

The Bulletin

OF THE TULSA COUNTY MEDICAL SOCIETY

VOL. 3

TULSA, OKLAHOMA, MARCH 1937

NO. 3

TULSA COUNTY MEDICAL LIBRARY
1202 Medical Arts Building
TULSA, OKLAHOMA



Annual Meeting Oklahoma State Medical Association
Tulsa, May 10, 11, 12

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.

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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

3. Los Angeles County Medical Association

Obligations and Opportunities in Organized Medicine

Dr. Seeger suggests that medical men will do well to study the implications of social theories now being expounded

by Stanley J. Seeger, M.D.

In his famous lecture, "The Old Humanities and the New Science," Osler concerned himself with the leaven of the old philosophy in modern science and the leaven of science in the old philosophy. Hailed as the well nigh perfect example of the union of science and the humanities, he urged that physicians meet changed conditions as practical men "with the re-enforcement born of hope or the strong resolution of despair." I cite this statement of the beloved modern Galen because today, in a changing world, with the medical profession beset on many sides by difficulties of a complicated political and economic nature, we find some earnest physicians neglecting their obligations to organized medicine and not infrequently criticizing efforts to make our medical societies more efficient. Members of this association have a rich heritage not only in science and clinical opportunities but in the idealism of the men whom they have learned to know here. These advantages impose certain responsibilities. We must return what we can to the public and to our own profession. We cannot merely lend ourselves to the current and gain from it what we can to further our own fortunes.

The criticisms of organized medicine, which one hears, pursue one of several directions. Some seem to believe that the medical profession is or may become "unionized," apparently forgetting that the relatively slight approach to the business efficiency of some unions has in no way been accompanied by a surrender of ethical standards. There are certain and essential differences between the ethical

standards of the guild of medicine and the practices of business, but this need not stand in the way of efficient organization. There are other individuals who express the feeling that the lay secretary is somehow out of place in a medical group, overlooking the fact that the type of training typified by these men is the ideal complement to the training of the physician in his attempt to serve humanity. There is, too, the attitude of *laissez faire* found among those who assume that their financial or professional positions are so secure that they will not be affected by any social change. I find it rather difficult to listen patiently to arguments opposing efficient medical organization. The economic and scientific developments which are producing a change in our social system necessitate a reorientation of our views regarding the position of the medical profession in society. This readjustment is no greater than that required of the old scholastic viewpoint by the intrusion of science.

Our opportunities in organized medicine are obvious. One would scarcely qualify as a major prophet on the basis of the prediction that political effort will be made to extend the activities of government in the field of medicine. Medical men will do well to study the implications of the social theories which are being so freely aired today. The history of the development of workmen's compensation insurance is a case in point. The doctor alone of all the interested parties was not represented, was not consulted, when these laws were framed. If the state societies were in-

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Applied Medical Ethics

Here is a timely subject. Dr. McCurdy, Medical Supervisor of the State Industrial Commission of Ohio, has long been a student of industrial medical problems

by Sidney McCurdy, M.D.

It would appear that medical ethics have stood the test of generations, and today rank perhaps the highest when compared with those of other groups.

It is true that their interpretation is individual, but the principles for guidance are still embodied in the Oath of Hippocrates written over 2000 years ago.

In those days huge impersonal organizations did not exist and, therefore, personal medical conduct had no mass problems to deal with. It is also manifest that a standard of ethics dictated by a mass of people is not arrived at by the same reasoning process as is used by these same persons individually. It is evident that when these two principles meet, the better one must hold fast to its ideals or be relegated to another position in the social code.

It is at this point that a confusion of professional adaptation arises, on the one hand loyalty to one's professional group and its ideals and, on the other hand, economic necessity dictating a compromise with medical principles.

The field is open to the inspection of all, but for me the point of acute mental struggle will be found in the adaptation of medicine to industry and government.

Industry primarily exists for profit, and admits it. Politics is ruled by expediency. The medical profession has always emphasized service and personal service at that.

Industry extols mass production methods and uses medical services whenever they are needed. Thus the inevitable conflict arises between ideals.

Industry never openly asks medical associates to compromise with their ideals but some by their nature and principles may create a condition dangerous to good medical work. I cite a few examples for you to think about.

The cost sheet of a medical department may be placed so low, and it has been done by some, that service is curtailed below known medical standards. Personnel or material equipment, which is satisfactory for good medical results, cannot be obtained.

If untrained people remove foreign bodies from eyes and treat them until either they are well or they require the ability of a trained eye man, then it is not good medical treatment. Some industries, to cheapen their cost, use the plant nurse as a physician, asking her to assume a responsibility for diagnosis and treatment beyond her legal rights and knowledge.

These industries cannot be excused for their medical results because of such a system nor can the plant physician get rid of his personal responsibility if he sponsors such treatment. Industry should not assume the right to say when a man can return to work after an injury, for that is the prerogative of the medical attendant. Claim, legal or efficiency men should not be the judges of the quality of medical attention. Industry cannot legally practice medicine as a profession. An industrial surgeon cannot escape his personal responsibility to industries' patients.

Many part- and full-time industrial medical men, by silent consent, are

indifferent to this violation of a fundamental principle of the Hippocratic Oath when it says, "I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

Again we find the profession associated with government whenever government employs its service.

I am interested in the relationship of professional services with workmen's compensation. I see no reason why fine personal medical relations should change just because your patient becomes our claimant.

There now enters a civic duty to support the principles evolved by government for the monetary, as well as medical, aid to an injured workman.

Our aims are identical. The profession is trying to assist medically, and the state is trying to aid us to obtain our results by financial backing, so that the patient may have the material things so necessary for recovery.

The law requires that certain monies shall be paid to a person injured within the meaning of the Act and specifies that adequate medical attention be furnished by the State Industrial Commission. It does not say how, but leaves the details to its judgment.

The earlier commissioners, in their wisdom, decreed that medical cost should be paid directly to those rendering the service instead of to the claimant and he in turn to pay the bill. You know as well as I what would happen if the latter method had been pursued.

This ruling contemplated that the medical attendant should receive directly his pay for his service but it did not anticipate that some industries would pay a fixed salary and the physician would endorse the checks over to the company. Sometimes these checks are in excess of the salary paid. Such a system is detri-

mental to the best interest of the medical profession since it may easily become a subtle method of contract bidding and of fee splitting or the holding of a job, and as easily could lead to dishonest bills for services rendered. The practice of rebating industry is not medically ethical.

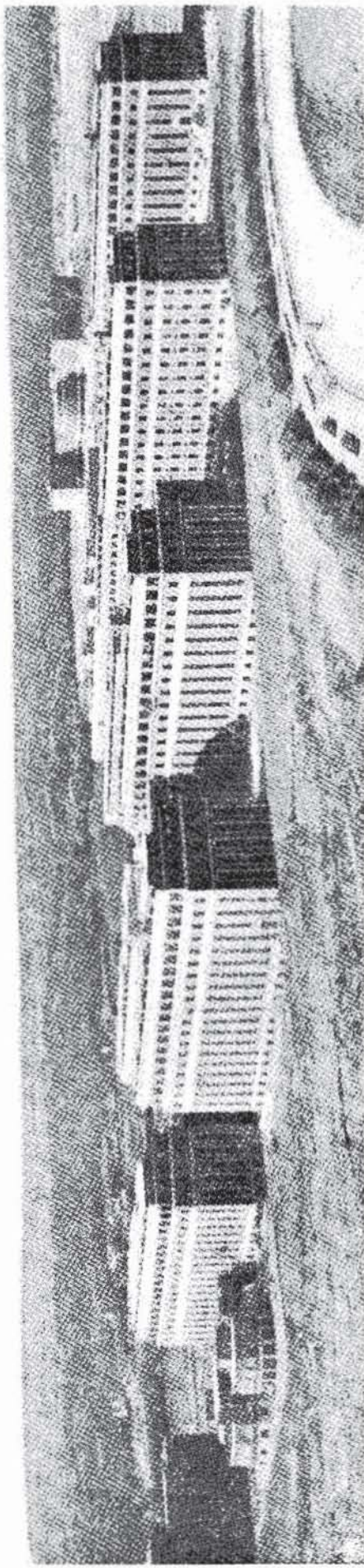
Your private and civic duties are intimately associated. As a personal private physician to your patient, it is your duty to cure him in the best manner possible and your duty to him and the state is to return him to work in the shortest time possible commensurate with his injury. Fairness to the state does not always allow the patient to dictate the length of time of his disability as it may be advantageous to him financially to do so unfairly. It becomes a civic duty and in accordance with medical ethics, therefore, to truly determine the amount of permanent disability caused by an accident.

Long after you have ceased to treat your patient, in many instances the Commission pays for a disability in addition to monies paid for the actual time lost from work. These permanent disabilities are made from the reports of medical men and their written opinion, and if the report is wrong, very often the findings of the Commission may not be correct. One should not blame the Commission when they make a mistake if the people who should have furnished the information did not furnish it properly and correctly.

The principle of workmen's compensation was founded for your patient, our claimant, and I believe it to be a right and a proper function of government. It was designed to care for those suffering from accidents, arising from and in the course of employment. It was not created as a modern social service bureau and with its present financial arrangements cannot function as such. Whether it shall continue to relieve

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FOUNDED 1401. DESTROYED
IN THE REVOLUTION OF 1937



UNIVERSITY OF MADRID
MEDICAL SCHOOL

The Spanish Revolution and Spanish Medicine

Dr. Fernan-Nunez, a former disciple of Ramon-Cajal in the University of Madrid and now Professor of Pathology in Marquette University, gives us an intimate background of the present crisis in Spain

by **M. Fernan-Nunez, M.D.**
(*Madrid*)

Alfonso XIII will be recorded in history as one of Spain's greatest monarchs. In the twenty-five years of his reign he raised his country from a mediaeval kingdom to a thoroughly modern state, and brought to the Spanish race in all lands the ambition of a higher destiny.

By his great admiration for the industrial culture of the United States, which he caused to be copied in every possible detail in his realm, he eradicated entirely any Spanish animosity against this country resulting from the Spanish-American war. During his reign to be an American in Spain was to hold a title, and Americans enjoyed far greater popularity than any other foreigners there. American medicine was especially esteemed, and when Dr. Charles Mayo visited Spain in 1925 he was accorded all the honors of a visiting royal monarch. The United States was the model and standard for the new Spain.

Alfonso wisely kept his country out of the world war. He constructed magnificent highways across the nation, fostered industry, improved agriculture, developed aviation to a high standard, and equipped a modern army and navy. Magnificent cities arose with modern subways, skyscrapers, and the finest hotels in Europe. Madrid, a jewel city with its famous galleries, museums, libraries, and theatres, was the Athens of the Spanish-speaking world, while its million of proud citizens sang the eulogy, "From Madrid to heaven—From heaven a window through which to look on Madrid."

Lovely Barcelona, with its great in-

dustrial plants, steamship lines, international banking houses, and 1,200,000 inhabitants, was called the Spanish Chicago. Incomparable Sevilla inspired the German proverb, "Those the Lord loves he gives a home in Sevilla." Valencia, Granada, Cadiz, Toledo, Cordova, Malaga, San Sebastian; what charm their memories evoke! Spain could again boast that it was the land of "All the Arts—All the Sciences."

Alfonso XIII, however, desired his reign to be remembered most of all by the construction of the new University of Madrid. To this cause he donated \$25,000,000, practically his entire personal fortune. By public donations, chiefly from the nobility and wealthy classes, he secured \$25,000,000 more. To this the government added \$25,000,000. In the suburbs of Madrid one of the royal hunting preserves was converted into a campus. Here was unfolded the University City, which embodied every essential of a great modern university, several important features being copied from the University of Wisconsin. The king's dream of a center of learning which would be second to none, and possibly the finest of all, was near realization.

Since the days when the Spanish Arabs gave back to the world the learning of ancient Greece and Rome which they had preserved throughout the dark ages, medicine has been held in high esteem in all Spanish countries. The medical profession, representing the highest educated class, became the natural leaders of the people and preeminent in politics. The majority of diplomats, cabinet

members, legislators, and even presidents of the Spanish-American republics have been doctors. Naturally, medical science would be adequately provided for in the new University City.

A medical school building, many institutes for research in the medical sciences, a large dispensary, and a hospital of 3,000 teaching beds, all modern to the last detail, constituted a medical teaching plant possibly equaled only by Columbia and Cornell in this country. A distinguished surgeon, Dr. Cardenal, was made president of the university. By law practically all persons dying, including royalty, must be autopsied, and a great school of pathology arose around Ramon-Cajal, Pittaluga, Tello, and Del Rio Hortega. The medical curriculum covered six years for the Licenciante (general practitioner) and three years more of specialized study for the Doctorate, which was required for the practice of a specialty. Graduate study in all fields was organized on the highest plane and Spanish university degrees attained great prestige abroad.

Each year the medical school enrolled over 3,600 students from all parts of the world, especially Spanish-America, while the entire university had an annual matriculation of around 30,000. Professors who could be removed only for treason to the nation were appointed by competitive examinations, and were retired on a pension at age sixty-three. Academic freedom was supreme. The cream of the intellectuals of the Spanish-speaking world was gravitating to Madrid. How privileged we students felt to live and study in that ideal academic atmosphere. What dreams for the future of Spanish science inspired us! The University of Madrid was a beacon from which the bright light of Spanish culture would again radiate throughout the world. Life was sweet in Spain, and the glorious days of Salamanca University seemed to have returned.

Sinister forces, however, were already abroad in the Eden that was Spain. Trotzky, boasting that Europe would burn at both ends—Russia and Spain, had sent some of his most efficient agents to convert the Spanish students to communism. Due to the ancient academic freedom inherited from mediaeval days students could hold reactionary meetings, parades, and demonstrations without fear of arrest, and always had played a vociferous role in all political campaigns. Here, then, were large groups of inexperienced young idealists who could easily be misled into accepting the propaganda that the existing order was outmoded and only the newer social doctrines of communism could bring Spain to her rightful place in the modern world. The student bodies represented cross sections of the citizenry of the nation, and through them the virus of communism was spread throughout the Spanish-speaking lands. In this the medical students, due to the prestige accorded their profession, assumed the leadership.

King Alfonso, a very democratic man, was, personally, extremely popular among all classes. It did not seem possible that his loyal supporters could be alienated by any propaganda. So, when a national election brought the defeat of the candidate he had endorsed, he felt he no longer enjoyed the full confidence of his subjects and abdicated the throne. The Civil Guard, army, navy, and air armada offered him their absolute adhesion, but he declined to rule by force. What a tragedy! Had he chosen to fight he still could be king and would have saved Spain, and probably Europe.

The communists, socialists, anarchists, and other radical groups now united to form the government but soon began to fight among themselves over the spoils. At the next national election they had become so divided that they were ousted by the

(Continued on page xii)

Events

■ for ■

April

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					
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31	30	31

JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER													
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THURSDAY, APRIL 1ST:

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

MONDAY, APRIL 5TH:

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

TUESDAY, APRIL 6TH:

Auxiliary to the Tulsa County Medical Society with Mrs. Harry D. Murdock, 1244 South Owasso St., 12:30 p. m.

Luncheon
Program

TUESDAY, APRIL 6TH:

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

WEDNESDAY, APRIL 7TH:

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

MONDAY, APRIL 12TH:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.
Practical Endocrinology Theraphy in Gynecology.....E. O. Johnson, M. D.
Discussion opened by George R. Osborn, M. D.

MONDAY, APRIL 19TH:

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

MONDAY, APRIL 26TH:

Tulsa County Medical Society, 1207 Medical Arts Bldg., 8:00 p. m.
A Discussion of the Physician's Exchange
Special Program
Business Meeting.

Committees For State Meeting

A. W. Pigford, M. D., General Chairman

ENTERTAINMENT:

Mabel M. Hart, M. D.
Luvern Hays, M. D.
Margaret G. Hudson, M. D.
Molly McQuaker, M. D.
Bertha Margolin, M. D.
Marcella Steel Ruprecht M. D. Ch.
Mary Edna Sippel, M. D.

FINANCE:

David V. Hudson, M. D., Chairman
Maurice J. Searle, M. D.
S. C. Shepard, M. D.

GOLF:

Silas Murray, M. D., Chairman
P. P. Nesbitt, M. D.
Chas. J. Woods, M. D.

HOTEL:

Ned R. Smith, M. D.

MEDICAL RESERVE CORPS DINNER:

Bernard L. Branley, M. D.

PUBLICITY:

Charles H. Haralson, M. D., Chairman
Gifford H. Henry, M. D.
Hugh Perry, M. D.

REGISTRATION and BADGES:

David V. Hudson, M. D.
Maurice J. Searle, M. D., Chairman
S. Charlton Shepard, M. D.

SCIENTIFIC EXHIBITS:

W. E. Eastland, Oklahoma City
R. B. Gibson, Ponca City
W. S. Larrabee, Chairman

Doctors and Legislation

A recent interview with one of the members of the Legislature was quite instructive to the writer. Several points came to light which might be mentioned in passing.

First, we were astonished at the cordial reception, and surprised to find him most willing to frankly discuss the issues of the day. We were likewise greatly surprised to find that there were two sides to the question under discussion; we had always thought there would be only one side and that the one fostered by organized medicine.

Second, it demonstrated to us the need of a program of public instruction by organized medicine. The legislator was amazed to learn that the qualifications for a Medical Degree in this country are the most exacting of any country in the world. Another fact that seemed to interest him was that a Doctor's degree in medicine in this country is the most expensive degree obtainable. His attention also had not been called to the fact that during the past thirty years more than half of the major advances in medical science have been made in this country and Canada, and of those made in this country, all were made by members of the regular profession. In Canada there is only one recognized school of medicine.

Finally, it was difficult for either of us to recall a single bit of legislation promulgated by the regular medical profession which had for its purpose the sole advancement of the medical profession at public expense or sacrifice. Having listened to the "other side", he apparently thought the M.D.'s were interested only in saving their own skins!

Does not the record reveal however that the medical profession in this country has pulled itself up by its own bootstraps? When laws have been made to raise the requirements for the practice of medicine, these laws are first advocated by organized medicine, and then urged upon the legislature.

The Doctor leads a rather unrelated life. Although he sees many people in the course of a day, his interest is in their ailments, and having ministered to these, he is not concerned with discussions aside from this phase of the strictly personal relationship. He rather feels other things are below his dignity.

But he must turn about. Many problems of vital importance to physicians are coming up in the near future. It behooves each and every one of us to familiarize ourselves with these problems, prepare the soil by individual solicitation of legislators and the public, and then put up a solid front when the show-down comes!

THE BULLETIN OF THE TULSA COUNTY MEDICAL SOCIETY

Editorial Board

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Vol. 3

MARCH, 1937

No. 3

Shining Workers Are We

In the prosaic every-day business of earning a livelihood, medical men are not likely to be overly conscious of the potentialities of our relation to each other and the more or less routine performance of our professional functions to our clientele, as a basis for the promotion of better human relations and understanding. The latter mentioned activities are most usually, and quite properly, regarded as the province of our ministerial brethren. Occasionally, someone within the ranks of the church breaks away from orthodox methods of presentation of spiritual idealism and thus was born the movement known as "Modernism" in the church. Such a preacher was Lloyd C. Douglas, who attained great recognition in a relatively brief career in the ministry by the simple directness of his pulpit messages, which were usually a logical expression of the doctrine embraced within the compass of an expanded golden rule. During his tenure in a certain city in which was located one of the country's best state universities, his parishioners were so nearly crowded out of their pews by the students that courteous seating regulations had to be invoked. Douglas could hardly be accused of egoism for sensing that his ideas struck such a responsive chord, and for eventually quitting the pulpit and entering the literary field with its immensely larger number of readers, as

compared to his audiences. His first work was "Magnificent Obsession", soon followed by "The Green Light", both of which were best sellers for a time and have been adapted to the screen. It is no accident that the main action of both stories centers about the practice of medicine. It is now quite understandable why Douglas so assiduously cultivated his many medical friends, while in Ann Arbor. To meet him under most any circumstances would soon involve one in a friendly, but searching discussion of some phase of medicine. Thus he did some of his wool gathering for his most important writing, so far. It is thoroughly recognized that he has taken rhetorical and dramatic license in the presentation of medicine in its inner circle and patient relationships. This should not in any manner dampen our entirely justifiable pride in the fact that a great preacher and a great writer found in us, and our doings, a vehicle for furthering the Gallilean concept of good will among men which he believes is not only the spirit, but the entire essence of the thing called religion.

Business of the Society

The secretary-treasurer reports that 181 members had paid their dues March 15. The dues are now \$16.00 because of the \$2.00 penalty. According to the by-laws members who have not paid their dues by April 1, shall be held as suspended without action on the part of the society.

The decrease in membership will necessitate adjustment of the working budget published last month. A financial statement covering the first quarter of 1937 will appear in the next issue.

Applications For Membership

Hugh J. Evans, M. D., 503 Medical Arts Building.

Dear Mr. Editors:

I see that Miss Calhoun has put you fellows to work on the bulletin. Keep it up! You put out a nice journal.

In the last issue of your Bugle everybody seemed to be optimistic except the treasurer. Is he preparing us for a deficit or an increase in dues? "He ain't shoutin at me—ah done paid ma doos, an how!"

Yours truly,
JIMMY

The Round Table

Last week I saw 2 reels of motion pictures: thoracoplasty under local anesthetic. It was shown in a manner no one could have described.

I am wondering how much longer we will do without a motion picture projector that will give us the benefits of the skill of the worlds masters.

Hundreds of films are available from the American Heart Society, Cancer Society, Tubercular Association as well as individual offerings—they are available at no expense. We can have the benefit of the worlds experience and are not taking advantage of it.

Each meeting of the Tulsa County Medical Society could be made an evening of postgraduate instruction, no expense except for installing the equipment. In view of the alterations incident to the changes in our Assembly Room it seems this would be an ideal time to consider this subject.

Yours truly,
ROY W. DUNLAP

Hail, Gentle Spring!

Spring is in the air—get that invigorating smell of fresh paint? The general overhauling starts on the 12th floor of the Medical Arts Building (meeting place of the Tulsa County Medical Society, in case there be those who don't happen to know). The entire top floor of the building will be turned over to the Society April 1—no fooling! Wouldn't it be just dandy if plutocrat members and others interested would heave to and produce a batch of linoleum for the floor and generally fix the place up? For example, those toy folding chairs we have are no bargain and might be replaced with seats that would conform a little more closely to the human chassis. We could even hold a christening and invite the gentleman that invented folding chairs. Mm—m—m would I christen him, dot Dope! Whenever I think of those combination slat and toothpick small animal traps, one side of me gets tired and if you have noticed among faithful Society members quite a few cases of coliosis, coses of scaliasis, er—scrooked pines to you — that's just from balancing on the edge of those chairs for many years. Why, the chairs themselves have scoliosis, lordosis, kyphosis, finger-biting hydrophobia and atrophy of the poop-deck so what can you expect? Lessee, where were we? Oh yes—well fan my brow its the end of the paragraph—we made it! Boy, COPY!

Maternal Health Clinic

The Maternal Health League of Tulsa has been organized under the sponsorship of the various women's clubs of Tulsa, and it has been approved by the Tulsa County Medical Society in open meeting.

Progress to date has been under the directorship of Mrs. R. V. Devlin, temporary chairman, Reverend Alfred E. Von Stilli, and others. The opening date has been set for March 17, 1937, headquarters to be at the Tulsa General Hospital. Clinic days will be Wednesdays from nine to eleven A. M., weekly. There will be social and follow up work in connection with all patients reporting to the Clinic. Patients are required to pay a fee of \$1.00, or to have a sponsor who will pay this fee for them. Patients are referred by members of the Maternal Health League and by physicians of the community.

The physicians taking care of the work at present are Doctor C. S. Summers, J. E. Wallace, Mary Edna Sippel, Joseph Fulcher, and others.

Many Tulsans are getting behind this movement, both in a spiritual and a financial way. The purpose of the Clinic, as the name implies, is to take care of the mother's health through proper spacing and proper regulation of pregnancies and to put this service where it is most needed, that is, among the indigent of our community.

Personals

Lillian Ann Smith is the name given the little daughter who arrived in the home of Dr. and Mrs. Roy L. Smith, March 6, 1937.

Dr. H. D. Murdock and family spent a three weeks vacation in Mexico City.

Hugh J. Evans, M. D. has removed his offices to 503 Medical Arts Building, practice limited to Eye, Ear, nose and Throat.

Nurses Official Registry
Beulah N. Beil, Registrar
1624 South Trenton
4-3737

The Auxiliary

The auxiliary to the Tulsa County Medical Society met at 12:30 p. m. March 2, with Mrs. W. O. Smith for luncheon. The regular business session was followed by an interesting review of the "History of Medicine" by Mrs. Frank A. Stuart and Mrs. Hugh Perry. Hostesses: Mrs. Arthur H. Davis, Mrs. H. C. Childs, Mrs. Fred Y. Cronk, and Mrs. E. G. Hyatt.

The next meeting will be a luncheon April 6, with Mrs. Harry D. Murdock. The Hygeia committee, headed by Mrs. H. Lee Farris, will display poster exhibits prepared by the students of the City Schools, for which prizes will be awarded. Plans will be discussed for the State Meeting which is to be held in Tulsa in May. Hostesses will be Mrs. Charles J. Woods, Mrs. Morris B. Lhevine, Mrs. T. B. Coulter, Mrs. H. C. Graham, and Mrs. J. S. Hooper.

Professional Directory

VICTOR K. ALLEN, M. D.
PROCTOLOGY
1001 Medical Arts Building
Tulsa, Oklahoma

E. RANKIN DENNY, M. D.
Diagnosis and Clinical Investigation
Allergy
1105 Medical Arts Bldg., Tulsa Tel. 4-444

W. S. LARRABEE, M. D.
Roentgenology
411 Medical Arts Bldg., Tulsa Tel. 4-3111

I. A. NELSON, M. D.
Tissue and Clinical Pathology
1107 Medical Arts Bldg., Tulsa Tel. 4-1835

RUSSELL C. PIGFORD, M.D., F.A.C.P.
Internal Medicine
Cardiology
1001 Medical Arts Bldg., Tulsa Tel. 5-3761

WADE SISLER, M. D.
Orthopedic Surgery
807 South Elgin, Tulsa Tel. 4-8161

Timely Brevities

"Something like \$250,000,000 was exchanged for fur coats in the United States up to December first of 1935. At a guess add \$50,000,000 for December, and you have a \$300,000,000 business." So says *Fortune*. Of this amount \$60,000,000 represented the estimated market value of the raw pelts. Thus the fur trade is today a major industry.

There was a time when fur-bearing animals were trapped in their natural habitat by men who made trapping their full-time occupation. However, private enterprise soon subjected the fur supply to a special kind of control. In Louisiana there are now thousand-acre marshes of muskrat. In Maine and along the Hudson, and here and there in the Middle and Far West can be found small farms of mink and raccoon, of beaver, marten, otter, and even skunk. The first of these farms were the silver-fox farms. Among the largest of the silver-fox breeders in the world are the Fromm Brothers and the Niemans of Hamburg, Wisconsin. By this time you are, no doubt, wondering what place a discourse on the fur trade has in a medical journal. Simply this: it is no easy job to farm foxes. They are subject to epidemics of distemper that will kill whole litters in a few days. It is for this reason that the Fromm Brothers last year spent over \$70,000 for vaccines and serums to be used in the prevention and treatment of disease in their animals. So successful were their efforts that the mortality is now less than five per cent.

Evidently in the raising of silver-foxes the use of vaccines is a stroke of good business. The smaller the loss of foxes the greater the profits. However, one thought comes to mind. Are the silver-fox breeders pestered by the same crackpots who

make life miserable for the medical profession? Unbiased statistics show that vaccination and inoculation have almost rid the human race of smallpox and diphtheria, taking these two diseases as the most prominent examples of what preventive medicine can do. Yet the anti-vaccinationists smugly brush statistics aside. However, we express the hope that the credit sheet of a business ledger will be more convincing to them.

•

More food notions flourish in the United States than in any other civilized country on earth. According to a bulletin of the Department of Agriculture, "If the deductions of many food faddists accepted as facts, were really operative, it would be difficult to explain how the human race has survived."

Nevertheless, the "diet experts" have found that the gullibility of those individuals, so aptly named by Barnum, has been an abundant source of revenue. To the public, that is profoundly ignorant of the most elementary facts of the science of nutrition, the food enthusiast with a theory and the food quack with a scheme make a not unprofitable appeal. While most of the advocates of freak dietary systems are obviously shysters, there is a sprinkling of fanatics who impress one as believing in their own wizardry.

Perhaps the greatest bugaboo of the food faddists is meat, the arch-enemy of the vegetarian. Upon meat they have heaped the blame for almost all the diseases of mankind, although in their arguments they forget the good health of the Eskimo, whose only staple food is meat. However, probably no simon-pure vegetarian ever existed, for in every vegetarian diet you will find eggs,

milk, butter, and cheese, which are about the most concentrated group of animal foods known.

Many are the claims advanced by the pseudo-scientific "diet experts." One professes his ability to dissolve and expel gallstones by correct foods and without operation. Another modestly informs patients of a cure for tuberculosis within twenty-four to forty-eight hours. But the cruellest of all is the man who assures them he can rid their bodies of cancer by removing impurities through fasting. As for cleaning away impurities, fasting is more likely to do the opposite. We know that when the body does not get food it burns up its own fatty tissue. The result is acidosis from the unburned waste products of the fat in the blood. As for disease itself, no one has been cured by too prolonged fasting, since disease impairs vitality and every tissue cell must have food to keep up its own vitality.

We mentioned Barnum; you will remember him as that astute showman who once said, "There is a sucker born every minute." However, we must temper our judgment with mercy remembering that the glib promises of the food quack are to the hopeless incurable as is the straw to the drowning one.

•

Lately there has been a tendency to declare men old by legislation, forgetting, of course, as someone once said (we forget who): "Nobody grows old by living a number of years. People grow old by deserting their ideals. Youth is not a time of life; it is a state of mind."

Benjamin Franklin at the age of

69 presided over the Constitutional Convention of Pennsylvania. He was also elected one of the committee to frame the Declaration of Independence and was one of its signers. When 70 years old he was sent to France as one of the three commissioners seeking food, money, arms, and a military alliance with that country. And he met with signal success. In 1781, at the age of 75 he was appointed a member of the commission to negotiate a treaty of peace with England. Not satisfied with this, four times after reaching 79 he was elected president of the Commonwealth of Pennsylvania.

Another great statesman, Benjamin Disraeli, entered his second premiership of England at the age of 70. Old as he was supposed to be, it was due to his political acumen that England, in 1875, obtained a half ownership in the Suez Canal, and that Queen Victoria in the following year was crowned Empress of India.

In 1887 Giuseppe Verdi produced his opera, "Otello." He was then 74 years old. In 1893, when 80 years of age, he produced his next subject, Falstaff. This was his last and greatest opera.

Thomas Edison lived to be 84. His inventions numbered over a thousand. He labored incessantly despite the handicap of almost total deafness. One of his last achievements just before his death was a process for manufacturing rubber from goldenrod.

And so it goes. Were space available we could mention many others whose greatest accomplishments were produced as they sat in the light of the setting sun.

A. C. HANSEN, M.D.

Next Month

VISUAL DEFECTS IN CHILDREN

by HILMAR G. MARTIN, M.D.

The Chairman Must Preside

by An Observer

Just as the achievements of a medical organization are dependent upon the interest and industry of its committees, so the efficiency of the committee itself depends, in no small degree, upon the ability of its chairman. Once the necessity for the committee has been decided upon, care should be exercised in the selection of a chairman. He should have full knowledge of what is expected of his committee and, what is more important, he should have displayed qualities of leadership before he is appointed to fill such a position. Unfortunately, too often little regard is given to the latter qualification, the doctor being chosen because he is prominent professionally or because he is personally known to the president who is usually entrusted with the power of appointment. Not that those qualities are a handicap, but rather they must be supplemented by sympathetic understanding of the problems at hand, a willingness to devote the necessary time to them, and, as previously stated, leadership.

Those who have attended committee meetings know how many hours are wasted in needless discussion. Certainly discussion is necessary and vital and should have its place, but to talk about matters which have no relation to the subject before the committee is to take up time that could be devoted to something worthwhile. It is here that the chairman has the opportunity to display his fitness for the job. He should, of course, give each member an opportunity to express his views; however, the time in which to do so should be limited, and when everyone has given an opinion the chairman should bring the discussion to a close and deter-

mine what action the committee wishes to take.

There are always those on every committee who have "pet" theories which they wish to expound. If a member has become enthusiastic about some matter he will carry on indefinitely unless checked. Others may have a personal prejudice to which they would like to give vent during the meeting. The chairman, himself, can tactfully divert the discussion into the proper channel.

The chairman, before each committee meeting, will find it advantageous to plan his program in advance. An outline might be given to each member so that he will know definitely why the meeting has been called and what is to be discussed. If the chairman wishes to go a step further he can have listed on the schedule for the meeting, opposite each item to be taken up, the time which will be devoted to the discussion of each subject.

Aside from the needless waste of time, long-winded committee meetings have a very serious effect upon those in attendance. Nothing will put a damper upon the enthusiasm of a committee as will a poorly-run, dragged-out meeting in which little is accomplished. Many physicians feel that they could well devote the time given over to these meetings to some form of recreation. Rather than have doctors feel that committee work makes too many demands upon their time, meetings should leave participants enthusiastic and inspired.

The moral of all this perhaps is: In selecting a chairman be sure that he is qualified for his job and that he will actually preside and not allow his committee meetings to run themselves.

Obligations and Opportunities in Organized Medicine

(Continued from page iii)

active, the local county groups, through which any really effective political pressure would necessarily have been brought, seem to have been almost wholly unconscious of what was happening. Politicians who perform the actual work of legislation frequently are not acquainted with either social or medical science and are not inclined to heed expert advice unsupported by political power. They are adepts at adjusting conflicting forces to make a temporary structure. In the important social changes which are impending we ourselves must see to it that the physician is not relegated to the role of the "forgotten man."

I believe that the preservation of those things in medicine which we prize most highly, its old humanities as well as the new science, our standards of ethical practice, and the best service to mankind depend on efficient medical organization. While men have made notable contributions in this field of professional activity, it will be well for all of us to interest ourselves to the fullest possible extent so that we may remain truly "a guild to relieve suffering, to put away death, to grow in scientific grace, and to add to the world's weal."

—From the Presidential Address delivered at a meeting of the Alumni Association of The Mayo Foundation, October 28, 1936.

Applied Medical Ethics

(Continued from page v)

suffering from accidents or not is to a great degree in the hands of the medical profession.

In conclusion, may I say, that I am writing my own thoughts at the time that I think them. I am writing as one of you and not as one in authority or in my official capacity.

The medical profession has always adapted itself to meet the problems of progress and I feel certain that it will meet these problems of industry and government in an ethical manner whenever and wherever they may arise.

—Reprinted from The Ohio State Medical Journal

The Spanish Revolution, etc.

(Continued from page viii)

fascist organization, composed of the united elements of the monarchy, church, nobility, and military services. At the following election the reunited radicals returned to power. To prevent future defeats at the polls they began a systematic liquidation of the fascists which culminated in assassinations, confiscations of wealth, burning of churches, and wholesale deportations. Seeing themselves facing extermination, the fascists rose in revolt (rebels) against the elected communist government (loyalists).

General Franco, commander of the Spanish foreign legion which garrisoned Spanish Morocco, returned to Spain as commander of the rebel

forces bringing with him his crack regiments of legionnaires, chiefly Moors. Germany and Italy, preferring to fight the communist fire on the nearby foreign soil of Spain before it reached their own terrains, extended aid to the Spanish rebels. Madrid, surrounded by its seven rings of underground, concrete fortifications, was one of the most strongly protected cities in the world. For centuries its defenses had been perfected for just the type of siege it was to experience, which explains the difficulty the rebels found in taking it even with a formidable air attack.

The communists determined to destroy Spain before they would let the

fascists regain control of it. Their theory was that art museums, historical monuments, the church, and mementos of Spain's former glory served to keep the Spanish mind hypnotized by the past, and that for Spain to meet the demands of the new social order she must be cut loose entirely from the old days and old ways, as was done in Russia. General Franco endeavored to save the University and other important institutions in Madrid by getting the communists to declare them neutral zones. In reply they were immediately garrisoned with loyalist militia, leaving the

rebels no alternative but to destroy them with bombing planes. So, today the magnificent hospitals, research institutes, and medical school which proclaimed the Spanish renaissance in medicine are but a shambles.

Civilization can only hope that the Spanish spirit which through the ages has expressed itself in so many works of unsurpassed genius will be able to survive the devastation of this epoch, and that a greater University of Madrid may yet rise from its ruins as a tribute to the Spanish reverence for learning and as a memorial to the vision of a generous king.

Why Am I a Doctor?

We are not doctors because of the money that is in it. Generally speaking, our companions of early years who selected business pursuits have outstripped us in gathering together the collection of objects which represents monetary success. *Why* did we go into medicine? *Why* do we stay in medicine? *Why* do we live for, *fight* for, and sometimes *die* for medicine?

Glory? Where is the romance in our pursuit, for those who follow it? It is said that every ship is a romantic object save the ship we are sailing in, and medicine has romance for those who do not practice it. We work in the quiet of the sick room, or the hospital; we walk daily with troubled humanity. Our satisfaction can be derived only from the knowledge that we have performed our obligation to heal the sick,—in this way paying the debt we owe for that accumulated knowledge and experience of the ages which has been made available to us.

The great majority of doctors is imbued with the purpose to discharge this obligation. The public should be definitely told that the most important thing it should inquire about, when selecting a doctor, is

whether he is genuinely interested in his calling, loves his profession and is not only content to attain ability as a physician but feels a responsibility to advance the capacities of the medical profession as a whole. This is, as you know, the main ideal and objective of medical societies. The man who has such a goal as this in mind as a destiny is a man who can be fully trusted with the lives of men, and women and children. Let us see how this works out.

The test of this criterion is, in other words, a test of character. A man joins his county medical society. He considers that when he was given the right to practice medicine he assumed an obligation to do his part to see that medicine, as a profession, preserved its integrity. The only way integrity can be attained or retained is to work for it. When he joins his local medical society he works for the integrity of himself and his group. He renders himself open to the criticism of his peers. He says, in effect, "I intend to behave myself, to put the interest of my patient above my own, to observe all the other provisions of the Oath of Hippocrates, in letter and in spirit. And not only do I intend to do this, but by join-

ing the county medical society *I have to do it*—I lay myself open to penalties if I do not."

The public should be told that a doctor who is a member of his county medical society is a better doctor on this account. I think a patient should ask his doctor, if he is not a member of the medical society, why he is not a member. It is possible, of course, that a physician may be of the highest rank, and not be a member, there is nothing compulsory about it, but as I go over in my mind the names of the physicians who I find have lived so that their excellence is beyond possible question, I *do not think I can name one who is not a member of his county medical society.*

Now if our loyalty to our profession is merely another form of loyalty to society—to mankind—a point comes up which I wish now to mention. The world today is facing deep and important problems. Confusion abides in the minds of men. Quacks are abroad plying their trade in the realm of *economics* and *sociology* as well as in that of *medicine*. Large groups of people are assuming to know that which they do not know. They are contemptuous of the experience of the past, and of the experience of individuals; they decry special skills; they substitute rhetoric for reason. So we have *another obligation, just as basic as the medical obligation, and that is a social obligation.* We must reach out and interest ourselves in these questions which are quite outside medicine, but which need a generous skepticism to counteract what often seems to be a pathological optimism. We have not repaid our debt to society when we merely heal the sick. *In some respects, the well need healing, too.* That is to say, if we are not to have all our values, and all our superiorities broken down. "One man," Mr. Dooley said, "is not only as good as another, but a damned sight better." There are no experts left. There are

only simplifiers. And what are we doing about it?

This is not a matter of partisan party lines: the same kind of thinking is to be found everywhere. The public is coming to believe that it is capable of exercising its opinion, its judgment, on difficult technical problems, with no knowledge, no experience. Further than this the public expresses that opinion in response to a catchword. In fact the general public does not even make the effort to think a problem through on a rational basis, using the information, however inadequate, which it has in its possession. These are symptoms of grave danger. Sooner than we think, we may see the complete triumph of mediocrity. And there is only one way in which we medical men can make effectual remonstrance, and that is at the polls on each election day. Those who have made inquiry state that the *proportion of doctors who vote is only one in three.* Need I say that this is a disgraceful record? Need I urge you to consider its significance deeply, when so many public policies are formulating which may advance or retard the healing art? You know what various candidates stand for, and in general, if not specifically, what type of legislation may be expected of them. Your knowledge, your judgment, is ineffectual unless you vote.

After you have asked yourself why you are a doctor, ask yourself another question, a larger question. Are you a citizen, in fact rather than in name, if you fail to exercise the obligations of a citizen in exchange for its advantages? If we work in our own societies to preserve the integrity of medicine but fail in the larger society of American affairs to preserve the integrity of our civilization, efforts on the one part may easily be frustrated by inaction on the other.

—FLOYD S. WINSLOW, M.D.

*President of the Medical Society
of the State of New York*

Sunny Side Up

A NEW DEFINITION

"Tell me, papa," asked Johnnie, "what is a consulting physician?"

"He is a doctor who is called in at the last to share the blame."

THE LITTLE DARLING

"Dear Teacher," wrote an indignant mother, "You must not whack my Tommy. He is a delicate child and isn't used to it. At home we never hit him except in self defense."

A SLIGHT ERROR

Irate Customer: Waiter, there's a fly in my tea.

Waiter: You're mistaken, sir, that's a cockroach.

Irate Customer: Oh, I beg your pardon.

OF DEATH, ANYHOW

Pajama Party Guest: "You can lock up the rest for disturbing the peace, but I've got to rush to the bedside of my wife."

Cop: "Is it a matter of life and death?"

P.P.G.: "Yes, she'll kill me if I am not there when she wakes up in the morning."

QUICK PROMOTION

"And what," asked the cannibal chief in his kindest tones, "was your business before you were captured by my men?"

"I was a newspaper man," answered the captive.

"An editor?"

"Only a subeditor."

"Cheer up, young man, promotion awaits you. After supper you shall be editor in chief. —*American Boy*.

IDEAL JUROR

"Do you know anything about this case?" the juror was asked.

"No."

"Have you heard anything about it?"

"No."

"Have you read anything about it?"

"No. I can't read."

"Have you formed any opinion about the case?"

"What case?"

"Accepted." —*Sun Dial*.

SLOW TORTURE

Prof: "Give me an example of slow torture."

Student: "A ride with an old-fashioned girl in a second-hand Ford."

SPRING WILL SOON BE HERE

"My dear," said the loving wife, "the doctor says I must have a change of climate."

"Well, cheer up," replied her fond spouse, "spring will soon be here."

PITY PATER

Little Martha in the attic

Found her mother's automatic.

Then, in simple childish glee.

Popped the iceman in the knee.

Mother whined, "Gosh, what a bother.

Why, he might have been your father!"

—*Penn Punch Bowl*.

TURN ABOUT

"Mr. Silverman," said the bank cashier over the telephone, "our accounts show you owe us \$50. You have overdrawn to that extent."

"Is that so!" exclaimed Silverman. "Well, I want you to do me a favor. Go into your books and see how we stood in January."

A few minutes later the cashier phoned again.

"Mr. Silverman," he said, "your account shows that in January the bank owed you \$2,000."

"Well!" cried Silverman, triumphantly, "did I call you in January?"

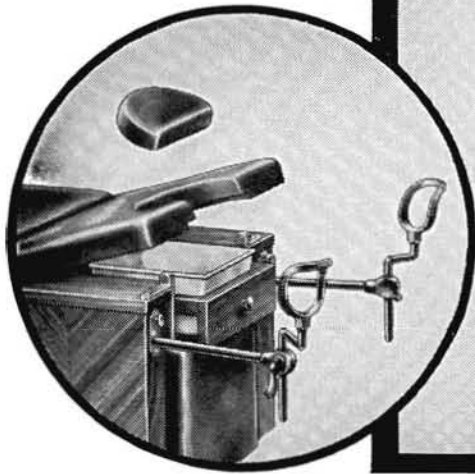
WAS HE SURPRISED!

A guest at a banquet took pains to make himself agreeable to a Chinaman sitting next to him. Somewhat at a loss for small talk he ventured, after the first course, to inquire, "Likkee soupee?"

There was no reply except a genial beam. After the next course he followed up his first opening with "Likkee fishee?" This evoked a still more genial beam.

Later in the evening the visitor from the Far East responded to a toast in perfect English.

On resuming his seat he asked his neighbor, "Likkee speechee?"



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