printed by the Gass Printing Company, Inc.

Vol. III JANUARY NO. 1



The President's Message To The House

The present administration has a sincere desire to represent the majority opinion of the society members in all matters. If, therefore, at any time, you have any suggestion or criticism to offer, tell us so frankly. We will have several purely "business meetings," during the year, at which contraversial subjects may be freely discussed. At all other meetings the scientific program will consume as nearly 100 per cent of the time as possible.

We have few hobbies to ride. One of these, however, is the wish to improve the housing of the society and its library. The latter has achieved respectable proportions, and more and more members are using its facilities. The entire twelfth floor of the Medical Arts Building rightfully belongs to our society. The space now occupied by the dental laboratory should be converted into a library reading room. Several members have offered to furnish this room with comfortable furniture. The ventilation of our meeting room would be improved, and this room also could be made more attractive by some new furniture and photographs and pictures. Officials of the dental society look with favor on the suggestion that their society and ours include in the annual budget a sum for the upkeep and improvement of our meeting room.

The attendance at society meetings

should always be excellent. The county society has a function to fill which cannot be filled by hospital staff meetings, nor by the meetings of smaller special societies. Your officials are under obligations to no one, and the county society will not be run by, or for the benefit of, any special group. So let those of us who do not attend regularly for this or that reason, quit mumbling disapprovingly in their beards, and plainly state in open meeting how the society procedure can be improved—these criticisms will receive respectful attention.

One of the disagreeable duties of your officers is the collection of the dues, which by the unanimous action of the House of Delegates, will this year be fourteen dollars. This should be paid by February 1st to avoid a penalty.

Joint Meeting

The Tulsa County Medical Society accepted by unanimous vote the invitation from the Okmulgee boys to join with them and the Muskogee crowd in throwing a red hot meeting Monday, February 1 at Okmulgee. All the boys scattered over Eastern Oklahoma have been invited so there will be quite a mob. Dr. Marion Webb, Assistant in Oto-laryngology, Dr. E. Lee Dorsett, Assistant Professor in Obstetrics and Gynecology and Dr. W. K. McIntyre, Assistant in Surgery all from St. Louis University will be the guest speakers.

Operative and diagnostic clinics have been planned for morning and afternoon with dinner and set speeches at night.

Bring some Bronchoscopic, Rectal or Ob-Gyn. Problems with you if you can.

Throw some gas in the buggy, pump up the tires and let's go.

MONDAY, FEBRUARY 1, OKMULGEE

December Elections

The organizations which elect officers in December instead of January have the advantage of an early start in lining up committees and getting activities under way promptly. This is very noticeable with the hospital staffs. The old officers and committees are hesitant about assuming responsibility after the first of the year and until the new officers are elected and committees appointed there is at times considerable confusion.

In this respect the president of the Medical Society is to be congratulated on having all committees appointed and ready to serve on the first of the year.

DUES FOR JANUARY \$14.00

The Round Table

This section was dropped last year because almost no one contributed articles except after considerable urging. Your name will not be mentioned if so requested.

The following letter comes in spontaneously—

Dear Mr. Editor:

Why not print some personals. The articles you carry are not so bad and I suppose you have to fill up space. A roster now and then probably is necessary and once in a while a list of "who's paid their dues", etc. Some of us would like to know what the other fellows are doing even if we are inactive ourselves. We can't get to all the meetings and we would like to know what is going on. By the way what is this special contribution you billed me for? I paid my dues for 1936 and have your receipt.

Yours truly,

Dear Dr.

Glad to hear from you. See from your address that you have moved. You might have given me a ring or dropped a card in the mail box (they just cost \$0.01 you know), so we could have put you in the Personals. Heard a lot of things about you and wanted to put one or two in the personal column but no one answered your office or residence phone. Heard that you had the "flu", was out of town for two weeks, was taking post graduate work somewhere, had left town for good located in California and one doc said he wasn't sure but he thought some one said you either had TB or were dead. I started asking the doctors about you but none had seen you for so long I gave it up and left you out of the personals as I was afraid it would be too personal.

As to that bill for the special contribution. If you will look up your state journals you will see what it is about. Two important bills are to be introduced in this session of the legislature and it would be a good idea for you to read them. Both are printed in the state journals. If you have not kept your journals you will find a copy in the library. Don't take my word for it—just ask Dr. Geo. Osborn, Dr. James Stevenson or Dr. R. M. Shepard what the legislative committee is doing. They need your help.

By the way the dues for 1937 are \$14.00 so with the \$10.00 due on the special fund

you can make out your check for 24.00. Sure need it.

We are still having meetings of the Medical Society in 1207 Medical Arts Bldg. Will be glad to have you. Better tell the president who you are so he won't introduce you as a visitor.

Better drop in at the next meeting. They are voting on how much to increase the dues and you sure don't want to miss that.

Yours truly,
The Editor

The Auxiliary

The January meeting of the Auxiliary to the Tulsa County Medical Society, was held January 5, at the home of Mrs. James Stevenson, 2126 East 38th St.

Luncheon was served at 12:30, after which a short business session was held.

Mrs. H. Lee Farris, chairman of the Hygeia Committee was in charge of the program. She introduced Loomis Grant, director of physical education at the University Club, who made a very interesting talk of "Posture".

Hostesses included Mrs. Thomas H. Davis, Mrs. W. W. Beesley, Mrs. Harry J. McGuire, Mrs. L. H. Stuart, and Mrs. Carl Hotz.

The next meeting will be a Valentine tea. This meeting will be held February 2, at the home of Mrs. Frank L. Flack, 1747 South Florence Avenue at 1:30 p. m. Special guests for this affair will be the Auxiliary to the Tulsa County Dental Society. There will be a play review given by Mrs. James Stevenson.

Hostesses will be Mrs. Fred Woodson, Mrs. Hugh Perry, Mrs. H. Lee Farris, Mrs. Frank L. Flack and Mrs. J. F. Bolton.

Personals

Doctors V. K. Allen and R. M. Shepard addressed the Muskogee County Medical Society, Monday, January 18.

The following doctors were ill with the flu during the month:

Henry S. Browne
Paul Grosshart
Margaret G. Hudson
T. R. Roberts

Dr W. H. Calhoun has removed his offices to 405 Medical Arts Building.

DUES FOR JANUARY \$14.00

The Medical Control of Syphilis

Dr. Joseph E. Moore speaking at the Social Hygiene Institute May 27th and 28th at New Rochelle, New York brought out the following points which are taken from the July, 1936 Westchester Medical Bulletin.

Dr. Moore asserted that if the United States had the same incidence of syphilis as Denmark has achieved after fifteen years of control, instead of an estimated total of 1,000,000 new cases per year we should have only 24,000. In Copenhagen, Dr. Moore said, "syphilis developed at the rate of 450 cases per 100,000 population in 1920, but in 1933 only 700 new cases were reported in the entire country with a population of three and one-half millions." He estimated that the incidence of congenital syphilis is twenty-five times greater in the United States than in Denmark.

There are essentially only four means of attempting control of venereal diseases, Dr. Moore said:

1. Prophylaxis, which he pointed out, is apparently not applicable to the civil population.
2. Quarantine, which he said can scarcely be considered in view of the enormous number of new cases developing.
3. Educational programs which by themselves, according to Dr. Moore, "will get no where so long as men are men and women are women and there is illicit contact."
4. And finally, Medical Control, which, the speaker asserted, is the one promising avenue of control.

Medical control could be productive in three ways, he said: first by reducing the incidence of fresh cases; second, by recognizing that there are two distinct problems in syphilis,—one for the early case, and the other for the late case; and third, by the elimination of congenital Syphilis. Congenital syphilis, he felt, could be eliminated in ten years, if adequately tackled, but the other two means of control would take a generation to become effective.

Personals

Dr. C. E. Bradley fell on the ice Jan. 21st and is laid up in the hospital.

Dr. M O. Nelson was in St. Paul, Minn. for his parents' golden anniversary.

DUES FOR JANUARY \$14.00

With Our Contemporaries

The January 1937 issue of the Wichit Medical Bulletin has on page 16 the following interesting item which speaks for itself:

"The basic science bill is the most difficult legislation that has ever confronted our profession, for it appeals to disinterested minds and seems absolutely fair to all concerned. No telling arguments in opposition have as yet been produced."—Journal of American Osteopathic Association, May, 1929.

The January, 1937 Bronx County Medical Bulletin gives on page 12 the principles in procedures agreed upon by the chiefs of syphilis clinics of the voluntary and municipal hospitals April 3, 1936.

This will be of value to other communities planning a systematic procedure for the treatment of syphilis.

Morningside Hospital

A. W. Pigford, M. D., Chief of Staff
J. B. Gilbert, M. D., Vice Chief of Staff
Ian Mackenzie, M. D., Secretary-Treas.

Committee of Standardization of Treatment of Fractures:

Ian MacKenzie, M. D., Chairman
Frank Stuart, M. D.
R. A. McGill, M. D.

Intern Committee:

A. Ray Wiley, M. D., Chairman
V. K. Allen, M. D.,
F. L. Underwood, M. D.

Library Committee:

C. A. Pavy, M. D., Chairman
A. B. Carney, M. D.

Program Committee:

M. B. Lhevine, M. D., Chairman
R. Q. Atchley, M. D.
Ian MacKenzie, M. D.

Record Committee:

E. R. Denny, M. D., Chairman
S. J. Bradfield, M. D.
R. A. McGill, M. D.

Training School Committee:

C. E. Bradley, M. D., Chairman
P. P. Nesbitt, M. D.
P. N. Atkins, M. D.

DUES FOR JANUARY \$14.00

Timely Brevities

Most advice is cheap and it is often accepted as such. This is true because any irresponsible individual can give it. However, when worthwhile advice is offered we like to express our approval to its giver. From the latest issue of *Red Book* we have borrowed this excerpt of an article by Morris Markey:

"Everybody ought to have a regular doctor; a family medico—a general practitioner. It may sound silly to look up a doctor and go to him when you are perfectly well. But everybody should realize that he is going to get sick some day. It may be only a touch of grippe or a pair of tonsils gone screwy, but it is sickness, and it ought to be looked after. When an appendix blows up, it doesn't give much warning. Stomach ulcers and things like that come on suddenly, and you wake up one morning to find yourself sick as the devil. When that happens, you ought to be able to call in a doctor who already knows you—knows something of your circumstances and way of living.

"People ought to look about and find a regular doctor, just as they look about and find an exit in the theater, in case there is a sudden cry of fire. They should call on a physician and say: 'Look here, I just want to be acquainted in case I get sick, or somebody in my family gets sick.' They should talk to him a little while—oh, he'll welcome that, all right—and decide whether they like him.

"That is the most important thing of all, to like him. It isn't necessary for your doctor to be the most brilliant physician in town. It is absolutely necessary that he be a man you like, who understands your language. He is not likely to try anything that is over his head. He'll call in help, all right, if there is serious illness or

a surgical case. And in that event his interest is certain to be with the patient. The surgeon or the specialist is going to ask him: 'How much should I charge this patient? You know him, know what he can afford to pay.' Well, the family doctor is going to protect his patient's interests, and for a very simple reason: that patient is his customer; he wants to keep the customer; he wants the customer to bring in others."

Amidst all the welter of information and misinformation written about medical problems Mr. Markey's bit of advice shines as a priceless gem. It is the best plea we have heard for the case of the family doctor.

•

Radical? Why, you have no idea how radical we could be. To give you an inkling we will "shoot the works" in reply to those good friends who advocate the doctor's becoming an employee of the state under socialized medicine.

If and when socialized medicine arrives, the doctor should be allowed to organize and affiliate with labor organizations just as other public employes have done. (In Great Britain the state doctors already have joined with the British Federation of Labor.) Then the following demands must, of necessity, be granted:

1. *An adequate salary.* This should make provision for the many heavy expenses of medical practice. Furthermore, it should be sufficient, also, to induce young men and women to spend eight or more years of their lives in the study of medicine. To be otherwise would lower the standards, and the sick would suffer most.

2. *An eight hour day.* No doctor should be required to work more

than eight hours a day—or more than thirty hours a week if a Thirty Hour Week Bill is enacted by Congress: (Newspaper accounts from Russia state that doctors there work but six hours daily.)

3. *Compensation.* The doctor should be protected under the industrial laws of the state so that any injury or disease he might contract while pursuing his occupation would be compensable. (Is this asking too much?)

4. *Pension.* The widows and orphans of doctors who die while in the employ of the state should be granted a pension.

5. *Retirement.* All doctors should retire at the age of sixty or sixty-five on one-half to three-quarter's pay, thus automatically making room for younger physicians. (This, of course, would be contingent on the success of the Townsend Plan.)

6. *Sick leave.* Fifteen days' sick leave with pay should be allowed each year.

7. *Vacations.* Vacations with pay should be granted yearly. (All work and no play makes the doctor a dull fellow!)

8. *Postgraduate work.* Courses should be given frequently in order that the doctor might keep abreast with the latest advances in medical science. This would be of advantage to the patient as well as the doctor.

Are these requests unreasonable? We think not, especially since all these are already granted public employees. However, should they be refused, then doctors should have the right to go on strike. Of course, we fully realize this is not in accord with the ethics of the profession as we now know them. But the precedent al-

ready has been set. (In January, 1935, two hundred doctors employed in the municipal hospitals of Havana, Cuba, stayed out on strike for five days and until several fellow physicians were reinstated after having been discharged by the new political party in power.) No doubt Hippocrates would turn over in his grave should this come to pass.

Occasionally we have taken industry to task for sponsoring or indorsing the various schemes offered as a "cure-all" for the so-called inadequate medical care which is said by propagandist reformers to be so widespread in the United States. Our argument has been that if a worker be paid an adequate wage he would of his own accord be able to secure adequate medical care. Too often the real reason for industry's entering the field of medicine in competition with the medical profession is to throw a sop to quiet the insistent growing demands for a fatter pay envelope. Obviously the employer who thus attempts to maintain lower wages does no good to the one who maintains a higher wage scale. The employees of manufacturer Jones, who pays 75 cents an hour, can buy the products of Industrialist Brown, who pays only 35 cents. But the converse is not true. Brown's employees cannot continue for long to purchase the products of Jones. This is merely a simple economic observation.

Industry has received so many sharp blows lately: many of them unjustified. Hence we hasten to announce that we have no intention of becoming too radical. We want to be friendly with industry just as long as it stays in its own back yard.

A. C. HANSON, M.D.

NEXT MONTH

Health in Primitive New Guinea
by Theodore G. Braun, M.D.

Are the Doctor's Interests Narrow?

by An Observer

Doctors may dispute the statement that their interests are narrow. It has been the experience of this observer, however, that physicians as a whole take little interest in affairs which do not concern the scientific aspects of medical practice. Of course, they indulge in pastimes such as golf, hunting, fishing, and a variety of other hobbies, but, generally speaking, when it comes to the more serious matters of a non-scientific nature the doctor will hear none of it, even though the subject may concern him directly.

An apt illustration of his disinterest is the reluctance with which he attends other than scientific meetings. From time to time medical organizations have endeavored to attract physicians to meetings devoted to medical economics, legal medicine, social problems, and other subjects of a general nature. Response to these efforts has not been encouraging. Usually only the group which is informed on the subject under discussion turns out. They are a minority and often a small one at that.

Physicians frankly admit that they should be informed on various phases of the economic situation as it relates to medicine, but having a distaste for what they call "facts and figures," they rely upon their more ambitious and well informed colleagues for leadership. An exception occurs when some acute problem arises in a community, resulting in a storm of controversy. In such an event doctors may become exceedingly active, and even belligerent. If wisely guided by informed leaders their cause may be won. On the other hand, inexperience and lack of information on the issues involved may be the deciding factors which contribute to failure.

It has been the practice of medical societies on special occasions to invite as guest speakers some of the ablest and best informed non-medical men in the country. Unless the speaker happens to be in the national spotlight he attracts a much smaller audience than does the physician who may have little or nothing to say. This aversion to meetings at which general topics are discussed has been observed time and time again. If it truly reflects the doctor's attitude in his private life, there is justification in the criticism of an able small town practitioner who said that the doctors he knew were not informed outside of their professional work. They were not, he contended, students of public affairs, and knew even less about good literature, art, and music. He himself was endeavoring to overcome the indifference which as a youth he had felt toward those things which would broaden and enrich his existence.

Although recent graduates of medical schools have been required to do two to four years of general college work, this is not sufficient to acquire the education which the modern practitioner needs. If he is to maintain his accepted position in society, he will consider his formal training only the beginning. After all, he has only learned how to learn. To grow in knowledge he must always be the student, never allowing himself to be limited to the narrow confines of his professional work.

It is not to be expected that very many will find cultural subjects stimulating or of interest. However, it may be reasonably expected that doctors will keep themselves informed as to current trends, not only in medicine, but also in the political, financial, and social world. Oslers, Cush-

ings, and Mayos will always be few, but in proportion to the whole, well informed physicians should be in the majority. We hope that their num-

bers will increase so that medical men cannot be justly accused of being narrow and uninformed on non-scientific matters.

Public Health Lectures

(Continued from page iv)

ease," "The Common Cold," "Anemias and Diet," "The Art and Science of Diagnosis," "Stopping the Spread of Contagion," "Mentality

and Crime," "High Blood Pressure," "The Relation of Teeth to Health and Appearance," and "The Crippled Child."

The Man Past the Forties

(Continued from page vi)

stewed fruit and a cooked leafy green vegetable every day. The most important factor in maintaining the health of the man who has passed forty is the daily bowel movement without cathartics.

In the dietary regimen, the man must be considered. You cannot prescribe for a person who lives in a hotel as you would for one who lives at home. You could not, for instance, tell a man who lives in a hotel to go on a detailed diet for hypertension. Explain the fundamentals of the dietary problem and the classes of food so that he can select intelligently his meals from the bill of fare before him. Such an attitude gives me his cooperation because I am not forcing an iron clad rule on him. There is no better exercise for a man who is more than forty than walking. If he can get it on the golf course, that is great. The man is getting diversion which takes his mind off the little things of business which are most annoying. I think one of the best things I have accomplished was to have a gymnasium built in the basement of the new House Office Building. It is really a play room. Courts for volley ball have been marked out and for handball, table tennis and deck tennis. We also have some regular gymnasium equipment, such as horizontal bars and a punching bag, but if you want a man to

take exercise, you must give it in the form of a sugar coated pill. If a man is in the military services, you can put him through setting up exercises, but when a man is not in the service, he must get exercise in such a way that it appeals to him. When the spirit of competition is present, you have the key to the situation, provided a place is easily accessible. It is not so much the question of physical exertion as getting oxygen into the blood. A man who is doing sedentary work, who is only using his mind, has to get help to burn up the ashes of metabolism, and by adding oxygen is the only way that can be done. If the intake of fluid is sufficient, some of these ashes of metabolism may be washed away, but in reality both are required. The fifth subject is diversion. "All work and no play makes Jack a dull boy." The average congressman comes to work between 8:30 and 9 o'clock. He is in committee meetings from 10 to 12. The session starts at 12 o'clock. From then on he is busy in the House. A bill may take up the rest of the afternoon. If it does not concern his district, he can go back to the office, but usually there are ramifications with which he is interested and he has to stick around. The session is not over until 5 or 6. Then he has to go to his office and sign his mail. The average congressman receives 150 let-

ters a day. They must be opened and sorted. He has to write thirty-five to fifty personal answers. It is very time consuming. Then it is after 7 o'clock. Usually he cannot go home that night and be free. Most of the time he has to occupy himself with some social obligation or he is taking home work from the office.

The bad habits of eating, sleeping and constipation are the greatest obstacles to overcome. A lesser consideration is the feeling of self-importance and martyrdom. This applies to a great many business men, such as the bank president, the man in charge of loans, or the manufacturing

executive. He feels that he has the direct policy of the organization to look out for. Unless he works at the thing all day and all night he feels that the institution would not run. If you give a man a balanced routine, his mind will function quicker and he can do more efficient work. In the end, remember that we are dealing with human problems, whether the man is the president of the largest bank in town, or a leading political figure, court justice or mechanic. Our objective must be the conservation of the individual and by that help him to be a useful, productive, efficient citizen for the maximal period of time.

Recording Births and Deaths

(Continued from page viii)

personal and statistical particulars usually stated by the informant. This promotes statistical accuracy as well as more truthful legal records and may prove to be of great importance to the individual survivors of the deceased.

A handy guide to the inscribing of death certificates is made available to all physicians by the census bureau under the title of, *The Physicians Pocket Reference of the International List of Causes of Death*. The latest edition of this reference contains two hundred titles, besides lists of industrial poisons, of animal and bacterial parasites with the corresponding parasitic diseases, and a revised list of undesirable terms. For diseases not given in the list of titles, any terms recommended by the *Standard Nomenclature of Diseases and Pathological Conditions, Injuries, and Poisonings for the United States* or the *Nomenclature of Diseases and Conditions of Bellevue and Allied Hospitals of New York* may be used.

A state bureau of vital statistics points out that the cause of death as given in the International List means the disease, injury or complication which causes death,—not the mode of dying, e.g., heart failure, asphyxia,

asthenia, etc. The bureau indicates, however, that it would be a decided loss to exclude all symptoms from a medical nomenclature because many times these symptoms give the only picture of the disease obtainable. Many terms which today are properly used to describe a pathological condition may tomorrow be considered only a symptom of disease if the etiology of the condition is discovered.

Fourteen pages of *The Physicians Pocket Reference* are taken up with a list of terms which are indefinite or otherwise undesirable and which should not be used when a more definite statement can be given.

"Heart failure" or "cardiac failure" is considered equivalent to "cause of death unknown." "Convulsions," "debility" and "old age" are also given as terms of this character. Some of the other undesirable terms listed are: "catarrh," "congestion," "croup," "dentition," "dilatation of stomach," "dropsy," "extravasation of urine," "fever," "fits," "jaundice," "membranous laryngitis," and "natural causes."

Medical authorities are particularly emphasizing the importance of stating

the date of onset for both the principal and contributory causes of death. In recording cancer it is suggested that the name of the organ or part first affected be given and that it would be helpful to specify if possible, carcinoma, sarcoma, or hypernephroma.

Precise statement of occupation is considered very important, as well as the physicians' notation on occupational influences affecting the cause of death.

The term "puerperal" on a certificate is intended to include pregnancy, parturition, and lactation. Whenever parturition or miscarriage has occurred within one month before the death of the patient the fact should be certified, even though childbirth may not have contributed to the fatal issue.

Age is considered of special importance, and as a check on the accuracy of the statement, the date of birth is also required. It is suggested that for infants under one day old, the number of hours be stated, or even the minutes if less than one hour old. This is necessary in order that stillbirths may be distinguished with absolute precision from deaths of children born alive.

Stillbirths may be registered under various state laws, either as births, as

deaths, or preferably, as in Wisconsin both as births and deaths. They are compiled in statistical tables neither as births nor deaths, but separately as stillbirths. "A stillborn child," according to the census bureau classification, "is dead at the moment of birth, hence no age whatever, not even one minute, should be entered under the statement of age, but the space should be filled with a cipher. Conversely, if the child lives any time whatever, even a single minute after birth, 'stillborn' should not be reported as the cause of death." Evidence of life may include action of the heart, breathing, or the movement of voluntary muscles. In filling out a birth record for a "stillborn" child a very valuable notation by the physician is the number of previous "stillborn" children of the mother and the cause of stillbirth, whether due to injury, albuminuria, strangulation by cord, or some known physical ailment of the mother.

The recording of both births and deaths as important facts of human life has been appropriately described as the bookkeeping of humanity. Medical authorities say that we cannot attain the maximum in the conservation of life and the prevention of disease without complete and uniform registration.

It has been jocularly said that the many governmental functionaries who speak publicly for the administration have so managed things that the Washington administration can take more sides on any given question than is possible of geometrical demonstration. In this question of medical care, at least, let us have plain, straight thinking and speaking. There should be but one side to the problem. How to provide the highest possible *quality* of medical care to those of the public that need it, and to make provision that financial barriers shall not stop those needing it from getting it.

New York Medical Week

Sunny Side Up

INITIAL PLEASE

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

Mr. Neidspondiavanci: "What initial please?"

•

NOT SO FORTUNATE

Motorist: "Hey, it's pretty fortunate for you this happened in front of a doctor's house."

Victim: "Yeah—but I'm the doctor!"

•

FATHER VS. SON

Father: "Why were you kept in at school?"

Son: "I didn't know where the Azores were."

Father: "Well, in the future just remember where you put things."

•

UNCLE SAM'S MISTAKE

Young Wife (at postoffice window): "I wish to complain about the service."

Postmaster: "What is the trouble, Madam?"

Young Wife: "My husband is in Albany on business and the card he sent me is post-marked Atlantic City."

•

MATRIMONIAL PLEASANTRY

She woke up in the early hours of the morning and nudged her sleeping husband.

"Wilfred," she said in a hoarse whisper, "Wilfred, wake up! There's a mouse in the bedroom!"

Hubby unwillingly sat up. "Well, what about it?" he groaned.

"I can hear it squealing," she said fearfully.

"Well, what do you want me to do? Get up and oil it?" he snapped.

•

FIXED HIM UP

A young man walked breezily into the doctor's office.

"Ah, good morning, sir," he said. "I've just dropped in to tell you how greatly I have benefited from your treatment."

The doctor eyed him up and down.

"But I don't remember you," he said. "You're not one of my patients."

"I know," replied the other, "but my uncle was and I'm his heir."

•

GRANDPA'S TEETH

Little Willie: "Mom, you said the baby has your eyes and Daddy's nose didn't you?"

Mother: "Yes, darling."

Willie: "Well, you'd better watch him, he has grandpa's teeth now."

•

BEING SPECIFIC

Patient: "Doctor, are you sure this is pneumonia? Sometimes doctors prescribe for one thing and patients die of something else."

Doctor (with dignity): "When I prescribe for pneumonia you die of pneumonia."

•

OH! OH!

It was one of mother's busiest days. Her small son, who had been playing outside, came in with his pants torn. His mother helped him to change to another pair but in an hour or so he was back, his pants torn again.

"You go right upstairs, remove your pants and mend them yourself," his mother ordered.

Sometime later, she thought of him and went upstairs to see how he was getting on. The torn pants were lying on a chair but there was no sign of Johnnie. Returning downstairs she noticed that the door to the cellar, usually closed, was open, and she called down, loudly and sternly, "Are you running around down there without any pants on?"

A deep voice answered, "No, madam, I'm reading the gas meter."

•

IMAGINE HER EMBARRASSMENT:

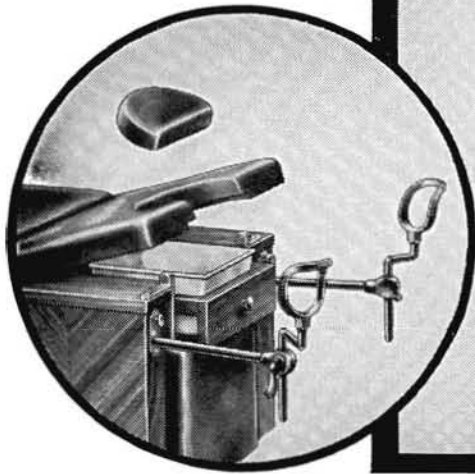
A woman arrested for disturbing a religious meeting in the Kentucky backwoods was asked to explain in court why she laughed out loud in the meeting. She demurred, but when the judge insisted that she inform the court precisely what happened, she reluctantly gave the following testimony:

A very large woman was inspired by religious inspiration to lie down and roll on the floor. As the course of rolling progressed, the lady's dress worked up around her waist, disclosing bloomers made of sugar sack.

The explosion of the defendant's composure occurred at the point in the proceedings when across the seat of the bloomers appeared in large bold letters the inscription: "100 lbs. Pure Sugar."

The judge instructed the jury to find the defendant not guilty.

•



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

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

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

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

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

HAMILTON MANUFACTURING COMPANY
TWO RIVERS, WISCONSIN



HAMILTON

Modern Medical Furniture

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

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

Dr.

Address.....

City.....State.....