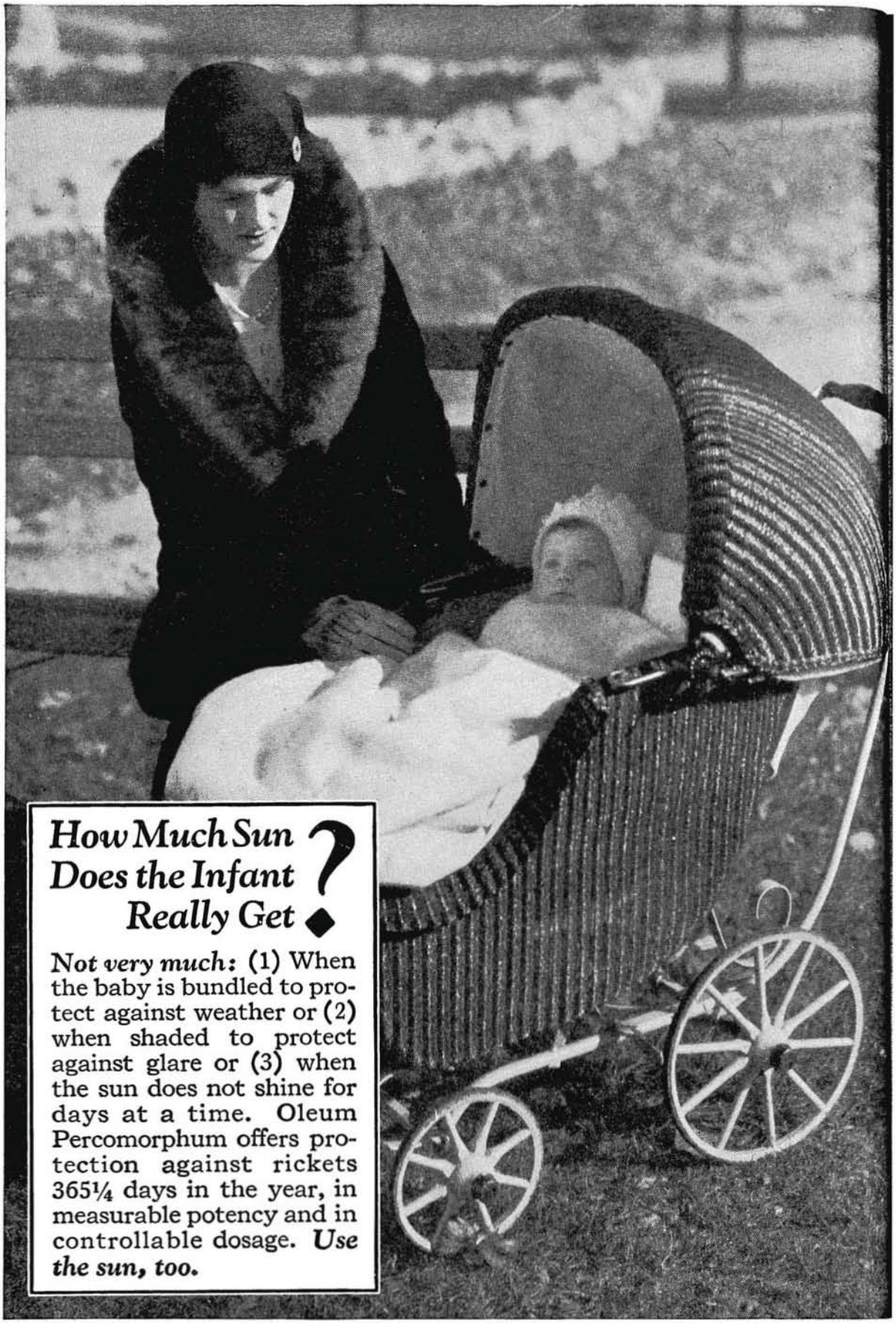
The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3 TULSA, OKLAHOMA, FEBUARY 1937 NO. 2

Annual Meeting Oklahoma State Medical Association

Tulsa, May 10, 11, 12



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Homes of County Medical Societies

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Health in Primitive New Guinea

Superstitious beliefs about health are difficult to eradicate among the natives of New Guinea. Dr. Braun, in charge of the Lutheran Mission Hospital (Mandang), relates his experiences

by Theodore G. Braun, M.D.

Directly north of Australia lies the island of New Guinea which, with the exception of Greenland, is the largest island of the world. It is a rugged, mountainous country, covered with dense jungle in its greatest part, although some of the larger river valleys are steppe land. The north eastern section of the island, with which the writer is acquainted, is most habitable and has a population estimated at eight hundred thousand.

The natives of New Guinea are a fuzzy-haired, dark tan to chocolate brown race, often really attractive according to European standards of beauty. Culturally, they are true primitives. They polish their stone axes, make pottery, weave straw, and knit string. The coastal natives know how to tack against the wind in their double-sailed outrigger canoes. Pig, fowl, and dogs have been domesticated from time immemorial.

The largest social unit among the natives is the clan, numbering from sixty to a few hundred men, women, and children. No one dialect or even well-defined language is spoken by more than a few thousand people, though in some instances as many as fifteen thousand persons have only dialectical variations. Interspersed among these one finds decimated remnants of tribes numbering only a few hundred people.

Although there are different levels of cultural attainments, all of the inhabitants have a similar religious philosophy of life. A semi-communistic social order prevails. Land and even personal belongings such as canoes and pigs are not the absolute property of any individual. All work, from building fences and houses, to felling trees, is accomplished by groups after due deliberation. Any outstanding warrior, sorcerer, or inventive genius is promptly killed if the people have reason to fear that his leadership might become strong enough to deprive them of what they feel are their rights as members of a clan. They do not want chiefs or leaders. Their religion is animistic: that is, they believe all objects, including stones, houses, hills, and stars have souls. The spirit world in general bears a very close, practically a superimposed, relationship to the physical world. There are, of course, no nonconformists or scoffers.

All diseases, accidents, and deaths, the native feels, can be due only to the following causes: the breaking of a taboo, such as illicit relationships with blood relatives, or giving offense to a spirit. This is aptly illustrated by the following incident:

A native from whom had been removed a large elephantiac scrotum was on the way to recovery. I asked him what he thought had been the cause of his affliction. He confided that he had bought a dance melody for a feast from a neighboring tribe. (Everything of that nature is trade marked and patented by moral law.) He had misquoted a refrain in honor of the spirit "Jam," and the displeasure of the spirit was manifested in the tumorous growth. Usually, however, disease is thought to be brought on by direct or indirect sorcery or by bribing a spirit. Sorcery of the latter kind might cause a man to break his leg or to be bitten by a snake.

Rites are often performed to injure and baffle strangers. An example of such practices was observed among inland natives. Living at an elevation higher than three thousand feet above sea level, these inlanders noticed that they became ill when they visited the coast. They were certain that this was due to the powerful sorcery of the coastal tribes, who, anxious to maintain safety from attacks as well as to retain economic advantages accruing from salt and salt water trade, faithfully performed magic rites to cause sickness among the visiting mountaineers. The coastal natives did not dare to risk attempting to see if the inlanders would get sick without any effort on their part, so they conscientiously practiced sorcery against them. The disease, of course, was malaria, and while some species of anopheles mosquito are still found at that higher altitude, malaria was unrecognized until European culture and missionary endeavor broke the barriers of belief in sorcery by the inhabitants of the coast region.

A heathen native feels that if he were not beset with hostile and jealous fellowmen, insulted dead relatives, or evil spirits, senility or death never would overtake him. The world being what it is, he resigns himself to his inevitable fate, however unpleasant it is to him. For this reason he is very careful to see that all excreta are hidden, destroyed, or cleared of spirits. The latter end is accomplished by throwing material into running water.

Among the dangerous material to let fall into malevolent hands is saliva, even that dried on a cigar butt or sugar cane pith. Unknown to the native this was a public health measure. Since he does not feel like drinking other people's excreta, even if desensitized, he is very choice in the source of his water supply. To drink out of a brook draining a planted field or crossed by a path is unthinkable.

An enemy, obtaining a cigar butt, a fingernail clipping, or a drop of blood, takes this find to a sorcerer, if he himself does not possess the gift of sorcery. The sorcerer, for a consideration, enters the confines of his hut, incanting magic rhymes, and, by using mortar and pestle, destroys the spirit in the object. A portion of the article thus treated by the sorcerer is

DR. BRAUN WITH HIS FIRST NATIVE MEDICAL ASSISTANT (STANDING)

then passed into the victim's hut. Upon seeing this, the spirit, it is believed, knows what has happened and dies in sympathy with that fragment killed by the magician. Natives sometimes die violently from malaria released through emotional stress; at other times a robust youth turns gray, there is loss of weight and anorexia until some mild intercurrent infection causes the victim's untimely end. If early in its course no counter sorcery is of avail the victim always dies within a few months.

For ordinary minor ailments the New Guinean has a list of cathartics, some rather violent, of plant extrac-

(Continued on page xi)

Behind the Medical Headlines

A study to determine the accuracy of medical news stories discloses facts of vital interest to physicians and newspaper editors

by Bernard P. Churchill, M.D.

Medical headlines are apt to give the impression that cataracts are grown on a sugar diet, that a new treatment for asthma can be compared with the discovery of insulin, that allergy produces executive ability, and that dead babies can be brought back to life.

Realizing that most people rely upon newspapers for scientific information, the Committee on Public Instruction of The Medical Society of Milwaukee County recently made a study of medical news stories appearing in the local press in an effort to determine their accuracy. Theodore Wiprud, the Society's executive secretary, who suggested the study, supervised the gathering of material and aided in its analysis.

During the first five months of 1936, three hundred and two stories on medical subjects were clipped from the Milwaukee Journal, the Milwaukee Sentinel, and the Wisconsin News. This work was done by the Educational Committee of the Women's Auxiliary to the Medical Society. There were many duplications of stories. Eight of the stories could not be verified since they were not based on fact to begin with; that is, the "doctors" quoted were not doctors at all. Some stories were not investigated because they originated at the American Medical Association Convention where expert assistance is given reporters by Dr. Morris Fishbein and his staff. After the above eliminations were made, one hundred and nine stories remained, and letters were directed to the physicians who were quoted in these articles.

Enclosed with each communication was a copy of the story in question, and a request for information concerning its accuracy. Eighty-six physicians responded by letter, stating to what extent the story in question was accurate, while nine responded by sending reprints of scientific articles on which the newspaper stories were based, putting it up to the investigators to determine their accuracy. Letters were received from physicians and universities in all parts of the United States, England, France and Russia.

Some of the physicians who replied seemed to think that their ethical conduct was being questioned, stating they had had nothing to do with the stories having reached the papers, or resenting the publicity which they had received. Letters contained statements such as the following:

"This publicity was not authorized."

"This story was obtained from the aunt of the patient and was told without our knowledge or consent."

"I regret the unfortunate publicity that attended this work."

"It is our policy to issue no stories to the press."

"I know nothing about the interview which the article describes."

Others commended the Medical Society for the study it was making. The following is an example:

"I believe the aim of your Society to be a very commendable one. I have for long felt that a committee of capable medical men from various fields of medicine should be appointed to check and censor news reports before they are published in newspapers. Some of the reports are ter-

ribly garbled and unrecognizable to one who heard the original paper or read it in its original form."

The results of this study depended largely upon the standard of accuracy used in judging the stories. Valuable suggestions were made by those who replied. Dr. T. W. Todd of Western Reserve University, in answering one of the inquiries, commented on this point in the following way:

"The facts of this article are correct, but, torn out of their context and disassociated from their connecting links, they lose their accuracy and look curious."

Dr. A. Lacassagne of the Radium Institute, University of Paris, wrote:

"The article contains certain elements of truth, but I feel that it gives the reader an incorrect impression of the present standing of the cancer problem."

Dr. O. J. Campbell of Minneapolis, stated:

"The article is essentially correct as far as it goes, although the news reporter selected only what he wished to emphasize, and did not take up the main point of the paper."

It is evident, then, that accuracy alone cannot be considered, since a story might be factually accurate and still, by rewording, exaggeration, omissions, and emphasis on minor points, lead the reader to conclusions not at all intended by the physician who was quoted. The question is not: Are the individual statements in the news story accurate? But, rather: Does the impression created by the article as a whole coincide with the facts? Does the article lead the reader to accurate or inaccurate conclusions?

It was on this basis that the ninety-five news stories were classified as very good, good, fair, and poor. By "very good" is meant that even though inaccuracies may have been present they were insignificant and did not disturb the meaning of the story. The stories classified under "good" were found to be only slightly misleading; those labeled "fair" were incorrect in important details. Stories judged as "poor" may have contained certain accurate statements, but taken as a whole they produced a completely erroneous impression.

Very good	24
Good	40
Fair	24
Poor	7
Total	95

If we arbitrarily rate very good as 95 per cent accurate; good, 80 per cent; fair, 35 per cent, and poor, 5 per cent, the percentage of accuracy according to the various news services whose stories were included in this group may be computed as follows:

Newspaper Coverage	Number of Stories	Percentage of Accuracy
United Press	5	86%
Foreign	3	80%
Press Service not identified	4	69%
Associated Press	74	66%
Universal Service	9	58%
Average		72%

Surprisingly there were no stories originating locally during the months in which the study was made. This is to be regretted because previously there had been excellent reporting on medical subjects.

In interpreting these percentages it should be remembered that they are based on a careful consideration of the entire newspaper story. The average person reads only the headlines and opening sentences. The effect of this kind of reading on the accuracy of the impression retained is very great, since the headings and opening sentences are frequently the least accurate part of the story. Even when the entire story is carefully read, it is the startling catch statements which are likely to be remembered. These factors could not be considered in rating the newspaper stories examined, but they greatly reduce the accuracy of the impression created on the reader.

(Continued on page xiii)

Timely Brevities

"I hold every man a debtor to his profession: from the which, as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends, to be a help and ornament thereunto." Thus spoke Francis Bacon.

In the increasing tempo of our daily routine we are prone to become so engrossed in our own individual problems that we forget our debt to our profession. We fail to see that our problems are no different than those of our contemporaries. The following story illustrates well this point:

A man had become so overwhelmed by his many problems that he was ready to give up in despair. One evening he fell asleep in his favorite chair and dreamed. He dreamed he had found a place where he could buy his own cross and bear his own burdens. He bought a cross and bore it several days. His load seemed to get heavier and heavier each day, until finally he went back and asked the keeper of the crosses if he could not exchange his cross.

"Certainly, my young man," replied the keeper. After many hours spent in trying on the different crosses, he at last found one that he thought was exactly what he wanted. He called the keeper and told him he had made his decision, pointing to the one he had selected. "May I ask," queried the keeper, "Why you prefer this cross above all others?" "Because it is so much lighter," was the answer. "Fine," said the keeper, "but I would like to remind you that the cross you have chosen is the cross you brought in here."

At some time or other we all feel that our problems are overwhelming. But the fact that all physicians are confronted by the same problems is the reason for the existence of medical societies. The purpose of your medical society is to lighten your burden by the united action of the entire membership. Individually no physician can even hope to cope with the many and diversified onslaughts directed against the medical profession. Hence it is very important that we continue to support our medical society, for the county medical society is the cornerstone in the temple of American Medicine.

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Most country doctors "hide their lights under a bushel." It is only occasionally that one of them receives the publicity of a Dr. Dafoe. Their hours are long and their work arduous.

Recently Frank Lloyd Wright, the noted architect, was attended by a country doctor in a critical illness. He now champions them in these words:

"Were I governor of this state (Wisconsin)," he writes, "the country doctor should have all the aid I could give him.

"Rather than be carted off to the latest and best in hospitals, I have the rural doctor on my mind with gratitude for his hard sense—his faculties sharpened by personal experience; faculties which proved right when precision instruments in more scientific hands went wrong.

"What I would have done for the country doctor is no more than to endow every one with a small clinic of his own, including an oxygen tank and the more indispensable modern instruments, and free subscriptions to whatever scientific medico-surgical literature he might choose to subscribe.

"And when he has grown less able to cope with the weather and finds himself no longer able to live on unpaid bills—a modest pension from

the state.

"I believe American country doctors to be the most valuable of all America's shock troops and would like to see more power and greater opportunity for usefulness coming to them where sick folk are at home.

"The big 'institution' is drawing from the country doctor rather than building him up—just as the big manufactured newspaper has killed the crusading editor. The kind of self-reliance that acting on his own judgment in emergency breeds in the country doctor does something to his faculties 'we the people' can't afford to lose.

"Let us give the doctor of our Wisconsin countrysides—a break."

To which we add, Amen!

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Glaring headlines: "Convicted Killer Attempts Escape. Shot by Guard. Doctors Fight to Save Him for Chair." Headlines—not so glaring: "Scientist Develops New Cholera Vaccine. Will Save Thousands."

These two items appeared in the daily press. The first aroused interest; the second received but a passing glance. Sob sisters immediately went into action over the first. They bemoaned a civilization that would struggle to save a man's life only to legally execute him later. They did not see deep in the second that civilization also creates vaccines and other life saving means only to indulge in that other form of legal execution known as war.

It is paradoxical but true. Man conquers disease. The populations increase. Dictators cry for more territory. War! The populations decrease. Dictators cry for higher birth rates. The cannon fodder is delivered. And once again the same cycle begins.

Hasn't the time arrived for men of medicine to make themselves heard all over the world? The life we give ought to be ours to direct. Surely, man is destined for higher things than to struggle in the mud, to kill his fellow man and be killed in return.

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The subject of euthanasia continues to hold interest to many persons. This is particularly true in England where a society has been formed for its promulgation.

The question is, should an incurable invalid suffering constant pain and begging for a quicker, easier death, be granted that mercy? Some time ago *The Forum* carried an article by Charlotte Perkins Gilman in which the probable procedure of euthanasia was presented.

"No such power (the decision to administer a merciful death) should be left to any individual, physician or other. Too many mistakes in diagnosis have been made, too many patients given up to die and rebelliously recovered, to permit any one man's governing such a decision. But suitable legal methods may be devised by a civilized society, so that, when the sufferer begs for release or the attending physician gives his opinion that there is no hope, there may be a consulting committee, varying from case to case, to avoid possible collusion and including a lawyer as well as doctors. (For inquiry should be made in regard to possible motives for the sufferer's death, among members of the family, and in regard to their attitude toward the patient.) If this committee recommends euthanasia, the Board of Health should issue a permit, and merciful sleep end hopeless misery. What rational objection can anyone make to such a procedure?"

On moral and ethical grounds there are many objections at present, although the future may bring forth a different viewpoint. However, we dare make this prophecy. You can bet your last dollar that the doctor the young folks call in to "bump off" father will not be the one they call to save their own lives!

A. C. HANSEN, M.D.

Events ■ for ■ March

Monday, March 1st:

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

Tuesday, March 2nd:

Auxiliary to the Tulsa County Medical Society with Mrs. W. O. Smith, 1114 East 21st, 12:30 p. m.
Luncheon
Program

Tuesday, March 2nd:

Sisler Hospital Staff Meeting, Sisler Hospital, 7:30 p. m.

Wednesday, March 3rd.

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

Thursday, March 4th:

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

Monday, March 8th:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.
The Treatment of Early Syphilis ..... W. A. Showman, M. D.
The Treatment of Late Syphilis ..... M. O. Nelson, M. D.
Discussion opened by David V. Hudson, M. D.

Monday, March 15th:

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

Monday, March 22nd:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.
Peptic Ulcer: A New Etiological Concept ... Lee Petit Gay, M. D., St. Louis, Mo.
The Treatment of Seasonal Hay Fever: The Evaluation of Secondary Factors in Seasonal Pollinosis ..... Herbert J. Rinkel, M. D., Kansas City, Mo.

St. Johns Hospital Staff

M. McKellar, M. D., President
H. B. Stewart, M. D., Vice President
Paul Grosshart, M. D., Secy-Treas.

Intern Committee:

J. E. McDonald, M. D.
S. C. Shepard, M. D.
I. A. Nelson, M. D.

Program Cimmittee:

H. B. Stewart, M. D.
R. C. Pigford, M. D.
Carl Hotz, M. D.

Publicity Committee:

W. O. Smith, M. D.
Samuel Goodman, M. D.
Maurice J. Searle, M. D.

Record Committee:

C. C. Hoke, M. D.
H. A. Ruprecht, M. D.

Hospital Committee

Tulsa County Medical Society

William A. Walker, M.D.
J. S. Chalmers, M.D.
W. S. Larrabee, M.D.
A. W. Pigford, M. D. Chairman
Ned R. Smith, M.D.
M. McKellar, M. D.

Personals

Doctors Henry S. Browne, W. S. Larrabee, J. L. Miner, Geo. R. Osborn, Ned R. Smith, W. A. Showman, Carl Simpson and James Stevenson attended the joint meeting in Okmulgee, Monday, February 1.

Dr. and Mrs. M. O. Nelson attended the funeral of his mother Mrs. Fred C. Nelson in St. Paul, Minnesota, February 6.

Physicians Credit Exchange

At several meetings in recent years it has been proposed that the County Medical Society establish and operate a credit exchange to protect its members from habitually delinquent debtors. Although a good many have seen advantage in such a credit bureau and have wanted it, others were opposed. For various reasons, among them that a general levy would be unfair to those not likely to benefit much from the service rendered. This is a valid objection that prevents the society as a whole from having a credit bureau of its own. Nevertheless, judging from conversation with individual members, there must be in the society a good many who think that the large losses suffered each year from bad accounts can in some way be reduced to a much lower figure. Although the society itself cannot operate a credit bureau a group of its members could. Medical groups in other communities have been running credit exchanges for years and found them practical. In the American Medical Association Bulletin for October 1936 is a description of a system used in Charlotte, North Caorlina. A physicians' credit exchange was established, dues to which are $5.00 a month. For this, the member gets membership in (1) state and county medical societies, (2) Medical Library, (3)The Merchants' Association, (4) access to names of delinquent patients and "dead beats" (5) a collection system, (6) 24-hour telephone service. No one is under obligation to join the exchange but about 70 of the total membership of 135 are members.

A full-time trained librarian, under the direction of a committee elected from the membership is employed to take care of the library and run the exchange office.

This system has been in use for the past six years and besides credit exchange service and the other items listed, it has maintained a library of 132 periodicals, 1,138 books and 5,000 indexed reprints. Not bad for a town two-thirds the the population of Tulsa!

The general situation in Charlotte seems much the same as in Tulsa County and the system used should with modifications be workable here. At any rate it has been in actual operation and is not just a brainstorm.

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

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John Perry, M. D.
Russell C. Pigford, M. D.
R. M. Shepard, M. D.
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Miss Maurine Calhoun, Managing Editor

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Vol. 3 February 1937 No. 2

EUTHANASIA

This so called "mercy death" has been given considerable first page publicity and now Nebraska's legislature has had the question of legalizing the procedure placed in her lap. If legalized what a headache the judges will have on Monday morning sorting out the pleas inspired over the week end petitioning "mercy deaths" for

Saxophone players
Politicians
Editors
After dinner speakers
Reckless drivers
Insurance salesmen
Chronic "moochers"

and readers who call up to tell you about the misspelled word they found in the last issue.

New Members

E. O. Johnson, M. D. was elected to regular membership Monday, January 11,

E. Eldon Baum, M. D. by transfer from Craig County Medical Society, January 28, 1937.

Applications For Membership

T. J. West, M. D., 612 Medical Arts Bldg.

BUSINESS of the SOCIETY

Amendments

At the January 25, 1937 meeting the suggested amendments to the by-laws appearing in the bulletin (Vol. 2 No. 12, Dec. 1936, page 46) were adopted without change. It was voted that the increase in dues to $15.00 become effective 1938.

Veneral Disease Control

Dr. Chas. M. Pearce, state commissioner of Health spoke to the society, Monday, Jan. 25 on Syphillis Control. He requested that the medical society organize and operate a clinic with the health department supplying arsenicals heavy metals, needles and syringes. The alternative he stated was for the health department to open a clinic and he preferred to work in cooperation with the medical societies. A committee was appointed by the president consisting of Doctors J. Jeff Billington, E. L. Cohneour, chairman, E. Rankin Denny, M. O. Nelson and W. A. Showman to study the question and report back to the society Feb. 22 with recommendations including detailed plans for organization and operation if such a clinic is found advisable.

Budget for Local Expense

The budget for 1937 based on membership of 200 paying $6.00 each for local expense ($1200.00) is as follows:

	For Year	For Year Per Member
Telephone	$104.04	.52
Library	450.00	2.25
Salaries	420.00	2.10
Bulletin	100.00	.50
Stationery	25.00	12½
Postage	20.00	.10
Micellaneous	80.96	.40½
Totals	1200	$6.00

FINANCIAL STATEMENT Feb 15, 1937

150 Members paid up to date, $900.00

	Recd.	Paid out	Bal.
Telephone	77.48	17.34	60.14
Library	335.25	309.75	25.50
Salaries	312.90	70.00	242.90
Bulletin	74.50	8.60	65.90
Stationary	18.63	18.36	.27
Postage	14.90	10.00	4.90
Misc.	60.35	8.03	52.27
	$900.00	$442.13	$457.87

Auxiliary

Auxiliary to Tulsa County Medical Society entertained Tuesday, February 2, with a tea at the home of Mrs. Frank L. Flack, 1747 South Florence.

Special guests for the affair were the members of the Tulsa County Dental Auxiliary. Mrs. James L. Stevenson reviewed "Wingless Victory" by Maxwell Anderson.

Hostesses included: Mrs. Fred E. Woodson, Mrs. Hugh Perry, Mrs. Frank Stuart, Mrs. H. Lee Farris, and Mrs. J. Fred Bolton. Assisting the Hostesses were Mrs. Thomas H. Davis, Mrs. Harry D. Murdock.

The next meeting will be held March 2 at 12:30 at the home of Mrs. W. O. Smith. Mrs. Frank A. Stuart and Mrs. Hugh Perry will review the "History of Medicine."

Hostesses are: Mrs. Arthur Davis, Mrs. H. C. Childs, Mrs. Fred Cronk, Mrs. Paul Grosshart and Mrs. E. G. Hyatt.

ST. JOHNS STAFF MEETINGS

There will be a radical change in the program of staff meetings. Interesting cases will be presented with differential diagnosis followed by critical discussion with special reference to omissions and commissions in diagnosis and management. Last will come the pathological report and final analysis of the case. The program committee invites you to attend and join in the discussion. We will not mention the names of patients or attending physicians so you may discuss the cases freely assured that the discussion will be strictly impersonal.

Influenza Club

(Membership limited to "Garden Variety" without serious complications.)

H. J. Black, M. D.
E. L. Cohenour, M. D.
M. McKellar, M. D.
G. R. Russell, M. D.
K. F. Swanson, M. D.
Mont Stanley, M. D.
R. M. Shepard, M. D.

Removals

Dr. O. A. Flanagan has removed his offices to 215 Roberts Building.

Dr. Mont Stanley has removed his offices to 310 Ritz Building.

The Principles of Treatment of Early Syphilis

1. The aim of treatment is radical cure.
2. Study the patient before treatment to determine
   a. Complications of syphilis
   b. Other complicating diseases
   c. Base line physical findings, to compare with subsequent examinations.
3. Examine contacts.
4. To secure maximum treponemicidal effect, use
   a. Old arsphenamine (606) in place of other arsenicals
   b. Bismuth in place of mercury.
5. Treatment must be continuous—no rest periods.
6. Use the arsphenamines and heavy metals in alternating courses—not in combination.
7. Utilize serologic control—blood Wassermann and cerebrospinal fluid—to determine duration of treatment.
8. Prolong continuous treatment for one full year after blood Wassermann and cerebrospinal fluid become and remains permanently negative.
9. Follow treatment with rigidly controlled year of probation.
10. Thereafter, follow patient for his life time with periodic physical and serologic examinations.

Suggested Outline of Treatment For Latent Syphilis

1. Complete and thorough physicial examination.
2. Routine test of spinal fluid before starting treatment, or as soon thereafter as possible.
3. If early latency (less than 4 years' duration) use outline of treatment for early syphilis (Chapter XIV). Treatment must be continuous!
4. If late latency:

   Weeks 1 - 7 8 weekly doses neoarphenamine 0.45-0.6 gm.
   8-17 8-10 weekly doses bismuth
   18-25 8 weekly doses neoarsphenmine
   26-37 12 weekly doses bismuth
   38-45 8 weekly doses neoarsphenamine
   46-57 12 weekly doses bismuth
   58-69 Rest period
   70-81 12 weekly doses bismuth
   82-93 Rest period
   94-105 12 weekly doses bismuth

The Principles of Treatment o The Syphilitic Pregnant Woman

1. Treatment during pregnancy is fo the child, not for the mother. Trea her later.
2. The aim is prevention of infection i the fetus if pregnancy is early; it "cure" if late.
3. Use maximum treponemicidal attac throughout.
4. Arsphenamine (606) is better tha other arsenicals in this instance. Us it when possible.
5. Give a minimum of 3.0-4.0 gms. ars phenamine (10-14 doses) if time per mits—but no matter how late, giv some arsphenamine—a few doses jus before delivery.
6. Use the arsphenamines and heavy me tals in alternating courses—not in com bination.
7. Use some heavy metal—bismuth o mercury—in combination or alterna tion with arsphenamine.
8. Continuous treatment—no rest per iods.
9. Don't fear treatment reactions un duly, but watch the mother's sclerae urine and blood pressure.
10. The fetus will not be harmed by treat ment.
11. Study the infant by means of,
    a. Cord Wassermann
    b. Placental histology
    c. X-ray of entire skeleton
    d. Pediatric follow-up for minimum of 6 months.
12. Treat the mother's svphilis after de livery.

(From the Modern Treatment of Syphilis—Joseph Earle Moore, M. D., Charles C. Thomas, Publisher)

How Not to Grow Old

Physicians as a class, considering the fact that they are compelled to drive in all sorts of weather and under almost all road conditions, are considered *safe* drivers. The following suggestions from "Con Mu Topics," therefore, do not particularly apply to them, but may be read with benefit, and passed on to those persons who wish to learn "how to keep from growing old."

Demand half the road—the middle half. Insist on your rights. Always lock your brakes when skidding. It makes the job more artistic.

Always race with locomotives to crossings. It breaks the monotony of their jobs. It is always a good test of your car.

Always pass the car ahead on curves or turns. Don't use the horn because it might unnerve the other fellow and cause him to turn out too far.

Always drive fast out of alleys. You might hit something. You can't tell.

Always drive close to pedestrians in wet weather. Dry cleaners will erect a monument to your memory.

Always try to pass cars on a hill when it is possible. Never look around when you back up. There is never anything behind your automobile.

A few shots of booze will enable your car to do real stunts. For permanent results quaff long and deeply of the flowing bowl before taking the wheel.

Drive as fast as you can on wet pavements. There is always something to stop you if you lose control—often a heavy truck or a plate glass window.

New drivers should be shown how to drive fast in heavy traffic. It gives them the experience every motorist should have.

Always speed! It looks as though you were a man of pep even though an amateur driver.

Never stop or listen at railroad crossings. It consumes valuable time, and besides, nobody believes in signs.

The Social Security Act and the Doctor

by An Observer

Although there are many phases of the Social Security Act which are of vital interest to the physician, two of its features may involve him personally. For example, the unemployment provisions of the Act require that the doctor employing eight or more persons (except domestics in his private home) is required to protect them against enforced idleness. Under the Old Age Pension section of the Act, if he employs one or more persons (except domestic help and persons sixty-five years of age or older) he is subject to tax. As most doctors employ at least an office girl they should be familiar with regulations relating to the Old Age Pension taxes.

Beginning January 1, 1937, two taxes of one per cent each on wages and salaries paid will be levied, one on the employer and one on his employees. The employer pays both taxes to the government, but deducts the employee's tax from all wages of his employees when and as paid, regardless of the frequency with which he pays them, on the first $3,000 paid to an employee in a calendar year. The employer himself is taxed one per cent of the total wages and salaries of his employees up to the $3,000 limit for an employee. After the first three years the tax rate of one per cent will be increased one-half per cent every three years until in 1949, when it reaches the maximum rate of three per cent.

When the doctor pays these taxes he is required to complete Form SS-1 which is printed in quadruplicate. Payment must be made within the next calendar month: for example. February taxes must be paid not later than March 31. The Collector of Internal Revenue, to whom the doctor makes payment, will retain three of the forms, returning the fourth as a receipt.

Other reports which must be filled out are a periodic information return. Form SS-2 (employer's total wage payment report), and Form SS-2A (wage report for each individual employee). The first of these will cover the period from January 1 to June 30, 1937. This must be filed with the Collector of Internal Revenue not later than July 31. The returns after that date will be for quarterly periods, the second return due in October.

When an employee reaches the age of sixty-five or dies, the physician will complete Form SS-3, which must be filed with the Collector of Internal Revenue within fifteen days. If the report relates to the maximum age limit, it must be accompanied by "sufficient evidence" in accordance with instructions on Form SS-3.

It is advisable that all doctors who employ anyone obtain a copy of Regulations 91, which contains the law and the regulations relating to Old Age Pension taxes. This booklet may be obtained from the office of any Collector of Internal Revenue.

Where a group of doctors employ one or more young women who receive a portion of their salary from each of them, it is suggested that one act as employer and paymaster, the others in the group reimbursing him. If each pays his share directly to the employee, each is an employer and would be required to pay taxes and complete and file the necessary forms. The entire proceedings are simplified by having one physician in charge.

In many office buildings the cleaning services apply only to the outer offices, necessitating the doctor's employing a charwoman to clean the in-

ner offices. Remember that this woman, too, comes under the Social Security Act. In order to avoid the "red tape" in keeping account of the few pennies tax necessary in such a case, it is suggested that the physician make arrangements with the building management to have their charwomen clean all of the offices. The landlord probably will be accommodating if a little more rent is paid. This will relieve the physician of trivial details.

It is suggested that the doctor make his tax return to the Collector of Internal Revenue for his district on a certain day of each month. A note made on his desk calendar as a reminder will make it unnecessary to keep it in mind.

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Health in Primitive New Guinea

(Continued from page iv)

tives which he believes carry away noxious material. Sometimes the skin is scarified over painful areas to cause a slight amount of bleeding, the thought being that the broken skin will let the "evil something" emerge. Counter irritation does not come into the natives' scope of thought. For headaches and joint pains tight bandages are often used. For a malarial headache, even white men sometimes feel that a tight constriction applied gives temporary relief of pain. Arm bands and bracelets are worn as amulets to prevent such pain.

Their surgical knowledge is limited to lancing abscesses with newly-split bamboo slivers. Sores are bandaged with fresh leaves heated over a fire or hot stove to increase pliability. Debridement is done with the soft end of segments pulled out of grass stems. For deeper sores, as arrow wounds, they stew eschorotic preparations from various plants. Fractures are splinted, but usually poorly done.

From the viewpoint of doing the most good for the greatest number their obstetrical practice deserves praise. When confinement is imminent, the hut is prepared. The bamboo floor is covered with a layer of fresh ashes, or freshly-scorched new banana leaves. Pulling straps are suspended from the roof. The vulva is shaved, and the woman squats. Older female relatives give encouragement, sitting behind the parturient, massaging the abdomen. Under no circumstances, however, is the vulval region touched until the placenta is delivered. There is no pulling on the cord, though the fundus is sometimes kneaded to hasten the third stage of labor. After the placenta is delivered, the cord is cut with a bamboo knife in one sweep for fear it will retract, never to reappear. Usually there is no bleeding, but if there is, the stump is seared with a live coal. In malpresentations the mother dies. However, they have very few infections. On the second day the mother gets up, and on the third or fourth day washes in a stream so that she can go back to her field work.

If the milk supply is insufficient, attempts at artificial feeding are made with coconut juice where there are no female relatives lactating to aid in feeding. Children are weaned late.

As an abortifacient, wild ginger is eaten in huge quantities. Procedures similar to the "slippery elm" method are employed. Even jumping off tree limbs has been attempted. I saw two fractures due to performances of this nature. All of these practices are frowned upon by the elders.

To the diseases originally present the white man's coming has been responsible for bed bugs, scabies, tuberculosis, probably leprosy, typhoid fever, amoebic and bacillary dysentery, whooping cough, gonorrhea, and lymphogranulomatosis inguinalis. Syphilis is hard to detect, due

to the prevalence of yaws. Indigenous diseases are malaria, up to elevations of three thousand feet: blackwater fever, sporadically; yaws; filariasis: hookworm infestation (forty to one hundred per cent); paragonimiasis and Japanese river fever, sporadically, as well as tenia imbricata and dengue fever.

The chronic diseases are those universally found, such as rheumatic diseases and bronchial asthma. In a series of two thousand natives who were examined in the immediate vicinity of my hospital about five per cent of the children under twelve years were found to have valvular heart lesions. Carcinoma, especially of the face and upper digestive tract, excluding the stomach, is relatively common among older people. Sarcoma is not unknown at the age group we expect to find it. Appendicitis and gall bladder disease, though infrequent, are not unknown. I have seen no gastric ulcers, though finding one at autopsy some day would not surprise me. Most native mortality among the young is due to malaria, at a later age to bronchopneumonia.

The same varieties of mental disease as are found elsewhere are present here, from hysteria and other maladjustments to environment, to imbecility, maniac depressive insanity or paranoia. A type of mania often follows severe malarial attacks. The natives attempt to cure this by loud noises, fires, etc., to scare out the evil. Harmless nitwits are allowed to roam, the feeling being that they are akin to taboo and are under the special protection of spirits.

Though the native recognizes many different forms of disease by their symptoms, especially those introduced by the coming of the white man, all are felt to be different manifestations with a common spiritual cause. The advent of European culture has given many of their concepts severe jolts, and even those who accept new religious beliefs do so on a more or less pre-logical animistic superstructure. Life to them is a unit of beliefs and social activities in which their everyday existence is interwoven. Their dances are spiritual exercises as well as play. A fence is built after undertaking the religious magical performance to protect the participants against spirits of wild pigs.

The reaction of the New Guinean to European medicine is favorable provided it acts promptly or is spectacular, at least during the time one is gaining their confidence or is practicing among "wild natives." Quinine for malaria, and the arsphenamines for yaws are spectacular and leave no doubt as to effect. The same is true of cataract operations and the removal of huge ovarian cysts. The natives are human enough to take pride in large scars and enjoy telling tales of how much sicker they were than were others of their tribe who also, had undergone an operation. Often they find it hard to understand why neoarsphenamine is not given for every ailment or why an anesthetic and an abdominal operation should not cure a chronic dysentery.

Amputations are bad for a physician's reputation. Occasionally a heathen, bemoaning the soul of his buried foot or arm, grieves himself into ill health. Such brooding has been known to cause death.

Patients are very keen in discerning if the European physician sympathizes with them or looks at them as glorified guinea pigs. All this enters into the confidence they have in modern medicine. They like accuracy in instructions, and when giving a chronic myorcardial patient explicit instructions as to digitalis dosage to be taken at home, one may feel certain that these directions will be followed. To them this smacks of something mystical, although at times even they decide to improve upon instructions.

It is hard for them to understand why a person who can remove a tu-

mor under anesthesia should need a detailed history of disease onset and symptoms. Often one is told, "Why, you are a doctor. You should see that." Invariably the history given is colored by their preconceptions, as for example, the breaking of a taboo or sin as cause, and the course of a pleuritis as having entered the knee and leisurely traveled upward via the abdomen. Nothing will shake the story. Ridicule or lack of sympathy with it causes them to evade answers. Their fundamental philosophy of life is not changed easily.

It is interesting after spending some years in such environment to compare animism in its natural state with amulets and quackery at home, such as faith healing cults, and superstitions such as fear of the number thirteen, with taboos and counter sorcery. After all, a conclusion not too far fetched is that we are not so far removed from the savage.

The natives are quite gifted. They can be trained as capable assistants at operations, and are soon able, for instance, to do a Schilling Blood Count. They learn to read and write readily. Their cultural status is determined by their mode of thought and faith. To convince them that their outlook on life is wrong is not easy. Some things they do are inherently in accord with what we consider good, although the reasoning which led to the result is not the same as ours. They do what is within the dictates of their animistic belief, and every phenomenon of nature is given an explanation by that belief. Apparent contradiction does not worry them.

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Behind the Medical Headlines

(Continued from page vi)

A few examples of inaccurate news stories and observations of physicians named in them provide interesting reading:

VITAMINS AID BRAINS HELP INSANE PATIENT

Evidence that what we eat helps decide how sane we are was reported by psychiatrists of the E— State Hospital for the insane. Diets heavy with vitamins A, B-1, B-2, and D apparently improve mental equilibrium of dementia praecox victims, experiments showed.

The vitamins, plus iron, were added to the regular diet of 110 male patients in the form of concentrated liver extract, yeast and cod liver oil.

After feeding this diet to one group for a year and comparing the patients' mental health with that of a similar group not given the diet, doctors reported:

"Comparisons of results . . . with respect to gains or losses in average mental age . . . indicate the superiority of the experimental group . . . The average gains . . . are not only appreciably larger for the experimental group, but also statistically highly significant."

Three intelligence tests were given during the experiment. The second test showed a mental age gain of 10.95 months since the first test for the dieting group. The other group advanced only 2.71 months.

Between the first and third tests, the dieters grew 14.15 months older mentally while the nondieters improved by 2.41 months.

The Physician in charge of the institution responded to the inquiry sent him as follows:

"The attached report is all right except for the fact that this is not the report of the state hospital but of the psychologist employed by the O— Foundation. In so far as general appearance, manner, and behavior, the psychiatrists who also examined these patients could see no improvement of any note whatsoever. I do not question the results of the tests, but in so far as a hospital treatment goes, the experiment was a failure."

MEDICAL KINSHIP OF BONES, BLOOD REVEALED

A definite relationship between blood supply and the ability of a fractured bone to knit was indicated in an exhibit which was awarded a medal by the American Academy of Orthopedic Surgeons.

Prepared by Dr. W—, the study tended to prove a belief long held by the medical profession.

The exhibit consisted of roentgenograms of the head and neck of the femur—the thigh bone which extends from the hip to the knee—taken after the capillaries and arteries had been made visible to X-rays by the injection of opaque fluids.

They showed the vessels extended through the bone like a filamentous network and indicated conclusions that young persons have a greater distribution of them than older persons, and that the circulation of blood was usually poor to bones that failed to mend after fractures.

Comment by the doctor named in the article:

"The facts in the case are that my demonstration showed that the very aged usually have good blood supply, also that in all probability, the inadequate circulation had nothing to do with the failure in union. Inadequate circulation has no relationship to non-union, excepting in these cases where the ligamentum teres does not carry a blood supply to the head of the femur and where the capsular vessels have also been torn. Apparently, inadequate fixation is a greater factor in non-union than is disturbed blood supply."

New Formula Induces Sleep in Childbirth

. . . . Described as simple and inexpensive, it is a mixture of paraldehyde and benzyl alcohol. Dr. K— and Dr. R— discovered the formula, which is one and two-tenths cubic centimeters of paraldehyde and one and five-tenths cubic centimeters of benzyl alcohol for the patient to whom it is to be administered.

Comment by a physician named in article:

"The only error in the articles you sent, is in regard to the dose of benzyl alcohol, but that is serious in that it gives the dosage as 1.5 c.c. to each 10 pounds of the patients' weight, or 22.5 times the proper dose if the patient weighs 150 pounds."

Coin in Stomach Over Ten Years

G— F— thought his appendix was infected, but X-ray pictures showed differently.

They showed that a half dollar swallowed 10 years ago was still in his stomach. Doctors removed the coin.

Comment by physician who talked with the doctor in charge of the case:

"In regard to your letter . . . I have talked with Dr. C— who took the X-ray. He says he saw no half-dollar or other foreign body in the stomach of G— F—."

Although this study was of necessity limited, one is justified in concluding that newspaper reporters assigned medical subjects are doing a better job than suspected and not as good as we have a right to expect. Of all the news released by services, none more vitally affects the well-being of people than those which relate to health. Every physician knows of many instances where, because of some inaccurate news report of a "great cure," patients' hopes have unjustifiably been aroused, and money needlessly wasted.

The following news item is illustrative of the damage which may be done by inaccurate reporting:

Rare Brain Operation

H— Z—, aged three was released today from the hospital where she underwent an operation to remove a pituitary tumor from her brain—the operation, surgeons explained, was successful.

Comment made by physician residing in the city where item originated:

"It so happens that I have first-hand information on the case in question. The child happens to have a brain tumor. A decompression was done by a competent surgeon and relief obtained, at least symptomatically. It is no cure. The parents were warned that the best that can be done is to relieve the pressure. The symptoms will recur, and the child, of course, will ultimately die of the brain tumor.

. . . .

"This office received numerous embarrassing requests for the name of the surgeon who performed this miraculous cure on H— Z—. Needless to say, the surgeon who performed the decompression has repudiated every claim to a miracle performance. In each case the inquirer was advised of the true nature of the operation, and was counselled to see his own local physician, who they were confident, could relieve the symptoms as efficiently as anyone.

"This was also the case when the notorious 'upside-down stomach girl' set the country aflame by her diaphragmatic hernia. It seems logical that medical societies,

or in larger communities, hospital staffs, ought to be the groups through which publicity of any medical nature should be cleared."

Newspapers and bureaus which supply them with news are under a solemn obligation when disseminating medical information to publish facts and nothing but facts. It is realized that some distortion of news, which originates through press services, is due to the fact that it passes through many hands. Considerable editing and cutting is done by employees of individual newspapers who are not qualified to do the job. Obviously this should be corrected in some manner by the press services and associated newspapers.

On the other hand, the medical profession should lend its cooperation. This is sometimes difficult because incompetent reporters are assigned to cover medical subjects. This is aptly illustrated by an incident which occurred in Milwaukee some years ago, when an eminent ophthalmologist who had recently operated upon a member of a royal family visited the city. The reporter greeted the doctor by saying, "Hi, Doc! How's the king's eyes?" The doctor said icily that he never gave interviews. Had a different approach been made, no doubt, interesting information would have been given newspapers. As it was, this precluded other reporters with better manners who were present from obtaining interviews.

The larger press services, of course, employ writers who are capable. However, few medical stories which are released through these services are scrutinized by them. The solution, perhaps, is for local newspapers to select with greater care the type of reporter assigned to cover medical news, and to cooperate with local medical organizations.

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"Don'ts"

If Doctors will learn to observe the following advice they will save themselves from much trouble:

1. Don't assign accounts to a collection agency until you ascertain the standing and reputation of the agency.
2. Don't fall for "directories" that promise you business if you will pay a certain sum for listing your name.
3. Don't take out an insurance policy because you are given a promise of appointment as a medical examiner or member of their panel of physicians.
4. Don't operate on a minor without written consent of the parent or guardian.
5. Don't perform a sterilization operation on a minor without a *court order*. On those who have attained their majority, secure written consent.
6. Don't operate on anyone without a clear and full understanding as to the nature of the operation. See *The Journal of the American Medical Association*, p. 33, January 4, 1936, issue, for forms for consent for operations, examinations, and autopsy.
7. Don't sue for a fee until the statute of limitations has prevented any counter suit for malpractice.
8. Don't report on services rendered to life insurance companies without patient's consent. Obtain fee for these reports from the company.
9. Don't make affidavits until you know their purpose.
10. Don't fail to obtain consultation or advice when you are in doubt.
11. Don't employ lay technical X-ray and laboratory persons. Use licensed physician's laboratories.
12. Don't violate patients' confidential physician-patient relationship.
13. Don't fail to keep complete accurate records.
14. Don't be an easy mark in falling for agents' representations.
15. Don't sign till you know what you are signing.
16. Don't fail to consult your investment banker before investing in any business or promotion scheme.
17. Don't prescribe narcotics for transient persons.
18. Don't sign a death certificate if you have not seen the patient within thirty-six hours before death. Call the coroner.
19. Don't neglect carrying indemnity defense insurance.
20. Don't break the Golden Rule.

—*California and Western Medicine.*

Sunny Side Up

TOO LATE

Policeman (at scene of murder): "You can't come in here."

Reporter: "But I've been sent to do the murder."

Policeman: "Well, you're too late; the murder's been done."

•

FRIDAY AND SATURDAY TO GO

Blythe, Cal.—Mrs. Anastocio Rodriguera, 24, gave birth to her fourteenth child today. —*N. Y. American, on Thursday.*

And she still has Friday and Saturday to go!

—*Mercury*

•

FAMILIAR

Film Star (newly married): And is this your home?

Bridegroom: It is, precious.

Film Star: Say, it looks mighty familiar. Are you sure we haven't been married before?

•

UP TO DATE

Mistress: "Marie, when you wait at table tonight for my guests, please don't spill anything."

Maid: "Don't worry, ma'am; I'll keep my mouth shut."

•

WATCHFUL WAITING

Suitor: And where is your sister, Jimmy?

Jimmy: She just ran upstairs to change rings when she saw you coming.

•

P. A. SUPPORTS HIM

Neighbor: "So your son got his B.A. and his M.D.?"

Proud Dad: "Yes, indeed, but his P.A. still supports him."

•

MONOTONY

The occasion was the history examination at a school, and the question, "Give an account of the Marriage Laws of the Greeks." One youth's reply ran as follows: "The marriage laws of the Greeks were something like our own. No Greek man was allowed to marry more than one wife. This system was known as Monotony!"

FACTS ARE FACTS

The reporter was sent to write up a charity ball. Next day the editor called him to his desk.

"Look here, what do you mean by this: 'Among the most beautiful girls was Horatio Lucian Dingley.' Why, you crazy idiot! Old Dingley isn't a girl—and besides he's one of our principal stockholders."

"I can't help that," returned the realistic reporter. "That's where he was."—*Masonic Craftsman.*

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HOGS TO THEM

A young lawyer, pleading his first case had been retained by a farmer to prosecute a railroad company for killing twenty-four hogs. He wanted to impress the jury with the magnitude of the injury.

"Twenty-four hogs, gentlemen! Twenty-four! Twice the number there are in the jury box."

•

REFUGEE

Judge: "I cannot conceive a meaner, more cowardly act than yours of deserting your wife. Do you realize you are a deserter?"

Prisoner: "Well, if you all knowed dat lady as I does, boss, you sho' wouldn't call me no deserter. Ah is a refugee, dat's what Ah is."

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ANXIOUS MOTHER

A new etiquette for general practitioners was laid down by an adamant old lady when an emergency call for her physician brought the physician's son, just through his internship, to her door on a snowy December night.

"I'm Doctor Blank," he explained. "Where is the patient?"

"Just a minute, young man," said the old lady, barring the doorway. "How old are you?"

"Twenty-five," he admitted reluctantly.

"Are you a bachelor?"

"Yes."

"Then you go right back from where you came. My daughter is sick, but I won't have an unmarried man in her room at this hour of the night. She'll wait for morning and your father."

"And how old is your daughter?" inquired the doctor made bold by such a dismissal.

"Sixty-two," said the old lady, slamming the door.

(Submitted by MARTHA STEWART, *Topeka, Kans.)*